

Current services and possible reduction of service

Workflow and risk management process

Purpose

To protect service users and staff from COVID-19 and to minimise the chances of virus transmission.

Response

In general, to have parity with other, similar health and social care services, i.e. outpatient departments in respect of clinics being run at one of our centres, and community-based services in respect of home visits made by FSEs and clinical/technical staff. This means that at the present time, it is a case of business as usual with the precautions detailed hereunder.

Hospital discharges

- Wherever possible AJM will facilitate the release of hospital beds by providing wheelchairs as rapidly as possible
- This should occur even where
 - the person is being discharged outside the commissioned service area
 - CHC funding applies
 - the eligibility criteria would normally limit provision

Funding issues will be followed up at a later date, so please ensure any such activity is recorded clearly

- Note that in some areas, basic wheelchairs are available from community equipment services for short term need to facilitate hospital discharge

Appointments

- Call all clients before their booked appointment to establish if they are fit to be seen
- Appointments should not go ahead if the service user is self-isolating, has symptoms, or has been diagnosed with COVID-19; the only exception to this rule is where the risks of not intervening outweigh those of staff attending the appointment (see section below)
- Wherever possible, immediate clinical concerns should be addressed over the telephone or using a video call, taking into account
 - The service user having sufficient digital literacy

- Maintaining confidentiality both by AJM staff and the service user and/or their representative
- Clinical lead or delegate to consider risks of AJM staff contact balanced with risks to the service user of not making an intervention, taking into account the following:
 - If equipment is broken, or if the service user is unsafe in their equipment, perhaps due to posture or transfers, is the person at risk of injury and/or will there be an increased demand on care services/risk of hospitalisation?
 - Urgent pressure care issues where our intervention would make a significant difference to the person's care and/or prevent hospital admission; liaise with district/tissue viability nurse teams
 - Where provision would reduce the burden of care, i.e. reduce the need for care/familial visits, thereby reducing demand on care agencies
 - Safeguarding issue resolved or improved by equipment repair/provision
 - Palliative cases, where the person will make use of the equipment
 - Deteriorating conditions where there is risk of hospitalisation
 - Consider the following conditions which are likely to indicate self-isolation:
 - Chronic neurological conditions, including Parkinson's, MND, MS, learning disability, cerebral palsy
 - Respiratory condition
 - Compromised immune system
 - Open wound
 - Seriously overweight (BMI of 40 or above)
 - Chronic heart, liver or kidney disease

Personal protective equipment (PPE)

- Use appropriate PPE: gloves / aprons / alcohol gel / wipes, as per NHS guidance
- Surgical face masks may need to be worn where the SU has symptoms of COVID - 19 but, as stated above, they will **only** be seen in an emergency
- Note that supply of PPE may be disrupted by prioritisation being given to acute hospitals, in which case an individual risk assessment should be carried out as to whether the visit should be undertaken

Care homes

- Respect care home procedures upon entry; follow their procedures and policies; many care homes are not allowing visitors
- Bear in mind that service users in care homes are in a safe, contained environment; they are at particularly high risk meaning that visitor numbers must be minimised

Inadvertent contact with COVID-19

Staff who, inadvertently, come into contact with a service user having COVID-19 while not wearing personal protective equipment (PPE) can remain at work; this is because in most instances it will have been a short-lived exposure, unlike exposure in a household setting that is ongoing; staff should, however:

- Not attend work if they develop symptoms while at home and notify their line manager immediately
- Self-isolate and immediately inform their line manager if symptoms develop while at work

Equipment

- All equipment used for assessment must be cleaned prior to use and after use with appropriate (minimum 70%) alcohol wipes
- Where possible, equipment for handover that does not need clinical adjustment/setup should be delivered outside the service user's house at an agreed time
- With emergency repairs, wherever possible, equipment should be collected from the service user's front door at an agreed time; the repair should be conducted outside and the equipment returned without personal contact
- Maintain contact with regular suppliers regarding equipment supply and timescales, raising concerns to the procurement manager
- Keep stocks of standard equipment topped up, raising concerns to the procurement manager

