

COVID-19 PRACTICE GUIDANCE – EARLY HELP AND NURSING

Operational from: 1st April 2020 updated 3rd November 2020

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Responsible Service Area/Team: Practice Development & Quality Assurance Team

Review Date: as and when required

The following offers guidance on practice specific to the period in which COVID-19 is designated as a pandemic. This guidance is for Early Help and Nursing Teams.

This practice guidance will be reviewed and adjusted as government and expert advice changes or as the need arises.

Where circumstances develop and you feel additions/changes are required these are to be escalated through your line manager to your locality Service Manager.

Version Control	Reason for revision and summary of changes needed	Date
14	Inclusion of hybrid working, face to face visits for new cases in EH, change of RAG rating guidance, prioritisation of health tasks	07.09.20
14.1	Increasing capacity within the Health Visiting teams to support delivery.	05.11.20

EARLY HELP TEAMS

- Staff will continue to work from home unless there are exceptional circumstances. Any agreement to work from an alternative venue will need to be confirmed and permission granted by Anita Farrant and Allan Cadzow in partnership with HR before staff work or visit a building.
- Staff wishing to use a Health & Children Centre (H&CC) for a family meeting / session must agree this with their Practice Manager and H&CC Coordinator. Any member of staff accessing a building must review the principle of re-occupation guide prior to using a building.
- Face to face and in person group work is currently suspended, consideration of re-introducing group work will be given as organisational guidance is updated. The exception to this is some young people who are NEET or at risk of becoming NEET, can meet outside in groups of no more than 6 to support re-engagement activities. For more information about on-line group work offers please refer to the parenting website and contact H&CC's www.suffolk.gov.uk/theparenthub
- All open and new CAFs will be assessed, prioritised, and monitored using a RAG rating format. Where cases assessed do not meet our thresholds, we will support families to engage with on-line, virtual and or community support offers.
- Telephone contact or video conferencing will continue to be offered as part of a-blended / hybrid model of engaging and working with young people and families.
- Face to face work will be offered to all new casework initially to establish a trustful relationship with families.
- Families who are RAG rated RED will receive face to face visits with virtual work complementing this. Bespoke work requests will be in consultation with the SW, staff will provide supplementary face to face contact where it is required and subject to appropriate safety measures.
- Families RAG rated AMBER and GREEN will receive a mix of virtual contact and face to face work according to the needs of the CYP at that time. All families that do not have access to virtual visual platforms or where interventions are likely not to be effective will be seen in person.

Young Person Work and Early Help Coaches

1. Work with all young people who are NEET or at risk of, or whose destination is currently unknown, and with their parents/carers.

Family Support Practitioners / Senior Family Support Practitioners

1. Supervised contact
 2. Return Interviews
 3. Cases being considered for transfer to Social Care
 - 1 to 1 Work with children and their parents in cases at risk of being escalated to CIN or entering care.
 - Joint visits with social care for cases being considered for transfer.
 4. Bespoke work for Social Care and joint visits
 5. Broker and New CAFs, obtaining child's voice and the initial family network meetings
 6. Direct work with parents, young people and children for CAFs that are RAG rated red or amber
- Building effective relationships with families to secure engagement and completing CAF work remains a priority for EH teams, professional judgments on prioritising workload as demand fluctuates will be made by managers and staff.
 - EH will contact all families by phone in advance of a face to face contact to ensure that no household members are symptomatic of Covid-19 prior to visit, and staff will check this on arrival of the family home.
 - All face to face contacts need to be risk assessed and consideration should be given to whether a contact can be delivered within a H&CC, a venue like a school or outdoor environment where social distancing can be maintained, and what hand washing/sanitising facilities are available .
 - Face to face work is likely to be varied depending on your role and might include door knocking with young people who are at risk of NEET or risk of becoming NEET, touching base with families who are not engaging, park walks or meetings in gardens if social distancing and confidentiality can be maintained.
 - If you can maintain social distancing between you and the family, then PPE is not mandated. However hard surfaces touched by the family will need to be cleaned after

their visit using detergent. This should be carried out wearing gloves and an apron.

Never Invite symptomatic individuals into a Children's Centre.

