

Monday 09<sup>th</sup> March 2020

**Dear Chosen Care Staffs / Service users and Families,**

## **Re: Corona Virus**

Please be advised of the following information regarding Corona virus; I am updated on a regular basis by the local authority and Public health England.

You may be aware that advice for travellers affected areas has recently changed. If you returned from any of the affected areas since Feb 2020, call NHS 111 to inform them of your recent travel, stay indoors and avoid contact with other people.

Please refer Public Health England for further guidance:

<https://www.gov.uk/government/publications/guidance-for-social-or-community-care-and-residential-settings-on-covid-19/guidance-for-social-or-community-care-and-residential-settings-on-covid-19>

### **1. Information about the virus**

A coronavirus is a type of virus. As a group, coronaviruses are common across the world. COVID-19 is a new strain of coronavirus first identified in Wuhan City, China in January 2020.

The incubation period of COVID-19, is between 2 to 14 days. This means that if a person remains well 14 days after contact with someone with confirmed coronavirus, they have not become a case.

### **2. Signs and symptoms of COVID-19**

The following symptoms may develop in the 14 days after exposure to someone who has COVID-19 infection:

- cough
- difficulty in breathing
- fever

Generally, these infections can cause more severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic lung disease.

### **3. How long the virus can survive**

How long any respiratory virus survives will depend on a number of factors, for example:

- what surface the virus is on
- whether it is exposed to sunlight

- differences in temperature and humidity
- exposure to cleaning products

Under most circumstances, the amount of infectious virus on any contaminated surfaces is likely to have decreased significantly by 72 hours.

Regular cleaning of frequently touched hard surfaces and hands will therefore help to reduce the risk of infection.

#### 4. Preventing the spread of infection

There is currently no vaccine to prevent COVID-19. The best way to prevent infection is to avoid being exposed to the virus.

There are general principles anyone can follow to help prevent the spread of respiratory viruses, including:

- washing your hands often - with soap and water or use alcohol sanitiser that contains at least 60% alcohol if handwashing facilities are not available - this is particularly important after taking public transport. Guidance is available on [hand washing](#)
- covering your cough or sneeze with a tissue, then throwing the tissue in a bin. See [Catch It, Bin It, Kill It](#)
- people who feel unwell should stay at home and should not attend work
- employees should wash their hands:
  - before leaving home
  - on arrival at work
  - after using the toilet
  - after breaks and sporting activities
  - before food preparation
  - before eating any food, including snacks
  - before leaving work
  - on arrival at home
- avoid touching your eyes, nose, and mouth with unwashed hands
- clean and disinfect frequently touched objects and surfaces
- if staff are worried about their symptoms or those of a family member or colleague, please call NHS 111. They should not go to their GP or other healthcare environment
- see further information and the [Public Health England Blog](#) and the [NHS UK page](#)

## 5. Guidance on facemasks

During normal day-to-day activities facemasks do not provide protection from respiratory viruses, such as COVID-19 and do not need to be worn by staff in any of these settings. Facemasks are only recommended to be worn by infected individuals when advised by a healthcare worker, to reduce the risk of transmitting the infection to other people. It remains very unlikely that people receiving care in a care home or the community will become infected.

PHE recommends that the best way to reduce any risk of infection for anyone is good hygiene and avoiding direct or close contact (within 2 metres) with any potentially infected person.

## 6. What we do if an employee becomes unwell and believe they have been exposed to COVID-19

If the staff, member of the public or resident has not been to specified areas in the last 14 days, then normal practice continue.

If staff, member of the public or resident becomes unwell in the workplace and has travelled to China or other affected countries, the unwell person should be removed to an area which is at least 2 metres away from other people. If possible, find a room or area where they can be isolated behind a shut door, such as a staff office. If it is possible to open a window, do so for ventilation.

The individual who is unwell should call NHS 111 from their mobile, or 999 if an emergency (if they are seriously ill or injured or their life is at risk) and explain which country they have returned from in the last 14 days and outline their current symptoms. If the person affected is not able for any reason to call NHS 111 themselves then a staff member should call on their behalf.

Whilst they wait for advice from NHS 111 or an ambulance to arrive, they should remain at least 2 metres from other people. They should avoid touching people, surfaces and objects and be advised to cover their mouth and nose with a disposable tissue when they cough or sneeze and put the tissue in a bag then throw the tissue in the bin. If they don't have any tissues available, they should cough and sneeze into the crook of their elbow.

