

COVID 19 Response Handbook

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Infection Control Policy

Date of approval: 07.06.2020

Date of next review: 07.12.2020

Lead manager: Leon Smith

1. Policy Statement and Introduction

Nansa exists to promote the care, welfare, interest, treatment, education, inclusion, employment and advancement in Norfolk and of people of all ages with disabilities.

This policy covers prevention of the spread of infectious diseases between staff, volunteers and service users.

2. Objectives and Purpose of the Policy

Nansa aims to ensure that:

- Service users, their families, and staff are as safe as possible from acquiring infections through work-based activities
- All Nansa staff are aware of and put into operation basic principles of infection control
- Infection control is the name given to a framework of policies, procedures, and techniques intended to prevent the spread of infectious diseases amongst staff and service users

Nansa believes that adherence to strict guidelines on infection control is of paramount importance in ensuring the safety of both service users and staff. Nansa also believes that good, basic hygiene is the most powerful weapon against infection, particularly with respect to hand washing.

Nansa staff and volunteers are at risk of infection or of spreading infection, especially if their role brings them into contact with blood or bodily fluids like urine, faeces, vomit or sputum. Such substances may well contain pathogens that can be spread if staff do not take adequate precautions.

In 2020 the Novel Coronavirus 2019 (SARS-CoV2) was declared a global pandemic by the World Health Organisation (WHO). In-turn, this led to the temporary closure of Nansa's business operations (shops and services) from March 2020 to June 2020. Although COVID-19 (the illness caused by the virus) is a mild and easily managed condition in most people, it can also be serious, and in some instances fatal. From June 2020, and until further notice, our Infection Control framework will include a handbook of guidance and procedures specifically in response to the COVID-19 crisis.

3. Scope and Responsibilities

This policy (alongside the procedures set out in Nansa's COVID-19 Response Handbook) applies to all of Nansa's activities and sites; with particular emphasis on those environments where services for people with disabilities are delivered.

Overall responsibility for health and safety belongs to the Senior Management Team (SMT) and Trustees (Nansa's Executive Board). Operational responsibility is delegated by the Board as follows:

- Daily responsibility for managing the framework is given to the CEO
- Risk Assessments and department specific guidance is managed by, and is the responsibility of, each department Head (the SMT). They should ensure their measures are approved by the CEO and that they adhere to (and never contradict) that which is set out in this policy (inc. Nansa's COVID-19 Response Handbook)
 - Nansa's Health & Safety Policy lists the designated site managers for each site. The designated site manager is responsible for ensuring that Infection Control is adequately managed in line with this policy

4. Application and Monitoring

At Nansa staff are required to make infection control a key priority and to act at all times in a way that is compliant with safe, modern and effective infection control practice.

Under normal circumstances; all employees are required to complete Infection Control training annually; in response to the COVID-19 pandemic, staff will now be required to refresh their training every 6 months (and will also need to complete a Coronavirus Awareness Course before returning to normal business operations (post lockdown March to June 2020)

The SMT at Nansa will make every effort to ensure that staff have access to sufficient facilities and supplies of appropriate equipment; to ensure that they can implement the effective infection control procedures and techniques set out throughout Nansa's Infection Control (and COVID-19 Response) framework.

In response to COVID-19, Nansa will also set up a Staff Focus Group made up of representatives from all departments. The representatives will discuss and challenge our policies and guidelines in order to enrich our framework and codes-of-conduct.

Any employee who does not feel that they have access to sufficient facilities and supplies of appropriate equipment has a duty to inform their line manager. If they have concerns, challenges, or suggestions relating to our policies and procedures they can also speak to their department representative.

