

COVID-19: GUIDANCE FOR RESIDENTIAL CHILDREN'S HOMES IN NORTHERN IRELAND

Version 8.0

Version Control

Version	Date	Summary of changes
8.0	10 May 2021	<p>Amendments to:</p> <p>Paras 1 and 3 - revised - to include reference to HSC rebuild/recovery efforts</p> <p>Para 7 – Key Messages – revised - to replace ‘staying at home’ with ‘social distancing’</p> <p>Para 22 – revised - to remove reference to ‘if allowed’ in respect of visiting arrangements</p> <p>Para 50 – revised - to amend ‘staff shortages are likely to occur’ to read ‘staff shortages may occur’</p> <p>Para 64 – revised – new web links added to: the Public Health Agency’s Young Person’s Mental Health Guide; and the Young People NI website.</p> <p>Previous Para 86 - deleted (ref: The Children’s Social Care (Coronavirus) (Temporary Modification of Children’s Social Care) Regulations (Northern Ireland) 2020)</p> <p>Annex A – Standard 10 - revised to include reference to ‘in circumstances where face-to-face contact cannot take place...’</p> <p>Annex A - Fitness of the Registered Provider and of the Manager - revised - to reflect that remote visits can be undertaken when indicated as necessary following a risk assessment and that if necessary, children and young people should be supported to take part in video calls. This will require a degree of planning and is the responsibility of the registered provider</p> <p>Annex E – revised - to replace ‘staying at home’ with ‘social distancing’.</p>

COVID-19: Key messages for residential children's homes in Northern Ireland:-

- **Protecting the safety and wellbeing of children, young people and staff** in residential children's homes is a priority. Any decision made about children and young people, in the course of the pandemic, should be in their best interests.
- **Co-ordination and regular communication** between Health and Social Care (HSC) Trusts, independent sector providers, staff, carers and/or family members is essential.
- **Working in partnership** with others will be critical in making the best use of all available assets to ensure safe, continuous and effective support for children and young people living in residential children's homes, with training or guidance provided as appropriate. This includes close partnership working with child health and infection control professionals, including the Public Health Agency (PHA).
- **The Trust Designated Nurse (and/or other appointed individual(s)) and Trust Infection and Prevention Control Team (for Trust facilities) should be the first points of contact for advice and guidance** for staff, where concerns/queries arise in relation to COVID-19 in a residential children's home setting.
- **The PHA has provided a dedicated point of contact** for children and young people's services to provide additional advice on health issues and infection prevention and control, this may be accessed through the Trust Designated Nurse (and/or other appointed individuals).
- The Health and Social Care Board has also produced:
 - a guidance document entitled: HSC Children's Residential Services COVID-19 Contingency & Recovery Plan to minimise the potential for COVID-19 outbreaks in children's residential care; and
 - an action card entitled: Regional Family and Childcare Services COVID-19 Action Card.

These should be read in conjunction with this guidance.

- **You are advised** to check the PHA, Department of Health and NI Direct websites regularly for new and/or updated guidance on COVID-19. While local advice may also be available, these websites remain the main source of advice.

1. This guidance sets out key messages to support planning to prevent the widespread transmission of COVID-19 during the ongoing pandemic and the HSC rebuild/recovery efforts. It will be regularly reviewed and updated as necessary.
2. The guidance is intended to apply to all registered providers of residential children's homes, including independent sector providers. It is aimed primarily at providers and staff. However, the messages it contains should also be communicated to the children and young people living in children's homes, including children with disabilities, as well as their families and friends.
3. The guidance should be applied alongside the Health and Social Care (HSC) Children's Residential Services COVID-19 Contingency & Recovery Plan, the Regional Family and Childcare Services COVID-19 Action Card and individual provider contingency and rebuild/recovery plans. The guidance is in line with, and should be read in conjunction with, advice from the Public Health Agency (PHA) available at <http://www.publichealth.hscni.net/covid-19-coronavirus> . For **general advice** on COVID-19 call 111.
4. The Trust Designated Nurse (and/or other appointed individual(s)) and the Trust Infection Prevention and Control (IPC) team (for Trust facilities) should be the first points of contact for advice and guidance, where concerns/queries arise regarding COVID-19 in a residential children's home setting. A list of Trust Designated Nurses is included at **Annex B** to this guidance.
5. For **any additional advice** on health issues and infection prevention and control, the Designated Nurse (and/or other appointed individual(s)) should contact the PHA's dedicated point of contact for children and young people's services: Deirdre Webb, Assistant Director of Public Health Nursing (deirdre.webb@hscni.net, tel: 07920 186497). Each HSC Trust has a named designated nurse to enable prompt access to advice and guidance where concerns/queries arise regarding COVID-19 in a residential children's home setting. A list of Trust Designated Nurses is included at **Annex B** to this guidance. All Designated Nurses will be guided by the PHA to ensure

consistency of messaging, advice and guidance to children's homes across Northern Ireland.

6. It is important to check the [PHA](#), [DoH](#) and [NI Direct](#) websites regularly to ensure the correct advice is being adhered to. HSC Trusts have also developed surge arrangements to address operational resilience for winter pressures and any subsequent waves of the pandemic. When normal services resume in full, this guidance will fall away.

7. **A summary of what you need to know**

Please note that this summary is an attempt to capture in broad terms some of the key elements of advice contained within the Guidance, however reference to the full details within the relevant sections of the Guidance will also be required.

<u>DOs</u>	<u>DO NOTs</u>
<ul style="list-style-type: none"> • Do adhere to public health advice relating to COVID-19 in particular, advice relating to: <ul style="list-style-type: none"> ➢ social distancing; ➢ limiting contact with other people; and ➢ good infection prevention and control practice. 	<ul style="list-style-type: none"> • Children’s homes do not need to close.
<ul style="list-style-type: none"> • Children and staff do maintain a safe distance from each other to reduce the spread of infection. 	<ul style="list-style-type: none"> • Do not meet with people from outside of your household other than in accordance with <u>current health protection coronavirus restriction regulations</u> and public health advice. • Where an indoor meeting is permitted (where exemptions apply), social distancing of at least 2 metres apart should be maintained, along with other mitigations such as: <ul style="list-style-type: none"> ○ limiting the duration of the visit; ○ ensuring good ventilation; ○ maintaining good hand hygiene; and ○ wearing a face covering is strongly advised.
<ul style="list-style-type: none"> • Staff do wear: a fluid-resistant (Type IIR) surgical mask 	<ul style="list-style-type: none"> • Do not touch face masks as this increases the risk of

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<p>alongside risk assessment for eye protection, as a minimum in all scenarios within the home where they are unable to physically distance 2 metres from either the young person they are caring for or from their work colleagues (in addition to an apron and gloves for all direct care). Further details can be accessed here.</p>	<p>infection around the respiratory area of the nose and mouth. If the face mask has been touched accidentally or in the course of work, it has become damaged, damp or uncomfortable it should be removed and a fresh face mask donned. A visual guide to donning and doffing PPE can be accessed here. Staff must perform hand hygiene using alcohol hand gel, or soap and water. Staff should remove their surgical mask and then wash their hands with alcohol hand gel, or soap and water before donning a new mask.</p>
<ul style="list-style-type: none"> Children’s Home Managers do use the PHA’s ‘COVID-19 Checklist for Infection Control Measures for Children’s Residential Accommodation’ to identify areas where there is a need for further intervention to strengthen infection prevention and response. (ANNEX D). <p>Please note that the checklist is supplementary guidance and should be read in conjunction with the current Infection Prevention Control guidance issued by Public Health England and the Public Health Agency which can be accessed here.</p>	<ul style="list-style-type: none"> Where possible do not breach the 2 metres advice for social distancing.
<ul style="list-style-type: none"> Staff do refer to the PHA’s ‘COVID-19 Infection Prevention Aide Memoir for Children and Young People’s Residential Homes’ (ANNEX E). Please note the Aide Memoir is supplementary guidance and should be read in 	<ul style="list-style-type: none"> Do not arrange visits to or by family members and others <u>before</u> seeking advice on safe facilitation from the Children’s Home Manager/staff who will liaise with the Trust Designated Nurse as required. During periods of increased restrictions there should only be essential visits to the children’s home to

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<p>conjunction with the current Infection Prevention and Control guidance issued by Public Health England and the Public Health Agency which can be accessed here.</p>	<p>minimise footfall and risks of virus transmission and decisions with regard to a child having face-to-face contact with their parents and families should be made on a case-by-case basis using a risk-based approach and taking into account the particular needs of the child. During periods of restrictions, it will be important to find ways of ensuring that children and young people can remain in contact with their families and friends, as appropriate, for example meeting outside, through daily or regular phone calls, video chats, use of social media platforms or other means as permitted. Contact arrangements will be reviewed by the responsible social worker on a weekly basis.</p>
<ul style="list-style-type: none"> • Staff do adhere to the advice contained within the HSC/PHA Standard Operating Procedure (SOP) for Health and Social Care staff car sharing for essential practice which can be accessed here. 	<ul style="list-style-type: none"> • Do not have long visits - these should be kept as short as possible. Face-to-face contact should only take place in accordance with public health advice. Meeting friends and family indoors carries a higher risk than meeting outdoors. If possible you should continue to arrange meetings with family and friends outdoors.
<ul style="list-style-type: none"> • Staff do help children understand why any of the measures put in place to minimise the spread of infection are necessary and should remind them of their responsibilities with regard to social distancing and other relevant public health measures, both when they are in the home and when they are outside of the home. 	<ul style="list-style-type: none"> • Do not go into work if you are a member of Staff who has a new, continuous cough and/ or a high temperature and/or a loss of or change in sense of smell or taste or who lives with someone showing these symptoms. Staff should stay at home and follow PHA guidance on testing and the required period of isolation.
<ul style="list-style-type: none"> • If meetings with family and friends and other visitors take 	<ul style="list-style-type: none"> • Do not take risks with potential 'hotspots' for cross-contamination. Take appropriate measures, such as:

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<p>place indoors, do observe the aforementioned mitigations for meeting indoors. This includes the use of face coverings during contact which is strongly advised to protect all those present from potential infection. Children should be supported to manage this according to their specific needs.</p> <p>NB: Where staff are present at these meetings, they should wear a fluid-resistant (Type IIR) surgical mask.</p>	<ul style="list-style-type: none"> • no sharing of stationery (such as pens, pencils, erasers, etc) amongst children, staff or visitors; • specific arrangements for signing the visitors' book; • phones and computers should not be shared and where this is not possible, ensure appropriate cleaning between uses; • shared study space should be avoided and always cleaned between uses; • clothes, jewellery or other accessories should not be shared between children and young people. If there is no alternative to sharing, then the item/s must be cleaned/washed between uses; • stagger meal times and use of other communal facilities so as to minimise duration spent with higher numbers of staff and children. <p>Further advice is included in the PHA's COVID-19 Infection Prevention Aide Memoir for Children and Young People's Residential Homes (ANNEX E).</p>
<ul style="list-style-type: none"> • If a member of staff on site has a new, continuous cough and/ or a high temperature and/or a loss of or change in sense of smell or taste, do send them home and arrange to be tested (see Public Health Agency website). See paragraphs 25 - 27 – Testing for COVID-19. Staff should 	<ul style="list-style-type: none"> • Do not hold staff meetings in children's homes, where possible. These should be facilitated remotely or outdoors if possible. Where this is not possible, the venue/room must be risk assessed and maximum capacity not breached. During face-to-face meetings, staff must observe social distancing and other appropriate mitigations for meeting indoors including

