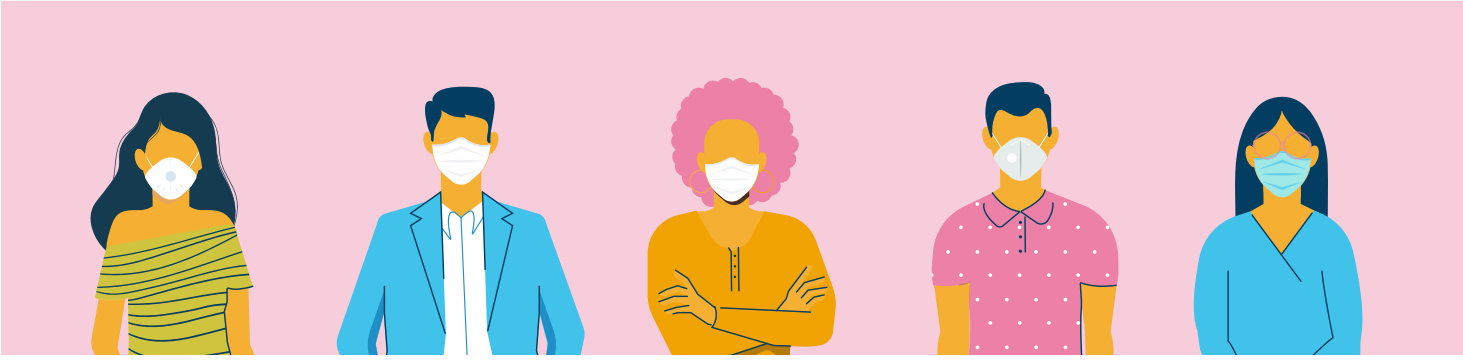
# National Care Forum Infection, Prevention and Control (IPC) Compliance Assessment Tool



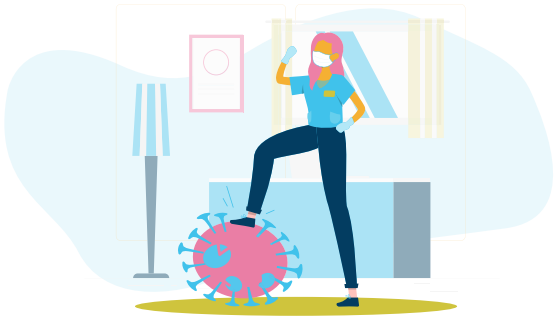


## Why do we need an IPC compliance assessment tool?

**This compliance assessment is a simple tool which has been developed using the most recent information from the CQC and others. It will help you know how well you are doing, identify areas in which you need to improve and bring the guidance together into one place.**

The Covid-19 pandemic has brought the importance of robust infection control and hygiene management to the front of everyone's minds. Effective IPC is integral to the control of any Covid-19 outbreak, or to prevent it from having a direct impact on your service. It is understood that these times are unprecedented and that you may be 'drowning' under guidance, advice and legislation that seem to be rapidly developing as situations change.

This completion of an assessment using this tool will also provide the evidence that you need to satisfy the CQC that you are doing everything you need to do to manage IPC. It will also ensure that your service is prepared and in a strong position to manage any 'second wave' of COVID-19, or indeed, other yet unknown pressures.



## How do we use this IPC compliance assessment tool?

There are 8 sections to the tool covering the management of visitors, social distancing, admissions, PPE, testing, premises, staffing and policy. In each section we describe what is important for you to consider and we then provide examples of evidence that could be seen as good practice.

For each example we ask you to state whether you feel that you have this evidence available or if it is applicable to your service. If you have indicated that it is not present, it is suggested that you address the shortfall and use the action plan attached to identify what needs to be done, by whom and when.

We recognise that you may have examples of good practice that are not included within the tool, so we have provided space for you to add your own evidence of good practice.