1. General Hygiene & Handwashing

Effective hand washing and drying, when done correctly, is the single most effective way to prevent the spread of communicable diseases. Staff who fail to adequately wash and dry their hands before and after contact with service users may transfer micro-organisms from one service user to another and may expose themselves, service users and the public to infection. For further guidance specific to Nansa's COVID-19 Response, please see: Nansa's Cleaning, Disinfecting and Sanitising Guidance in the COVID-19 handbook

All Nansa staff should, at all times, observe high standards of hygiene to protect themselves and their service users from the unnecessary spread of infection. All staff should ensure that their hands are thoroughly washed and dried:

- After handling any body fluids, waste, or soiled items
- Before and after providing any form of intimate care
- After using the toilet
- Before and after handling foodstuffs
- After smoking
- Before and after handling medications

1.1. Hands should be washed thoroughly — liquid soaps and disposable paper towels should be used rather than bar soaps and fabric towels (whenever possible) – some service-users and/or staff may have dexterity challenges and in these instances may use an air hand-dryer

1.2. All cuts or abrasions, particularly on the hands, should be covered with waterproof dressings/plasters at all times

- 1.3. Ordinary soap is considered to be effective for routine use in removing dirt and reducing levels of transient micro-organisms on the skin to acceptably safe levels
- 1.4. The use of alcoholic products for hand decontamination is not intended to replace washing hands with soap and water but rather to supplement hand washing where extra decontamination is required or to provide an alternative means of hand decontamination in situations where standard facilities are unavailable or unacceptable (for example between service users or in unsanitary conditions)
- 1.5. To be effective hands should be thoroughly washed before the use of an alcoholic rub and again after the procedure or service user contact has ended

2. Clinical Waste

- 2.1. All clinical waste should be disposed of in sealed yellow plastic sacks
- 2.2. Non-clinical waste should be disposed of in normal black plastic bags
- 2.3. Yellow sacks should be sealed and stored safely to await collection by an authorised collector as arranged
- 2.4. Staff should alert their line-manager if they are running out of yellow sacks, or any protective equipment

3. Personal Protective Equipment (PPE)

- 3.1. Adequate and suitable PPE and clothing (all direct-services staff will be issued a Nansa T-Shirt and advice relating to laundering items can be found in the COVID-19 Response Handbook)
- 3.2. All staff should who are at risk of coming into direct contact with body fluids or who are performing intimate care tasks should use disposable gloves and disposable aprons (and in some instances, goggles, IIR masks, and Face Shields – see: PPE Guidance in the COVID-19 Handbook)
- 3.3. Gloves are provided; these should be worn during food prep (kitchen areas) and intimate care (toileting and care rooms) – they should be disposed of safely after the task is completed and hands should be washed thoroughly before moving-on to a new area or task
- 3.4. The responsibility for ordering and ensuring that supplies of gloves and aprons are readily available and accessible lies with the management team who will liaise with the Services Support team weekly (to ensure orders are sufficient to continually hold adequate stock on site)

4. Spillages of Bodily Waste

- 4.1. Staff should treat every spillage of body fluids or body waste (blood, vomit, urine, faeces, phlegm, sputum, semen etc) as potentially infectious. Staff should isolate and clean the spillage site as quickly and as safely as possible (but never before they are wearing suitable PPE)
- 4.2. When cleaning up a spillage staff should wear protective gloves and aprons provided (see PPE Guidance in the COVID-19 Handbook)

5. Legal and External References

Nansa will adhere to infection control legislation:

- The Health and Safety at Work Act, etc 1974 and the Public Health Infectious Diseases Regulations 1988, which place a duty on Nansa to prevent the spread of infection
- The Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 1995, which place a duty on Nansa to report outbreaks of certain diseases as well as accidents such as needle stick accidents
- The Control of Substances Hazardous to Health Regulations 2002 (COSHH), which place a duty on Nansa to ensure that potentially infectious materials within the organisation are identified as hazards and dealt with accordingly
- The Environmental Protection Act 1990, which makes it the responsibility of Nansa to dispose of clinical waste safely

6. Other Related Policies (and accompanying procedures)

Nansa's Health & Safety Handbook
Nansa's COVID-19 Response Handbook
Nansa's Safer Food Better Business (SFBB) Food Safety Guidance

What is COVID-19?

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus.

Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness.