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<p>be encouraged to download the <u>StopCOVID NI App</u>. When wearing the recommended PPE according to PHA guidance, staff are advised to pause the contact tracing function or switch off the Bluetooth on the App to avoid the possibility of a false notification. Staff should ensure to remember to reactivate the contact tracing function and switch Bluetooth back on when they remove their PPE.</p>	<p>limiting the duration of the meeting, ensuring good ventilation, maintaining good hand hygiene and use of fluid-resistant (Type IIR) surgical masks. Food or drink should not be consumed.</p>
<ul style="list-style-type: none"> • Do remind children <u>before</u> they leave the home that: <ul style="list-style-type: none"> ➤ they should stay 2 metres (6ft) away from other people at all times; ➤ avoid touching their face and wash their hands as soon as they get home; and • Do remind children that the use of face coverings is strongly advised outside where 2m social distancing is not possible. Hands should be washed after removing a face covering; face coverings should be washed daily stored in a clean, sealable plastic bag. 	<ul style="list-style-type: none"> • Do not be afraid to challenge any behaviours of colleagues, children and young people or others where public health advice is not being followed.
<ul style="list-style-type: none"> • Do remind children over the age of 13 of the mandatory requirement for use of face coverings where appropriate for them, and in line with current public health advice, including on public transport, in schools and colleges and in shops. It is strongly recommended to wear face coverings in all indoor spaces where 2 metres social 	<ul style="list-style-type: none"> • Do not shake dirty laundry and wash items as appropriate in accordance with the manufacturer's instructions. Provide laundry advice to young people as appropriate. Clean and disinfect anything used for transporting laundry with your usual products. Personal waste (e.g. used tissues) and disposable cleaning cloths can be stored securely within disposable

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<p>distancing cannot be assured. Young people should be offered the use of the fluid-resistant (Type IIR) surgical masks whilst inside the residential setting; this should be risk assessed to ensure there are no safety issues or risks for the young person.</p>	<p>rubbish bags.</p>
<ul style="list-style-type: none"> • Do encourage children and young people to download the StopCOVID NI App. A young person's version of the App is also available to 11 -17year olds. 	<ul style="list-style-type: none"> • Do not wear the same personal clothing at work on consecutive days without laundering items each day at the highest temperature compatible for the fabric using laundry detergent this should be above 60 degrees Celsius.
<ul style="list-style-type: none"> • Staff do have mechanisms in place which help children understand the pandemic and support them throughout the period of the pandemic. They should use age and developmentally appropriate ways to encourage children to follow social distancing, hand-washing and other guidance, including through games, songs and stories, visual supports and videos. 	<ul style="list-style-type: none"> • Where possible, staff do not work across more than one children's home on a regular basis. Exceptions would include maintaining a safe staffing level within a home at all times.
<ul style="list-style-type: none"> • Do develop an individual children's home plan and implement in the event that a child develops COVID-19 symptoms i.e. a high temperature and/or a new, continuous cough and/or a loss of or change in sense of smell or taste, or in the event that there is a confirmed COVID-19 outbreak at the home [see further detail below]. 	

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<ul style="list-style-type: none"> • Do ensure that children’s home plans include details for all staff, including their GP contact details and Health Care Numbers to facilitate timely provision of information to the Trust’s Occupational Health team, the Trust’s Contact Tracing team, and, in the case of independent homes, to the PHA’s Test Track and Trace Service in the event of a confirmed case of COVID-19 within the home. 	
<ul style="list-style-type: none"> • Do use personal protective equipment (PPE) in accordance with <u>Public Health Agency</u> advice. Advice on the donning and doffing of PPE and on its specific application in children’s homes is explained at paragraphs 37-44 and a visual guide to donning and doffing PPE can be accessed <u>here</u>. All children’s homes should have and maintain an adequate supply of PPE. HSC Trusts should ensure that PPE is available in a children’s home. When wearing the recommended PPE according to PHA guidance, staff are advised to pause the contact tracing function or switch off the Bluetooth on the App to avoid the possibility of a false notification. Staff should ensure to remember to reactivate the contact tracing function and switch Bluetooth back on when they remove their PPE. 	
<ul style="list-style-type: none"> • Do have the Trust Designated Nurse (and/or other appointed individual(s)) coordinate all requests for advice and information and act as liaison between children’s 	

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<p>social work services, looked after children nursing teams, infection control nurses and the PHA at this time. Details of appointed individuals should be communicated to all registered children's homes managers.</p>	
<ul style="list-style-type: none"> • Do identify those children and young people in residential care who have an underlying condition which may put them at greater risk, and advise the HSC Board and the Regulation and Quality Improvement Authority (RQIA) of specific measures that will be taken to keep these young people safe. 	
<ul style="list-style-type: none"> • Do continue with reporting and notification requirements under the Children's Homes Regulations (NI) 2005. Notifications to the RQIA in line with the Regulations should therefore continue. In particular, registered providers are reminded of the requirement to notify the RQIA of an outbreak of infectious disease. 	
<ul style="list-style-type: none"> • Do continue to comply with the range of standards which apply to residential children's homes in so far as possible. However, it is recognised that, during the COVID-19 response period, services require to be flexible and responsive - see paragraphs 84 - 85 and Annex A for more information on arrangements for relaxations. 	
<ul style="list-style-type: none"> • Do check the <u>PHA</u>, <u>DoH</u> and <u>NI Direct</u> websites regularly 	

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for the latest information and advice on meeting with others, in particular on forming a 'bubble'; on shielding; or on restrictions that may be in place for particular geographical areas.	

Symptoms of COVID-19

8. The most common symptoms of COVID-19 are:

- a high temperature - this means you feel hot to touch on your chest or back (you do not necessarily need to measure your temperature, but if a thermometer is available a temperature is considered high if above 37.8 Celsius); and/or
- a new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual); and/or
- a loss of or change in sense of smell or taste.

A **symptom checker** is available on the PHA website or via the **StopCOVID NI app**; both young people and staff should be encouraged to download the App. When wearing the recommended PPE according to PHA guidance, staff are advised to pause the contact tracing function or switch off the Bluetooth on the App to avoid the possibility of a false notification. Staff should ensure to remember to reactivate the contact tracing function and switch Bluetooth back on when they remove their PPE. A young person's version of the App is also available to 11-17 year olds.

9. For most people, COVID-19 will be a mild infection, however in some people it can lead to severe pneumonia, shortness of breath and breathing difficulties. Those who may be at higher risk of severe disease include:

- Over 70s
- Those with underlying chronic health conditions, including those who are entitled to receive the seasonal flu vaccine from their GP
- Pregnant women

Individuals in any of these groups should follow advice provided by the PHA and their own healthcare professionals.

10. Specific advice for individuals considered as 'clinically extremely vulnerable' (CEV) and 'vulnerable' remains under continuous review by the Chief Medical Officer and his team. This will ensure the advice is tailored to reflect the current status of the virus in Northern Ireland; this advice can be accessed via the [DoH](#) and [NI Direct](#) websites.

Hygiene and prevention advice

11. The virus that causes COVID-19 is mainly transmitted through droplets generated when an infected person coughs, sneezes or speaks. It is essential to ensure regular handwashing and implement other hygiene measures, including cleaning of surfaces. It is essential that hand hygiene is carried out for each of the WHO '5 key moments' when providing care for all children and young people; this guidance can be accessed [here](#). IPC guidance advocates the wearing of: a fluid-resistant (Type IIR) surgical mask, alongside risk assessment for eye protection, as a minimum by staff in all scenarios within the home where they are unable to physically distance 2 metres from either the young person they are caring for or from their work colleagues (in addition to an apron and gloves for all direct care); further details can be accessed [here](#). Hands should be washed after removing a face mask.
12. Staff and children and young people in the children's homes should follow PHA advice on hygiene and prevention of spread of the infection. Further information is available on the PHA website or in the Regional Infection and Prevention Control Manual - <https://www.niinfectioncontrolmanual.net/basic-principles>. Where necessary, this information should be shared with children in age-appropriate ways to help them understand the importance of preventing the spread of infection.
13. Staff working in children's homes, and the children and young people living there, should employ good personal hygiene to minimise the risk of infection or to prevent further spread. If you cough or sneeze, use a tissue to cover your mouth and nose, dispose of it carefully after use, and wash your hands. Washing your

hands regularly, for at least 20 seconds, can help to prevent the spread of infection. Young people should ensure they wash their hands after removing their face covering and face coverings should be washed daily and stored in a clean, sealable bag. Young people should be offered the use of the fluid-resistant (Type IIR) surgical masks whilst inside the residential setting; this should be risk assessed to ensure there are no safety issues or risks for the young person.

14. Children's homes should ensure that all domestic and catering staff have received training and/or guidance on infection control in the context of food preparation and service, laundry and cleaning.
15. At all times, even when neither staff nor children/ young people are displaying any symptoms of COVID-19, it is important to adhere to [normal good hygiene practices](#), increase cleaning activity to reduce the risk of retention of the virus on hard surfaces, and keep the property properly ventilated by opening windows whenever safe and appropriate. Risk assessments should be undertaken in relation to the number of people allowed in each room within the home and the use of zoning posters and other public health signage should be considered. Consideration should also be given as to how to minimise the potential for cross-contamination within the home, for example ensuring that pens/other stationery are not shared amongst staff or visitors signing the visitors' book. Phones and computers should not be shared and where this is not possible, appropriate cleaning should be undertaken.
16. Some children and young people with special educational needs may be unable to follow social distancing guidelines or require personal care support. In these circumstances, staff need to increase their level of self-protection, such as minimising close contact (where appropriate), cleaning frequently touched surfaces and carrying out more frequent handwashing. Staff should wear a fluid-resistant (Type IIR) fluid-resistant surgical mask, gloves and plastic apron while assisting with personal or intimate care. Staff should routinely wear a fluid-

resistant (Type IIR) surgical mask if the young person cannot follow social distancing guidance. Eye/face protection is also recommended when within 2m of individuals who are suspected/ confirmed COVID-19 positive and may also be required, for example, if there is a risk of spitting or splashing into the eyes.

