



# Business Continuity Plan

February 2023

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## ONE: Introduction

This Business Continuity Plan (BCP) is about identifying key areas of the organisation and planning how to maintain these if an incident occurs. It is recognised that in the vast majority of situations occurring, service disruptions will be minimal and manageable within CFS Care's management systems. However, in the event of major disruption to our organisation, by forward planning, we aim to ensure that potential disruption is minimised. Our overriding aim is to ensure that service users are safe and that their welfare continues to be promoted.

The objective of our BCP is therefore to ensure:

- A response framework for disruptions that are outside of and beyond normal managerial capacity;
- A coordinated response to major disruptions to maintain identified critical services at an acceptable emergency level; and
- Service(s) are fully back to normal as soon as possible.

This Business Continuity Plan (BCP) is an essential tool that managers and staff are expected to understand in the event of a disruption and know what to do to recover at the earliest opportunity.



## TWO: Aims and Objectives

CFS Care provide a range of social care services to vulnerable children and young people. These include (and are not restricted to) Fostering Services, Supported Accommodation for Carer Leavers and Emergency Accommodation. We employ a range of specialist staff to manage the individual needs of service users, who are overseen by a Senior Management Team (SMT) and a small group of Directors.

The aim and objective of the Business Continuity Plan is:

- To ensure that all service users are safeguarded (continue to be protected from harm and potential harm effectively and purposefully);
- To ensure that all staff work in a safe way and have access to the necessary resources and equipment in the event of an emergency;
- To ensure that all managers and staff know what to do in the event of an emergency.

The process that CFS Care have followed is to:

- Identify hazards and mitigate risks;
- Develop a Business Continuity Plan (BCP) to take account of the identified risks and actions required to minimise those risks, as well as to recover from emergency situations;
- To consolidate pertinent parts of our Health and Safety Policy with this BCP. This is in order that staff are clear on expectation should 'potential disaster' impact upon any individual services or provision;
- Review the plan.

The lead professional in the event of an emergency, with the responsibility for the implementation of the Business Continuity Plan is the Managing Director.

At all times the lead professional will liaise with the Board, who may provide advice, guidance or an instruction on the action necessary. Where CEO is unavailable, staff must contact the Quality and Compliance Manager.

The contact details are as follows:

**Jane Worsley**  
CEO

CFS Care Limited (Head Office), Suite 9, Europa House, Barcroft Street, Bury, BL9 5BT  
Mobile: 0800 193 3012  
Email: Jane@cfscare.co.uk







**Rikke McIntosh**

Quality and Compliance Manager

CFS Care Limited (Head Office), Suite 9, Europa House, Barcroft Street, Bury, BL9 5BT  
Mobile: 07789309312  
Email: Rikke@cfscare.co.uk

## THREE: Principle Areas for Consideration

The below table clarifies the principle areas for consideration:

 <p>Service Users</p>	<p>Safeguarding is paramount.</p>
 <p>Staff and Volunteers</p>	<p>Loss of key staff (i.e. from illness, industrial action, fuel shortage, transport problems, severe weather, lottery win, etc.).</p>
 <p>Premises</p>	<p>Loss of access to buildings or other premises from which services are provided or from which the equipment required to provide those services is stored, possibly because of fire, structural damage, vandalism, flooding, gas leak, bomb alert, loss of water supply or other essential services.</p>
 <p>ICT</p>	<p>Interruption to ICT services possibly due to power failure, flooding, fire, failure of service providers, breach of security</p>
 <p>Information</p>	<p>The loss of critical information other than that maintained through ICT</p>
 <p>Potential Disaster</p>	<p>Taking account of potential emergency and disaster, such as flood, fire, power or heating failure or road traffic accident.</p>

## FOUR: Business Impact Analysis

The below table clarifies the principle areas for consideration:

Resource	Impact	0 - 24 hours	24 - 48 hours	2 days - 1 week	1 - 2 weeks	Time-period*
<b>Staff – General/Front line</b>	Continued support and protection of service users	Risk is relative to placement type / needs	Risk is relative to placement type / needs	Risk remains relative to placement type / needs – support need may not be met	Support need may become considerable Risk of placement disruption	1 day – 1 week
<b>Staff – Administration</b>	Phones / office / equipment / response to referrals and enquiries	Significant	Damaging	Stakeholder relationship damaged	Significant impact on all stakeholders	1 day
<b>Staff – Finance</b>	Payments and invoicing	Minimal	Minimal	Risk of disruption	Risk of disruption	1 week
<b>Staff – Managers</b>	Support or supervision and management of the service	Significant only if no managers available	Critical	Critical	Critical	Immediate
<b>Premises</b>	Access to landlines / IT equipment / other resources	Medium risk – dependent on other access available	Medium risk – dependent on other access available	Critical	Critical	2 days
<b>ICT / Communication systems</b>	Communication with Stakeholders / Recording / Access to records and information	Medium Risk	High risk	Critical	Critical	1 day
<b>Information</b>	Breach of confidentiality	Critical	Critical	Critical	Critical	0 days
<b>Potential Disaster</b>	Serious injury or death a of child, young person and/or member of staff	(See Part 8: Potential Disaster)	Critical	Critical	Critical	Immediate

\*Time-period manageable without threat to business

## FIVE: Implementation


The CEO is responsible for ensuring this Business Continuity Plan (BCP) is implemented, with all staff maintaining an awareness of their own responsibilities in implementing the required actions where required.

This BCP will be circulated to all staff and provided to all new employees. Those with specific duties will be expected to fully comprehend those duties and functions and will be offered additional training where required.

## SIX: The Plan




0 – 24 hours	Urgent Priority Response
24- 48 hours	Essential Priority Response
2 days – 1 week	Medium Priority Response
1 – 2 Weeks	Lower Priority Response

Area Identified	Recovery Plan	Recovery Time Objective	Responsible Professional
<b>Service Users</b> 	<p>Individual Crisis Management Plans and Safety already completed for all service users placed to identify pertinent risk factors</p> <p>All significant events occurring will be recorded by staff and overseen by relevant managers</p> <p>After a critical event, health and safety / risk assessments / reviews should be completed (e.g. illness, accidents, impact on service provisions)</p> <p>Safeguarding service users is central to previous, immediate or subsequent risk assessment.</p>	0 – 24 hours	Management Staff reporting to the CEO




Area Identified	Recovery Plan	Recovery Time Objective	Responsible Professional
<b>Staff</b> 	<p>Illness / accidents to be reported immediately to relevant line Manager and recorded</p> <p>Extreme weather conditions – all staff are expected to take responsibility for their own safety. <b>They should respond to 'Met Office' advice and local news, with journeys being carefully considered and made at individual risk.</b></p> <p>All staff should carry risk reduction equipment in their cars when travelling where adverse weather conditions could be anticipated e.g. mobile phones should be fully charged, (car chargers), warm clothing and blanket, beverage &amp; snacks and snow shovel. <b>All staff are strongly advised to have breakdown cover.</b></p> <p>Where there is a loss of key staff in one or more locations, the Managing Director will identify staff from other localities able to provide cover. <b>In the unlikely event that no members of staff are available, CFS Care will engage agency staff to ensure service continuity.</b></p> <p><b>At all times the Out of Hours Duty Rota will be maintained.</b> Where a member of staff is unable to manage out of hours calls, the Service Manager shall make alternative and suitable arrangements.</p>	0 – 24 hours	CEO
<b>Computer Access for recording / access to records</b> 	<p>Any malfunction to be reported to ICT service providers or in their absence, significant malfunction to be reported to the Managing Director.</p> <p>Where applicable, hard copy files shall be stored in fire-proof cabinets. After 12 months, all closed files shall be copied electronically and will be available through our archive system on disc, which is saved in the company fire-proof safe.</p> <p><b>In the event of hard copies being destroyed, or a breach of confidential information occurring, the author of the document will be informed, with relevant bodies duly notified. Where necessary disciplinary procedures will be involved.</b></p>	0 – 24 hours	Finance Manager / CEO / Quality and Compliance Manager