We have not provided a rating or compliant/non-compliant judgement to the tool, and you will need to review the tool when it is completed and come to your own judgement of how well you feel you are meeting the IPC requirements. However, if there are numerous areas where you cannot provide evidence, then you should be looking at addressing IPC as a matter of urgency within your service.

It is suggested that the completed assessment tool and any action plan are kept as evidence to demonstrate your awareness of the issues regarding IPC and the COVID-19 pandemic and the actions you have taken to address them. This assessment tool could also be shared to demonstrate the positive approach taken to managing IPC in your service.

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# Section 1:
# Visitors

**In this area it is important that you:**

- Acknowledge the potential impact on people's wellbeing by the limitations caused by COVID-19 with regards to access to the local community, accessing health and social care professionals and family members
- Understand the risks associated with people visiting the service and have control measures in place to protect people and prevent the spread of infection. Amongst others this could be people visiting relatives, visiting healthcare professionals, or contractors attending to maintenance issues within the service
- Communicate with all people who have an interest in your service and ensure that everyone is fully aware of the latest position and understands the need for restrictions
- Break down the elements of any individual visit and have procedures in place to prevent the spread of infection. This will include informing the person of the situation before they arrive, letting them know what is expected of them when they are on site and what they have to do before they leave the premises
- Understand that you decide who visits the service and are responsible for that decision. This understanding should be underpinned by the Public Health assessment of the local area and a balance of the rights of the people using the service and their quality of life vs limiting the number of visitors to reduce the spread of infection
- Develop alternative ways of promoting contact either through telephone, video or other remote processes that do not entail direct face-to-face contact

## Evidence of good practice

| | Present | Not Present | N/A |
|---|---|---|---|
| Systems and processes are in place to demonstrate that people have been supported to understand the rationale for the restrictions and limitations in place, and opportunities for people using the service to be involved are available | | | |
| Staff understand how to monitor and respond to the risk of the impact on people's health and wellbeing, and processes are in place to reduce the likelihood of any negative impact | | | |
| A proactive approach is taken to ensure that people using the service are provided with opportunities to enhance and maintain their quality of life during any periods of restriction | | | |
| People using the service are fully aware of their rights to maintain contact with loved ones and are aware of the safe practices in place | | | |

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| | Present | Not Present | N/A |
|---|---|---|---|
| There is a recognition that we need to protect vulnerable people whilst recognising that people may need visitors to enhance their wellbeing. Therefore, managing visits will be determined by individual risk management vs quality of life. Alternative ways of staying in contact will also be promoted and facilitated (examples include virtual platforms, access to technology, garden events, E Records, Relatives gateways, videos) | | | |
| When relatives are visiting, the use of safe, communal, outdoor space is promoted and encouraged | | | |
| The process for visitors is risk assessed, reviewed regularly and adapted to reflect the current situation in the service and the latest guidance and best practice | | | |
| There is a clear log of visitors to the home and confirmation that they followed all procedures when on site to reflect the need for contact details for test and trace | | | |
| There is a visitor booking system, or other plan, for limiting the number of visitors on site at any one time | | | |
| A process for defining the purpose of any visit, and for limiting/eliminating contact with others at the service is in place and followed | | | |
| All visitors have facilities for hand cleaning/sanitising when entering and leaving the premises | | | |
| Appropriate PPE is made available for, and used by, all visitors | | | |
| Before entering the service, all visitors are screened for symptoms of acute respiratory infection, e.g. temperature recording | | | |
| For all visitors, a record of self-declaration of health and any screening undertaken are kept | | | |

| | Present | Not Present | N/A |
|---|---|---|---|
| Information is provided to all visitors either before the visit or on arrival, about the processes to be followed to prevent the spread of infection | | | |
| Information is prominently displayed at the service about COVID-19, the processes to follow including handwashing, the use of PPE and limiting contact with others | | | |
| For end of life care, open communication with relatives is promoted. Any visits to their loved one are managed with compassion, sensitivity and understanding on an individual basis, but at all times ensuring that the number of people visiting is limited, social distancing arrangements are followed, appropriate PPE is used and contact with others is restricted | | | |