- Preference would be for a family to be seen outdoors or in a setting, however, if a home visit is required, the EH worker should keep their distance and not enter the house/venue until they are happy that the household are all well and not self-isolating. Home visits should be limited to the shortest time possible. If staff are likely to come within 2 meters of children and families, they should wear PPE. See **PPE guidance on page 17** of this document.
- If families are symptomatic and/or self-isolating the EH worker should risk assess the situation and consult with their line manager to decide whether to proceed with a home or outdoor visit. This may require a conversation with the consultant social worker. If visiting homes that are self-isolating PPE should include a risk assessment around using eye protection (spectacles are not considered suitable eye protection).

Video Interactive Guidance

- Video Interactive Guidance (VIG) work can be provided virtually.
- Recording of parent/carer and child interaction can be completed through Microsoft Teams 'Record' function if parent/carer has a smart phone/laptop and good internet connection. Film can be reviewed through Microsoft Teams 'Record' function if parent/carer has a smart phone/laptop and good internet connection
- Face to face work VIG intervention can be used in the following circumstances when virtual contact means are not possible or likely to be ineffective:
 - Supervised contact (for potential reunifications)
 - Bespoke work for Social Care
 - Cases with a Red or Amber RAG rating including those at risk of being escalated to CIN or entering care
 - Babies where there is significant concern about attachment and/or maternal low mood
- It is expected delivery will take place in a Health and Children's centre, in agreement with the line manager and a dynamic risk assessment completed. Adults visiting a H&CC will be asked to wear a face covering and social distancing should be maintained. Where necessary, VIG work can be completed in a families' homes using PPE in agreement with line manager having completed a risk assessment.

ATTENDANCE SERVICE

- Staff will continue to work from home unless there are exceptional circumstances. Any agreement to work from an alternative venue will need to be confirmed and permission granted by Anita Farrant and Allan Cadzow in partnership with HR before staff work or visit a building. Any member of staff accessing a building must review the principle of re-occupation guide prior to using a building.
- Work will focus on preparation for the compulsory attendance of children in schools from start of term in September 2020. Schools have been contacted over the summer holidays to identify children and families where there is a concern that the children may not want to return to education in September, this will include children already identified via the locality virtual school for vulnerable children list.
- During September, staff will focus on the delivery of the 13 Locality Virtual Schools (LVS) registers for Vulnerable children county wide. Workloads will be monitored and the process of engaging and supporting the LVS for vulnerable children will be reviewed, as it is expected this work will become business as usual. In addition, staff will continue to support the resolution of new placements for Children who are Missing Education (CME) and provide a proactive approach to the management of all CME cases going forward.

School Attendance / Children Missing Education

- Educational Welfare Officer's (EWO's) will work with schools and families to secure school attendance in September.
- During the Autumn term the attendance service, in consultation with schools, will ensure that an educational offer for all children is being accessed. This work will be completed by phone or digital media however, where it is required, a home visit maintaining social distance to the home or other suitable venue will be provided.
- The EWO's will assist schools in helping them understand the barriers as perceived by the C&YP&F and assist the family in consultation with the school to overcome barriers.
- The statutory duty of safeguarding children under Children Missing Education (CME) legislation will continue, by supporting vulnerable children and young people who are not attending school, or are not on a school roll, to ensure they are safe. The EWO's will manage the CME cases and where it is deemed a home visit is required, then each visit will be undertaken in line with current SCC COVID guidance for face to face visits.

- All Attendance and CME case notes for Preventions, Fast tracks, Applications To Prosecute (ATP), and CME actions to place a child in education will continue to be recorded on EMS.

Locality Virtual School Work

- EWO's will continue work with key workers and School staff via the Locality Virtual School (LVS), to ensure that Children are accessing their education offer.
- Each virtual school case will be RAG rated, and work will be prioritised to support RED and AMBER cases.
- The review of the LVS for vulnerable children will confirm how cases will be prioritised from social care to ensure the best use of staff capacity.
- Work will be completed by phone or digital media however, where it is assessed with the keyworker or a school staff member that a visit or a joint visit is required, a visit maintaining social distance requirements to the home or other suitable venue will be considered.
- Each visit will be undertaken in line with current SCC COVID guidance for face to face visits.
- Case notes, actions and outcomes for the Locality Virtual School for Vulnerable Children (Safeguarding) will be recorded and uploaded as a document in Liquid Logic.