17. The PHA has developed a 'COVID-19 Checklist for Infection Control Measures for Children's Residential Accommodation' which Children's Home Managers should use to identify areas where there is a need for further intervention to strengthen infection prevention and response (**ANNEX D**). The PHA has also produced a 'COVID-19 Infection Prevention Aide Memoir for Children and Young People's Residential Homes (**ANNEX E**) which will be a useful source of high-level advice on infection prevention for staff. These should be read in conjunction with current PHE/PHA Infection Prevention and Control Guidance that can be accessed [here](#).

Planning for a child or children developing COVID-19 symptoms or a COVID-19 outbreak in the home

18. Each Trust and independent provider should proactively develop a COVID-19 Plan for each of its children's homes to be implemented in the event that:
 - A child or children develop COVID-19 symptoms;
 - A staff member develops COVID-19 symptoms; or
 - There is a COVID-19 outbreak in the home.
19. The Plan for each home may be different and will need to take account of the best interests and wellbeing of children living there, the needs and wellbeing of staff, the physical layout of the home, footfall in the home, the number of children in the home and staffing arrangements, including rotas. In addition, in order to facilitate timely provision of information to Trust's Occupational Health and Trust's Contact Tracing Team and, in the case of independent homes, to the PHA's Test Track and Trace service in the event of a confirmed case of COVID-19 within the home, plans should include details for all staff, including their GP contact details and Health Care Number.

20. The plan should identify the approach to self-isolation which will be used within the home and whether the whole setting should be treated as a single household or as multiple households. It should be noted that if a child or staff member has a confirmed case of COVID-19, their close contacts will also have to self-isolate for 10 days starting from the day after exposure; a definition of 'close contact' is provided at Annex C.
21. Any positive case in a Trust managed home will be followed up by the Trust's Contact Tracing Team and any positive case in an independent home will be followed up by the PHA Test Track and Trace service. In both instances, a risk assessment will be completed and close contacts identified and followed up and advised to self-isolate. It should be noted that 'close contact' excludes circumstances where PPE is being worn in accordance with current guidance on infection prevention control; this does not however include when travelling in the same car.
22. The plan should also be explicit about visiting arrangements, including the restriction of visits to essential visitors only in the event of a suspected or confirmed case of COVID-19 within the home. Some children and young people may find it difficult to be confined to their rooms or to have their movement restricted within the home. As part of the planning process, an assessment should be undertaken of each child's emotional and mental health needs and the impact this may have on their ability to deal with confinement. Proactive discussions with all the children and young people should take place individually and as a group and they should be encouraged and enabled to shape their individual support plans. This should be done in a way, which helps them understand how coronavirus is spread, identifies how they can be supported to stay safe and healthy and also promotes positive attitudes and behaviours that can mitigate risk.
23. The development of each Plan should be overseen by a Trust Senior Manager / Independent Provider Senior Manager and will require input/advice from the Trust Designated Nurse who, where necessary, should seek the advice of the

PHA. The purpose of the Plan will be to minimise the spread of infection within the home. It may require the designation of an ancillary home or facility to be used in the event that it is considered that infection cannot be safely contained within the home. The Plan should clearly indicate how the use of shared spaces, such as kitchens, bathrooms and sitting areas, will be managed if COVID-19 is either suspected or confirmed within the home; for example, the use of rotas for mealtimes. It will also specify arrangements for testing and what PPE will be used and by whom. See further information on testing and the use of PPE below.

24. As part of the planning process, the Registered Manager should determine what will be required in the children's home in terms of personal care items, including soap and towels. It will also be the responsibility of the Registered Manager to ensure that there is a sufficient supply of those items at all times during the period of the pandemic.

Testing for COVID-19

25. Testing is now available for everyone with COVID-19 symptoms and tests are available 7 days per week. If the Registered Manager considers that testing of a child or children in the home or a staff member is necessary on the basis that they are displaying COVID-19 symptoms, they should contact the Trust Designated Nurse to arrange home testing or book a test via the [Public Health Agency website](#); there are a number of different testing options available, including ordering a home testing kit. A staff member or young person should self-isolate after testing until the test results are known. A Trust Senior Manager should be advised that a request for testing has been made. A list of Trust Designated Nurses and their contact details is attached at Annex B.
26. If a child or staff member in a Trust managed home has a positive test, the Trust's Contact Tracing Team will contact the young person/staff member and all those who have been in close contact with the young person/staff member will be contacted and advised to self-isolate for 10 days starting from the day after exposure. Where a child or staff member in an independent home has a

positive test, this contact and follow up will be made by the PHA Test, Track and Trace service. It should be noted that close contact excludes circumstances where PPE is being worn in accordance with current guidance on infection prevention and control (this however does not include when travelling in the same car). Following a positive result of a staff member or child, the Children's Home Manager should arrange to have all staff and children tested. However, only the positive case and any close contacts are required to self-isolate unless an individual subsequently develops COVID-19 symptoms or their test result comes back as positive. Parent/s should be informed of a young person's positive test result, where appropriate.

27. If a child or staff member has a negative test result, they can only stop self-isolating if:

- everyone with whom they share a household who has symptoms of COVID-19 has tested negative – they need to keep self-isolating if someone in their household tests positive, or develops symptoms of COVID-19 and has not been tested;
- they feel well enough, and have not had a raised temperature for more than 48 hours;
- they are not a close contact of a confirmed case.

If they develop new or worsening symptoms, they should self-isolate and arrangements should be made for re-testing.

What to do if a child/ young person living in a children's home develops symptoms of COVID-19 or there is a COVID-19 outbreak in the children's home

A child is displaying COVID-19 symptoms

28. Children's homes should ensure there is a system in place for children and young people to inform staff confidentially if they develop any of the symptoms suggestive of COVID-19. If a child or young person living in the children's home has a new, continuous cough and/ or a high temperature and/or a loss of or change in sense of smell or taste, they will need to be isolated, supported by staff if necessary. The child SHOULD NOT visit their GP, pharmacy, minor injuries unit or a hospital. For

medical advice, please ring the GP or GP out of hours. Call 999 if a child or young person is seriously ill or injured or their life is at risk and ensure the emergency services are made aware the person has symptoms of COVID-19.

29. A Trust Senior Manager and the Designated Nurse should be immediately informed; the child's family and their social worker should also be notified. If necessary, the Trust's Designated Nurse will arrange for testing to be carried out of the child displaying COVID-19 symptoms. For Trust facilities, the Trust IPC team should be informed.

30. Guided by the Designated Nurse (and/or Trust IPC Team for Trust facilities), the Trust Senior Manager/Independent Provider Senior Manager may instruct the children's home to implement its COVID-19 Plan. If implemented, the Plan should be monitored by the Trust Senior Manager/Independent Provider Senior Manager and advice should be sought from the Trust Designated Nurse (and/or IPC Team for Trust facilities) in the event that any issues arise in the course of implementation. It will be a matter for the Trust Senior Manager/Independent Provider Senior Manager to decide when to halt implementation of the Plan, having taken advice from the Trust Designated Nurse.

There is an outbreak of COVID-19 in the Children's Home

31. The definition of an outbreak is two or more cases possible or confirmed within a 14 day period among the residents or staff. In the event of a COVID-19 outbreak in a children's home, the relevant Trust Senior Manager should direct the immediate implementation of the children's home COVID-19 Plan. Implementation should be closely monitored by the Trust Senior Manager and advice should be sought from the Trust Designated Nurse and/or the PHA in the event that any issues arise in the course of implementation. For Trust facilities, the Trust IPC team should be informed.

32. The Trust's Contract Tracing Team or, in the case of an independent home, the PHA's Test Track and Trace Service will contact all the close contacts of a child/staff member who is positive and if there are two positive children/staff members, will

inform the PHA Health Protection Team and the PHA will carry out a risk assessment and develop an action plan.

Notification to the RQIA

33. Registered providers are reminded of the requirement to notify the RQIA of a serious illness and outbreak of infectious disease in line with the Children's Homes Regulations (NI) 2005.

What to do if a child does not comply with the children's home COVID-19 Plan

34. Additional support will be made available where necessary to educate children/young people about the importance of acting in accordance with public health advice relating to COVID-19 for their own and others' safety. Where necessary, HSC Trusts will arrange additional support from the HSC Trust's Therapeutic Teams for Looked After Children and will explore any additional support (including sufficient meaningful activities and therapeutic interactions) that may be required to help children and young people at this difficult time.
35. If a young person refuses to comply with the children's home COVID-19 Plan, the use of a home/facility designated by the HSC Trust for self-isolation purposes should be considered and used if necessary. Other potential options may include the transfer of a young person to a single accommodation unit with outreach support. The proposed intervention must always be considered to be in the young person's best interests with the aim of preventing harm, and proportionate to the likelihood and seriousness of that harm.
36. Where a HSC Trust considers that a child or young person who is refusing to self-isolate poses a risk of significant harm to themselves or others, they may consider an application to the multi-agency panel for secure care. However, such a step should only be considered when all other alternatives have been exhausted.

Personal Protective Equipment (PPE)

37. In addition to practising good COVID secure behaviour, including maintaining 2 metres social distancing, good respiratory hygiene, frequent and thorough handwashing, use of fluid-resistant (Type IIR) surgical masks and adhering to other COVID-19 public health advice, additional precautions such as PPE may be required to ensure the safety of staff and children/ young people living and working in residential children's homes.
38. PPE should be worn in line with regional guidance available [here](#) . The PPE which should be worn are single-use disposable gloves, plastic aprons and single or sessional-use fluid-resistant (Type IIR) surgical masks. Eye/ face protection such as a visor or eye goggles may also be required, for example, if the child or young person is suspected/ known to be COVID positive or there is a risk of spitting or splashing into the eyes. The use of the latter should be subject to an assessment of risk as recommended by the [Public Health England \(PHE\) guidance](#). It is essential that staff are taught how to safely don and doff (put on and remove) the potentially contaminated equipment. The procedure for removal must be carefully controlled and strict hygiene practice implemented during and after removal. Guidance is available on the [PHE website](#) and a link to a video is included [here](#) which will assist with this process.
39. National Guidance is clear that the use of PPE is necessary in all of the following situations:
- Droplet precautions (fluid-resistant (Type IIR) surgical mask, gloves, aprons and visor) must be worn with all children and young people who are symptomatic, suspected or confirmed to have COVID-19.
 - Droplet precautions must be worn with children or young people who are contacts of a confirmed case of COVID-19.
 - Any young person who is undergoing an Aerosol Generating Procedure (AGP) as defined in the PHE guidance available [here](#) must be managed with airborne precautions (FFP3 mask, long sleeved gown, gloves and theatre hat)

- Aprons and gloves should be worn when carrying out personal or intimate care. Visors and eye protection should be worn if there is any potential exposure to splash e.g. coughing, sneezing, spitting or when performing COVID-19 testing.
40. Staff should also consider the use of PPE in circumstances where a child in the home is refusing to socially distance or where children in the home are engaging in risky behaviours which may place other children and/or staff at risk of infection. In terms of the latter, this includes children who leave the home without permission and may not have observed rules in relation to social distancing. It also includes behaviour within the home, which is risky from an infection prevention perspective. When wearing the recommended PPE according to PHA guidance, staff are advised to pause the contact tracing function or switch off the Bluetooth on the App to avoid the possibility of a false notification. Staff should ensure to remember to reactivate the contact tracing function and switch Bluetooth back on when they remove their PPE.
41. It is the responsibility of the Registered Manager, to ensure PPE is used within the setting in line with the regional IPC guidance.
42. When PPE is used within the children's home, staff should explain to the children and young people in the home why they are wearing this equipment. The touching of face masks should be avoided as this increases the risk of infection around the respiratory area of the nose and mouth. If the face mask has been touched accidentally or in the course of work, or it has become damaged, damp or uncomfortable, it should be removed and a fresh face mask donned. Fluid-resistant (Type IIR) surgical masks are single use but can be worn for sessional use, usually between 3 – 4 hours use as a maximum. Face masks must cover both the nose and mouth, not be allowed to dangle around the neck, be removed and replaced as necessary (observing hand hygiene before the mask is removed and before putting another mask on), and as recommended during the shift, including e.g. if it becomes contaminated, damaged, moist or difficult to breathe through. Hands should be washed after removing a face mask. Guidance is

available on the PHE website and a link to a video is included here which will assist with this process.