## Any additional examples of good practice developed by the service:

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# Section 2:
# Social Distancing

**In this area it is important that you:**

- Understand what is meant by social distancing and the implications for running your service
- Recognise the concept of shielding and changes in government advice about the need for shielding. Have a process in place to ensure that any changes regarding the need for shielding are acted upon within the service
- Understand and implement processes when there is an identified need for:
    - Isolation (individuals)
    - Cohorting (groups of individuals)
    - Zoning (areas of the service)
- Are aware of the possible impact of social distancing on the wellbeing of people that use your service, and on how staff provide ongoing care
- Where possible, explain and support people using the service to understand the need for social distancing and encourage everyone to follow best practice
- Employ processes when people who are using the service have returned from independently accessing the community and may not have respected social distancing or used effective infection control measures
- Review and discuss the effect of social distancing on the wellbeing of people who use your service, and where it not possible to effectively impose social distancing, ensure the risks are assessed and mitigated

## Evidence of good practice

| | Present | Not Present | N/A |
|---|---|---|---|
| Staff have a high level of awareness of social distancing and consistently maintain the required distances from others in the care setting when it is possible to do so | | | |
| Staff wear a fluid repellent surgical mask, gloves and an apron when delivering personal care. Staff are aware and respond sensitively to people who use the service that may have anxieties over staff wearing PPE | | | |
| Staff wear appropriate PPE, such as a mask, where social distancing cannot be consistently maintained | | | |

| | Present | Not Present | N/A |
|---|---|---|---|
| Activities with people using the service are undertaken on an individual basis, respecting social distancing | | | |
| Staff understand and respect social distancing when on breaks and where possible, when working with other staff providing care | | | |
| People using the service are consulted, kept informed and requested to adhere to social distancing guidance | | | |
| Where people using the service do not understand or follow social distancing requirements, the impact is risk assessed and mitigating actions are established and recorded in their care plan | | | |
| Information regarding social distancing and the need to follow procedures to limit the spread of infection is displayed in the service in the right format for people | | | |
| Where a service experiences an infection, then isolation processes are instigated immediately and existing continued measures of no sharing of facilities and full use of PPE by staff are maintained | | | |
| For people who fall into the 'shielding group', they do not feel excluded from the community of the service and risks of social isolation are reduced by robust, individually tailored activity programmes | | | |
| Alternative communication methods are introduced in response to managing barriers to communication caused by PPE in order to enable people to feel in control, retain their decision-making ability and feel included | | | |

Any additional examples of good practice developed by the service:

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# Section 3:
# Admissions

**In this area it is important that you:**

- Understand and follow the latest guidance released by the DHSC with regards to what you need to do if admitting a person to your service
- Only accept new admissions from hospital who have been tested for COVID-19, and where you have the results
- Isolate any new admission in their own room for 14 days, whether they are admitted from hospital or the community
- Be aware that if a person moves into the service from outside of hospital they may need to tested when they arrive
- Consider how you integrate new people safely into the service's immediate community, so that they have a feeling of being safe, feel that they belong and are included
- Only admit when you are sure that you have the resources and facilities to safely manage the person's condition
- Closely monitor the health of the new admission and access testing if appropriate
- Understand the implications of admitting a person who is lacking mental capacity
- Strive to eliminate inappropriate admissions of people using the service to hospital that could have a detrimental impact on a person's quality of life