PARENTING SERVICE

- Staff will continue to work from home unless there are exceptional circumstances. Any agreement to work from an alternative venue will need to be confirmed and permission granted by Anita Farrant and Allan Cadzow in partnership with HR before staff work or visit a building. Any member of staff accessing a building must review the principle of re-occupation guide prior to using a building.
- All face to face group work is suspended and a blended delivery model including individual phone support and virtual delivery has been available. We will be delivering a range of on-line courses (Triple P, Solihull and Caring Dads) from September. All parents/carers on the waiting list have been contacted and asked for their preference for individual online courses or virtual groups, so these can be allocated as fairly as possible.
- Parents and carers are encouraged to register on on-line Solihull Online courses where appropriate (e.g. if this is their first choice, and also as an additional option while waiting to join a group programme). There is no cap on numbers and the courses are free to all

Suffolk residents. They cover the age-range from pre-birth to teenagers, and can be completed independently by parents via smartphone, or computer. Additional support is also available from the parenting team, e.g. through monthly 'surgery' discussion sessions.

- The Triple P Online programme is being offered for targeted families (by referral). Triple P 0-11 and Teen seminars, covering aspects of positive parenting, encouraging confidence and building resilience, will be offered as virtual sessions from September. This will be through a webinar format, so they are easily accessible, and to larger numbers than the group courses.
- Referrals for seminars and group work can be made via Liquid Logic by Early Help and Social Care staff, and via the Parenting Portal for other agencies and self-referrals. Dates and times for all the programmes are available via the calendar on www.suffolk.gov.uk/theparenthub or the team's Facebook page.
- Virtual group courses (Triple P, Solihull etc) run as weekly 1 – 1.5 hours sessions, over 8-12 weeks depending on type of programme. Pre- and post-group questionnaires are now being emailed to parents rather than sent by post (for some programmes this also allows automatic calculation of results).
- The Suffolk Parenting Hub sessions, previously offered in Felixstowe, Ipswich and other centres, are now being offered through virtual monthly meetings on Microsoft Teams and can be accessed by parents and professionals across the county.
- Some elements of the Caring Dads programme are been offered individually by phone support, but now after working with the programme designers we are working towards delivering a virtual group from the end of September, which will incorporate one-to-one and whole group sessions.
- The Freedom Programme facilitator training, due to run in December, has now been moved online and delivered in 3-day blocks, repeated over several weeks from July to early 2021. Several Suffolk staff have already completed successfully, and we are planning towards running programmes virtually from this term.
- Additional training for practitioners being delivered virtually/digitally includes:
 - Solihull Foundation and group facilitator training (via Microsoft Teams).
 - Reducing Parental Conflict (e-learning modules) available via CPD.
 - Trauma-informed training running in September and October (webinar and Q & A format)
- Several Early Help Family Support Practitioners are supporting the delivery of online parenting programmes with the accredited facilitators. This will increase provision of

groupwork and build up skills and shared knowledge which is transferable to individual work.

HEALTH BUSINESS CENTRE (HBC)

- Staff will continue to work from home except for those staff authorised to provide office cover for printing/postal/scanning tasks. Any agreement to work from an alternative venue to home will need to be confirmed and permission granted by Anita Farrant and Allan Cadzow in partnership with HR before staff work or visit a building. Any member of staff accessing a building must review the principle of re-occupation guide prior to using a building.
- Some work may be triaged by the HBC and e-mailed out to staff who are social distancing or redeployed to work in the HBC.

SCHOOL NURSING

- All staff will continue to work from home unless there are exceptional circumstances. Any agreement to work from an alternative venue will need to be confirmed and permission granted by Anita Farrant and Allan Cadzow in partnership with HR before staff work in or visit a building. Any member of staff accessing a building must review the principle of re-occupation guide prior to using a building.
- Staff wishing to use a H&CC for a family meeting / session must agree this with their SN Manager and H&CC Coordinator.
- Face to face work will only be carried out when essential (when it cannot be averted or delayed) and virtual contact means are not possible or likely to be effective.
- All non-face to face contacts will be conducted using S1 Video Consultation by 01/01/2021 as appropriate. If families decline to use S1 Video Consultation or to a face to face, contact this needs to be risk assessed and the rationale for further action recorded on S1.
- A risk assessment will be completed for all face to face work and wherever possible social distancing will be maintained and digital delivery options will be used to support delivery.
- Delivery of 3 in 1 training to meet the needs of vulnerable children and young people to support them to return to school, will resume from September virtually. Infection control training will be delivered to school staff by allocated School Nurses and this will

predominantly by delivered virtually, however this may require some face to face work which will be risk assessed in advance.