Area Identified	Recovery Plan	Recovery Time Objective	Responsible Professional
<b>Premises / Business Support Functions</b> 	<p><b>Phones</b> – contact service provider to report faults.</p> <p><b>CFS Care</b> – report to relevant body. In the event that the ‘Head Office’ remains ineffective staff to work from another site or (if appropriate) work from home.</p> <p><b>ICT functions</b> – report to CEO</p> <p><b>Fire</b> – Fire instructions are displayed. Fire safety training completed for all staff. (See Part 8: Potential Disaster)</p> <p><b>Floods / weather conditions impacting on access to work</b> – all staff should have access to this Business Continuity Plan and report any travel disruptions that prevent normal work activities or access to the office. (See Part 8: Potential Disaster)</p> <p>Alternative sites or working from home is permitted where necessary, following consultation with Line Manager.</p> <p>Service users may be moved to a temporary place of safety as and when required. If a Semi-independent property. Reasonable and proportionate measures must be taken. The Managing Director has overall responsibility for ensuring the continued safety and welfare of service users.</p>	<b>0 - 24 hours</b>	<b>CEO</b>
<b>Finance</b> 	<p>Any risk to the operation of the finance management team should be reported to the CEO.</p>	<b>24 – 48 hours</b>	<b>Finance Manager and CEO</b>



## SEVEN: Potential Disaster (CFS Care Health and Safety Policy)

Disaster encompasses a broad range of matters. The following 'potential disasters' require a full risk assessment that must be completed by the manager and to be approved by the CEO

Area Identified	Recovery Plan	Recovery Time Objective	Responsible Professional
<b>Fire</b> 	<p>In the event of fire, the safety of all in the property depends on the ability of staff to respond promptly.</p> <p><b>In the Event of a Fire or Upon Hearing the Fire Alarm</b></p> <p>The most senior staff on duty will be responsible for fire safety and will:</p> <ol style="list-style-type: none"> <li>1) Determine the location of the fire</li> <li>2) Carry out a roll call for children, staff and visitors.</li> <li>3) Ensure the Fire Brigade has been alerted.</li> <li>4) Advise the Senior Fire Officer, giving information concerning:                         <ol style="list-style-type: none"> <li>a) Location of the fire;</li> <li>b) Of any missing/unaccounted children, home staff or visitors;</li> <li>c) Gas tap and electricity isolating point;</li> <li>d) Await the instructions of the Senior Fire Officer before re-entering the building;</li> <li>e) Ensure that all discharged fire extinguishers and other firefighting equipment is replaced and that the fire alarm is in full working order and re-set;</li> <li>f) Advise Directors of above.</li> </ol> </li> </ol> <p>In the event of a fire the manager must identify what actions will be taken should the home be unfit to return to. For example, where would children and staff be temporarily accommodated? What are the arrangements to notify such persons of such events?</p> <p>Specifically, temporary accommodation must be reasonably identified for example, venue (another property, hotel, etc.). What will be the staffing arrangements? Who has the responsibility for coordinating such arrangements including advising staff and other of temporary accommodation and any other matter concerning such event?</p>	<b>0 - 24 hours</b>	<b>CEO</b>