## Evidence of good practice

| | Present | Not Present | N/A |
|---|---|---|---|
| There are dedicated facilities that are planned and suitable for use by any new admissions | | | |
| All facilities used by new admissions have individual bathrooms and toilets for their sole use during the isolation period | | | |
| The staffing structure and processes in the service are designed in such a way as to protect new admissions, through resident cohort/bubble | | | |
| All tests undertaken to support the safe admission of people using services are recorded and auditable | | | |

| | Present | Not Present | N/A |
|---|---|---|---|
| The service has a defined person within the service who is responsible for admissions to ensure a consistent approach and a wide understanding | | | |
| All new admissions are subject to a full admission process that assesses all of the person's needs, not just those in relation to COVID-19. People are involved (or best interest decisions are made) in the admission process to ensure it is the right move for them | | | |
| For the 14-day period of isolation, twice daily monitoring of health conditions is undertaken, which includes monitoring for:<br>• Temperature (37.8 or above indicates a 'high temperature')<br>• Signs of a Cough<br>• Shortness of breath<br>• Change in appetite<br>• Confusion<br>• Diarrhoea<br>• Vomiting<br>• Flu like symptoms<br>Staff are aware of the need to observe for signs of delirium in people living with dementia as a symptom of COVID by asking themselves the question 'has this person been more confused in the last 3 days?' Where they present with delirium, testing should be sought | | | |
| Where people are assessed as lacking capacity, the need to request a Deprivation of Liberty authorisation from the Local Authority is considered with regard to the imposition of infection prevention controls | | | |
| The Admissions Policy, associated templates and other documentation referring to admissions is updated to reflect the latest position | | | |
| For existing people using the service, advance wishes are gathered and preferences for future care are ascertained, recorded and shared with medical professionals | | | |
| Decisions to admit to hospital are made using a multidisciplinary approach, with the person's quality of life and outcomes at the forefront of any decision making | | | |

## Any additional examples of good practice developed by the service:

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# Section 4:
# Personal Protective Equipment (PPE)

**In this area it is important that you:**

- Ensure people using the service fully understand why there is an enhanced need for staff to wear PPE
- Consider the impact that PPE has on the interactions of staff and people using the service
- Understand and follow the latest guidance regarding the use of PPE
- Share the guidance, ensure that all staff are aware of the relevant content of the guidance, and that they follow the recommendations within it
- Ensure that you have sufficient supplies of PPE to meet any levels of future demand
- Have an assured supply chain for PPE
- Ensure hand washing and other hygiene processes are used in combination with PPE
- Have developed a safe, robust and hygienic process for staff to put on and take off PPE
- Have provided effective training for staff on the need for wearing PPE, the appropriate use of types of PPE and the disposal of PPE
- Share information with people using the service about the need for PPE in a way they understand, and provide reassurance regarding its use

## Evidence of good practice

| | Present | Not Present | N/A |
|---|---|---|---|
| The service has identified innovative ways to overcome barriers that present when wearing PPE, which ensure that people using the service maintain their relationships with the staff they know and trust and that fears or anxieties are eliminated | | | |
| Staff have greater self-awareness when wearing PPE and are attuned to the use of non-verbal communication and how their body language may be perceived by people using the service. This skill is used to reassure people using the service and provide safe continuity of care | | | |
| The use of PPE consistently meets the most up to date guidance provided by Public Health England and the Government | | | |

| | Present | Not Present | N/A |
|---|---|---|---|
| There are copies of the latest guidance available for staff to read, and the content and any changes to practice are discussed at team meetings and supervisions | | | |
| There are posters, leaflets and other 'bitesize' information regarding the use of PPE, infection control and the importance of hand washing displayed within the service | | | |
| There are dedicated areas within the service for the putting on and taking off of PPE | | | |
| All used PPE is disposed of quickly, safely and in a way that prevents cross contamination | | | |
| Staff have received formal training in the use of PPE and the recommended way of putting on and taking off PPE | | | |
| There are regular observations of staff and their use of PPE. This should be when they are putting on or taking off PPE as well as how it is used during the shift<br><br>Any observations should be undertaken by the IPC Lead at the service, or suitably skilled management. The results of the observations should be recorded and used to provide evidence that staff are following guidance and processes. If there are any concerns, these should be addressed by retraining and increased supervision | | | |
| Any concerns or fears expressed by people using the service about staff wearing PPE should be addressed in a person-centred way, with information provided in a format they understand | | | |
| Any fears or concerns expressed by people using the service are noted in their care plan. Individual ways of supporting the person are developed and followed by staff to promote respect, dignity and a person-centred approach | | | |

| | Present | Not Present | N/A |
|---|---|---|---|
| Staff are offered regular breaks without wearing PPE to recover and refresh, especially in increased humidity or hot weather | | | |
| Relationships are maintained and developed with trusted PPE suppliers and there are always sufficient quantities of PPE that meet the needs of the service | | | |