43. HSC Trusts should ensure that PPE is available to all registered children's homes in its area. All Trusts have identified a point of contact responsible for ordering and distribution of PPE within their relevant areas, including acting as the key point of contact for the distribution of PPE for independent sector providers in their geographical area.
44. It is strongly recommended that all staff, including temporary staff, receive or refresh training and/or guidance on: a) infection prevention and control, and b) the use of PPE. The Northern Ireland Social Care Council has published a free resource on its learning zone on infection control, hand hygiene and using PPE <https://learningzone.niscc.info/learning-resources/96/supporting-good-infection-control>. Trust staff should complete their IPC mandatory training in line with local Trust provision.

Advice and Support from the PHA

45. Advice and support relating to COVID-19, for example, advice on infection prevention and control or advice on the use of PPE, is available from the PHA by contacting:
 - the PHA contact for children and young people's services (deirdre.webb@hscni.net; tel: 07920 186497); or
 - the PHA duty room contact number at 0300 555 0119.

Staffing

46. Staff in one of the at risk groups should refer to public health advice for older people and people with underlying health conditions or pregnancy, and should follow any additional advice provided by their healthcare professional.
47. If a member of staff has a new, continuous cough and/ or a high temperature and/or a loss of or change in sense of smell or taste, they should be sent home and should follow PHA Guidance on self-isolating and testing. A Trust Senior Manager, the

Occupational Health Team (for Trust facilities) and the Designated Nurse should be informed.

48. Where a member of staff (provided that they have been wearing the recommended PPE and/or have maintained 2 metres social distance) has helped a child who has a new, continuous cough and/or a loss of or change in sense of smell or taste or a high temperature, they do not need to go home unless they develop symptoms themselves.
49. Staff who are non-resident or partially resident and who travel between an affected setting and their own home, will need to adhere strictly to all public health advice on infection prevention and control, including outside the work setting. Staff who are well should avoid close contact with people showing symptoms wherever possible and should practise social distancing and ensure frequent handwashing. Personal clothing worn at work should be washed each day at the highest temperature compatible for the fabric using laundry detergent. This should be above 60 degrees Celsius.
50. It is appreciated that staff shortages may occur due to self-isolation and illness. Staff ratios must be maintained at a safe level to protect children and young people. Initially, each children's home should seek to manage low numbers of absenteeism by variation of shift patterns and length of shifts or by the use of overtime. Alternatively, bank staff may be used to temporarily cover vacant posts. As far as possible, the same bank staff should be used for temporary cover and the use of staff who work in other homes/teams should be avoided.
51. In order to reduce the risk of potential spread of infection, team meetings, supervision sessions and other staff meetings should be held remotely or outside where possible. Where this is not possible, the venue/room must be risk assessed and maximum capacity not breached. During face-to-face meetings, staff must adhere to social distancing and other appropriate mitigations for meeting indoors, including the use of fluid-resistant (Type IIR) surgical masks and food and drink should not be consumed.

52. Staff should adhere to the advice contained within the HSC/PHA Standard Operating Procedure (SOP) for Health and Social Care staff car sharing for essential practice which can be accessed [here](#).
53. Children's homes should work in partnership with each other and should maintain good communication with the HSC Trust Residential Head of Service regarding staffing levels in children's homes. Professional judgment and an ongoing assessment of risk will be essential to determine safe staffing levels within each children's home.
54. During the COVID-19 response, employers should continue to seek assurances about a person's suitability and fitness to work in health and social care.

Cleaning and laundry

55. Children's homes should have a daily cleaning and disinfection schedule of shared areas and staff should be familiar with cleaning and disinfection products and procedures for cleaning. Usual household products, for example detergents and bleach, should be used as these will be very effective at getting rid of the virus on surfaces.
56. Clean frequently touched surfaces often, such as door handles, keys, grab rails/handrails in corridors/stairwells, table tops and worktops, toilets/taps and sanitary fittings, access touchpads play equipment, toys and electronic devices (such as phones/keyboards). Shared towels are not recommended for staff. Staff should use soft paper towels (stored in a dedicated dispenser). Children and young people should use personal towels (dedicated for their sole use) which should be changed regularly. Personal waste (for example, used tissues) and disposable cleaning cloths can be stored securely within disposable rubbish bags.
57. If cleaning an area where an individual with suspected or confirmed COVID-19 has been, personal waste and disposable cleaning cloths etc. should be placed into a rubbish bag, and then placed inside another bag (i.e. double bagged), tied securely and kept separate from other waste in a secure location. 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. If the home has a clinical waste stream, all waste should be managed as clinical waste and not held for 72 hours. If there is an outbreak, deeper cleaning may be advised by the PHA Health Protection Team.

58. Dirty laundry should not be shaken. This will minimise the possibility of dispersing virus through the air. Items should be washed as appropriate in accordance with the manufacturer's instructions. Laundry of a suspected or confirmed COVID positive person should be managed separately from anyone else's in the household. Items heavily soiled with body fluids, such as vomit or diarrhoea, or items that cannot be washed, should be disposed of, with the owner's consent.
59. Wash items as appropriate, in accordance with the manufacturer's instructions. Use the warmest water setting and dry items completely. If providers do not provide support with laundry, they should provide laundry advice to young people, in line with this guidance.
60. Clean and disinfect anything used for transporting laundry with your usual products, in line with the cleaning guidance above. PHE guidance recommends cleaning with a chlorine releasing product.

Supporting Children and Young People during the Pandemic Period

61. It is recognised that this is a very uncertain and anxious time for everyone, and that children/ young people may feel particularly worried and anxious. HSC Trusts should ensure continued support from the child/ young person's social worker and additional support, if appropriate, from Looked After Children Therapeutic Services and mental health services.
62. Children's homes should work closely with the HSC Board (and responsible HSC Trust as appropriate) to consider what additional support may be required to assist young people at this time, especially during any period of self-isolation.

63. Particular account should be taken of the mental health needs of children and young people during the pandemic period. Here are some key points to consider¹:

- Listen and acknowledge: Children and young people may feel less anxious if they are able to express and communicate their feelings in a safe and supportive environment.
- Provide clear information about the situation: The best way to help children feel safe is by talking openly about what is happening and providing honest answers to any questions they have.
- Acknowledge the situation: this is their home, but because they are cared for by staff they have to work together to understand how to apply government guidance to this special environment.
- Be aware of your own reactions: Remember that children and young people often take their emotional cues from the important adults in their lives.
- Create a new routine with the children and young people: Routine gives children and young people an increased feeling of safety in the context of uncertainty, so think about how to develop a new routine – especially if children are not attending school.
- Consider their exposure to media coverage of the crisis, and encourage them to talk about what they have seen and heard.

64. There is a wide range of online resources available to help support children and young people of all ages throughout the pandemic period. Some useful links are provided below². In addition, organisations like VOYPIC³ are regularly updating their social media channels with details of available resources and are using these

¹ <https://www.gov.uk/government/publications/covid-19-guidance-on-supporting-children-and-young-peoples-mental-health-and-wellbeing>

² <https://www.childrenscommissioner.gov.uk/publication/childrens-guide-to-coronavirus/>
https://nosycrowcoronavirus.s3-eu-west-1.amazonaws.com/Coronavirus_ABookForChildren.pdf
<https://www.macsni.org/helpful-hints-tips-during-covid-19/>
<https://youngminds.org.uk/find-help/for-parents/supporting-your-child-during-the-coronavirus-pandemic/>
<https://hospicefoundation.ie/bereavement-2-2/covid19-care-and-inform/grieving-in-exceptional-times/>
<https://www.rcpch.ac.uk/resources/covid-19-guiding-principles-safeguarding-partnerships-during-pandemic>
www.cypp.hscni.net/dailyupdate-young-persons-mental-health-guide/
<https://youngpeopleni.org>

³ VOYPIC [Twitter](#) VOYPIC [Facebook page](#)

channels to maintain communication with children and young people and to provide them with ongoing practical support such as self-care tips and suggested activities.

65. A range of action has been taken by the Public Health Agency and Health and Social Care organisations to support mental and emotional health and wellbeing during the pandemic. The [Minding Your Head website](#) contains information to help people look after their mental health and to support others. This includes a directory of mental health services in Northern Ireland and links to online support, such as the [HSC Apps Library](#), which provides a one stop shop for the public to access a range of safe and approved apps to help them look after their mental health and wellbeing.
66. The Children & Young People's Strategic Partnership (CYPSP) website also provides the most up to date information about the resources available at area level across the 5 HSC Trusts, including all nature of services available to children and families: <http://www.cypsp.hscni.net/download/documents/LPG-Members-covid-19.pdf>. The CYPSP also produced key resources for children and young people, specifically in relation to managing the impact of COVID-19; including a daily updates page and a free [Resource Pack for Children & Young People](#). In addition, Stress Control⁴ are also running a free 6 week cognitive behavioural therapy class which can be accessed by all residents within Northern Ireland.
67. CAMHS has also continued to operate throughout the pandemic and children and young people are urged to speak to a GP to seek help with their mental health if they need it.