If they need to go to the bathroom whilst waiting for medical assistance, they should use a separate bathroom if available. This will apply only to the period of time while waiting for transport to hospital.

## 7. What we will do if someone with confirmed COVID-19 has recently been in the office, workplace or residential setting

Closure of the office, workplace or residential setting is not recommended.

The management team of the office or workplace or residential setting will contact the Public Health England (PHE) local [Health Protection Team](#) to discuss the case,

identify people who have been in contact with them and advise on actions that should be taken.

An assessment of each setting will be undertaken by PHE's local Health Protection Team with the lead responsible person. Advice on the management of staff, members of the public or residents will be based on this assessment.

The Health Protection Team will be in contact with the case directly to advise on isolation and identifying other contacts and will be in touch with any contacts of the case to provide them with appropriate advice.

Advice on cleaning of communal areas such as offices or toilets will be given by the Health Protection Team.

### **North East and North Central London HPT**

Public Health England  
Ground Floor, South Wing, Fleetbank House, 2-6 Salisbury Square  
London, EC4Y 8AE

Email [necl.team@phe.gov.uk](mailto:necl.team@phe.gov.uk); [nencl.hpu@nhs.net](mailto:nencl.hpu@nhs.net)  
Telephone 020 3837 7084 (option 1)  
Fax 020 3837 7086  
Out of hours advice 020 7191 1860

## **8. Cleaning the office, workplace or residential setting where there are confirmed cases of COVID-19**

The local Health Protection Team will provide advice on cleaning. Coronavirus symptoms are similar to a flu-like illness and include cough, fever, or shortness of breath. Once symptomatic, all surfaces that the person has come into contact with must be cleaned including:

- all surfaces and objects which are visibly contaminated with body fluids
- all potentially contaminated high-contact areas such as toilets, door handles, telephones
- clothing and linen used by the person should be set aside pending assessment of the person by a healthcare professional

Public areas where a symptomatic individual has passed through and spent minimal time in (such as corridors) but which are not visibly contaminated with body fluids do not need to be specially cleaned and disinfected.

## **9. Specific actions for social and community care staff visiting patients at home or providing care to residents**

People returning from some areas of the world are being told to self-isolate depending on the location they have visited and their symptoms. People who have been in close

contact with a confirmed case of COVID-19 are also being advised by their local Health Protection Team to self-isolate. People who are self-isolating and have no symptoms do not pose a risk to others. They are self-isolating to allow closer monitoring in order to identify early symptoms, and to enable prompt medical action if required.

Social, community and residential care staff should ascertain if a person is in self-isolation and if they are asymptomatic or symptomatic prior to their visit. If they are self-isolating and a visit is deemed necessary, then a full risk assessment should be undertaken with managers and infection control specialist to decide the best course of action.

If during a telephone consultation with a patient or their representative to assess their suitability for a domiciliary visit, it is thought that COVID-19 is possible (based on the PHE criteria for a possible case), then a face-to-face assessment must be avoided. Instead, call NHS 111 and arrange for a clinical assessment to be made before proceeding.

#### **10. If the person is asymptomatic**

As the person is asymptomatic there is no need to change your approach.

#### **11. If the person is symptomatic**

- avoid any further physical contact with the person, if you can. The person should remain in the room with the door closed. Belongings and waste with which they have come into contact should remain in the room
- advise anyone with you not to enter the room. If a travel or clinical history still needs to be obtained or completed, do this by telephoning the patient in the room
- ask the patient or their representative to call NHS 111 from their room
- inform your manager so that a full risk assessment can be undertaken with an infection control specialist to decide the next course of action

#### **12. If the patient requires urgent medical attention**

If the patient is critically ill and requires an urgent medical attention or ambulance transfer to a hospital, inform the ambulance call handler of the potential links to COVID-19.

Following the patient transfer to hospital, the room should be closed and should not be used until further advice is provided by the local Health Protection Team.

#### **13. If the person has a negative COVID-19 test**

If after assessment the person has a negative test, then no further action is required.

#### 14. If the person has a positive COVID-19 test

If after assessment the person has a positive test, then a contact tracing exercise will be undertaken by the local Health Protection Team. You will be advised on any further actions, depending on your recent exposure to the patient.

#### 15. What social, community and residential care settings need to do now

If any of our staff do become infected through travel to affected countries, you will be contacted by your local Health Protection Team to take you through a risk assessment for your particular setting.

You may find it helpful to know about your [local health protection team](#) in advance of any outbreak of disease.