- Targeted continence workshops will be delivered virtually.
- School 'Drop ins' sessions will be suspended until Jan 2021 term.
- The School Nurse or Community Staff Nurse in School Nursing will contact all families by phone in advance of a face to face contact to ensure that no household members are symptomatic of Covid-19. This conversation will be recorded on SystemOne.
- Face to Face contacts will predominantly occur in a school or children's centre. Home visits will only be provided if exceptional circumstances apply (i.e. the child is not in school or unable to attend a CC.)
- Where a social distance is not able to be maintained (i.e. to assess growth or weight) PPE will be worn. Where PPE is needed to be worn in a school, this must be with prior agreement of the school, and only worn whilst undertaking the aspect/s of the assessment or intervention that require less than the social distance guidance.
- The School Nursing team will participate in Case Conferences via skype or digital platforms and will share safeguarding reports with families over the phone.
- From the start of the autumn term all Child Health Screening Practitioners will return to child health screening, according to the guidance of their manager.
- Any child who missed out on a Reception year health screening from March to August 2020 will receive a letter advising their parents and carers on how to access help if they need it.
- No children should be referred to audiology without first having had a hearing test completed by the school nursing service unless this is contra indicated.

HEALTH VISITING AND CHILDREN'S CENTRES

- All staff will continue to work from home unless there are exceptional circumstances. Any agreement to work from an alternative venue will need to be confirmed and permission granted by Anita Farrant and Allan Cadzow in partnership with HR before staff work or visit a building. Any member of staff accessing a building must review the principle of re-occupation guide prior to using a building.
- Staff needing to use a H&CC for a family meeting / session must agree this with their Practice Manager and H&CC Coordinator. Any member of staff accessing a building must review the principle of re-occupation guide prior to using a building.

- In person face to face group work, is suspended and some groups are being offered virtually using Teams, for more information contact your Health & Children's Centre Coordinator.
- Adults/parents visiting a H&CC will be asked to wear a face covering whilst in the building, if parents arrive without a face covering a supply will be available at the entrance, and social distancing will be maintained at all times where possible.
- H&CC's are providing pre-booked appointments only, centres are currently not open for drop-in visits or unscheduled visits.
- Staff remain working from home unless delivering clinics, sessions, or home visiting. If exceptional circumstances apply, staff are required to gain permission to work from a building (see above).
- All home visits need to be risk assessed.
- When a home visit is necessary the HV/CSN/HCP will knock on the door and will keep their distance and not enter the house/venue until they are happy that the household are all symptom free. They will always wear PPE and limit their visit to the shortest time possible.
- If families are symptomatic and/or self-isolating the HV/CSN/HCP should risk assess the situation and contact their manager to decide about whether to proceed with a home visit. If a visit to a household where any member is symptomatic is deemed necessary, this may require a conversation with the Named Nurse. If visiting families that are self-isolating PPE should be worn including a risk assessment around using eye protection (*spectacles are not considered suitable eye protection*).
- All non-face to face contacts will be conducted using S1 Video Consultation by 01/01/2021. **Consultations over the phone are ONLY acceptable if families have been seen face to face at least once since March 2020.** If families decline to use S1 Video Consultation or to a face to face, contact this needs to be risk assessed and the rationale for further action recorded on S1.
- **Ante- Natal - All Universal Primps/ UP/UPP** ante-natal contacts will be offered virtually using S1 Video Consultation. Please ensure discussion around SIDS and sleeping position is recorded in S1.
- **Ante- Natal- All Universal Multips** ante natal contacts will continue to receive antenatal letter from the HBC to introduce service. If capacity allows a contact can be made virtually using S1 Video Consultation. Please ensure discussion around SIDS and sleeping position is recorded in S1.