The best way to prevent and slow down transmission is to be well informed about the COVID-19 virus, the disease it causes and how it spreads. Protect yourself and others from infection by washing your hands or using an alcohol based rub frequently and not touching your face.

The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes, so it's important that you also practice respiratory etiquette (for example, by coughing into a flexed elbow).

At this time, there are no specific vaccines or treatments for COVID-19. However, there are many ongoing clinical trials evaluating potential treatments.

World Health Organisation (WHO) June 2020
<https://www.who.int/health-topics/coronavirus>



Returning to Business Operations

In March 2020, the UK Government enacted a nationwide lockdown of all but absolutely essential services for a period of 12 weeks. This action from Gov't led to the full closure of all Nansa business operations (both direct services and retail). In order to return to business operations, every employee must do the following:

- Complete the Coronavirus Awareness Course (and pass the exam)
- Complete the Mental Health Awareness Course (and pass the exam)
- Complete the Infection Control Course (and pass the exam)
- Read through this Response Handbook and sign to say this has been done

UK COVID-19 Alert Level

Throughout this handbook we will refer to the COVID-19 Alert Level; this is reviewed and set by the UK Government and our responses will be reviewed (and may change) dependant on the Alert Level during that specific time.

Level	Description	Action
5	As level 4 and there is a material risk of healthcare services being overwhelmed	Social distancing measures increase from today's level
4	A COVID-19 epidemic is in general circulation; transmission is high or rising exponentially	Current social distancing measures and restrictions
3	A COVID-19 epidemic is in general circulation	Gradual relaxing of restrictions and social distancing measures
2	COVID-19 is present in the UK, but the number of cases and transmission is low	No or minimal social distancing measures; enhanced testing, tracing, monitoring and screening
1	COVID-19 is not known to be present in the UK	Routine international monitoring

HM Government

STAY ALERT > CONTROL THE VIRUS > SAVE LIVES

Cleaning, Disinfecting, and Sanitising

Definitions:

- **Cleaning** removes germs, dirt, and impurities from surfaces or objects
- **Disinfecting** kills germs on surfaces or objects
- **Sanitizing** lowers the number of germs on surfaces or objects to a safe level, as judged by public health standards or requirements

Cleaning Procedures: At Nansa we ask employees to adhere to the following;

- **Hand Washing** removes germs, dirt, and impurities (and SOAP kills the Novel Coronavirus)



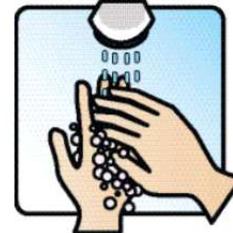
Step 1
Wet Hands

Use warm water to remove any visible dirt or soiling.



Step 2
Apply Soap

To prevent contamination, always use liquid soap.



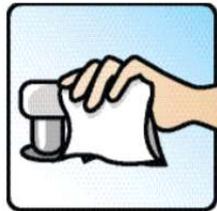
Step 3
Lather & Scrub
20 seconds

Clean palms, back of hands, thumbs, each finger, between fingers and fingernails.



Step 4
Rinse Hands
20 seconds

Rinse under warm running water, pointing your fingers downwards.



Step 5
Turn Off Tap

If possible use a paper towel or your elbow to prevent contamination.



Step 6
Dry Hands

Dry thoroughly using a dry paper towel or a hand dryer.

- **Laundry** Government advice states:

Wash items in accordance with the manufacturer's instructions. Use the warmest water setting (in-line with manufacturer's instructions) and dry items completely. Dirty laundry that has been in contact with an unwell person can be washed with other people's items. Do not shake dirty laundry, this minimises the possibility of dispersing virus through the air.

At Nansa we recommend using a cotton laundry-bag or pillow-case to contain clothes worn while at work. The items should then be laundered inside of the bag; but may be washed along with your other laundry at home (there is no recommendation that you should need to wash separately).