Area Identified	Recovery Plan	Recovery Time Objective	Responsible Professional
<b>Flood</b> 	<p>In the event of a flood, similar arrangements must be recorded in a risk assessment as those for a fire (see above).</p> <p>The risk assessment would also need to include the arrangements for ensuring that all services to the building are secure and safe. In addition, what are the arrangements for inspecting and checking out that all services are safe prior to any return to the property.</p>	0 - 24 hours	CEO
<b>Power or Heating Failure</b> 	<p>In the event of a power or heating failure, similar arrangements must be recorded in a risk assessment as those for a fire or flood. This will depend upon the potential impact of the circumstances. For example, a “general” heating failure in high summer that can be resolved via maintenance personnel or a professional within hours, will have very different connotations to a “significant” heating failure in mid-winter that is likely to take days to fix. In terms of the latter, arrangements must be set in place to ensure the continued safety, wellbeing and welfare of all stakeholders.</p> <p>The risk assessment would also need to include the arrangements for ensuring that all services to the building are secure and safe.</p>	0 - 24 hours	CEO
<b>Road Traffic Accident</b> 	<p>Staff must be aware of what to do in the event of an accident involving a vehicle.</p> <p>This would include health and safety expectations and procedures, calls/notification(s) to emergency services, notification to insurance, notification to any significant others’ (i.e. Ofsted, social worker, parents, etc., as appropriate). In addition, this would include equipment to be carried in car (i.e. first aid kit, fire extinguisher, breakdown cover details and high visibility clothing).</p> <p><b>Recording and Investigation</b></p> <p>Staff who are involved in any crash or damage-only incident when driving at work (in their own, a hire or company vehicle) must report this to their line manager. Staff should refer to the CFS Care Driving and Mobile Communications Policy for further information.</p>	0 - 24 hours	CEO

## EIGHT: Recovery Plan (From Disaster)

*Set-up arrangements to deal with enquiries by:*

- Contacting the CEO for advice regarding the issuing of press statements;
- Giving known facts, initial actions being taken and expressions of sympathy if appropriate to the circumstances (names not to be released until police and families have given permission);
- Cautioning staff not to talk to the media.

*Organise restoration of building and facilities by:*

- Supervising the restoration of all facilities and services to a level essential for the core activities or the provision of suitable alternative accommodation;
- Liaising with insurance companies and assessors preparatory to organising insurance claims.

*Arrangements to support service users by:*

- Identifying those who are most likely to need support;
- Arranging for appropriate local authority staff and other support agencies to become involved;
- Ensuring that all stakeholders are aware of support available and how to access it;
- Ensuring the welfare of all concerned continues to be monitored;
- Giving permission (individually or collectively) for individuals to discuss events and reactions;
- Supporting staff so that they can cope with service user's questions.

*Arrangements for personal effects, register and rotas:*

- In consultation with responsible parents decide how to deal with personal effects;
- By adjusting registers, rotas and lists accordingly.

*Arrangements for expressions of sympathy and/or acknowledgements:*

- To express support/sympathy to families and other relevant people;
- To support plans for a memorial;
- To plan for attendance at funerals with support if needed;
- To make arrangements for appropriate staff to visit hospital or bereaved home;
- To consider sending cards/messages peers and staff;
- To consult with the responsible parents, consider services to collectively acknowledge what has happened and how to come to terms.

Plan for return to education, employment and/or training for those involved in the incident by:

- Arranging a home visit to discuss arrangements for return;
- Planning support for emotional needs;
- Arranging home visit from school/college/work friends;
- Organising work to be sent home prior to return.

Return to 'normal', planned memorials and commemorations:

People will 'move on' at different times and in different ways after a disaster, which may include injury and/or loss of life. The CEO and Quality and Compliance Manager must plan how to sensitively manage a return to 'normal functioning,' where the emergency or disaster is not the main focal point. An appropriate memorial decided in conjunction with the bereaved and/or marking the anniversary are ways of marking the importance of those involved.

## NINE: Risk Assessment

### Managing Risk

CFS Care core business activity - that of looking after and supporting vulnerable children and young people and enabling them to thrive - is a complex and responsible duty. In securing and maintaining a safe environment, staff (specifically, senior staff) must ensure the completion of a full and proper risk assessments.