Visitors and Contact

68. All face-to-face contact between family members living in different households should be in accordance with the latest public health advice in order to prevent the spread of infection. During periods of **increased restrictions**, there should only be essential visits to the children's home to minimise footfall and risks of virus transmission and decisions with regard to a child having face-to-face contact with

⁴ www.stresscontrol.org

their parents and families should be made on a case-by-case basis using a risk-based approach and taking into account the particular needs of the child. Subject to completion of an appropriate risk assessment, a young person may still have overnight stays with their parents/family if their family are well and household members have no symptoms. The Social Worker should contact the young person to ensure all family members remain well (and to conduct an assessment as to whether the young person should be tested) before the young person returns to the children's home. During the period of ongoing restrictions, it will be important to find ways of ensuring that children and young people can remain in contact with their families and friends, as appropriate, for example meeting outside, through daily or regular phone calls, video chats, use of social media platforms or other means as permitted. Visits to or by family members and others should be managed in a way that is safe, taking account of social distancing and hygiene measures and children should be supported to manage this according to their specific needs. Meeting friends and family indoors carries a higher risk than meeting outdoors. If possible, meetings with family and friends should be arranged to take place outdoors. If meetings with family and friends and other visitors take place indoors, the aforementioned mitigations for meeting indoors should be observed; this includes the use of face coverings during contact which is strongly advised to protect all those present from potential infection. The name and contact details of all visitors to the home should be recorded for Contact Tracing. If further advice is required around the safe facilitation of visits to or by family members and others, the Children's Home Manager/staff should contact the Trust Designated Nurse (and/or other appointed individual) and the IPC Team (for Trust facilities) in the first instance, who may in turn seek advice from the PHA's dedicated point of contact for children and young people's services. Good communication between social workers, the child or young person's family, and the child/ young person themselves will be essential to ensure that contact is maintained as much as possible, that alternative arrangements are agreed by all parties and the child or young person can converse freely with their social worker, staff and family.

69. Contact arrangements should be reviewed by the responsible social worker on a weekly basis. Where there are issues with contact which cannot be mutually agreed, HSC Trusts should seek legal advice.

Maintaining supplies

70. Children's homes should already have contingency plans in place, having worked with their usual suppliers, to secure, in so far as it is possible to do so, long-term supplies of food, pharmaceuticals, and other essential supplies. In the event that independent providers face challenges, they should work with their local HSC Trust to consider how any essential support can be provided. HSC Trusts should work together to pool resources and seek advice from the HSC Board as necessary.

Education

71. If a young person is suspected or confirmed COVID positive they should not attend school until completion of their isolation period. Any identified close contacts should also not attend school until after completion of their self-isolation period.

72. Children in residential children's homes should be facilitated to continue to attend school where it is in their best interests and safe and appropriate to do so. Schools will work in partnership with parents and carers to ensure that the best interests of children take precedence. If providers have any concerns about whether a child/young person should attend school during this time, these should be discussed with the school.

73. Children and young people who were previously shielding were identified on a precautionary basis at a stage when there was less data on the effects of COVID-19 in children. Based on better understanding of COVID-19 the great majority have now been advised they do not need to do so again, and that they should return to school. A small number of children under paediatric care (such as recent transplant or very immunosuppressed children) have been or will be given individual advice about any ongoing need to avoid infection. The 4 UK Chief Medical Officers have issued a joint statement to this effect⁵.

⁵ <https://www.health-ni.gov.uk/sites/default/files/publications/health/hss-md-70-2020.pdf>

74. Providers should regularly monitor the Education Authority website for updates on schools and the latest information released by the Department of Education in relation to COVID-19 and its impact on education services can found on the Department's website at: <http://www.education-ni.gov.uk/departments-education-releases-covid-19-coronavirus>
75. As part of its Children Looked After Education Project, the Education Authority has an established universal helpline to provide support to the Team around Children Looked After who are of statutory school age. The helpline number is 028 7051 1086 and it will be operational from 8.00am to 5.00pm Monday to Thursday and 8.00am to 4.00pm Fridays. Alternatively, email queries can be addressed to Lookedafterchildren@eani.org.uk.
76. Playboard NI in cooperation with the Department of Education's Play Matters Programme have produced guidance '[Coronavirus – Play Matters more than it did](#)' to assist teachers, playworkers, parents and those offering care to children in these challenging times to consider how they may provide quality play opportunities and experiences.

Physical exercise

77. Staff should encourage children and young people to maintain as much physical activity as possible, within PHA guidelines about self-isolation and social distancing.

Admissions to residential children's homes

78. During peaks of the COVID-19 pandemic, new placements to residential care are likely to take place only in cases of extreme need. All possible steps to maintain young people in the community should be taken ahead of consideration of admission to a children's home. The possibility of foster or home placements should be considered and eliminated ahead of placement to a children's home.

79. Where a placement is unavoidable, the most suitable placement, depending on the status of individual children's homes at the point of admission, will be considered. In all instances, the needs, welfare and rights of the child will be paramount in any decision on placement to a children's home.

Short breaks

80. Subject to prevailing conditions, consideration will be given to reducing the level of short breaks provision offered to children, including limiting short breaks provision to the cases of highest need. It is recognised that there is a greater risk of infection for children availing of short breaks due to the high turnover in the designated homes. In addition, some children receiving short breaks may be more vulnerable due to pre-existing health issues.

81. Nevertheless, short break services are recognised as an important aspect of support to families and foster carers caring for children and young people, including those with disabilities. A balance needs to be struck between maintaining this support and ensuring the health of children is not further compromised. Symptomatic children should not be placed for short breaks. Assessment of the need for continuation of short break care for non-symptomatic children during the pandemic will be the responsibility of the relevant Head of Service within Children's Services or their Deputies.

Secure care

82. The provisions in this guidance will apply equally to staff and children and young people in secure care. The Health and Social Care Board has also developed a 'Practice Framework regarding contact for children in secure care during COVID-19' which sets out the key messages to support the planning and preparation to safely manage the direct face-to-face contact for children placed in secure care during the ongoing pandemic. Arrangements relating to Looked After Children reviews in secure accommodation can be reconfigured to be undertaken using remote communication to ensure a balanced approach to care planning.

HSC Trust/ PSNI joint working arrangements

83. Given the increasing pressure on police and child protection services in light of the COVID-19 pandemic, HSC Trusts are asked to carry out a thorough assessment of harm before notifying the PSNI and requesting the instigation of the Missing Children Protocol. The Trust should only notify the PSNI and request the instigation of the Protocol in exceptional circumstances, where an assessment has been made regarding the likelihood of significant harm to the child when they have gone missing. Similarly, for those situations which require a general policing response, such as criminal damage and assaults occurring within a residential children's home, again police will only be contacted in exceptional circumstances and where the incident is serious, cannot be de-escalated and where children and staff are at risk of significant harm.

Inspection and Standards

84. Compliance with the range of standards which apply to residential children's homes should continue as far as possible. However, it is recognised that during the COVID-19 response period services require to be flexible and responsive. To facilitate this, it will be necessary to temporarily suspend certain requirements and standards to ensure the continued provision of safe services. Details of how compliance with minimum care standards for residential children's homes may be relaxed are set out in the table at Annex A.

85. Any actions taken in relation to the relaxation of minimum care standards, in line with Annex A, should be temporary and proportionate to the threat services face, and should only be used when necessary and remain in place only for as long as is required. All managerial decisions in relation to relaxation of compliance with standards must be informed by robust risk assessment and professional judgement (including recording of decision making process) and subject to ongoing monitoring and review.

References to articles on the evidence supporting the use of face coverings

86. Articles on the evidence around the benefits for use of face coverings during the COVID-19 pandemic can be accessed via the following links:

- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/890233/s0150-wearing-facemasks-community-setting-options-evidence-160420-sage26.pdf
- <https://onlinelibrary.wiley.com/doi/full/10.1111/jep.13415>
- <https://www.bmj.com/content/369/bmj.m1435>

Arrangements for Relaxation of [Minimum Standards for Children's Homes \(January 2019\)](#)

Note: Throughout this table, CYP refers to “children and young people”

STANDARD [CHILDREN'S HOMES]	EXTENT OF RELAXATION
Standards 2, 4, 5, 8, 14, 15, 16, 18, 21 and 22	No relaxation required
Standard 1: engagement, participation and involvement	<p>Every effort should be made to obtain the views, wishes and feelings of CYP and others and to provide access to specialist technology/assistive aids where these are required. In particular, participation in monitoring by the registered provider and the support of an advocate where required, should be facilitated. However, it is accepted that this may not be possible in surge circumstances. Where it is not possible to fully engage with people outside of the home environment, the reasons should be explained to them and to CYP.</p> <p>Standard provides sufficient flexibility in other areas.</p>
Standard 3: living in a supportive home	<p>Staff may be unable to facilitate CYP's participation in local activities while restrictions continue to apply to a range of facilities and services.</p> <p>Standard provides sufficient flexibility in other areas.</p>
Standard 6: promoting good health and wellbeing	<p>There may be temporary impacts on availability of certain varieties of food to meet individual preferences and diet. Priority will need to be given to special dietary needs as per regulation 13(2) of the Children's Homes Regulations (NI) 2005/175.</p> <p>Standard provides sufficient flexibility in other areas.</p>
Standard 7: leisure activities	Dependent on public health advice, it is accepted that there may be limitations

STANDARD [CHILDREN'S HOMES]	EXTENT OF RELAXATION
	with regard to school-based and out of school activities. Visits by and to friends of CYP from outside of the home should be in accordance with the <u>current health protection coronavirus restriction regulations</u> and public health advice and alternative forms of communication, such as tele/video conferencing should be explored.
Standard 9: promoting educational achievement	It is recognised that in light of potential school closures, arrangements should be put in place and the CYP encouraged to participate in remote learning where it is available.
Standard 10: promoting and supporting contact	<p>Face-to-face contact between family members living in different households should be in accordance with the latest public health advice to prevent the spread of infection. In addition, it will be important to find ways of ensuring that contact between CYP and their families can continue in circumstances where face-to-face contact cannot take place. Good communication between the children's home staff, social workers and the CYP's family will be essential to ensure that contact is maintained as much as possible, that alternative arrangements are agreed by all parties and the child or young person can converse freely with their social worker, staff and family. Contact arrangements should be reviewed by the responsible social worker on a weekly basis. Where there are issues with contact which cannot be mutually agreed, HSC Trusts should seek legal advice. Any changes to Court-directed contact will need to be notified and agreed through DLS in accordance with surge arrangements. The reasons for any restrictions should be fully communicated to the CYP and their family. Alternative forms of communication, such as tele/video conferencing should be explored.</p> <p>Standard provides sufficient flexibility in other areas.</p>
Standard 11: promoting a suitable	If an increased number of children are admitted to a children's home due to

