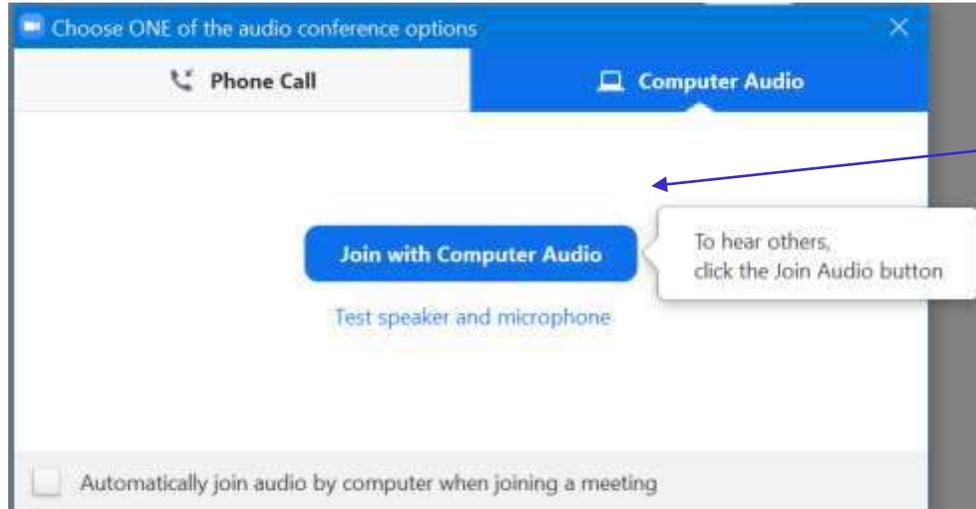


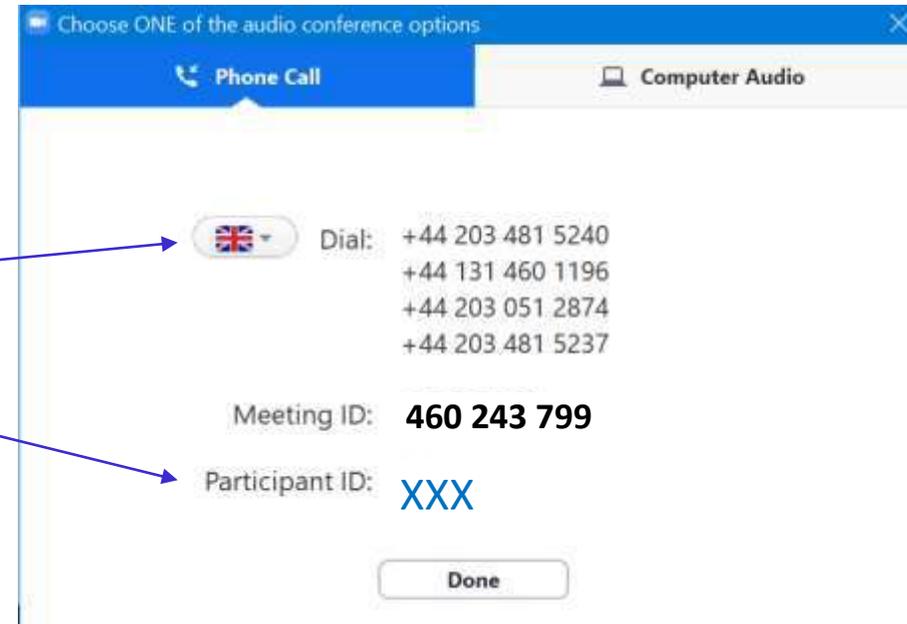
WELCOME TO THE WEBINAR



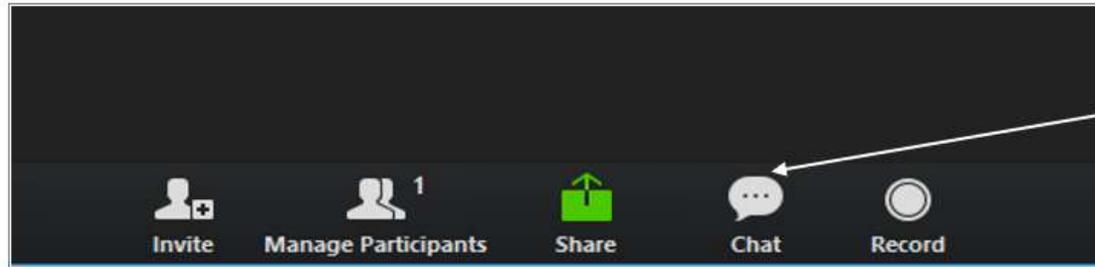
To connect your audio Click join with computer with audio

OR

Click phone call
BUT YOU MUST
Use your participant ID



You can ask questions via the Zoom chat room....



First click onto chat at the bottom of your zoom screen



A box should appear on the right where you can write your questions.