- **New Birth contacts** will be carried out in the home. Please ensure that the baby's sleeping environment is viewed and recorded on S1. This will be carried out using the appropriate PPE and following an individual risk assessment on each contact to ensure families are symptom free and not self-isolating. If families decline a home visit, they must be offered a clinic contact. All attempts should be made to ensure that new-born babies are weighed, measured and assessed for jaundice at 10 -14 days.
- If families decline a home visit or attending a clinic this needs to be recorded clearly on S1 and a risk assessment regarding faltering growth and prolonged jaundice undertaken and documented. A S1 Video Consultation can be offered as a last resort.
- **Blood spot screening** and follow ups will require face to face contact and PPE must be worn. A risk assessment around using eye protection should be considered, (spectacles are not deemed suitable eye protection).
- **6-week contact- Universal**-The HV will arrange the 6-week contact following the NBV. This contact to be offered virtually using S1 Video Consultation. A 10-minute clinic appointment must be offered to assess physical health. All attempts should be made to ensure that 6-week-old babies are weighed, measured at this review.
- **6-week contact- UP/UPP** – The HV will arrange the 6-week appointment following the NBV and offer a face to face appointment either in clinic or at home depending on need. A home visit should be offered if a mother refuses or is unable to attend clinic. A S1 Video Consultation can be offered as a last resort.
- **12-week contacts** should be carried out using S1 Video Consultation. UPP by HV, UP by Community Staff Nurse and Universal by HCP, any concerns are discussed with HV and consideration for face to face contact at a clinic.
- **9-12mth reviews- Universal** clients will be offered a virtual contact using S1 Video Consultation and must then be offered a 10 mins contact in the clinic to offer physical assessment. Once trained HCP's can undertake 12mth reviews to support the teams. If the HCP identifies any concerns (i.e. Developmental dysplasia of the hip or head circumference) clients must be seen by a Health Visitor.
- **9-12mth reviews- For UP/UPP** clients will be offered an appointment in the clinic.
- **Universal 2 - 2 ½ year reviews** will be offered virtually using S1 Video Consultation and will only be offered a 10-minute slot in clinic for a physical assessment if assessed as necessary or if concerns are raised.
- **UP/UPP 2 - 2 ½ year reviews** will be seen either at clinic or as a home visit.

- **Babies who turned 12 months old between March 2020 and September 2020 who have not had a physical examination** will be sent a letter advising parents of signs of developmental dysplasia of the hips and faltering growth and will be advised to contact the HBC to make an appointment to be seen in clinic if they have concerns.
- **Toddlers who turned 2 ½ since between March 2020 and September 2020 and have not had a physical examination** will be sent a letter advising parents of signs of faltering growth and will be advised to contact the HBC to make an appointment to be seen in clinic if they have concerns.
- **Further assessments such as SOGS** or WellComm assessments will be undertaken in clinic or at the home as clinically relevant.
- **Follow ups**- should be carried out virtually unless clinically indicated to be seen at home or clinic.
- Universal transfer in contacts should be carried out using S1 Video Consultation. For UP / UPP transfers in, home visits/clinic contacts should be offered.
- Health Visitors will participate in Child Protection Conferences via video conferencing and will share safeguarding reports with families over the phone in advance of the conference.
- Support to vulnerable families will be delivered face to face at home visit or in clinic sessions. If families are self-isolating a risk assessment will be carried out in conjunction with the Named Nurse.
- All visits will be pre booked and a dynamic risk assessment will be completed. Staff should maintain social distancing wherever possible. A H&CC session will only be provided if there is capacity within the H&CC. Priority for face to face work will be given to the following concerns (i.e. GCP2/neglect, SOGS, Post Natal depression, Safeguarding or faltering growth).

CHILD HEALTH CLINICS

- All appointments must be arranged in advance.
- Parents will need to contact the HBC to make an appt to attend clinic.
- The HBC will triage each request to make sure that families are prioritised and seen in a timely way. When booking appointments all adults will be asked to wear a face covering if entering a H&CC.

- Keep the door of the CC locked and ask parents to ring from their parked car or when outside the door to let you know when they have arrived. Message could be on the door.
- Over the phone question the parent re their state of health. Only let them in if their household is symptom free. If the household is infected carry out a risk assessment and either postpone the clinic attendance or raise with your manager and /or the Named Nurse. Instruct them to go straight home and follow the appropriate self-isolation guidance.
- Ask adults to wear a face covering when visiting/ using a H&CC building, if adults arrive without a face covering a supply will be available upon entry, if an adult refuses to wear a face covering a risk assessment of whether the contact can maintain social distancing and take place safely will be required.
- To reduce the numbers of households that come into contact with each other whilst on a premises, the number of households visiting a H&CC at one time should be managed in line with the building and individual Risk Assessment (this is likely to be different depending on what services are being provided).
- Staff need to don PPE before they open the door to the CC.
- Open the door and let them in trying to keep your distance.
- If hand sanitiser is available ask the parent to use it on their hands otherwise ask them to wash their hands.
- Escort the parent and baby to where the clinic is being held. Keep doors open if you can, to keep the room well ventilated.
- When consultation is over escort family out of the Children Centre.
- Clean down the changing mat and weighing scales and any other surfaces the parent may have touched.
- Remove and dispose of PPE. **See PPE guidance on page 17.**
- **Please Note** The same masks can be worn for the whole of the clinic. Only the gloves and apron need to be changed between clients.
- Wash your hands as per updated guidance, to include washing of forearms, when forearms have been exposed or may have been exposed to respiratory droplets or other body fluids. <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/updates-to-the-infection-prevention-and-control-guidance-for-covid-19>
- Write up your S1 records
- Await the next phone call.