- **Environments** should be clean and minimalist to create a safe space where effective Infection Control measures can be more easily achieved

Environments should utilise seating and furnishings that are non-absorbent wherever possible. Furniture that can be easily cleaned (or **Disinfected**) after use should be used if possible and the use of soft-furnishings (such as rugs and fabric-sofas) should be reduced wherever possible. When soft-furnishings are used during service delivery, we should allow 72hrs between clients.

Touch-points should be reduced; resources and equipment in working areas should be minimised to what is absolutely necessary during the delivery of a session to a client.

These measures will be reviewed if/when the COVID ALERT LEVEL falls below 3.

Disinfecting Procedures:

Although there's good evidence the novel coronavirus is one of the easiest types of viruses to kill, scientists are still determining its exact nature and how big a role surface transmission plays in its spread. Enveloped viruses like SARS-CoV-2 (The Coronavirus responsible for COVID-19) rely on a protective lipid coating and are the easiest virus-type to deactivate.

Disinfectants differentiate themselves from other cleaning products by killing germs with chemicals rather than removing them. According to the Centre for Disease Control and Prevention (CDC), disinfectants should be used on surfaces that have already been cleaned of dirt and grime, especially high-touch surfaces in common household areas, to prevent the spread of diseases.

Disinfection products should meet the BS EN standards. Check product labels for either of these codes: BS EN 1276 or BS EN 13697.

Specific Dettol™ products have also demonstrated effectiveness (>99.9% inactivation) against coronavirus strains from the same family as the 2019 Novel Coronavirus in third party laboratory testing, when used in accordance with the directions for use. These products are: Dettol Antibacterial Surface Cleanser Spray, Dettol Antibacterial Surface Cleanser Wipes, Dettol All-In-One Disinfectant Spray, and Dettol Disinfectant Liquid.

At Nansa we must ensure products used for **disinfection** are either; from the list of Dettol approved products, or products with one of the BS EN codes as listed above.

All surfaces, equipment, resources, and touch-points, should be disinfected frequently; **What is meant by frequently?** In each Nansa department managers should provide cleaning schedules and guidance that ensure 'frequent' disinfection.

Schedules should be followed/completed daily, and include the disinfection of surfaces and objects between use i.e. when a staff member working on a till swaps stations with a colleague, they should **clean** their surroundings and **disinfect** touch-points and objects they have handled before the handover.

Daily cleaning schedules should also include the disinfection of light-switches, door handles, devices, kettle, cupboards and drawers etc.

Bleach is a strong and effective disinfectant; however, bleach should not be used while clients, customers, and/or visitors are present in a Nansa premises. Bleach will only be used for mopping hard floor areas in Nansa kitchens, toilets, and intimate care rooms only.

We must also ensure that all pull cords (for lights and alarms) across Nansa premises are hygiene cord rather than cotton based. Hygiene cord switches should also be disinfected frequently (these are considered to be a HIGH RISK touch-point).

Sanitising Procedures:

There are 3 main methods of sanitising:

- **Heat** (using hot water, steam, hot air, fire, or cooking)
- **Radiation** (irradiation is a means of sanitising, because it kills bacteria by breaking down bacterial DNA, inhibiting bacterial division. Radiation passes through the equipment, disrupting the pathogens that cause contamination e.g. microwaves)
- **Chemical** (iodine, chlorine, alcohol (above 60% vol), and sodium hypochlorite)

At Nansa, our response to COVID 19 will largely rely on Infection Control measures that promote effective **cleaning** schedules with frequent **disinfection** as described above. However, there are also instances where we will use sanitising as a means of preventing the spread of illness and infection.

Hand Sanitising

Hand Sanitising Stations will be available at every premises (including Nansa Shops). In both the Families' Centre and the Adults' Centre, there will be a sanitising station at the main entrance, kitchen areas, and toileting/intimate-care rooms.

The product we use is a high-alcohol foaming solution that should ALWAYS be applied to **clean** hands (it is not a substitute for hand-washing). All staff, clients, and visitors should use the sanitiser provided:

- When entering or leaving the premises
- When entering or leaving a kitchen area
- After toileting (following thorough hand-washing)

In Shops, we will encourage customers to use the sanitiser provided (we will do this through the use of clear and prominent signage). However, we may be unable to strictly enforce this as some customers may use their own personal bottles of sanitiser and/or may prefer to wear gloves while shopping.