## Any additional examples of good practice developed by the service:

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# Section 5:
# Testing

**In this area it is important that you:**

- Ensure people using the service are involved in order for them to feel supported and encouraged to be tested
- Understand the need for, and the importance of, regular testing of both staff and people using the service
- Follow the most up-to-date process and guidance that describe how to access tests
- Have in place a clear process that is followed when a positive test result is returned
- Encourage people to undertake tests and, if they refuse, have in place a process to mitigate the impact; this is especially true if individuals are symptomatic
- Ensure that suspected outbreaks are reported to the local Health Protection Team urgently and staff know how to contact them

## Evidence of good practice

| | Present | Not Present | N/A |
|---|---|---|---|
| To reduce anxieties and fears caused by the pandemic and the increased need for regular testing within the service, the manager promotes a positive reassuring, transparent, open culture that allows for expression of views from all parties and informed decision making | | | |
| The manager is determined in their approach to source a sufficient number of testing kits. An audit trail is maintained, detailing emails, contacts and calls when endeavouring to access testing kits, and any results after testing | | | |
| When/if a returned test is positive, established processes and protocols are immediately followed:<br>• For people using the service, actions include isolation, barrier nursing and a higher level of PPE<br>• For staff, immediate absence from work and retesting of all staff<br>People are provided with the support necessary to overcome any fears or anxieties that may present with the diagnosis. Staff monitor the wellbeing of that person and act if they have any concerns | | | |

| | Present | Not Present | N/A |
|---|---|---|---|
| 'Whole home testing' is regularly taking place which includes all staff and people using the service (Consent is obtained from people who use the service and where it applies, the Mental Capacity Act and best interest decisions process adhered to) | | | |
| The manager is proactive in their approach to testing, leads by example and sets clear expectations around testing | | | |
| A clear record is kept of who has been tested, when they were tested and the results of the test | | | |
| Risk assessments are conducted for staff and people who use services who belong to higher risk groups. These risk assessments identify ways in which risks are mitigated through limiting contact, activities or patterns of work | | | |
| The service develops an open and trusting approach to COVID-19 testing, and the need to report any changes in health status | | | |
| Managers at the service act quickly to prevent staff attending work when they say they are symptomatic, and immediately arrange for a test to take place | | | |
| Staff are also tested when a member of their household is symptomatic | | | |

## Any additional examples of good practice developed by the service:

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# Section 6:
# Premises

**In this area it is important that you:**

- Ensure that the premises are clean and hygienic
- Have undertaken a review of the premises to highlight any potential IPC risk areas
- Review how communal and outside spaces are used to reduce the risk of infection
- Are aware of, and follow, latest guidance regarding IPC and understand the particular heightened risks during the COVID-19 pandemic
- Make cleanliness and hygiene the responsibility of all staff and engender a 'whole team' approach to IPC
- Are mindful that this is a person's home, and people using the service must feel safe and continue to have a feeling of belonging in their own environment

## Evidence of good practice

| | Present | Not Present | N/A |
|---|---|---|---|
| People who use the service are aware of enhanced cleaning schedules that could impact their daily life | | | |
| Cleaning schedules are reviewed and enhanced as a result of COVID-19 | | | |
| Additional staff are allocated to undertaking cleaning duties at the service in recognition of the importance of maintaining an hygienic environment | | | |
| All cleaning activity is recorded. This includes the date, time, who completed the cleaning, what was cleaned and with what | | | |