STANDARD [CHILDREN'S HOMES]	EXTENT OF RELAXATION
physical environment	resource or staffing constraints, it may be necessary for children to share bedrooms. The circumstances would undoubtedly qualify as exceptional, therefore so long as a risk assessment is carried out, Regulation 30(9)(b) of the Children's Homes Regulations (NI) 2005/175 would not be breached. This will need to be balanced with the requirement of any CYP to self-isolate and therefore require a single room.
Standard 12: preparing for and commencing leaving a placement	There may be limitations on the capacity to manage admissions or exits in the required manner. Introduction procedures, changes to Statement of Purpose, access to information packs prior to admission, identified staff member to support admission process, selection of key worker and preparation for leaving the home should be managed in a way which keeps the CYP safe but is commensurate to the staffing of the home. These issues may be further affected depending on surge arrangements.
Standard 13: looked after children reviews	<p>Arrangements relating to Looked After Children reviews can be reconfigured to be undertaken using remote communication to ensure there is a balanced approach to care planning for CYP e.g. tele/video conferencing should be explored.</p> <p>If these reviews are to be conducted remotely it will not be possible for CYP to meet with the Chair or their advocate prior to and following the review meeting. However, where possible, this should be facilitated through alternative communication methods.</p>
Standard 17: staffing	<p>Personnel deployed in accordance with surge arrangements, can be taken into account when calculating staffing requirement in so far as the majority of staff remain social work qualified.</p> <p>Standard provides sufficient flexibility in other areas.</p>

STANDARD [CHILDREN'S HOMES]	EXTENT OF RELAXATION
Standard 19: short break care	<p>Depending on prevailing circumstances, consideration may be given to reducing the level of short breaks provision offered to children, including limiting short breaks provision to the cases of highest need. There is a greater risk of infection for children availing of short breaks due to the high turnover in the designated homes. In addition, some children receiving short breaks may be more vulnerable due to pre-existing health issues. However, short break services are recognised as an important aspect of support to families and foster carers caring for children and young people, including those with disabilities. A balance needs to be struck between maintaining this support and ensuring the health of children is not further compromised. Symptomatic children should not be placed for short breaks. Assessment of the need for continuation of short break care for non-symptomatic children during the pandemic will be the joint responsibility of the relevant Head of Service within Children's Services or their Deputies. The extent of short break provision will be dependent on escalating surge arrangements.</p>
Standard 20: secure accommodation	<p>It will become difficult to assure the higher level of supervision required in respect of a securely accommodated child in a children's home.</p> <p>Arrangements relating to Looked After Children reviews in secure accommodation can be reconfigured to be undertaken using remote communication to ensure there is a balanced approach to care planning for CYP. Arrangements for and decisions about day to day care will be initially agreed by a residential social worker followed by managerial oversight.</p> <p>In accordance with surge arrangements, reviews can be conducted remotely through alternative communication formats e.g. tele/video conferencing.</p>
Fitness of the Registered Provider and of the Manager	<p>Where indicated as necessary following a risk assessment, monitoring visits can be conducted remotely. In these circumstances, the views of CYP should be sought through audio/visual communication in order to inform the monitoring</p>

STANDARD [CHILDREN'S HOMES]	EXTENT OF RELAXATION
	process. If necessary, CYP should be supported to take part in video calls. This will require a degree of planning and is the responsibility of the registered provider.

ANNEX B

Nurse contacts for COVID-19 concerns/queries in residential children's homes

SEHSCT

There is a message facility on all mobiles. Advice and support is available from 8.30 - 4.30pm daily, Monday to Friday.

Name of Home	Contact Nurse	Contact details
Flaxfield, Lisburn	Marion Davidson	07536114905
Glenmore, Lisburn	Marion Davidson	07536114905
Lakewood Secure (3 homes)	Winifred Herron	07720337940
William Street, Ards	Winifred Herron	07720337940
Ashgrove, Ards	Winifred Herron	07720337940
Marmion, Holywood	Karen Delahoz	07872048339
Oaklands, Bangor	Karen Delahoz	07872048339
Cuan Court, Downpatrick	Sinead Stevenson	07730618656

If a call back has not been returned within 3 hours, please contact Deirdre Ward, (Lead Nurse for Public Health Nursing) on 07971333768 or Karen Elwood (Head of Service for Public Health Nursing) on 07779454942.

BHSCT

There is a message facility on all mobiles. Advice and support is available from 8.30 - 4.30pm daily, Monday to Friday.

Name of Home	Contact Nurse	Contact details
Antrim Rd	Joan Anderson	02895042160
Somerton/Willow	Joan Anderson	02895042160
Osbourne Pk	Joan Anderson	02895042160
Fortwilliam Pk	Denise Campbell	02895042160
Glandore	Denise Campbell	02895042160
North Rd	Denise Campbell	02895042160
Donard/Aran	Marie Canavan	02895042160

Slemish	Marie Canavan	02895042160
Aisling	Marie Canavan	02895042160
Infection Prevention Control Nurse Adviser – Moya McGloin - 07516110522		
Nurse Manager – Eileen Woods - 07747441607		
Divisional Nurse/COVID Lead for Children’s – Nuala Toner - 07715992804		

Nurse contact details for Residential Homes - Single point of contact telephone number – contact 02895042160 (Mon – Fri 9-5). The school nurses will be available for advice regarding the general health and wellbeing of the young person and can advise regarding signposting to other services if needed from 7th April 2020. Any medical concerns should be referred to the GP as per normal procedures.

Infection Control Advice

Moya McGloin (Band 5 Staff Nurse Forest Lodge) will be the Infection Prevention Control Nurse (IPC) for all Residential Children’s homes within BHSCT. Moya can be contacted on **07516110522**, email Moya.McGloin@belfasttrust.hscni.net from Tuesday 7 April. Working hours will be Monday to Friday 9am to 5pm. Moya will be happy to provide information/ assistance regarding Covid related issues. If there are questions that she is unable to answer, she will liaise with the IPC team and get back to you.

Liaison with PHA

Nuala Toner, Divisional Nurse will be the single point of contact between children’s services and Deirdre Webb, PHA

NHSCT

For all Looked After Children who require testing- this is via Staff Testing: susan.gault@northerntrust.hscni.net
 For general Covid-19 related queries, the contact person is Barbara Barklie, LAC SN: barbara.barklie@northerntrust.hscni.net / 02890831432

SHSCT

Point of contact for **TESTING** for children in children’s homes is **Mairead Donnelly**
 HOS, Mairead.donnelly@southerntrust.hscni.net
 Jacqueline Toner (SNLAC) Jacqueline.Toner2@southerntrust.hscni.net or via telephone on: 02830832252 (Office) or 07823443085 (Mobile)

Infection Prevention Control Nurse – Denise McDonagh 07799038108 / Kate Kelly 07803832542 / Annette O’Hara 07823320739

WHSCT

Susan Rodgers, Specialist Nurse for Looked After Children will be the Designated Link for COVID 19, and in particular, point of contact for Testing - Mobile number is: 07867155040 and DDI:02866327730.

For all other enquiries, the point of contact is Katie Lavery (A) Head of Service for Residential Childcare: 07961431135

DEFINITION OF CLOSE CONTACT

A close contact is a person who lives in the same household as someone with COVID-19 symptoms or who has tested positive for COVID-19 OR

Anyone who has had any of the following types of contact with someone who has tested positive for COVID-19 from 2 days before the person was symptomatic and 10 days after the onset of symptoms:

- face-to-face contact including being coughed on or having a face-to-face conversation within one metre
- skin-to-skin physical contact for any length of time
- been within 1 metre for 1 minute or longer without face-to-face contact
- sexual contact
- been within 2 metres of someone for more than 15 minutes (either as a one-off contact, or added up together over 1 day)
- travelled in the same vehicle

Infection Control Measures Children's Residential Accommodation

Checklist

Introduction

This COVID19 checklist has been developed to strengthen Covid-19 infection prevention in residential accommodation/ children's homes in Northern Ireland. The checklist is a toolkit for local action by identifying areas that may need additional supports during this pandemic. This checklist should be read in conjunction with the appropriate IPC guidance. A safe pragmatic risk assessed approach should be taken at all times.

Methodology

This checklist was developed following a review of similar risk assessments and checklists and on current PHA Infection Prevention advice and guidelines. Five key areas have been identified to evaluate the preparedness level of residential accommodation and the ability of services to respond:

- Awareness inc Personal Protective Equipment (PPE),
- Hand hygiene,
- Physical distancing measures,
- Cleaning & disinfection,
- Management of symptomatic young person/staff member.

The checklist should be used to identify areas where there is a need for further intervention to strengthen prevention and response. This checklist is designed to identify the most appropriate responses for management of public health issues within congregated settings and does not reflect any broader issue on the quality of that accommodation outside of a COVID-19 context.

Process

- Residential Managers should complete the attached checklist to assess if there are adequate infection control measures in place.
- Gaps identified and recommendations made, should be reviewed by the managers and actioned by the HSCT. A report of identified gaps and actions taken should be forwarded to the HSCT Clinical Lead for the Covid-19 Response.
- In addressing the gaps in infection control measures the Clinical lead will contact the local Infection Prevention Team (Trust facilities) and Public Health Agency for advice / support.
- The local IP Team can be requested to conduct onsite visits to HSCT settings in order to offer additional support regarding appropriate infection control measures that may be required

Name and Address of Unit		
HSCCT		
Completed By	Name:	Designation
Date Completed		

Background:

Awareness			
	Yes	No	Comment
Is there a COVID-19 management plan in the unit?			
Does the plan consider the footfall in the Unit?			
Is there a Visiting Policy?			
Is there a nominated COVID-19 lead in the unit?			
Is there an established system for young people to inform staff confidentially if they develop any of the symptoms suggestive of COVID-19?			
Is there an established pathway for service users/staff to follow if they develop symptoms consistent with COVID-19?			
Are young people provided with written information on COVID-19?			
Are family/carers advised regarding the management of Covid in the unit?			
Is there evidence of promotion of good hand and respiratory hygiene with display of posters and information leaflets throughout the facility?			
Is there sufficient			

availability of PPE			
Is there PPE donning and doffing posters available in the residential home for staff to refer to?			
Has a risk assessment been conducted to ascertain if the unit has extreme medically at risk or moderately medically at risk persons in their care?			
Is there an up to date list of staff member's DOB, GP and contact telephone numbers in the event of an outbreak?			

Hand Hygiene			
	Yes	No	Comment
Is there an ample supply of tissues and hand sanitisers / hand gel outside dining rooms/communal bathrooms/ at entrances to the building/ at main reception area/ in communal areas or other areas where people gather?			
Are hand-washing facilities, including soap and disposable towels well maintained?			
Are foot-operated bins available?			