Milton™ Sanitising

Milton sterilizing fluid contains 1% sodium hypochlorite and 16.5% sodium chloride. 1:80 dilution is commonly used to sterilise babies' feeding utensils, including baby bottles.

At Nansa we use Milton tablets to create a solution suitable for sterilising a variety of objects and equipment used during intimate care. These include; urine bottles and goggles.

The Goggles used during intimate care at Nansa must be soaked in Milton between each use for a period of 24-36hrs.

Milton solution can also be used to sanitiser sensory toys or resources that have been put in the mouth of clients while in our care,

We can also use **Quarantine** as a method of preventing the spread of illness and/or infection at Nansa.

This means; after using resources such as puzzles and cards (typically items that are difficult to disinfect or clean) we should isolate the items/objects for 72hrs before using them again.

This same rule will apply to soft-furnishings, such as rugs, sofas, cushions etc.

Responding to Symptoms

The NHS has listed three main symptoms of the Novel Coronavirus (COVID 19) that people should be aware of and ready to act upon.

What are the symptoms?

A new, **continuous cough**, where you cough a lot for more than an hour, or have three or more coughing episodes in 24 hours

Fever - where your temperature is above **37.8°C**

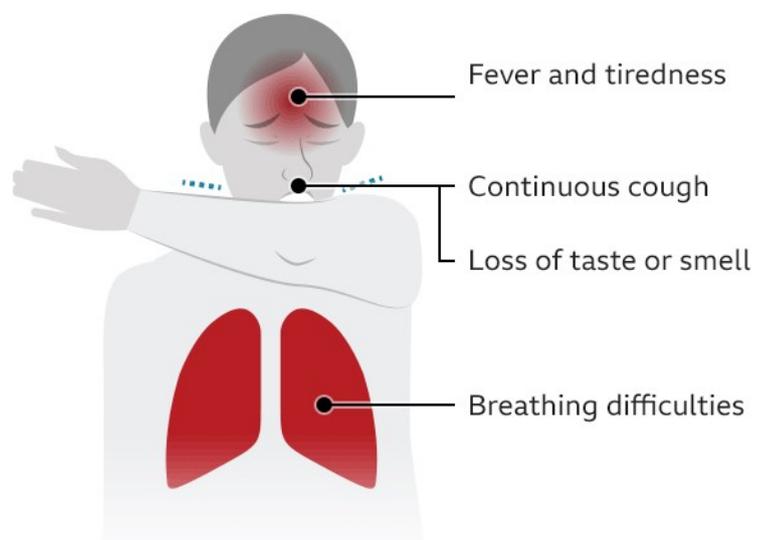
Anosmia – which is a **loss of smell or taste**

If you, or someone you live with, has any of these symptoms the advice is stay at home to stop the risk of giving coronavirus to others.

The Centre for Disease Control and Prevention's list of symptoms also includes chills, repeated shaking, muscle pain and sore throat.

It takes five days on average to start showing the symptoms, but some people will get them much later.

The World Health Organization says incubation lasts up to 14 days.



When do people need to go to hospital?

The majority of people with coronavirus will recover after rest and pain relief (such as paracetamol). The main reason people need hospital treatment is difficulty breathing.

People should not go to A&E if they are concerned. In the UK, the NHS 111 website will guide you through what to do.

If you are so breathless that you are unable to speak more than a few words you will be told to call 999, as this is a medical emergency.

At Nansa we will NOT be delivering services for clients who have suspected or confirmed COVID-19. We are also unable to deliver services to anyone presenting symptoms.

Any employee/volunteer who has suspected or confirmed COVID-19 must NOT attend work at Nansa. Staff/volunteers will also need to self-isolate at home if they are presenting symptoms (or if they are advised to do so by the NHS Test-Track-Trace system).