| | Present | Not Present | N/A |
|---|---|---|---|
| There is enhanced cleaning of high traffic areas and 'touch points' such as door handles, light switches, telephones and keyboards. As well as equipment used in the service (such as hoists, stand-aids, walking aids) | | | |
| All cleaning products are high quality, effective and suitable for sanitisation and removing infectious material | | | |
| Areas used by visitors are cleaned before and after use | | | |
| Outdoor space is used creatively to allow activities to take place in a less risky environment | | | |
| Barriers and floor markings are used to restrict access and encourage throughflow | | | |
| Entrance and exit points are clearly defined to reduce cross contamination | | | |
| The individual accommodation of people using services is regularly reviewed to assess the need for zoning or cohorting | | | |
| Any room changes that could directly impact people using the service with be planned in advance, with the person affected fully involved through all stages. The potential impact on the wellbeing of that person due to a room move is a determining factor | | | |
| There is a designated lead for cleaning who is responsible for organising cleaning schedules, sharing information with staff and reporting to management | | | |
| Laundry processes are reviewed and, if necessary, adapted to meet the latest guidance regarding the separation of laundry and washing individual's items separately | | | |

| | Present | Not Present | N/A |
|---|---|---|---|
| There are regular, recorded hygiene audits conducted by management and action plans are developed for areas that require attention | | | |
| The manager undertakes a daily 'walk round' of the service with a focus on cleanliness and IPC. This activity is recorded to provide evidence of management oversight | | | |
| All unnecessary equipment and materials are removed from communal areas to reduce the possibility of infection | | | |
| No toiletries or other personal items are shared with others | | | |
| There is increased supervision of cleaning staff, and regular minuted meetings are held to ensure that the latest information and guidance is shared and that processes are co-produced | | | |

## Any additional examples of good practice developed by the service:

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| 1 | |
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# Section 7:
## Staff Practice

**In this area it is important that you:**

- Understand that the more mobile staff are, the chances of them transmitting infection are increased
- Understand the specific staffing issues for your service including, but not limited to:
  - Staff who are designated as 'extremely vulnerable'
  - BAME staff
  - Staff with diabetes, cancer, those over 70 years old or with other long-term illnesses
  - Staff who have to use public transport to get to work
- Review and develop how staff are organised and deployed to reduce the opportunity for infection spread
- Review and develop staff support mechanisms to ensure that staff are encouraged to report illness and that they are fairly treated and supported through any sick leave and subsequent return to work
- Provide effective training for all staff in IPC and the implications for their role
- Understand the risks associated with the use of agency staff. If they are used, mitigate the risk to an acceptable level
- Consider the impact that a change or modification in the workforce has on people that use the service and ensure that care or support is delivered at all times by competent and knowledgeable staff

## Evidence of good practice

| | Present | Not Present | N/A |
|---|---|---|---|
| The management of the service undertakes risk assessments of all staff to effectively manage the risks to staff from working within the care setting during the COVID-19 pandemic | | | |
| Where the risk assessment indicates that the staff are at increased risk due to age, long-term health conditions, ethnic background etc. then the concerns are mitigated, for example, by:<br>• Working reduced hours<br>• Not undertaking personal care<br>• Working with the same team of staff<br>• Reducing direct contact with colleagues and maintaining social distancing at all times<br>• Wearing increased PPE for own protection<br>• More regular handwashing/sanitisation | | | |

| | Present | Not Present | N/A |
|---|---|---|---|
| Staff identified as 'extremely vulnerable' are no longer placed on the rota nor do they undertake any shifts at the service. This protects them from infection | | | |
| The use of agency staff is eliminated or significantly reduced, and where they are used, they commit to only working at the service, and not for other providers/locations | | | |
| Part-time staff only work at the service and where they are undertaking other work, this is individually risk assessed and either mitigating conditions are established, or the member of staff does not work at the service during the COVID-19 pandemic | | | |
| The rota is developed so that identified groups of staff work together as a 'unit', thus reducing the opportunity for transmission | | | |
| Where staff use public transport to attend work, the management of the service explores the possibility of providing, or arranging for, personal transport for the staff member | | | |
| The timing of staff breaks are reviewed to limit the number of staff taking a break at the same time, and also the number of staff using dedicated staff rooms is restricted to ensure social distancing can be observed | | | |
| Training in Infection, Prevention and Control is provided for all staff by the local CCG/NHSI or another recognised provider | | | |
| The management ensures that the latest guidance and information on IPC produced by Public Health England, the CQC, the DHSC and the Government, is available, shared and discussed with all staff<br><br>Staff confirm that they have read the guidance and understand the content. This record is maintained by the service to provide evidence that staff are aware of latest guidance | | | |

