

I think that providers will find some of the information valuable – particularly in relation to whether or not services should remain open, how to escalate to local PHE teams etc...

However, I think that the advice whilst talking about the care sector, does not feel like bespoke guidance that will reflect the reality of someone in either a homecare or residential setting trying to manage a suspected case and may leave providers with more questions than answers. There are some really practical challenges that I think the guidance either needs to recognise, or better still address – or that we commit to addressing in more detail soon:-

- Many older people receiving care are living with dementia or very profound learning disabilities or long term mental health conditions – the practical steps listed in the guidance in relation to wearing facemasks, self isolation etc... will not be feasible for many people, and may cause very high levels of distress and anxiety for the individual. This would be both in a care home, and if someone is living in the community.
- Care home residents are likely to have their own room, but in many cases they maybe using shared bathroom facilities and the isolation of those or the proposed ‘rota’ approach to their usage will be very difficult with people who may need regular support and access to facilities
- Storage of waste – the requirement to store waste of those who are showing signs of infection until test results are known will be difficult in either a care home – or difficult in someones home care setting – particularly if there is nowhere suitable outdoors for that to happen. It is also not clear to me that whilst the advice seems to only focus on waste from tissues – other elements of the advice appear to talk more widely of bodily fluids – therefore I wonder if this guidance is intended to apply to all waste including incontinence pads etc... meaning that there would be contaminated waste potentially building up in a care home – or in someones own home for a period of time. Leaving this area unclear will not be helpful.
- Laundry – again in this home isolation sheet there is a reference to laundry – and that laundry should not be washed until it is known whether they have the virus or not – this presents a very significant challenge for both residential and home care – in terms of firstly accessing sufficient bed linen for someone who regularly needs their bed changing, and then storage of relevant laundry in the care home (identifying somewhere would be deemed safe) and in someones own home.
- Personal contact – the section which details how the disease is spread – either via being within 2m of someone – or touching their hand – are both cases that are extremely likely with front line care staff. The nature of their job will mean that the provision of personal care will mean they are close to individuals. The guidance writes as if this might be the exception – therefore the expectation in the guidance that everyone who has had close contact with the person infected should self isolate for 14 days is likely to include the majority of the staff within a home setting – and potentially large number of a home care team if someone receives variable visits from different team members. I am not disagreeing with the advice – but I think that the currently the way it is written does not in anyway address the very significant implications of a case being identified in a care home of home care or in any way move forward to understand how the ongoing care of the individuals in that setting might be addressed.
- Self isolation – I have noted that it may be not feasible or at all appropriate for many of the people who receive care and support to be self isolated because of the distress this may cause. However, I also wondered whether there was likely to be any suggestion of zonal management of conditions in congregate settings – based on the reported learning from the cruise ship. If that is to move into guidance in anyway that will be very problematic for care homes – as it is peoples ‘home’ and their rooms are very important representations of their lives and for those living with dementia are particularly a safe space with lots of key items, colour schemes etc... that will help them to feel



connected and also are important for wayfaring etc.... I appreciate that this hasn't yet found its way into the guidance – and may not – but if it was to be suggested that anyone infected ought to be kept in self isolation in particular parts of the building – then this would cause significant problems

Thanks for the opportunity to comment on this guidance. I would really recommend that before this is published – there is a second opportunity to review – and potentially to include the work of the CPA comms team to ensure that when it hits the ground – providers of care feel that it demonstrates a closer understanding of the situation they find themselves in. It is, of course, very difficult to predict how a virus will be transmitted in a care home or home care – but because of the nature of those who are living there, and the reduced likelihood of their travel, then the most likely route is someone coming into a home or visiting someone in their own home, and if that is a frontline member of staff, volunteer, professional visiting colleague or family member – then the potential chance of multiple close contact with people in the home is high – and therefore the possible infection rate is high – meaning that we need to get some guidance that really addresses that situation.

There are of course, a wide range of other issues that I know have been discussed, but also need work on in relation to the potential challenges around workforce, access to supplies such as masks etc..., additional costs for care homes and home care in addressing the guidance suggested here. These will have to be resolved, but I recognise this guidance is primarily intended to reflect on the infection control element of the virus.

Happy to clarify anything further as required. Thanks. Vic.

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**From:** Name Redacted <[Name Redacted@dhsc.gov.uk](mailto:Name Redacted@dhsc.gov.uk)>  
**Sent:** 19 February 2020 13:54

**See recipients listed above**

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**Subject:** Urgent For Action: Guidance for Social / Community Care and Residential Settings on COVID-19  
**Importance:** High

OFFICIAL

Dear Colleagues

Please find attached the draft advice on COVID-19 for the ASC sector. The deadline for reply to PHE is lunchtime tomorrow, so it would be helpful to have returns by 12.00 at the latest.

Kind regards