- If you are replying to someone in the chat box, please use '@theirname'
- We anticipate a high volume of questions - all questions not answered verbally on the call will be followed up





COVID-19: ADMISSION AND CARE OF PEOPLE IN CARE HOMES GUIDANCE WEBINAR

SESSION OUTLINE

Admission of people in to the care home

Workforce

Capacity tracker

NHSMail

PPE and IPC

End of Life

Q & A



WELCOME AND INTRODUCTION TO THE WEBINAR

Carey Bamber
Senior Manager (Partnerships and Leadership Development)
Personalised Care Group



ADMISSION OF PEOPLE IN TO THE CARE HOME

Emma Self

Delivery and Policy Lead EHCH

NHSEI



ADMISSION OF PEOPLE IN TO THE CARE HOME

- Hospitals around the country need as many beds as possible to support and treat an increasing number of COVID-19 cases.
- This means some people with non-urgent needs will be discharged into care homes for their recovery periods. people may also be admitted to a care home from a home setting.
- These people may have COVID-19; may be symptomatic or may be asymptomatic.
- All of these people can be safely cared for in a care home if this care homes covid-19 guidance is followed.



ADMISSION OF PEOPLE IN TO THE CARE HOME

Upon discharge person has	What care is required upon discharge?	What care is required upon first sign of symptoms?
No symptoms of COVID-19	Provide care as normal	<p>Provide care in isolation if symptoms occur within 14 days of discharge from hospital</p> <p>Resident does not leave room (including for meals) for 14 days after onset of symptoms or positive test</p> <p>Staff wear protective equipment & place in clinical waste after use for 14 days after onset of symptoms or positive test</p> <p>Consult resident's GP to consider if re-hospitalisation is required</p>



ADMISSION OF PEOPLE IN TO THE CARE HOME

Upon discharge person has		What care is required upon discharge?	What care is required upon first sign of symptoms?
Tested Positive for COVID-19		Provide care as normal	N/A
✓	No longer showing symptoms		
✓	Completed isolation period		



ADMISSION OF PEOPLE IN TO THE CARE HOME

Upon discharge person has		What care is required upon discharge?	What care is required upon first sign of symptoms?
Tested Positive for COVID-19		Provide care in isolation	N/A
✓	No longer showing symptoms	Resident does not leave room (including for meals) for 14 days after onset of symptoms or positive test	
<input type="checkbox"/>	Not yet completed isolation	Staff wear protective equipment & place in clinical waste after use	





ANY QUESTIONS?

WORKFORCE

Niall McDermott, Assistant Director – Community Services Data, Business Management and PMO team
Claire Laing, Community Services and Ageing Well



WORKFORCE

WHAT TRAINING AND SUPPORT IS AVAILABLE?



HEE has developed a Covid-19 e-learning programme containing resources for staff working in community settings, including Care Homes. There are modules on returning to work, end of life care for people with Covid-19 and advice on staff wellbeing. All resources are freely available to colleagues working in the NHS, independent sector, and social care. Access the resources here:

<https://portal.e-lfh.org.uk/Component/Details/604722>



The QNI has developed a comprehensive set of resources for nurses adapting to working in new settings as a result of Covid-19, including induction checklists and rapid training resources for working in Care Homes. Access the resources here:

<https://www.qni.org.uk/nursing-in-the-community/care-home-nurses-network/coronavirus-information-centre/>



Skills for Care have prepared a host of resources that will be useful for Care Homes, including training for volunteers, existing staff, rapid induction of new staff, and training for staff who are being redeployed. Access the resources here:

<https://www.skillsforcare.org.uk/About/News/COVID-19-Essential-training.aspx>

WORKFORCE

WHAT ELSE ARE WE DOING?

Work is currently underway to support the Care Home workforce including:

- Linking social care and community care providers to the NHS Volunteers app, where additional supporting resource is needed to allow staff to prioritise care delivery - find out more here: https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0112-NHS-Volunteer-Responders-Information-for-Primary-Care-Professionals_31-March-2020.pdf
- Working on ensuring that the call to Bring Staff Back from the regulated professions can encompass contributions in community settings, including Care Homes
- Collating useful guidance into a 'one stop shop' to make accessing the information you need easy to reach: **COMING SOON**

This work is underway but we'd be interested to hear from you on:

What issues are arising?

What could we be doing more of, nationally, to assist you?



ANY QUESTIONS?

CAPACITY TRACKER

Alex Thompson
Delivery and Policy Lead
Community Services and Ageing Well Programme
NHSEI



CAPACITY TRACKER

WHY.....

- Both capacity tracker and NHS mail – connecting the health and social care community
- Using capacity tracker to support discharge
- Provides visibility so care homes can get support when needed
- Single version of the truth nationally

To support current discharge planning in response to COVID-19, Capacity Tracker will track care home vacancies and bed capacity in all hospices (including children's hospices) and providers of inpatient community rehabilitation and end of life care. Critically, Capacity Tracker will now also start to collect basic information from care homes on workforce and business continuity issues.

- The priority for the duration of the COVID-19 incident is that all providers input data into Capacity Tracker to inform one national and local picture.
- All care homes, all hospices (including children's hospices) and all providers of inpatient community rehabilitation and end of life care **MUST** input the information specified into Capacity Tracker
- Providers who currently submit information through other systems similar to Capacity Tracker need only to use Capacity Tracker for the duration of the level 4 emergency COVID-19 response.

CAPACITY TRACKER

WHAT IS THE ROLE OF CCGs AND LAs?