| | Present | Not Present | N/A |
|---|---|---|---|
| Equipment and resources to support the identification and management of illness are available at the service, including pulse oximeters, temperature measuring devices, peak flow meters, pain charts etc. | | | |
| Where possible, handovers and supervisions are managed virtually, using technology to share information and conduct meetings. This reduces face-to-face contact and the opportunity for transmission | | | |
| Management support the whole staff team and provide opportunities for staff to provide feedback and make suggestions for improvement | | | |
| The service is mindful of workforce changes and its impact on people who use the service. Professional relationships, safe delivery of care and effective continuity of care are at the forefront of any decision making to ensure that people's quality of life is maintained | | | |

## Any additional examples of good practice developed by the service:

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# Section 8:
# Policy

**In this area it is important that you:**

- Have an up-to-date IPC policy that is relevant, live and used to inform practice at the service
- Have a clear Business Continuity Plan in place that identifies management strategies for any disruption to service
- Hygiene and infection control audits are detailed and reflect the ongoing requirements of managing COVID-19

## Evidence of good practice

| | Present | Not Present | N/A |
|---|---|---|---|
| The IPC policy has been updated to reflect current guidance and concerns re-garding COVID-19 and there is a dedicated person at the service, called the IPC lead, who has responsibility for keeping up to date with guidance and sharing information with all staff | | | |
| There is effective and efficient partnership working in place with local health services/GPs/community health and others | | | |
| Actions from audits are treated as a priority and there is a clear management reporting system to ensure completion to a satisfactory standard | | | |
| The Business Continuity Plan has been reviewed and updated to prepare for any future 'second wave' or other unforeseen event | | | |
| The management of the service is open, transparent and is well connected with local services | | | |
| The reporting processes to external agencies are robust, timely and appropriate | | | |
| Full documentation is available of all audits, communications, tests, meetings, supervisions and how they relate to IPC | | | |

## Any additional examples of good practice developed by the service:

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| 1 | |
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# Evidence Table

| Section | Service Evidence | Suggested Supporting Documents/Evidence |
|---|---|---|
| **Section 1:** Visitors | | Visitor Code<br>Visitor Policy<br>Activity records<br>Risk Assessments for individuals<br>Care records (family involvement)<br>Resident meeting notes<br>Relative correspondence |
| **Section 2:** Social distancing | | COVID-19 Resource File<br>Staff/Resident meeting notes<br>Wellbeing checks<br>Individual Risk Assessments<br>Accessible Information<br>Standards records<br>Communication care plans<br>Audit |
| **Section 3:** Admissions | | Admissions Policy<br>Pre-Admission Assessment<br>Service User Guide<br>Best practice Resources used (Restore2, SBAR)<br>Advance Care Planning/End of Life Policy and Procedure<br>Best Interest Decisions |
| **Section 4:** Personal Protective Equipment (PPE) | | Infection Control Policy<br>Resources for staff and residents<br>Training Records<br>Audits |

| Section | Service Evidence | Suggested Supporting Documents/Evidence |
|---|---|---|
| **Section 5 :** Testing | | Swabbing Policy<br>Staff/Resident meeting notes<br>Resources available<br>Risk assessments |
| **Section 6:** Premises | | Maintenance records<br>Cleaning schedules<br>Housekeeping Policy and Procedure |
| **Section 7:** Staff Practice | | Training & Supervision Records<br>Rotas<br>Staffing Contingency Plans |
| **Section 8:** Policy | | Infection Control Policy<br>Business Continuity Policy<br>Relevant audits |