Health Protection Teams are part of Public Health England and will provide advice and guidance on infectious disease and non-infectious environmental hazards, manage and control outbreaks of infectious disease in the community and are a source of expert advice on new infections.

Your local public health team is led by your Director of Public Health. They will link closely with the Director of Adult Social Services in working with partners locally to respond to any cases of this infection.

#### North East and North Central London Health Protection Team

Public Health England  
 Ground Floor, South Wing  
 Fleetbank House  
 2-6 Salisbury Square  
 London  
 EC4Y 8AE

Email [necl.team@phe.gov.uk](mailto:necl.team@phe.gov.uk); [nencl.hpu@nhs.net](mailto:nencl.hpu@nhs.net)  
 Telephone 020 3837 7084 (option 1)  
 Fax 020 3837 7086  
 Out of hours advice 020 7191 1860

Reference: <https://bit.ly/39wGTX2> (Public Health England)

# CATCH IT

Germs spread easily. Always carry tissues and use them to catch your cough or sneeze.



# BIN IT

Germs can live for several hours on tissues. Dispose of your tissue as soon as possible.



# KILL IT

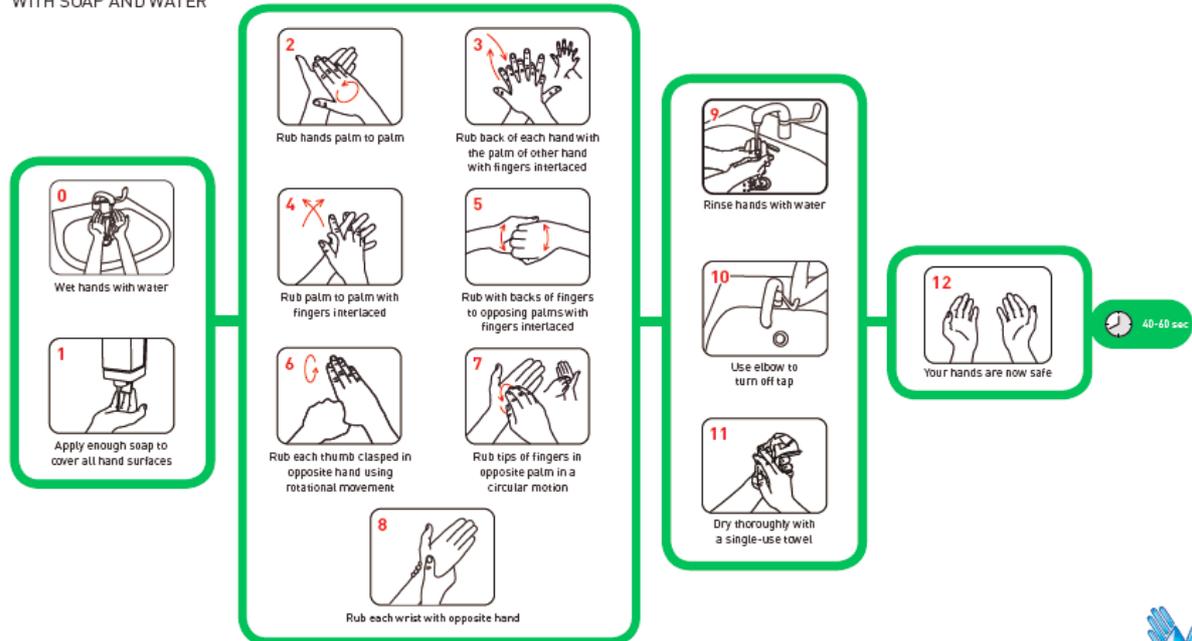
Hands can transfer germs to every surface you touch. Clean your hands as soon as you can.



HAND CLEANING **TECHNIQUES**

**How to handwash?**

WITH SOAP AND WATER



[www.npsa.nhs.uk/cleanyourhands](http://www.npsa.nhs.uk/cleanyourhands)