CCGs must take the responsibility to each nominate a group of Capacity Tracker System Champions (more than one person is required to cover in the case of absence) who will oversee the rapid implementation of Capacity Tracker in their locality. Registration should be done by emailing NECS or via Capacity Tracker website.

LAs, and in particular their Brokerage Teams, have a key role to play. LAs should also identify System Champions and send their name and email address to NHS NECS as soon as practicable. LAs are also asked to provide any support they can to care homes and all parties should be aware of the support available via the Capacity Tracker website.

Champions should work with all providers (care homes, hospices, community rehab providers)

- **To ensure all register with capacity tracker – using an NHS mail or secure email account**
- **Providers have some staff registered as approvers**
- **Work with all providers so capacity tracker is updated with every relevant change or at least every 24 hours.**

necsu.capacitytracker@nhs.net

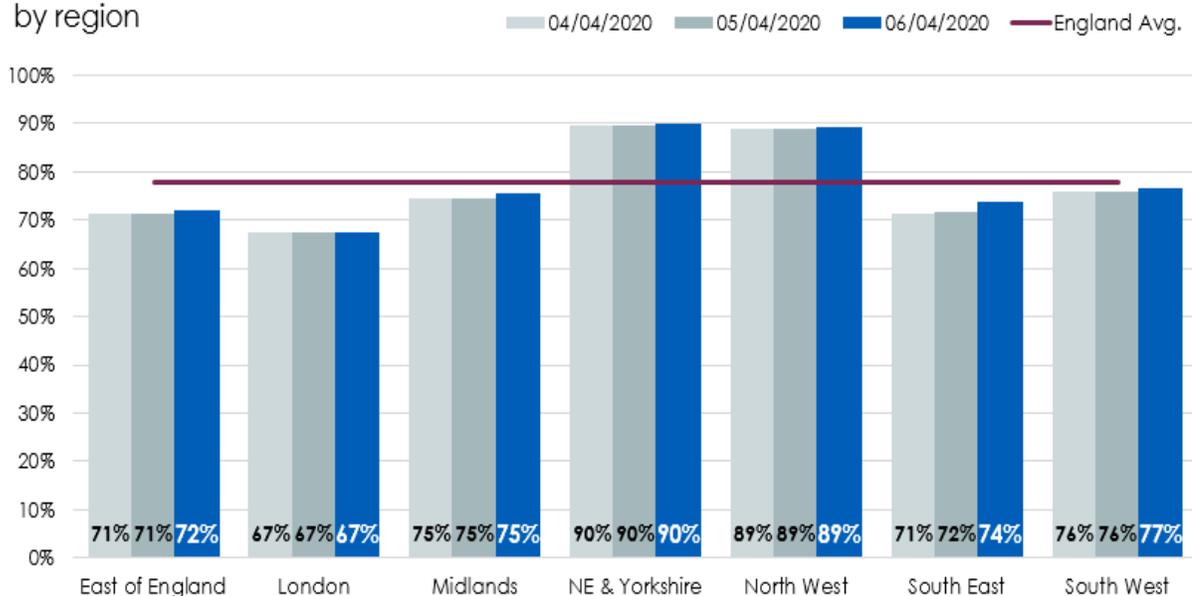
<https://carehomes.necsu.nhs.uk>

CAPACITY TRACKER

CURRENT REGISTRATIONS

- Regional leads will receive daily updates of registrations, working with CCG champions. NECS call centre is proactively contacting none registered providers.
- Currently the best way to access reports on capacity and business continuity is via the NECS website. User guides are available at the NECS website or contact NECS if any support is required.

% of care homes registered
by region



	Registered		Not yet registered		TOTAL
	#	%	#	%	
East of England	1,247	72%	480	28%	1,727
London	936	67%	451	33%	1,387
Midlands	2,402	75%	783	25%	3,185
North East and Yorkshire	2,140	90%	235	10%	2,375
North West	1,637	89%	196	11%	1,833
South East	2,178	74%	771	26%	2,949
South West	1,569	77%	478	23%	2,047
TOTAL	12,109	78%	3,394	22%	15,503



ANY QUESTIONS?

NHSmail for social care providers- Enabling social and health care collaboration

Eileen Mitchell
Senior Manager
Currently prioritising Covid-19 work



INTRODUCTION AND OVERVIEW

- NHSmail is a secure, centrally funded platform to support collaborative working across health and social care.
- Data Security and Protection Toolkit (DSPT) can now be done retrospectively
<https://www.digitalsocialcare.co.uk/covid-19-guidance/covid-19-quick-access-to-nhsmail/>
- In the Long term plan (LTP) - section 1.15
- **ACCESS TO NHSMAIL - 4 ROUTES TO NHSMAIL**
 1. SELF MANAGEMENT
 2. NATIONAL ADMINISTRATIVE SERVICE NAS PORTAL - DEDICATED ADMIN SUPPORT MANAGED VIA ACCENTURE HELPDESK – CAREADMIN@NHS.NET
 3. LOCAL SPONSORSHIP
 4. THIRD PARTY ROUTE (FOR NON CQC REGISTERED)

IF YOU WOULD LIKE MORE INFORMATION ON HOW TO REGISTER FOR NHSMAIL, PLEASE CONTACT US:
[HTTPS://WWW.DIGITALSOCIALCARE.CO.UK/CONTACT-US/](https://www.digitalsocialcare.co.uk/contact-us/)

WHY NHSmail? – THE BENEFIT OF DIGITAL CARE

Facilitating the collaboration over hospital admission/appointments, also improving the care of patients/residents by supporting their timely discharge

Facilitating the sending and receiving of the information faster, Increasing connectivity across health care , GPs, pharmacies, dentists and hospitals

Reducing the Admin tasks – printing, faxing, phone calls, reducing reliance on paper resource. Reducing the risk of missing doc, saving cost on posting letters.