Temperature Recording and Monitoring

All staff/volunteers should take their temperature before attending work; if employees do NOT have a thermometer at home they can request one from their line-manager.

The thermometers we issue to staff can be kept at home for personal use only. If they are lost or damaged they must be replaced immediately.

Staff with a temperature over 37.8°C should not attend work at Nansa.

Daily temperatures of staff should be witnessed and recorded.



This will mean:

If you have a temperature over 37.8°C when you check at home; you should take a photo of the thermometer and send the photo directly to your line-manager or group-leader using the Nansa Workplace chat application.

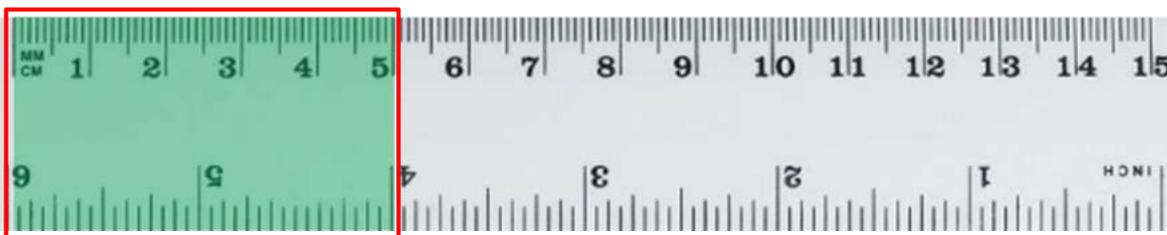
If you have a normal temperature (below 37.8°C) then you should record the temperature and depending on your department/work-area expect that you may have your temperature taken again on arrival (to premises). If you have your temperature taken on arrival to premises, it will be then that your temperature is recorded (and you will be asked to go home if you then have a fever). If you are heading out to work in the community, then the temperature you recorded at home should be communicated and recorded according to the guidance of your line-manager.

No person (service-user, employee, volunteer, or visitor) will be permitted entry at the Adults' Centre or Families' Centre if they have a temperature above 37.8°C. The checking of temperatures, on entry to our direct-service premises (the Nansa Centres or temporary Community Hubs) will be facilitated using a non-contact infrared thermometer gun.

The infrared thermometer gun should be held out at distance with arms fully elongated (stretched-out). This may mean that you will be unable to observe a full 2 metres S/D. For this reason, staff should wear a face covering (carbon filters provided) and may consider wearing gloves.



The thermometer gun should be held around 1 to 5 cm away from the person's forehead; roughly 1/3 the length of a small ruler.



If the employee, visitor has a temperature over 37.8°C then they will not be permitted entry to the centre.

If a service-user has a fever and cannot be sent home safely/immediately then they will be escorted to an assigned quarantine area until suitable transport is arranged. The quarantine area will be supervised by one member of staff (as required) with PPE (Gloves, Apron, IIR Mask, and Face Shield).

The quarantine area will need to be accessible through its own entrance to avoid entry into the main building. At the Adults' centre this could be the 'Meeting Room' and at the Families' Centre, this could be the Training Lodge (although this scenario is unlikely at the Families' Centre).

If/when a quarantine room has been used for this purpose; the room should be left vacant thereafter for a period of 24hrs before cleaning and disinfecting takes place (with PPE as described above). Signage should be used to ALERT others when an area is out of bounds and spaces such as this should be locked during cool-down (24hr vacant period).

When delivering services out-and-about in the community we would ask service-users to check their temperature at home. However, in the event that this may not be possible or evidenced to community staff, community bags will include a pack of single-use head-strip thermometers.

Instructions are included in each pack of head-strip thermometers. It is important that the strip is held to the forehead firmly. If the service-user is unable to do this themselves then physical contact will be required so that staff are able to assist.

In this instance, staff should wear face mask (IIR) provided in community bags, as well as gloves which are also provided in community bags.