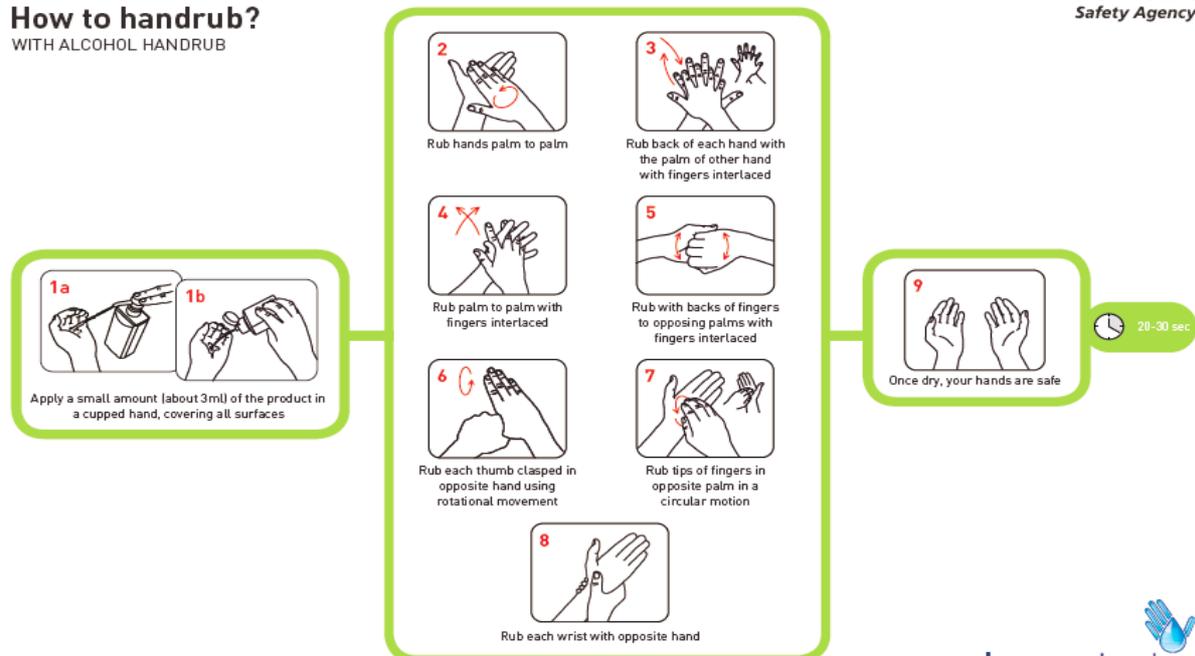
Adapted from World Health Organization *Guidelines on Hand Hygiene in Health Care*



HAND CLEANING **TECHNIQUES**

**How to handrub?**

WITH ALCOHOL HANDRUB



[www.npsa.nhs.uk/cleanyourhands](http://www.npsa.nhs.uk/cleanyourhands)

Adapted from World Health Organization *Guidelines on Hand Hygiene in Health Care*





## Stop Hate UK – Coronavirus Statement and Advice for Helpline Areas

Stop Hate UK has recently received an increasing number of calls, across our helpline areas, from people experiencing racism, discrimination and verbal abuse, arising from perceptions that they are members of the Chinese community and therefore likely to be carriers of the coronavirus.

We find this deeply concerning and we want our Helpline areas to know that we are here to help, advise and reassure anyone affected by such incidents.

With large numbers of international students studying in the UK, it is unsurprising that this issue has impacted significantly upon the student community. It is therefore vital that Universities and Colleges make it clear that any act of abuse or inflammatory Hate speech, whether it occurs on campus, online or elsewhere should not be tolerated and should be reported.

However, reports indicate that incidents are not confined to the student community and therefore it is important local community groups and associations are supported and encouraged to report incidents as they arise.

Remember - disease does not discriminate; the coronavirus outbreak is not about ethnicity, and such associations are neither helpful nor acceptable.

The government is constantly updating their website with the latest health advice, from the World Health Organisation and the NHS. This can be found by [clicking here](#)

Please be assured that, as a Stop Hate UK Helpline area, we are committed to providing anyone experiencing or witnessing a Hate incident with a confidential 24-hr 3rd party reporting service, and this remains the case with any Hate incidents that develop as a result of the coronavirus.

We can supply you with information, in both traditional and simplified Chinese, on how to report Hate Crime and we also hold similar information in almost 50 other languages, should there be instances of misappropriation of someone's nationality.

To receive Hate Crime reporting information in other languages, please email [info@stophateuk.org](mailto:info@stophateuk.org) If you have any further questions regarding this, or any other Hate Crime issue, please contact [talk@stophateuk.org](mailto:talk@stophateuk.org)

**STOP HATE. START HERE** <sup>®©</sup>

Please refer Public Health England for further guidance:

<https://www.gov.uk/government/publications/guidance-for-social-or-community-care-and-residential-settings-on-covid-19/guidance-for-social-or-community-care-and-residential-settings-on-covid-19>

Yours Sincerely



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