Sharing patients information digitally with community health care providers. Improving resident care by providing faster and well informed care.

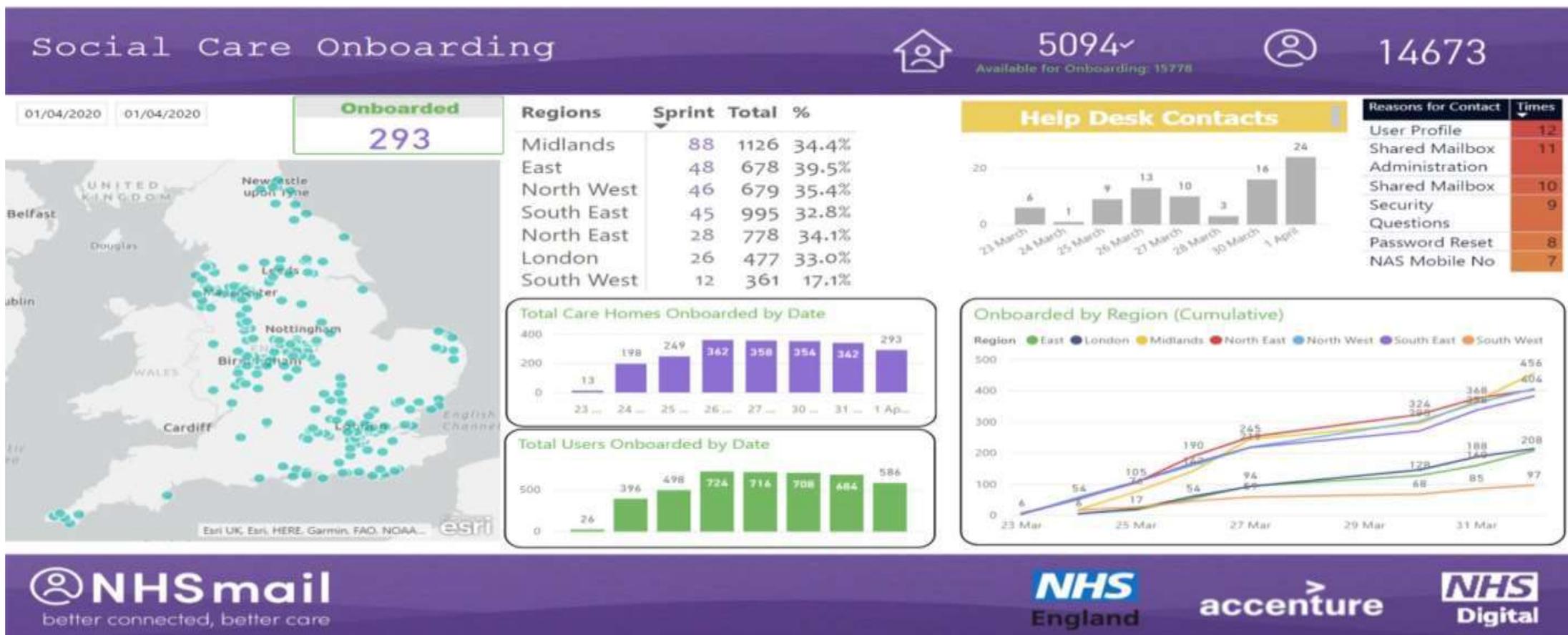
Enhancing the prescription ordering process while reducing the number of incorrect and missing prescriptions.

A faster & easier medium for ordering tests such as blood and urine,

An equipped way to access the NHS Directory

PROGRESS SO FAR

Fast track Social care onboarding - the progress report until 01/03/20





ANY QUESTIONS?

PPE AND IPC

Esther Taborn
Gram Negative Blood Stream Infection Improvement Lead



Recommended PPE for primary, outpatient and community care by setting, NHS and independent sector