In every instance, staff and client temperatures should be recorded daily ahead of service-delivery



Shared Vehicle Usage

Shared vehicle usage is entirely prohibited during ALERT LEVEL 5 (A/L=5)

At Alert Level 3 and 4

2 x Staff (or 1 x Staff + 1 x Client) may travel together in a car if **absolutely necessary**

If the vehicle has an isolation screen then 2 x Staff may travel together (one as the escort and one as the driver) as well as a client in the back.

If using a mini-bus; more than one client can share the vehicle providing they can be seated 2 metres apart.

Masks should be worn by all staff when sharing vehicles and where possible, isolation screens should separate the driver from the passengers.

Shared Vehicle usage will be reviewed at A/L=2

IN BOTH INSTANCES VEHICLE WINDOWS SHOULD BE OPEN IF POSSIBLE FOR OPTIMUM VENTILATION

PPE Guide

Setting		Gloves	Apron	Mask (Face Covering)	Fluid Repellent (Type IIR) mask	Goggles	Face Shield	Perspex Screens	
Retail	Nansa Shops (till work)	⇒ optional**		☑			⇒ may be reqd***	☑ Installed at till	
	Nansa Shops (sorting donations)	☑		⇒ may be reqd***					
	Nansa Shops (on shop floor)	☑		☑					
	Nansa Ebay (computer/tablet listings)	⇒ optional**		⇒ may be reqd***					
	Nansa Ebay (sorting donations)	☑		⇒ may be reqd***					
Family Services	School for Parents (session leader)	☑		⇒ may be reqd***			☑		
	School for Parents (observer/assistant/s)	⇒ optional**		☑					
	Sleep Sessions	⇒ optional**	Sessions to include 1 practitioner and 1 attendee (parent/carer) - to be delivered 2m apart or remotely via device/phone						
	Other All Aboard Sessions	⇒ optional**	Sessions: 1 practitioner + 1 parent with child - delivered 2m apart or with shield						⇒ may be reqd***
	Coffee Groups and Networking	Suspended at COVID ALERT LEVEL 4+5			Possible outdoor meetings at COVID ALERT LEVEL 3		Possible indoor meetings at COVID ALERT LEVEL 2		
Adults' Services inc (Milestones / TT / Link-up)	Intimate Care	☑	☑		☑	☑			
	Cooking Sessions	☑	☑		☑		⇒ may be reqd***		
	Kitchen - Prep/Serving Meals	☑	☑		☑		☑		
	One to One	Staff:Client ratio to remain 1:1 unless social distancing can be fully observed (and Gov't COVID ALERT is 3 or below)							
	One to One (unable to S/D)	☑		☑			⇒ may be reqd***		
	One to One (able to S/D)			⇒ may be reqd***					
	Indoor Group Sessions (building based)			☑			⇒ may be reqd***		
	Public Transport	⇒ optional**		☑					
	Public Indoor Spaces (i.e. shops)	⇒ optional**		☑					
	Other Community Outdoor			⇒ may be reqd***					
Business Vehicle Usage	Vehicle usage suspended at ALERT LEVEL 5 - 1 x Staff (front) and 1 x Client (back) at LEVEL 4 and 3 (staff to wear Type IIR mask or separating screen) 2 x staff may travel together under same precaution (1 in back and 1 in front) both with Type IIR mask or separating screen - (Reviewed at LEVEL 2-)								
Office Based Staff		Consider all of the above: i.e. face coverings in shops and transport / adhering to above precautions with visitors/clients - observe S/D at all times							

COVID Alert Levels



Level	Description	Action
5	As level 4 and there is a material risk of healthcare services being overwhelmed	Social distancing measures increase from today's level
4	A COVID-19 epidemic is in general circulation; transmission is high or rising exponentially	Current social distancing measures and restrictions
3	A COVID-19 epidemic is in general circulation	Gradual relaxing of restrictions and social distancing measures
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1	COVID-19 is not known to be present in the UK	Routine international monitoring

STAY ALERT > CONTROL THE VIRUS > SAVE LIVES

⇒ optional**

At Nansa we recommend hand washing above all else (with sanitisers stations available across all premises). Staff may wear gloves in some instances but they should be mindful that gloves must be disposed of after use and in many cases it could be more appropriate NOT to wear gloves and instead, wash hands and disinfect equipments and touch-points after use. On occasions gloves are mandatory (as shown above).