# Resources to support understanding of Infection, Prevention and Control

## Keys

**1** = Visitors ; **2** = Social Distancing ; **3** = Admission ; **4** = PPE ;
**5** = Testing ; **6** = Premises; **7** = Staff Practice ; **8** = Policy

| | **Sections (1-8)** that the resource is relevant for |
|---|---|
| Visiting care homes during coronavirus (DHSC) | 1 |
| Visiting arrangements for those receiving care at the end of life | 1, 8 |
| Care Provider Alliance: Visitors' Protocol | 1 |
| COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable | 2 |
| COVID-19: how to work safely in care homes | 2, 4, 7, 8 |
| Staying alert and safe (social distancing) | 2 |
| Coronavirus (COVID-19): admission and care of people in care homes | 2, 3, 4, 5, 6, 8 |
| Coronavirus (COVID-19): guidance for care staff supporting adults with learning disabilities and autistic adults | 2 |
| Coronavirus (COVID-19): looking after people who lack mental capacity | 2, 3, 8 |
| Coronavirus (COVID-19): hospital discharge service requirements | 3 |
| Guidance for stepdown of infection control precautions and discharging COVID-19 patients | 3 |
| COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable | 3 |
| COVID-19: Personal protective equipment (PPE) – resource for care workers working in care homes (20 July) | 4 |
| COVID-19: infection prevention and control (IPC) – PPE hub | 4 |
| COVID-19: personal protective equipment use for non-aerosol generating procedures | 4 |
| COVID-19: Testing | 5 |

## Keys

**1** = Visitors ; **2** = Social Distancing ; **3** = Admission ; **4** = PPE ;
**5** = Testing ; **6** = Premises; **7** = Staff Practice ; **8** = Policy

| | **Sections (1-8)** that the resource is relevant for |
|---|---|
| COVID-19: cleaning in non-healthcare settings | 6 |
| Health and wellbeing of the adult social care workforce | 7 |
| Understanding the impact of COVID-19 on BAME groups | 7 |
| COVID-19: Supporting autistic people and people with learning disabilities (SCIE) | 7, 8 |
| COVID-19: Supporting people with dementia (SCIE) | 7, 8 |
| COVID-19: the ethical framework for adult social care | 8 |
| Guidance for care of the deceased with suspected or confirmed coronavirus (COVID-19) | 8 |

## Support and Resources:

| | |
|---|---|
| SCIE | 1, 2, 3, 4, 5, 6, 7, 8 |
| Skills for Care, | 1, 2, 3, 4, 5, 6, 7, 8 |
| British Geriatric Society | 1, 2, 3, 4, 5, 6, 7, 8 |
| BILD | 1, 2, 3, 4, 5, 6, 7, 8 |
| CPA | 1, 2, 3, 4, 5, 6, 7, 8 |
| ADASS | 1, 2, 3, 4, 5, 6, 7, 8 |
| Care Homes Strategy for Infection Prevention & Control of COVID-19 Based on Clear Delineation of Risk Zones | 2, 5, 6, 8 |

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**Sections (1-8)** that the resource is relevant for

## Existing Guidance

| | |
|---|---|
| Health and Social Care Act 2008: code of practice on the prevention and control of infections | 4, 5, 6, 7, 8 |
| NICE CG139: Healthcare-associated infections: prevention and control in primary and community care | 4, 8 |
| DHSC/PHE Care homes: infection prevention and control | 5, 6, 8 |
| Health Technical Memorandum 07-01: Safe management of healthcare waste | 6 |
| The Yellow Card scheme: guidance for healthcare professionals, patients and the public | 8 |

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The National Care Forum (NCF) is the membership organisation for not-for-profit organisations in the care and support sector. NCF supports its members to improve social care provision and enhance the quality of life, choice, control and wellbeing of people who use care services.

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