Setting	Context	Disposable Gloves	Disposable Plastic Apron	Disposable fluid-repellent coverall/gown	Surgical mask	Fluid-resistant (Type IIR) surgical mask	Filtering face piece respirator	Eye/face protection ¹
Any setting	Performing an aerosol generating procedure ² on a possible or confirmed case ³	✓ single use ⁴	✗	✓ single use ⁴	✗	✗	✓ single use ⁴	✓ single use ⁴
Primary care, ambulatory care, and other non emergency outpatient and other clinical settings e.g. optometry, dental, maternity, mental health	Direct patient care – possible or confirmed case(s) ³ (within 2 metres)	✓ single use ⁴	✓ single use ⁴	✗	✗	✓ single or sessional use ^{4,5}	✗	✓ single or sessional use ^{4,5}
	Working in reception/communal area with possible or confirmed case(s) ³ and unable to maintain 2 metres social distance ⁶	✗	✗	✗	✗	✓ sessional use ⁴	✗	✗
Individuals own home (current place of residence)	Direct care to any member of the household where any member of the household is a possible or confirmed case ^{3,7}	✓ single use ⁴	✓ single use ⁴	✗	✗	✓ single or sessional use ^{4,5}	✗	✓ risk assess single or sessional use ^{4,5,8}
	Direct care or visit to any individuals in the extremely vulnerable group or where a member of the household is within the extremely vulnerable group undergoing shielding ⁹	✓ single use ⁴	✓ single use ⁴	✗	✓ single use ⁴	✗	✗	✗
	Home birth where any member of the household is a possible or confirmed case ^{3,7}	✓ single use ⁴	✓ single use ⁴	✓ single use ⁴	✗	✓ single or sessional use ^{4,5}	✗	✓ single or sessional use ^{4,5}
Community-care home, mental health inpatients and other overnight care facilities e.g. learning disability, hospices, prison healthcare	Facility with possible or confirmed case(s) ³ – and direct resident care (within 2 metres)	✓ single use ⁴	✓ single use ⁴	✗	✗	✓ sessional use ⁴	✗	risk assess sessional use ^{4,5}
	Collection of nasopharyngeal swab(s)	✓ single use ⁴	✓ single or sessional use ^{4,5}	✗	✗	✓ single or sessional use ^{4,5}	✗	✓ single or sessional use ^{4,5}

Table 2

- This may be single or reusable face/eye protection/full face visor or goggles.
- The full list of aerosol generating procedures (AGPs) is within the IPC guidance [note APGs are undergoing a further review at present].
- A case is any individual meeting case definition for a possible or confirmed case: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wu-cov-infection>
- Single use refers to disposal of PPE or decontamination of reusable items e.g. eye protection.
- A single session refers to a period of time where a health care worker is undertaking direct patient care. Sessional use should always be risk assessed and considered where there are high risk activities.
- Non clinical staff should maintain 2m social distancing, through marking out a cone.
- Initial risk assessment should take place by phone prior to entering the premises or on arrival.
- Risk assessed use refers to utilising PPE when there is an anticipated/likely risk of exposure to aerosols.
- For explanation of shielding and definition of extremely vulnerable groups see guidance: [Protecting extremely vulnerable persons from COVID-19](#)



Additional considerations, in addition to standard infection prevention and control precautions,

where there is sustained transmission of COVID-19, taking into account individual risk assessment for this new and emerging pathogen, NHS and independent sector

Setting	Context	Disposable Gloves	Disposable Plastic Apron	Disposable fluid-repellent coverall/gown	Surgical mask	Fluid-resistant (Type IIR) surgical mask	Filtering face piece respirator	Eye/face protection ¹
Any setting	Direct patient/resident care assessing an individual that is not currently a possible or confirmed case ² (within 2 metres)	✓ single use ³	✓ single use ³	✗	✗	✓ risk assess sessional use ^{4,5}	✗	✓ risk assess sessional use ^{4,5}
Any setting	Performing an aerosol generating procedure ⁶ on an individual that is not currently a possible or confirmed case ²	✓ single use ³	✗	✓ single use ³	✗	✗	✓ single use ³	✓ single use ³

Table 4

- This may be single or reusable face/eye protection/full face visor or goggles.
- A case is any individual meeting case definition for a possible or confirmed case: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-w-n-cov-infection>
- Single use refers to disposal of PPE or decontamination of reusable items e.g. eye protection or respirator, after each patient and/or following completion of a procedure, task, or session; dispose or decontaminate reusable items after each patient contact as per Standard Infection Control Precautions (SICPs).
- Risk assess refers to utilising PPE when there is an anticipated/likely risk of contamination with splashes, droplets of blood or body fluids. **Where staff consider there is a risk to themselves or the individuals they are caring for they should wear a fluid repellent surgical mask with or without eye protection as determined by the individual staff member for the care episode/single session.**
- A single session refers to a period of time where a health care worker is undertaking duties in a specific care setting/exposure environment e.g. on a ward round; providing ongoing care for inpatients. A session ends when the health care worker leaves the care setting/exposure environment. Sessional use should always be risk assessed and consider the risk of infection to and from patients, residents and health and care workers where COVID-19 is circulating in the community and hospitals. PPE should be disposed of after each session or earlier if damaged, soiled, or uncomfortable.
- The full list of aerosol generating procedures (AGPs) is within the IPC guidance [note APGs are undergoing a further review at present].



PPE AND IPC

Personal Protective Equipment PPE - you can wear a MASK for a whole session /between patients / for a few hours, aprons and gloves are single patient use.

IF you take your mask off it **MUST** go in the bin.