Physical distancing measures			
	Yes	No	Comment
Are there correct 2 metre distance markings in place in areas such as meeting rooms?			
Is there evidence of restricted or staggered use of the dining room or other communal facilities?			
Are there display notices/signs of what is meant by 2 metre distance throughout the units?			
Are furniture fixtures such as tables/chairs in the dining room or other communal facilities reduced to limit number of people per table and preserve physical distancing?			
Cleaning and Disinfection			
	Yes	No	Comment
Is there a daily cleaning and disinfection schedule of shared areas, check records?			
Is there increased cleaning and disinfection of frequently touched surfaces e.g. especially all hard surfaces in high-contact areas such as door handles, grab rails/ hand rails in corridors/stairwells, plastic-coated or laminated worktops, access touchpads, telephones/keyboards in			

offices, and toilets/taps/sanitary fittings?			
Are staff familiar with cleaning and disinfection products and procedure for cleaning?			
Is the environment, furniture fittings and fixtures amenable to cleaning and disinfection?			
Management of symptomatic service user/staff member			
	Yes	No	Comments
Is there a protocol for management of a symptomatic young person/staff member in the unit?			
Is there an en-suite room available whereby a young person can self-isolate in the event of an illness suggestive of COVID-19?			
Is there a contingency plan for transporting a symptomatic young person to a test centre for screening? Or alternative testing arrangements in place?			
Is there a process for alerting local Infection Prevention Teams / PHA in the event of a suspect case in either a service user or staff member?			

Are staff able to adhere to the standard operating procedure in relation to car sharing and transporting young people?			

**Covid-19 Infection Prevention Aide Memoir
for
Children and Young People's Residential Homes NI**

Everyone must adhere to public health advice relating to COVID-19 in particular, advice relating to:

- **social distancing;**
 - **limiting contact with other people; and**
 - **good infection prevention and control practice.**
-
- All children and young people (11 to 17yrs) should be encouraged to download the StopCOVID NI App.
 - All staff should be encouraged to download StopCOVIDNI App (When wearing the recommended PPE, staff should pause the contact tracing function or switch off the Bluetooth on the App to avoid the possibility of a false notification).
 - All children and staff **must** maintain a safe distance from each other to prevent the spread of infection (at least 2 metres apart)
 - Staff must use recommended personal protective equipment (PPE) in accordance with Public Health Agency advice.
 - Staff must use fluid-resistant (Type IIR) surgical masks alongside risk assessment for eye protection, as a minimum in all scenarios within the home where they are unable to physically distance 2 metres from either the young person they are caring for or from their work colleagues.
 - Young people should be encouraged to wear face coverings
 - Staff and young people should only be tested if they have 1 or more of the Covid-19 symptoms (a new, continuous cough and/ or a high temperature and/or a loss of or change in sense of smell or taste) unless there are service specific arrangements for example in Secure Care/JJC
 - If a Staff member develops any symptoms or if they live with someone showing symptoms they should not go to work. They should stay at home and

follow Trust guidance on testing contact tracing and the required period of isolation

- If a member of staff on site develops symptoms during work, they must go home and follow PHA guidance on testing and the required period of isolation
- **Remember** potential 'hotspots' for cross-contamination:
 - no sharing of stationery (such as pens, pencils, erasers, etc) amongst children, staff or visitors;
 - specific arrangements for signing the visitors' book;
 - phones and computers should not be shared and where this is not possible, ensure appropriate cleaning between uses;
 - shared study and/or space should be avoided and always cleaned between uses;
 - clothes, jewellery or other accessories should not be shared between young people. If there is no alternative to sharing then the item/s must be cleaned/washed between uses;
 - staff should limit wearing of jewellery to that of wedding bands only
 - staff should wear short sleeves (or rolled above the elbows to ensure proper washing of wrists etc).
 - staff should keep fingernails short. Nail varnish or gel overlays should not be used
 - stagger meal times so as to minimise duration spent with higher numbers of staff and children.
- Remote platforms should be used for staff meetings. However if face to face meetings are considered essential then the venue / room must be risk assessed and maximum capacity not breached. During face to face meetings staff must wear facemasks at all times and food or drink should not be consumed.
- Car sharing should be avoided, but if essential; staff should wear recommended PPE, encourage young person to wear face covering; sit as far away as possible; ensure car is cleaned before and after use; handwashing before and after use; keep windows open to allow air flow and limit to 1 staff member if possible.

- Do not wear the same personal clothing at work on consecutive days without laundering items each day at the highest temperature compatible for the fabric using laundry detergent
- Ensure an individual children's home plan is available in the event that a child develops COVID-19 symptoms, or in the event that there is a confirmed COVID-19 outbreak at the home
- Ensure that children's home plans include details for all staff, including their GP contact details and Health Care Numbers to facilitate timely provision of information to Trusts' Occupational Health and the Contact Tracing Service in the event of a confirmed case of COVID-19 within the home.
- Where possible, staff should not work across more than one children's home on a regular basis. Exceptions would include maintaining a safe staffing level within a home at all times. Where possible staff bubbles should be used
- Check the PHA website Trust update bulletins regularly for the latest information and advice on meeting with others, in particular on forming a 'bubble'; on shielding; or on restrictions that may be in place for particular geographical areas.

Record of Previous Versions and Amendments to Guidance

Version	Date	Summary of changes
0.3	27 March 2020	Draft circulated to HSC Trust Directors of Children's Services
1.0	01 April 2020	Final version issued
1.1	06 April 2020	Amendments to: Para 5, point 8 - revised PPE guidance from PHE Para 13 - revised PPE guidance from PHE Para 44 - revised weblink from DE - schools open for vulnerable and key workers children
1.2	16 April 2020	Amendments to: Reference to children's homes acting as households removed throughout Para 5 - new - Annex D providing Trust Designated Nurse contacts added Para 7 – new – engagement with children and young people referenced Para 10 - new - sharing age-appropriate Covid-19 prevention guidance with children added Para 14 - new - providing for children with SEN added Paras 15 – 18 - revised- planning for Covid-19 symptoms /outbreak Para 19 - Testing for Covid-19 revised Paras 15 -17 - self isolation removed Paras 28 - 35 - PPE revised including addition re risk assessment of children's behaviour to determine need for/use of PPE Para 40 – new – laundry of staff clothing Para 52 – new – supporting children and young people Para 53 – new – range of online resources Annex A – Standard 19 –reference to Assistant Director Children's Health and Disability Services added Annex A (Standards 7,10,13 and 20) – references to named social media channels/video conferencing services replaced with generic reference to tele/video conferencing

2.0	28 April 2020	Revised version issued.
2.1	15 June 2020	<p>Amendments to:</p> <p>Key Messages – references to Trust Designated Nurse/ dedicated PHA point of contact for children and young people’s services added</p> <p>Paras 7 & 9 – new symptoms and face covering added</p> <p>Paras 7, 8, 20, 38 & 39 and Annex C – new symptoms added</p> <p>Para 7 – updated advice on leaving home and meeting up added and wording clarified for school attendance for vulnerable children</p> <p>Para 10 – basic Infection Control principles manual added</p> <p>Para 45 – provision of hand towels added</p> <p>New Para 54 added – to support mental health considerations</p> <p>Paras 55-57 – revised to reflect Visitors and Contact advice</p> <p>Para 56 and Standard 10 – reference to ensuring children can converse freely during contact added</p> <p>New Para 63 – Playboard</p> <p>Para 72 – para removed as RQIA inspection programme has resumed.</p> <p>Para 73 – revised - reference to ‘The Children’s Social Care (Coronavirus) (Temporary Modification of Children’s Social Care) Regulations (Northern Ireland) 2020 and link to associated guidance added</p> <p>Para 74 – new – easing of restrictions added</p> <p>Annex A, Page 26, Standard 1 – reference to facilitation of children and young people’s participation in monitoring added</p> <p>Annex A, Page 30, Fitness of the Registered Provider and of the Manager – reference to seeking the views of children and young people to inform monitoring added</p>
3.0	25 June 2020	Revised version issued.
3.1	22 October 2020	<p>Amendments to:</p> <p>Key Messages Page – reference added to NI Direct Website and Health and Social Care Children’s Residential Services COVID-19 Contingency & Recovery Plan</p> <p>Para 1 – revised – wording revised to reflect updated position with regard to ongoing pandemic</p>

		<p>Para 3 – previous para 3 deleted</p> <p>Para 3 – revised – wording revised to include reference to the Health and Social Care Children’s Residential Services COVID-19 Contingency & Recovery Plan</p> <p>Paras 4 & 5 - revised to reflect revised Annex details</p> <p>Para 6 – revised to include reference to NI Direct website and HSC Trusts’ surge planning</p> <p>Para 7 – ‘A Summary of What You Need to Know’ has been reformatted to a table of ‘Do’s and Don’ts’ and the content updated in line with updated public health advice,</p> <p>Para 8 - revised - wording updated to include additional details re symptoms, reference to COVID-19 symptom checker, link to StopCOVID NI app and encouraging children and young people and staff to download the App (including young person’s version)</p> <p>Para 10 – revised – updated to include reference to use of face coverings by staff in the home and details on washing/storing of same</p> <p>Para 14 – revised – updated to include reference to risk assessment in respect of room use, use of public health signage and other measures to reduce risks of cross-contamination</p> <p>Para 15 – revised – updated to include updated advice on use of PPE, face coverings and eye/face protection</p> <p>Para 17 – revised – updated to reference to including details of staff GP contact details and Health Care Numbers within the homes’ COVID-19 plans</p> <p>Para 18 – revised – reference added to self-isolation requirements</p> <p>Para 19 – revised – reference to visitors to the children’s home added</p> <p>Para 20– revised –reference to use of rotas for mealtimes added</p> <p>Para 22 – revised – to include updated information on testing and self-isolation requirements</p> <p>Para 26 - revised – to include reference to staff in the definition of an outbreak</p> <p>Para 27 – new – providing details on PHA Track and Trace team</p> <p>Para 31 – revised – wording updated to remove reference to specific public health powers</p>
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		<p>Para 32 – revised – wording revised to include reference to face coverings</p> <p>Paras 33 -37 – revised in line with PHA updated advice on PPE and to include link to updated PHE advice on donning and doffing of PPE</p> <p>Para 41 – revised – wording revised to include reference to self-isolating and testing</p> <p>Para 42 – revised – to include reference to wearing of PPE, face covering and maintaining 2 metre social distance</p> <p>Para 43 – revised – wording revised to include reference to staff adherence to all public health advice on infection prevention and control, including outside the work setting</p> <p>Para 44 – revised – wording revised to include advice on use of the same bank staff and avoiding the use of staff who work in other homes/teams as far as possible</p> <p>Para 45 – new – to include advice re convening of staff meetings</p> <p>Para 46 – revised - wording revised to remove reference to temporary changes to pre-employment vetting policy</p> <p>Para 49- revised – to include reference to table tops, play equipment, toys and electronic devices</p> <p>Para 50 – revised – to include reference to potential deeper cleaning requirements in the case of an outbreak</p> <p>Paras 58, 59, 60 & 61 – revised - new information regarding updated range of supports from PHA and Health and Social Care organisations to support mental health</p> <p>Para 62 – revised – to include reference to updated PHA advice on overnight stays and obtaining contact details of all visitors for contact tracing</p> <p>Para 63 - revised - to include reference to ensuring mitigations are in place when meetings are held indoors and the need for recording names and contact details of all visitors</p> <p>Para 65 – revised – reference to delay phase removed</p> <p>Paras 66, 67, 68 and 69 – revised – updated to: reflect Department of Education’s ‘Education Restart Programme’; remove reference to DE guidance on definition of vulnerable children and the key principles underpinning the educational support of vulnerable pupils known to social services; amend wording regarding Education Authority helpline; and add reference to children and young people who were previously shielding.</p> <p>Para 72 – revised – amended wording from ‘during the peak of</p>
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		<p>the COVID-19 pandemic’ to ‘during peaks of the COVID-19 pandemic’</p> <p>Para 73 – revised - to include reference to HSCB ‘Practice Framework regarding contact for children in secure care during COVID-19’</p> <p>Para 74 – revised – wording revised from ‘COVID-19 emergency’ to ‘COVID-19 pandemic’ and to remove reference to suspension of short breaks.</p> <p>New Para 81 – new paragraph – references to articles on the evidence for use of face coverings</p> <p>Annex A – Standard 3 – revised - wording revised to reflect updated public health advice re leaving the house</p> <p>Annex A – Standard 6 – revised – wording revised from ‘there will be temporary impacts on availability of certain varieties of food’ to ‘there may be temporary impacts...’</p> <p>Annex A – Standard 7 - revised – wording revised to reflect updated public health advice and removing reference to announcement of school closures</p> <p>Annex A – Standard 9 – revised – wording revised to reflect the Department of Education’s ‘Education Restart Programme’</p> <p>Annex A – Standard 10 – revised – wording revised to reflect updated advice on visitors and contact</p> <p>Annex A – Standard 12 – revised – wording revised from ‘there will be limitations on the capacity to manage admissions or exits in the required manner’ to ‘there may be limitations...’</p> <p>Annex A - Standard 17- revised - to remove reference to interim vetting procedures</p> <p>Annex A – Standard 19 – revised - wording amended from ‘as surge arrangements escalate’ to ‘depending on prevailing circumstances’ and to remove reference to suspension of short breaks.</p> <p>Annex A – Standard 20 – revised – wording amended from ‘in accordance with escalating surge arrangements’ to ‘in accordance with surge arrangements...’</p> <p>Previous Annex B re key principles underpinning the educational support of vulnerable pupils known to social services – removed</p> <p>Previous Annex C re Public Health England advice re PPE (April 2020) - removed</p>
4.0	23 October 2020	Revised version issued

