Preparation for Service Re-opening Framework

The aim of this framework is to support services in their preparation for re-opening after a period of closure or partial closure. This guidance is based on the assumption that services will re-open in phases, attendance will be voluntary, and that staff and service users will be required to adhere to a level of social distancing.

All services will need to have an individual reopening plan. The following framework should support development of the plan.

Units should assess how many people can be on site at any one time. This decision should be informed by the size and set up of the site, individual risk assessments and guidelines for safety and social distancing. Consideration should be given to grouping staff and service users in small 'bubbles' and limiting interaction with other bubbles.

This framework should be read alongside National Guidance for providers of health & Social Care at https://www.gov.uk/government/collections/coronavirus-covid-19-social-care-guidance

Theme	Reopening Plan
Re Buildings/ Facilities	Updated overarching risk assessment in place – with responsible individuals identified. Health and safety check undertaken of the premises/facilities and building compliance, especially if unit has been closed, e.g. • Water treatments and water heaters (Legionella) • Fire alarm testing • Repairs • Grass cutting • PAT testing • Fridges and freezers • Boiler/ heating servicing • Internet services

First aid arrangements in place eg isolation area

Consider fire evacuation processes in light of new arrangements

Planning re kitchen / food provision and food safety procedures in place. If people are to eat in same room as activities, are additional microwaves / kettles / cutlery required. What process for collecting dirty crockery etc. Do all people bring own packed lunch where possible?

Clothing expectations for staff reviewed to ensure clothes worn are easily washable

Consider how to manage staff and service user's arrival. Zone car park / manage arrival times. Increase bike storage areas to promote staff cycling rather than public transport. Consider whether service user can be 'handed over' outside rather than inside

- Transport
- Family transport
- Public Transport
- Walking
- Other

Signage in car parks / at entrances, including for deliveries to site

Consider screens for reception areas / office hatch / other waiting areas

Consider equipment / processes to reduce frequent-touch issues eg to hold open doors (if not security/fire risk issues) Phones or walkie-talkies to prevent movement through building

In each room, remove items that are unnecessary or are particularly difficult to clean. Those that are infrequently used in a separate cupboard (preferably locked)

Ensure all rooms can be well-ventilated, and whether activities can be held outside if weather permits. No desk / pedestal fans to be used. Only certain Air Conditioners recommended as per Office Working Risk Assessment Guidance on https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/offices-and-contact-centres

Laundry – if possible have separate machines (or washes) of items which have been in contact with people eg clothing. Have processes in place to safely move dirty clothing to washing machine eg bag which is then disposed of. Minimise shaking of laundry

	Consider therapeutic/sensory spaces.
Transport	Consider how to transport people safely - https://www.gov.uk/government/publications/coronavirus-covid-19-safer-transport-guidance-for-operators
Cleaning	Create enhanced cleaning schedule of high touch surfaces. This may include regular cleaning of high-contact areas such as doors and toilet facilities throughout the day. Consider whether this will have an impact on opening hours eg unit closes early to enable enhanced cleaning.
	Cleaning staff/contractors aware of enhanced cleaning requirements and additional hours / staff as required
	Cleaning response to a confirmed or suspected COVID19 case is agreed. Potential COVID19 waste in orange bags (does not require double-bagged and 72 hours unless in normal black binbag)
	Adequate cleaning supplies in place and longer-term arrangement for continual supply is in place.
	Hand washing stations / sanitiser at each building entrance and preferably at entrance to each room. Sufficient antiviral eg actichlor (hypochlorite 1000ppm) wipes in each room for usage throughout the day.
COVID-19 processes	 Approach to someone displaying symptoms: during day Which staff member/s should be informed/ take action (See example recovery SOP for Hollacombe) All staff aware of area to be used for individual's isolation Cleaning procedure in place Arrangements for informing family in place, and ensuring tested ASAP Arrangement for informing Trust in place. Not permitted to return till test is clear or 7 days self-isolation & 48 hour symptom free (excluding cough as this can go on for a long time)