Public Health England

COVID-19 Safe ways of working

A visual guide to safe PPE

General contact with confirmed or suspected COVID-19 cases

- Eye protection to be worn on risk assessment
- Fluid resistant surgical mask
- Disposable apron
- Gloves

Aerosol Generating Procedures

- Eye protection eye shield, goggles or visor
- FFP3 or FFP2 respirator
- Long sleeved fluid repellent gown
- Gloves

Wash your hands before and after patient contact and after removing some or all of your PPE

Clean all the equipment that you are using according to local policies

Use the appropriate PPE for the situation you are working in (General / AGPs or High risk areas)

Take off your PPE safely

Take breaks and hydrate yourself regularly

For more information on infection prevention and control of COVID-19 please visit:
www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

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PPE AND IPC

Public Health England

Putting on personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)

Please see fitting and donning video to support this guidance [https://publichealth.uk.nhs.uk](#)

Pre-donning hand hygiene
Wash your hands with soap and water for 20 seconds. If hand sanitizer is available, use that instead.

Pre-donning hand hygiene
Wash your hands with soap and water for 20 seconds. If hand sanitizer is available, use that instead.

- 1 Perform hand hygiene before putting on PPE
- 2 Put on apron
- 3 Put on footwear - disposable paper shoes or the shoes of your PPE, leave shoes at least 10 cm
- 4 Put on face mask, ensure the strap stays over the bridge of your nose
- 5 Don eye protection (if required)
- 6 Put on gloves

The PPE guide is for COVID-19. It is based on the guidance from the Department of Health and Social Care. It is subject to change. For more information, visit [https://publichealth.uk.nhs.uk](#)

Public Health England

Taking off personal protective equipment (PPE) for non-aerosol generating procedures (AGPs)

Please see fitting and donning video to support this guidance [https://publichealth.uk.nhs.uk](#)

PPE should be removed in an order that minimises the risk of self-contamination
Please, gloves and eye protection should be taken off the person's face to last.

- 1 Remove gloves. Grasp the wrist of one hand and the opposite wrist of the other hand to remove gloves. Do not touch the gloves.
- 2 Clean hands
- 3 Remove eye protection if worn. Use both hands to grasp the top of the frame and lift away from the face.
- 4 Remove apron. Grasp the bottom edge of the apron and lift away from the body.
- 5 Wash hands with soap and water

The PPE guide is for COVID-19. It is based on the guidance from the Department of Health and Social Care. It is subject to change. For more information, visit [https://publichealth.uk.nhs.uk](#)

COVID-19: personal protective equipment use for non-aerosol generating procedures

Public Health England

Quick guide

Putting on (donning) personal protective equipment (PPE) for aerosol generating procedures (AGPs)

This is undertaken outside the patient's room.

Pre-donning instructions

- arrive (hand/water hygiene)
- tie hair back
- remove jewellery
- if face PPE is the correct size is available

Perform hand hygiene before putting on PPE

- 1 Put on the long-sleeved fluid-resistant disposable gown
- 2 Respirator. Perform a fit check.
- 3 Eye protection
- 4 Gloves

Public Health England

Quick guide

Removal of (doffing) personal protective equipment (PPE) for aerosol generating procedures (AGPs)

PPE should be removed in an order that minimises the potential for self-contamination.

The order of removal of PPE is as follows:

- 1 Gloves - the outside of the gloves are contaminated. **Gloves should not be touched.**
- 2 Gown - the front of the gown and sleeves will be contaminated.
- 3 Eye protection - the outside will be contaminated.
- 4 Respirator - cover mouth and nose with the top of the head of the respirator so it will be contaminated.
- 5 Wash hands with soap and water

COVID-19: personal protective equipment use for aerosol generating procedures

PPE AND IPC



Public Health
England

When to use a **surgical face mask** or **FFP3 respirator**

When caring for patients with **suspected or confirmed COVID-19**, all healthcare workers need to – prior to any patient interaction – assess the infectious risk posed to themselves and wear the appropriate personal protective equipment (PPE) to minimise that risk.

When to use a surgical face mask



In cohorted area (but no patient contact)

For example:
Cleaning the room, equipment cleaning, discharge patient room cleaning, etc

PPE to be worn

- Surgical face mask (along with other designated PPE for cleaning)

Close patient contact (within one metre)

For example:
Providing patient care, direct home care visit, diagnostic imaging, phlebotomy services, physiotherapy, etc

PPE to be worn

- Surgical face mask
- Apron
- Gloves
- Eye protection (if risk of contamination of eyes by splashes or droplets)

When to use an FFP3 respirator



When carrying out aerosol generating procedures (AGP) on a patient with possible or confirmed COVID-19

In high risk areas where AGPs are being conducted (eg. ICU)

The AGP list is:

- Intubation, extubation and related procedures such as manual ventilation and open suctioning
- Tracheotomy/tracheostomy procedures (insertion/open suctioning/removal)
- Bronchoscopy
- Surgery and post-mortem procedures involving high-speed devices
- Some dental procedures (such as high-speed drilling)
- Non-Invasive Ventilation (NIV) such as Bi-level Positive Airway Pressure (BiPAP) and Continuous Positive Airway Pressure ventilation (CPAP)
- High-Frequency Oscillating Ventilation (HFOV)
- High Flow Nasal Oxygen (HFNO), also called High Flow Nasal Cannula
- Induction of sputum

PPE to be worn

- FFP3 respirator
- Long sleeved disposable gown
- Gloves
- Disposable eye protection

Always fit check the respirator

REMEMBER

- PPE should be put on and removed in an order that minimises the potential for self-contamination
- The order for PPE removal is gloves, hand hygiene apron or gown, eye protection, hand hygiene, surgical face mask or FFP3 respirator, hand hygiene

These images are for illustrative purposes only. Always follow the manufacturer's instructions.