⇒ may be reqd***

Where Nansa guidance states (may be reqd): this requires staff and session leaders to ensure their activities are risk assessed and a decision is made as to whether a mask/shield (or both) may be required. e.g. The Session Leader in a School for Parents session may not be able to observe full S/D (Social Distancing), but their speech and visible communication is of paramount importance to their delivery (hence the need to use a face-shield). If you were delivering a craft session; you may be able to observe S/D, but the need to share materials may be the deciding factor; that gloves/face-covering is required (although materials should be assigned to every individual wherever possible). Further guidance can be reviewed in departmental risk assessments and/or the Nansa interactions guidance for those working with service-users.

Risk Assessments

As part of managing Health and Safety at Nansa we must control the risks in our workplace. To do this we need to think about what might cause harm to people and decide whether we are taking reasonable steps to prevent that harm. This is known as risk assessment and it is something we are required by law to carry out.

Sometimes risk is assessed and addressed within other documentation (such as a Care and Support Plan). A good care plan is in itself, a risk assessment in relation to the care and support of a specific individual. However, we must also ensure that our activities and environment are also risk assessed.

Nansa has a company risk assessment that covers the general Health and Safety across our premises, but it is the responsibility of each department to risk assess the specific activities within their work area, e.g;

- Accepting and sorting donations in the shops
- Taking service-users out for trips and outings in the community
- Preparing and serving food
- Providing Intimate Care

A risk assessment is not about creating huge amounts of paperwork, but rather about identifying sensible measures to control the risks in your workplace. You are probably already taking steps to protect yourselves and others in your department, but a risk assessment will help you decide whether you have covered all you need to.

Think about how accidents and ill health could happen and concentrate on real risks – those that are most likely and which will cause the most harm.

For some risks, other regulations require particular control measures. Your assessment can help you identify where you need to look at certain risks and these particular control measures in more detail. These control measures do not have to be assessed separately but can be considered as part of, or an extension of, our overall risk assessment.

Sometimes it can be helpful to create other supporting materials alongside risk-assessments (visual guides, posters and reminders that will assist your team in the implementation of agreed controls and preventative measures).

The following 2 pages of this handbook provide an example of a Risk Assessment and a Visual Activity Guide (that could be used during our COVID-19 Response) to emphasise what is expected of staff in a clear and accessible way. Please be aware that the Risk Assessment example is only a small extract, our Risk Assessments moving forward will need to include the risk/hazard of COVID-19 and how we will respond.

All staff responsible for completing Risk Assessments should make sure they review and complete the Nansa Risk Assessment Course annually.

Risk Assessment (Example)

Risk Assessment:

Community, Outings and Trips

Assessment Date:

Review Date:

Assessed By:

Ref	Hazard	Who might be harmed and how?	Existing Controls and Precautions	Action Plan	Resp.	Target
COT1	Medical Emergencies (i.e. seizures)	Service users	All responses to specific diagnoses (e.g. epilepsy) to be included on <u>PenPic</u> . <u>PenPics</u> to accompany every service user when on a trip/outing	Support plans to be updated continually as working documents and full reviews every 6 months	Assigned staff on the outing	Ongoing
COT2	Road Safety	Service users, staff and public	Remind all about good road safety. Always use crossings provided. Identify those at <u>*increased risk*</u> on <u>PenPic</u>	Ensure road safety is built into other activities to increase overall awareness and those at <u>*increased risk*</u> will need to be 1:1	Session Leader	Ongoing
COT3	Slips, Trips and Falls	Service users	Staff to be vigilant of potential hazards such as drains and uneven steps. Staff to consider accessibility of the outing before leaving. Mobility assessments to be reflected on <u>PenPics</u> .	Mobility to be continually reviewed and support plans updated. OT/Physio referrals to be made when read	All Staff	Ongoing