4.1	08 December 2020	<p>Para 7 – A Summary of What You Need to Know – revised – references to face coverings for staff amended to ‘disposable fluid resistant surgical masks’; advice added regarding adherence to the HSC/PHA Standard Operating Procedure for HSC Staff car sharing for essential practice; advice added on use of StopCOVID NI App for staff wearing PPE; advice added on contact tracing arrangements for statutory and independent homes</p> <p>Para 8 – revised – advice added on use of StopCOVID NI App for staff wearing PPE</p> <p>Para 10 – revised – reference to face coverings for staff amended to ‘disposable fluid resistant surgical masks’</p> <p>Para 15 - revised – reference to face coverings for staff amended to ‘disposable fluid resistant surgical masks’</p> <p>Para 17 – revised – advice added on contact tracing arrangements for statutory and independent homes</p> <p>Para 18 – revised - advice added on self-isolation and reference added to definition of ‘close contact’</p> <p>Para 19 - new – advice added on contact tracing arrangements for statutory and independent homes and advice provided that ‘close contact’ excludes circumstances where PPE is being worn in accordance with current guidance on infection prevention control</p> <p>Para 24 – revised – advice added on contact tracing arrangements for statutory and independent homes and additional advice provided on close contact, self-isolation and testing requirements</p> <p>Para 25 – new – advice added on what to do if a child or staff member has a negative test result</p> <p>Para 30 - revised – advice added on contact tracing arrangements for statutory and independent homes</p> <p>Para 35 - revised – reference to face coverings for staff amended to ‘disposable fluid resistant surgical masks’</p> <p>Para 37 – revised – advice added on contact tracing arrangements for statutory and independent homes and on use of StopCOVIDNI App for staff wearing PPE</p> <p>Para 45 – revised – reference to face coverings for staff amended to ‘disposable fluid resistant surgical masks’</p> <p>Para 48 – revised – reference to face coverings for staff amended to ‘disposable fluid resistant surgical masks’</p> <p>Para 49 – new - advice added regarding adherence to the HSC/PHA Standard Operating Procedure for HSC Staff car</p>
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		<p>sharing for essential practice</p> <p>Para 62 – revised - advice added re the Public Health Agency/Health and Social Care Trusts/Northern Ireland Ambulance Service ‘Promoting Mental Wellbeing Action Pack’</p> <p>Para 84 – revised – timescales for The Children’s Social Care (Coronavirus) (Temporary Modification of Children’s Social Care) Regulations (Northern Ireland) 2020</p> <p>Annex C – new - definition of close contact</p>
5.0	09 December 2020	Revised version issued
5.1	15 December 2020	Paras 18 and 24 – revised - to reflect updated advice on the required period of self-isolation for close contacts – reduced from 14 days to 10 days
6.0	15 December 2020	Revised version issued
6.1	19 January 2021	Updated guidance issued in draft to PHA
7.0	09 February 2021	<p>Amendments to:</p> <p>Key Messages – revised - references added to Trust Infection and Prevention Control Team and Health and Social Care Board Regional Family and Childcare Services COVID-19 Action Card</p> <p>Para 3 – revised - reference added to Health and Social Care Board Regional Family and Childcare Services COVID-19 Action Card and updated link to PHA website added</p> <p>Para 4 – revised - reference added to Trust Infection and Prevention Control Team</p> <p>Para 7 – ‘A Summary of What You Need to Know’ – revised: to reflect updated advice re household mixing/link to health protection coronavirus restriction regulations added; to reflect updated advice re use of PPE and fluid-resistant (Type IIR) surgical masks; to reflect PHA advice re touching of face masks/action to take if face mask is touched; to include reference to PHA’s ‘COVID-19 Checklist for Infection Control Measures for Children’s Residential Accommodation’ and ‘COVID-19 Infection Prevention Aide Memoir for Children and Young People’s Residential Homes’; to remove reference to a minimum one metre distance between individuals being considered acceptable in circumstances where appropriate mitigations are made according to the particular setting; to include advice on visits and contact during periods of increased restrictions; to reflect PHA advice re staff meetings; and to include reference to the PHE visual guide on donning</p>

		<p>and doffing PPE; to include advice re use of face coverings by children and young people outside, where 2m social distancing is not possible; and offering young people the use of fluid-resistant (Type IIR) surgical masks whilst inside the residential setting.</p> <p>Para 8 – revised – to include reference to taking a temperature reading if a thermometer is available</p> <p>Para 10 – new paragraph - to reflect CMO advice to ‘clinically extremely vulnerable and vulnerable’ persons</p> <p>Para 11 – revised - to include updated advice re use of fluid-resistant (Type IIR) surgical masks and PPE and the link to WHO’s ‘5 key moments’ hand hygiene guidance</p> <p>Para 13 - revised - to include reference to offering young people use of fluid-resistant (Type IIR) surgical masks when in the residential setting</p> <p>Para 16 – revised - to include reference to use of fluid-resistant (Type IIR) surgical masks and updated advice re use of eye/face protection</p> <p>Para 17 – new paragraph - to include reference to PHA’s ‘COVID-19 Checklist for Infection Control Measures for Children’s Residential Accommodation’ and ‘COVID-19 Infection Prevention Aide Memoir for Children and Young People’s Residential Homes’</p> <p>Para 18 – revised - reference to independent provider added</p> <p>Para 19 – revised - to incorporate reference to footfall in the home</p> <p>Para 21 – revised - to include PHA advice regarding car travel in the context of the definition of close contact and use of PPE</p> <p>Para 23 – revised - to include reference to independent provider development of COVID-19 Plan</p> <p>Para 26 – revised - to include: reference to PHA advice on car travel in the context of the definition of close contact and use of PPE; updated PHA advice on testing of others in the home when a child or staff member in the home tests positive; and advice on informing parent(s) in the case of a young person receiving a positive test result</p> <p>Para 28 – revised - to include advice re ensuring a system is in place for children and young people to inform staff confidentially if they develop any of the symptoms suggestive of COVID-19</p> <p>Paras 29, 30 and 31 – revised – references to Trust Infection and Prevention Control Team and Independent Provider</p>
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		<p>Senior Manager added</p> <p>Para 37 – revised - to include reference to ensuring COVID-19 secure behaviour and use of fluid-resistant (Type IIR) surgical masks</p> <p>Paras 38 & 39 - revised - to reference additional PHA/IPC advice on PPE</p> <p>Para 41 – revised – to include reference to the responsibility of the Registered Manager to ensure PPE is worn in line with Regional Infection and Prevention Control guidance</p> <p>Para 42 – revised - to include supplementary advice from PHA on the use of face masks and to remove reference to children and young people being given their own set of PPE</p> <p>Para 44 – revised - to include reference to Trust staff completion of IPC mandatory training</p> <p>Para 47 – revised - to include advice re informing Trust Senior Manager, the Designated Nurse and the Occupational Health Team in the event that a staff member has symptoms suggestive of COVID-19</p> <p>Para 48 – revised – to include reference to use of recommended PPE</p> <p>Para 51 – revised - to include PHA advice re staff meetings</p> <p>Para 55 – revised - to include PHA advice re cleaning and disinfection</p> <p>Para 56 – revised to - include additional PHA/IPC advice re frequently touched surfaces and use of towels in the home</p> <p>Para 57 - revised - to include reference to clinical waste</p> <p>Paras 58 & 60 – revised – to include updated advice re laundry</p> <p>Paras 68 – revised - to include advice on visits and contact during periods of increased restrictions and reference to Trust Infection and Prevention Control Team</p> <p>Para 71 – new paragraph – to include advice on attendance at school for a young person suspected or confirmed COVID positive or those identified as close contacts</p> <p>Para 74 – revised to include link to Department of Education COVID-19 releases webpage</p> <p>Para 81 - revised reference to short break provision and responsibility for assessment of need resting with the relevant Head of Service in Children’s Services</p> <p>Annex A - Standard 7 – revised - to include reference to</p>
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		<p>health protection coronavirus restriction regulations</p> <p>Annex A – Standard 19 – revised –to amend reference to short break provision and to reflect that responsibility for assessment of need sits with the relevant Head of Service in Children’s Services</p> <p>Annex C – revised to reflect updated definition of close contact</p> <p>New Annex D – PHA ‘COVID-19 Checklist for Infection Control Measures for Children’s Residential Accommodation’</p> <p>New Annex E – ‘COVID-19 Infection Prevention Aide Memoir for Children and Young People’s Residential Homes’</p> <p>New Appendix 1 - record of previous versions/amendments to guidance</p>
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