The following procedures are considered to be potentially infectious aerosol generating procedures (AGPs):

- intubation, extubation and related procedures
- tracheotomy/tracheostomy procedures
- manual ventilation
- open suctioning
- bronchoscopy
- non-invasive ventilation (NIV) e.g. Bi-level Positive Airway Pressure (BiPAP) and Continuous Positive Airway Pressure ventilation (CPAP)
- surgery and post-mortem procedures in which high-speed devices are used
- high-frequency oscillating ventilation (HFOV)
- high-flow Nasal Oxygen (HFNO)
- induction of sputum



ANY QUESTIONS?

END OF LIFE CARE - CARE HOME WORKSTREAM UPDATE

Amanda Hughes



END OF LIFE CARE - CARE HOME WORKSTREAM UPDATE

Bed Capacity Tracker

Hospices to complete and accurately report about capacity - (Admission and Care of Residents during COVID-19 Incident in a Care Home - Annex I: Use of Capacity Tracker to support effective discharge planning and continue care outside of hospitals). To enable close to real time information. Hospice UK have recirculated the tracker to all 220 members to complete – 119 hospices responded.

Advance care planning

Advance care planning should be reviewed and updated as needed for care home residents. https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0133-COVID-19-Primary-Care-SOP-GP-practice_5-April.pdf

Joint statement on advance care planning – Published 30/03/2020 - <https://content.govdelivery.com/accounts/UKCQC/bulletins/283e565>

Visitors

The Novel coronavirus (COVID-19) standard operating procedure Guidance for community palliative and end of life care - Relatives and friends not being allowed to see a person in a care home could have a detrimental effect on residents, the use of technology may help improve communication between families both at home and in care homes.

Deaths in care homes

If a resident dies of suspected COVID-19 in a residential setting – ensure that all residents maintain distance of 2m or are in another room from the deceased person; avoid all non-essential staff contact with deceased person to minimise risk of exposure. If member of staff does not need to provide care for deceased person, this should be kept to a minimum and correct PPE used (gloves, aprons and fluid resistant surgical mask); follow the usual process for dealing with death in your setting ensuring IPC followed. Further details see Guidance on residential care provision.

Communication

Good communication from hospital teams ideally ahead of the person's arrival at the hospice the person's personalised care and support plan including treatment escalation plans, resuscitation decisions (if known), medication and whether discharge is anticipated to home or care home, or whether the person is likely to die in the hospice (plans may change but useful to have an idea of the plan at this stage).

Prescribing

NICE rapid guidelines when prescribing, handling and administering medicines for patients with symptoms of COVID-19 in a care home, follow the NICE guideline on managing medicines in care homes. This includes processes for storing and disposing of medicines. NICE rapid guideline for community care – Published 04/03 -

<https://www.nice.org.uk/guidance/ng163>

END OF LIFE CARE - CARE HOME WORKSTREAM UPDATE

PUBLISHED GUIDANCE

Clinical specialty guide for palliative and end of life care in secondary care – Published 28/03/2020 Published 28/03 - <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0081-Speciality-guide-Palliative-care-and-coronavirus-FINAL-02.04.20.pdf>

GP Standard Operating Procedures (SOP) – Published 05/04/2020 - <https://www.england.nhs.uk/coronavirus/publication/managing-coronavirus-covid-19-in-general-practice-sop/>

NICE rapid guideline for community care – Published 04/03 - <https://www.nice.org.uk/guidance/ng163>

Toolkit for subcut injections – <https://helixcentre.com/project-end-of-life-toolkit>

Joint statement on advance care planning – Published 30/03/2020 - <https://content.govdelivery.com/accounts/UKCQC/bulletins/283e565>

Community Palliative, End of Life and Bereavement Care in the COVID-19 pandemic – Published 30/03/2020 https://elearning.rcgp.org.uk/pluginfile.php/149342/mod_resource/content/1/COVID%20Community%20symptom%20control%20and%20end%20of%20life%20care%20for%20General%20Practice%20FINAL.PDF