	 Approach to information that someone is displaying symptoms at home or is COVID+ Enhanced cleaning in all areas that they have been including transport. Arrangements for informing parent community in place Self-isolation for 14days
	Consider how to accurately record contact details of all people in the building, including visitors / contractors, to ensure that all can be traced if required.
Individual's Risk Assessments	In order to determine which individuals return to the service first, undertake risk assessment of their situation if there was no service resumption (see Individual Risk Assessment framework for Hollacombe) May require formal reassessment of need. This will need to be discussed with families / Carers. Ensure that any changes in someone's abilities / capacity during service closure are discussed.
	Undertake risk assessments for each service user about returning to service based on shielding / health conditions, and their ability to socially distance. Those who wander / are unable to socially distance should be supported 1-1 where possible or their areas cleaned more regularly. Again this will need to be shared with families / Carers.
	Ensure staff know each individual's plans, especially medical plans for those with conditions such as asthma. Consider how medication / medical procedures will be managed.
Staff Risk assessments	Undertake risk assessments on staff to determine who should be at work and which people they can work with eg shielding / living with someone who is shielding / vulnerable. Consider whether re-deployment is necessary
	Trust Infection Control offer a virtual walk around to ensure service meets infection control measures
Social Distancing / infection control	Consider how to organise service users into bubbles with certain members of staff
	Measure all rooms to determine how many people can safely use each room based on latest guidance. Consider repurposing rooms if helpful, or locking rooms that will not be used, so that they do not require cleaning.
	Use this and measurements of corridors etc to determine how many staff and service users can safely use the unit at one time. Consider one-way traffic along corridors if possible.

Based on this number, consider whether to open for only limited numbers, or week on/ week off, or different service users on different days.

Consider whether any services can be provided remotely

Once room usage decided, (note maximum numbers on door?) any room with desks/activity tables, they need to be rearranged to ensure social distancing, staff next to people rather than facing.

Consider the activities to be held and ensure sharing is at a minimum. If sharing is necessary, cleaning procedures in place between usage.

Office spaces re-designed to allow office-based staff to socially distance. Side-by-side. Reduce hot-desking. Rotas in place if not possible.

Consider the toilet arrangements – how these can be used in a safe way and any alterations that are possible to enable social distancing.

Social distancing plan in place for staff, including meetings and training. How is staff information to be shared if staff usage of shared rooms (eg staff room) is being limited.

Ensure staff aware of actions they need to undertake eg minimise movement between areas, minimise sharing,

Social Distancing Plan in place for service user return, to consider:

- Staggered drop off/pick up times and locations (if possible)
- Staggered or limited amounts of moving around the unit corridors
- Break and lunch times are staggered. Plans for social distancing during these times in place, such as when queuing for lunches (mark it) or can service users and staff eat in their 'bubble' room
- Toilet arrangements

Consider the entry and exit routes to the day centre and whether any physical changes and/or signage are required to allow social distancing.

Hand towels at all sinks, plus easy read signage about hand washing

Easy read Signage - distance markers on floors, reminder posters along corridors especially at meeting points.

HR/Staffing	Staffing numbers required for different scenarios determined including lunchtimes, cleaning and office/admin staff (and rotas if necessary). Staff aware that recommendation is not to go off-site. Have Business Continuity plans to respond to increased sickness levels of staff or cover arrangements for key individuals Approach to support wellbeing, mental health and resilience, including bereavement support for both staff and service users Arrangements for accessing testing, if and when necessary, are in place. Staff are clear on returning to work guidance. The approach for inducting new starters has been reviewed and updated in line with current situation. Arrangements to return any furloughed staff in place. Training plan in place for staff on new approaches (in socially distant way) Any staff contracts that need to be issued, extended or amended considering the current situation have been. Any HR processes that were in-train prior to or put on hold due to the COVID19 emergency, have been appropriately resolved.
Service User Support	Rationale for the chosen model of re-opening service is clearly articulated and understood by staff members. Communicated to families, and consideration given how to communicate this to service users Familiar staff within each bubble to reduce anxieties of service users. May need additional assistance initially to adjust to new routine. So consider staggered start days within each bubble. Support for people attending day care to understand the use of PPE especially masks e.g. videos, sending guidance home. Consider approach to supporting wellbeing, mental health and resilience, behavioural issues. Consider how to re-orientate people to new arrangements / room layouts.

	Consider how to assess people's skills in case these have changed during service closure.
Communications	Communications with staff around the re-opening plan, returning, initial rotas etc. New Standard Operating Procedures (SOPs) produced and shared.
	Consider consultation with family/ Carers about how to alleviate their fears about person attending.
	Communications with family / Carers: Plan for partial re-opening Social distancing plan Wellbeing/ pastoral support/ support / Offer Carer Support / Carer Assessment / review Consider best way to communicate. Promotion of Microsoft teams. If carer does not have internet / IT / IT skills, discuss referral to Adult Social Care or Carers Services to consider how this can be supported. Service User communication in appropriate format around: Changes to usual staff / rooms etc Social distancing arrangements Staggered start times
Events, including trips out	Planned events / trips reviewed and decisions made on cancelling /postponement / alternative solutions.
Finance	Understand any additional costs incurred due to COVID19 eg cleaning, premises costs, signage, equipment
	Understand any loss of income.
	Reintroduction or re-contracting services, such as: Cleaning IT support

• Catering

Consider any support that may be brokered through working together, for example, partnerships, trusts etc.