COVID-19

Guidance for supported living provision

This guidance is correct at the time of publishing.
However as it is subject to changes, please ensure that the information at time of issue is accurate and correct.
Who this guidance is for

This guidance sets out key messages to support planning and preparation in the event of an outbreak or widespread transmission of COVID-19.

It is aimed at community health services and providers of care and support delivered within supported living environments (people in their own homes), including for people with mental health conditions, learning disabilities or autistic adults.

There is guidance for individuals, families and informal care workers of what to do to maintain home care support safely, if they are advised to isolate themselves at home.

Provision of care and support in supported living is largely delivered to help an individual to be able to live as independently as possible. However, supported living as a term covers a wide range of environments and support levels.

Some may be group living environments with communal areas and others wholly individualised. Some may be providing intimate and personal care or an emergency service. Others will involve significant support around daily living, food preparation, personal safety and access to the community.

Most of the care and support provided within supported living environments cannot be deferred to another day without putting individuals at risk of harm. It is therefore vital that these services are prioritised. This guidance is designed to support that.

Local advice as at 20 March 2020

Suspension of Adult Social Care services to reduce threat of infection


Steps that supported living providers can take to maintain service delivery

To maintain service delivery, providers of supported living are advised to:

1. review their list of clients, and ensure that it is up to date, including the levels of informal support available to individuals. Providers should consider how they could share this information electronically, if they receive a legitimate request, including what the dataset might be.

2. identify people who fund their own care and help them to establish the levels of informal support available. It may be helpful for providers to share the number of hours of care they provide to help with planning, but they will want to satisfy themselves that it is lawful for them to share that information.

3. map all care and support plans to inform planning during an outbreak.

4. establish plans for mutual aid, including sharing of the workforce between supported living and home care providers, and with local primary and community health services providers; and with deployment of volunteers where that is safe to do so.
If a supported living care worker is concerned they may have COVID-19

If care workers are concerned they have COVID-19 they should use the online assessment at [gov.im/covidtest](http://gov.im/covidtest) to determine whether they need to call the COVID 111 helpline.

- If they are advised to self-isolate at home they should follow the stay at home (self-isolation) guidance.
- If advised to self-isolate at home, they should not visit or care for individuals until safe to do so.

If someone in supported living has symptoms of COVID-19

If the individual receiving care and support has symptoms of COVID-19, risk to their health and wellbeing must be assessed and appropriate action taken. The individual should be assisted with seeking clinical advice by using the online assessment at [gov.im/covidtest](http://gov.im/covidtest) to determine whether a call needs to be made to the COVID 111 helpline.

Personal protective equipment

The risk of transmission should be minimised through safe working procedures. Care workers should use personal protective equipment for activities that bring them into close personal contact, such as washing and bathing, personal hygiene and contact with bodily fluids.

Aprons, gloves and fluid repellent surgical masks should be used in these situations.

In particular cases, if there is a risk of splashing then eye protection will minimise risk.

New personal protective equipment must be used for each episode of care. It is essential that personal protective equipment is stored securely within disposable rubbish bags.

These bags should be placed into another bag, tied securely and kept separate from other waste within the room. This should be put aside for at least 72 hours before being put in the usual household waste bin for disposal.

Cleaning

If care workers undertake cleaning duties, they should use usual household products, for example detergents and bleach, as these will be very effective at getting rid of the virus on surfaces.

Clean frequently touched surfaces. Personal waste (for example used tissues, continence pads and other items soiled with bodily fluids) and disposable cleaning cloths can be stored securely within disposable rubbish bags.

These bags should be placed into another bag, tied securely and kept separate from other waste within the room. This should be put aside for at least 72 hours before being put in the usual household waste bin which can be disposed of as normal.
Laundry
If careworkers support the individual with laundry, then they should not shake dirty laundry. This minimises the possibility of dispersing virus through the air.

Wash items as appropriate, in accordance with the manufacturer’s instructions.

Dirty laundry that has been in contact with an ill person can be washed with other people’s items. If the individual does not have a washing machine, wait a further 72 hours after the 14-day isolation period has ended. The laundry can then be taken to a public launderette.

Items heavily soiled with body fluids, for example vomit or diarrhoea, or items that cannot be washed, should be disposed of, with the owner’s consent.

Applying household self-isolation procedures
Guidance has been published recommending action for all members of a household if one person is showing symptoms. In some cases this may be relevant for supported living provision. Providers and residents will need to make judgements on a case-by-case basis. It is important to consider the unique nature of individual supported living services, which range from individual self-contained properties that can be treated as separate households, through to shared environments with communal areas where the principles of household isolation may apply.

Providers also need to consider the underlying health conditions of residents and their vulnerability to COVID19. Further guidance on vulnerable groups and self-isolation has been published. The needs of all individuals should be considered when taking forward self-isolation. See guidance for COVID-19: Stay at Home guidance for households with possible coronavirus infection.

If neither the individual in supported living nor care worker have symptoms of COVID-19
If neither the care worker nor the individual receiving care and support is symptomatic, then no personal protective equipment is required above and beyond normal good hygiene practices.

General interventions may include increased cleaning activity to reduce risk of retention of the virus on hard surfaces, and keeping property properly ventilated by opening windows whenever safe and appropriate.

Care workers should follow advice on hand hygiene.

The information in this guidance document has been adapted with kind permission from Public Health England. The content has been taken from Public Health England COVID-19: COVID-19: guidance for supported living.