COMMUNITY NURSING TEAM FOR CHILDREN AND YOUNG PEOPLE WITH LEARNING DISABILITIES

- Telephone contact and or using video conferencing where appropriate remains the primary means of contacting and communicating with families.
- Face to face contacts can take place when a need has been identified, based on professional judgement supported by evidence in agreement with a line manager and completion of a dynamic risk assessment. Face to face work will only be carried out when essential (when it cannot be averted or delayed) and virtual contact means are not possible or likely to be ineffective.
- Building effective relationships with families to secure engagement, professional judgments on prioritising workload as demand fluctuates will be made by managers and staff. This may require the consideration of face to face contact to establish a trusting relationship.
- The team will contact all families by phone in advance of a face to face contact to ensure that no household members are symptomatic of Covid-19. When a home visit is necessary the team member will knock on the door and will keep their distance and not enter the house/venue till they are happy that the household are all symptom free. Home visits should be limited to the shortest time possible. If team members are likely to come within 2 metres of children and families, they should wear PPE.
- If you can maintain social distancing between the worker and the family, then PPE is not mandated.
- All face to face contacts need to be risk assessed and consideration should be given to whether a contact can be delivered within another venue or outdoor environment where social distancing can be maintained, and what hand washing/sanitising facilities are available.
- Face to face work is likely to be varied depending on the care plan and might include door knocking with families who are not engaging, park walks or meetings in gardens if social distancing and confidentiality can be maintained.
- Each visit/clinic visit will be undertaken in line with current SCC COVID guidance for face to face visits.
- Team members will be able to enter the office to complete resource creation tasks and to spend time researching resources to use, complete admin tasks as per the agreement with Allan Cadzow.

- Team members will adhere to the risk assessment for office occupation. Adults/parents visiting a clinic setting will be asked to wear a face covering whilst in the building, if parents arrive without a face covering a supply will be available at the entrance, and social distancing will be maintained at all times where possible.

ENURESIS

- Telephone contact and or using video conferencing where appropriate remains the primary means of contacting and communicating with families.
- Face to face contacts can take place when a need has been identified, based on professional judgement supported by evidence in agreement with a line manager and completion of a dynamic risk assessment. Face to face work will only be carried out when essential (when it cannot be averted or delayed) and virtual contact means are not possible or likely to be ineffective.
- Building effective relationships with families to secure engagement, professional judgments on prioritising workload as demand fluctuates will be made by managers and staff. This may require the consideration of face to face contact to establish a trusting relationship.
- The team will contact all families by phone in advance of a face to face contact to ensure that no household members are symptomatic of Covid-19.
- Each visit/clinic visit will be undertaken in line with current SCC COVID guidance for face to face visits.
- When a clinic visit is necessary, they should be limited to the shortest time possible. If team members are likely to come within 2 metres of children and families, they should wear PPE.
- Team members will be able to enter the office to complete resource creation tasks and to spend time researching resources to use, take calls, complete admin tasks as per the agreement with Allan Cadzow.
- Team members will adhere to the risk assessment for office occupation.
- Adults/parents visiting a clinic setting will be asked to wear a face covering whilst in the building, if parents arrive without a face covering or mask a supply will be available at the entrance, and social distancing will be maintained at all times where possible.