END OF LIFE CARE - CARE HOME WORKSTREAM UPDATE

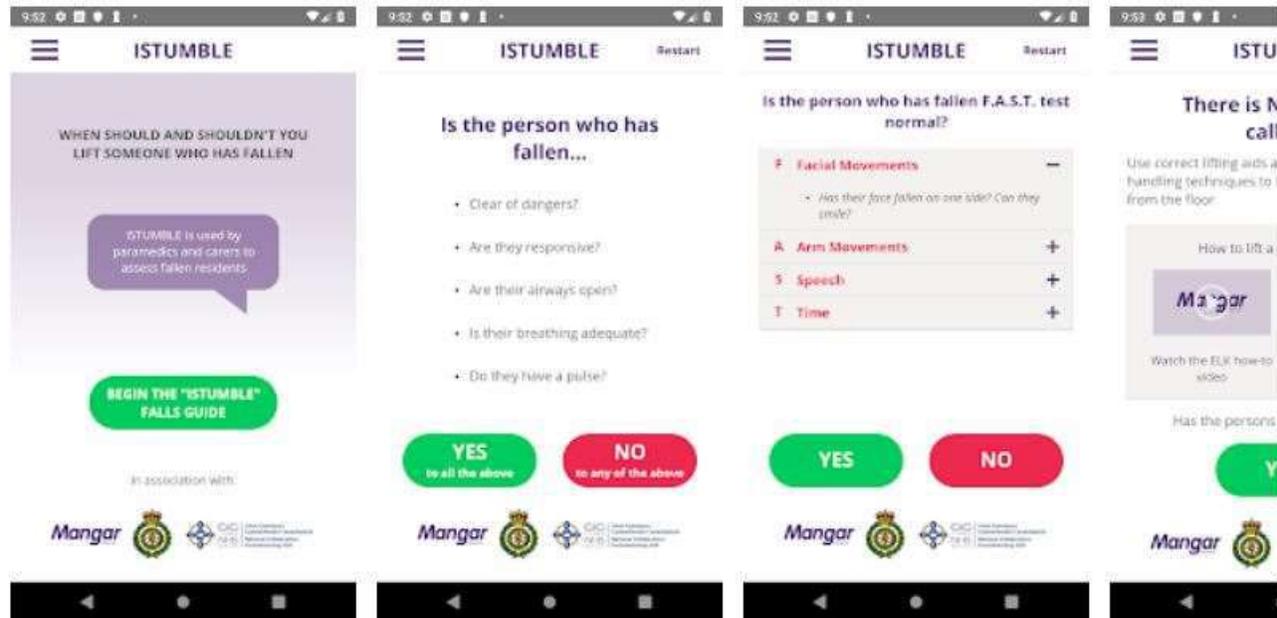
New End of Life COVID 19 mail box
providing a single point of contact to respond to queries
england.covideolc@nhs.net

EoLC Practitioners Network
This network continues to provide a huge amount of support
and resource to over 380 members. If you would like to join
the network, please email Sherree.fagge@nhs.net.
<https://future.nhs.uk/>



ANY QUESTIONS?

ISTUMBLE – FREE APP



- Available FREE on Android or App Store
- Designed by paramedics in UK
- When a resident falls it can be used to perform a health assessment and check for injury
- It tells you when to call for an ambulance and when it is safe to lift your resident



QUESTIONS & ANSWERS

**FACILITATING: CAREY BAMBER /
BEV TAYLOR**

COVID-19: ADMISSION AND CARE OF PEOPLE IN CARE HOMES GUIDANCE WEBINAR

CLOSE

Emma Self

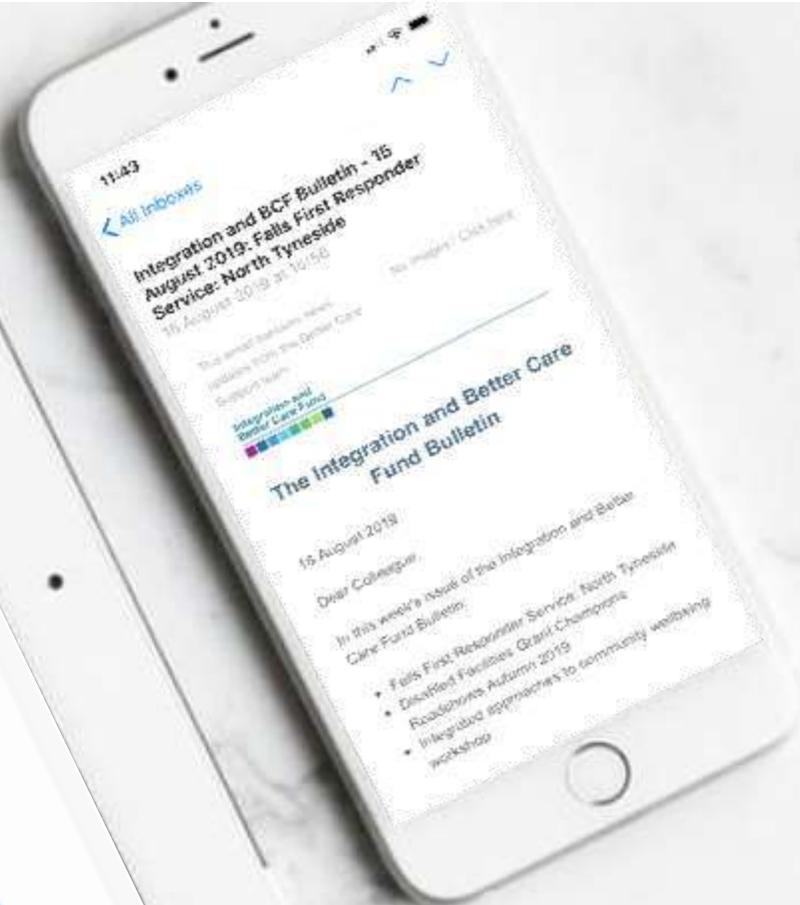
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THANK YOU

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