General

- Maintain safe distancing/contact at all times
- Stagger staff breaks and times in the departments
- Base clinical staff with laptops at home after appointments, to write up clinical records
- Reduce unnecessary travelling across sites, unless emergency stock transfers are required
- Ensure there is an adequate skill mix across sites to ensure tasks are completed
- Service Operational Managers to manage clinical risks and log decision making, in conjunction with clinical leads/managers
- Prioritise administration tasks to clinical appointments / telephone work / equipment orders / repairs
- All training to be cancelled, unless online or through webinars

- Non-essential work such as appraisals / supervision / internal service reviews to be put on hold
- Monitor cleaning contractors and ensure daily cleaning of departments is completed, with the inclusion of door handles and other 'touch points'
- Internal cleaning of vans daily, including the cab, using wipes
- All staff to read Coronavirus updates sent out via email; accordingly, when meaningful information and guidance is present, staff without email should be informed of updates by their line manager
- All key staff (service manager / clinical lead / logistics lead / customer service lead) to have assigned deputies in case of absence.

Altered priorities in case of staff level reduction

25% reduction

- Business as usual
- Appointment letters to be amended to ask service users to inform us if they have symptoms or are self-isolating
- Review ongoing clinical risks on a case-by-case basis

50% reduction

As above and in addition:

- Reduce appointments to high safety issue clients only; all to be risk assessed
- Routine administration tasks on hold
- Priority to telephone answering and appointments
- Cancel new referral assessments
- Complete telephone assessments / reviews as much as possible
- Appointments to be home based; do not bring service users into clinic, where possible
- Re-assessments to be cancelled, if low risk
- Clinicians to rota on call duties/screening

75% reduction

As above and in addition:

- High safety issue clients only on risk assessment basis
- Relocate staff across depots (as required)
- Operate an on-call reactive system with therapists and engineers working from home

- Telephone cover work only

Altered priorities in case of reduced level of SU demand

25% reduction

- Business as usual with records being kept of numbers of COVID-19 cases
- Review ongoing clinical risks on a case by case basis
- Review workload for mobile staff

50% reduction

As above and in addition:

- Reduce FSEs within the community allocating two areas to one FSE if required
- FSE to carry out repair work within the depot, starting with what has been collected – stock transfers to correct location on BEST to be recorded
- Remaining equipment on the shelves to be repaired starting with next line of equipment – ready for re issue – these will be the next ‘commonly used pieces of equipment’
- Carry out stock checks of all equipment and spare parts within sites

75% reduction

As above and in addition:

- Offer services where required to local government and NHS for transfer of goods
- Offer home delivery services to pharmacies
- Offer delivery services to acute settings

National instruction scenarios

The following table describes our response to the range of possible instructions issued nationally by the government.

Scenario	Response
<ul style="list-style-type: none"> • NHS England or Gov.uk state that all outpatient activity should cease 	<ul style="list-style-type: none"> • Clinic appointments cease at all main and satellite centres • Home visits continue (FSE and clinical)

<ul style="list-style-type: none"> NHS England or Gov.uk state that all health/social care in the community should cease 	<ul style="list-style-type: none"> Home visits continue only in respect of the clinical priorities identified
<ul style="list-style-type: none"> Country goes into “lockdown” 	<ul style="list-style-type: none"> Home visits continue only in respect of the clinical priorities (emergencies) identified
<ul style="list-style-type: none"> Decision at local CCG level made prior to and differently from national edict 	<ul style="list-style-type: none"> Local AJM service to follow suit; resources to be reallocated by regional management team

National advice

This website gives general information about the condition:

<https://www.nhs.uk/conditions/coronavirus-covid-19/>

In this link are details specific to healthcare provision:

<https://www.england.nhs.uk/coronavirus/community-social-care-ambulance/>

Adult social care information is contained here:

<https://www.gov.uk/government/publications/covid-19-ethical-framework-for-adult-social-care/responding-to-covid-19-the-ethical-framework-for-adult-social-care>

Public Health England provide a variety of information resources:

<https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance>

Face mask guidance:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874411/When_to_use_face_mask_or_FFP3.pdf

Information on inadvertent staff exposure:

<https://www.gov.uk/government/publications/covid-19-guidance-for-healthcare-providers-who-have-diagnosed-a-case-within-their-facility/covid-19-actions-required-when-a-case-was-not-diagnosed-on-admission>