FAMILY NURSE PARTNERSHIP (FNP) AND YOUNG PARENT PATHWAY (YPP)

- Staff will continue to work from home unless there are exceptional circumstances. Any agreement to work from an alternative venue will need to be confirmed and permission granted by Anita Farrant and Allan Cadzow in partnership with HR before staff work or visit a building. Any member of staff accessing a building must review the principle of re-occupation guide prior to using a building.
- FNP/ YPP will carry out ante natal contacts with a combination of face to face contacts (home /walk and talk /garden) over the phone or using video WhatsApp. Face to face contacts will be risk assessed and agreed with the FNP Supervisor.
- Mandated visits and all other contacts will continue and be carried out as per antenatal contacts above. All these contacts to be risk assessed and stratified for vulnerable or clinical need.
- When a home visit is required the Family Nurse / YPP will risk assess if the client and household members are asymptomatic via telephone, and on arrival to the home knock on the door and keep their distance and not enter the house/venue till they are happy that the household are all well. They will wear PPE at all times and limit their visit to the shortest time possible.
- If families are symptomatic and/or self-isolating the Family Nurse / YPP will contact their manager to make a decision about whether telephone / video contact is a proportionate response. This may require a conversation with the Named Nurse. If visiting families that are self-isolating PPE should be worn include a risk assessment around using eye protection (spectacles are not considered suitable eye protection).
- The Family Nurse will participate in Case Conferences via skype and will share safeguarding reports with families over the phone or in person prior to the conference.
- For joint contacts FNP /YPP will need to travel to client homes for joint visits separately. PPE to be worn and ensure able to keep minimum of 1 metre + distance as per government socially distance guidelines.

NAMED NURSING TEAM

- Staff will continue to work from home unless there are exceptional circumstances. Any agreement to work from an alternative venue will need to be confirmed and permission granted by Anita Farrant and Allan Cadzow in partnership with HR before staff work or

visit a building. Any member of staff accessing a building must review the principle of re-occupation guide prior to using a building.

- All staff supervision will be over the phone.
- All attendance at strategy meetings / MARAC SUDICS etc. will be via Teams or virtual platforms.

CIC NURSING TEAM

- Staff will continue to work from home unless there are exceptional circumstances. Any agreement to work from an alternative venue will need to be confirmed and permission granted by Anita Farrant and Allan Cadzow in partnership with HR before staff work or visit a building. Any member of staff accessing a building must review the principle of re-occupation guide prior to using a building.
- CIC nurses will be offering review health assessments face to face using PPE when unable to manage a 2 m social distance. Video consultation or phone calls will be used if a home visit is not possible or is the only way a young person will engage.
- When a home visit is necessary the Children in Care Nurse will knock on the door and will keep their distance and not enter the house/venue till they are happy that the household are all symptom free. They will wear PPE at all times and limit their visit to the shortest time possible. CIC Nurses will attend review meetings via Teams or virtual platforms.

Guidance for face coverings

- Adults/parents will be asked to wear face coverings when attending H&CC's.
- Children (up to age 11) will not be asked to wear face coverings.
- A supply of face coverings will be available at the entrance of the building.
- Staff will wear PPE unless they are able to maintain social distancing.
- For outdoor visits, a face covering is not required if social distancing can be maintained.

Guidance for PPE USE

- Aprons and gloves are single use for direct patient contact within 2 metres
- Masks can be sessional use if you were doing a clinic session
- Masks would be individual use for a home visit to see individual client

- If the client is seen in clinic or at home and social distancing is guaranteed throughout the contact, and the client is asymptomatic the use of PPE would not be necessary.
- Single use gloves and apron are required for all cleaning purposes
- For any contact with symptomatic client all PPE required including eye protection

Guidance on donning and doffing PPE

https://www.youtube.com/watch?v=-GncQ_ed-9w

<https://suffolknet.sharepoint.com/sites/myscc/Documents/COVID-19-FAQs/Donning%20and%20Doffing%20PPE.pdf>

Guidance for PPE Disposal

- The PPE packs being supplied have two disposable rubbish bags in them. In the client's home – ask them if they have a wastepaper basket that you can line with one of the bags (any colour) such that the discarded PPE items can be dropped into the basket as they are taken off. A pedal bin could also be used so that the lid can be lifted by the foot pedal and the used PPE dropped in.
- When all used PPE is in the basket / pedal bin, lift the rubbish bag out, touching only the outside of the bag if at all possible, tie securely and then place inside the other disposable rubbish bag (not a yellow or tiger stripe bag). Tie that bag securely.
- Carry out hand hygiene
- If the client is not symptomatic of COVID-19 the double bagged rubbish can then be put into the household rubbish bin outside for normal collection
- If the client is symptomatic the double bagged rubbish should be put into a separate area, such as a dedicated bin for the purpose, for 72 hours and can then be put into the household rubbish after that time.