CFS Care require that managers have in place a full, up-to-date, agreed and detailed risk assessment for all service users. Good practice demands that the risk assessment is completed as early as is reasonably practicable. All staff should know what to do and have the relevant skills to do what they need to do. The best way to manage risk effectively is ensuring that everyone knows what to do in certain situations.

Everyday life is full of risks. The avoidance of reducing all risks would be inappropriate to a young person's natural development. Measured risks support them to learn, develop and make informed choices that will support their journey into independence. However, it is NOT ACCEPTABLE to allow service users to participate in actions, activities and/or pursuits that could lead to their welfare and safety being compromised.

A full recorded Risk Assessment should be completed of any activity that may cause injury, risk and uncertainty in respect to the health, safety and welfare of service users. This is the responsibility of the manager of each respective service.

Activity is not just concerned with:

- Physical activities;
- Recreational and leisure activities (shopping, going out, cinema, etc.);
- Contact visits;
- Holidays and Hobbies.

It also incorporates a young person's behaviours (conduct and presentation) that may cause concern like (for example):

- Being absent without permission (Missing from Home);
- Substance misuse;
- Youth offending; and
- Sexualised behaviour.

Risks must be judged and measured as to what is reasonable and what is not reasonable.

Actions must be put in place to minimise risk including using where applicable and recorded within:

- Relevant plans (inc. support plans);
- Site Risk Assessments;
- Individual Risk Assessments;
- Individual Crisis Management Plans (ICMPs);
- Safety Plans;
- Placing authority Risk Assessments.

## Categories of Risk

It is not possible to 'categorise' risks as this depends upon the needs and understanding of the child. However, the following guidance will provide staff with some assistance in respect to assessing the risk:

### LOW (No Impact/Highly Unlikely):

- Some recreational activity for example fully supervised swimming pool with lifesavers. Some short/time limited trips, for example purchasing sweets, clothing, going to a cinema - that are known destinations.
- However, provision must be made for the unexpected, for example missing the bus, does the young person know what to do, who to contact?

### MEDIUM (Minor, Medium, Unlikely & Possible):

- Most physical contact sports.

## HIGH (Major, Extensive, Likely and very likely):

- Absence without permission;
- Going to unknown friends;
- Going on unfamiliar journeys;
- Undertaking social activity without time constraints;
- Holidays including abroad.

## HIGH RISK Activities include 'Hazard' sports (such as):

- Go-carting; Boxing; Climbing; Fell walking; Mountaineering and Camping.

Assessment of Risk is based upon the following Risk Matrix:

		NOT ACCEPTABLE				
		AS LOW AS REASONABLY PRACTICABLE				
		ACCEPTABLE				
SEVERITY						
Extensive	5	5	10	15	20	25
Major	4	4	8	12	16	20
Medium	3	3	6	9	12	15
Minor	2	2	4	6	8	10
No Impact	1	1	2	3	4	5
		1	2	3	4	5
PROBABILTY		Highly Unlikely	Unlikely	Possible	Likely	Very Likely

SEVERITY (S) x PROBABILITY (P) = OVERALL RISK RATING (R)

For example: (S) 4 x (P) 2 = (R) 8

(For more detailed information, please refer to the CFS Care Health and Safety Policy, which includes clear guidance on managing risk – See Page 10)

The best way to manage risk effectively is ensuring that everyone knows what to do in certain situations.



## TEN: Notification of a Serious Event

### Supported Accommodation

Column 1 Event:	Column 2 To be notified to:							
	HM Chief Inspector	Placing authority	Secretary of State	Local authority	Clinical Commissioning Group (CCG)	Police	Relevant Person's	CFS Care Board
A young person dies.	YES (Under 18)	YES	YES	YES	YES		YES	YES
Referral of a person in a home pursuant to section 35 of the Safeguarding Vulnerable Groups Act 2006	YES (Under 18)	YES		YES			YES	YES
A young person is involved in or subject to (or is suspected of being involved in or subject to) sexual exploitation.	YES (Under 18)	YES		YES		YES	YES	
An incident requiring police involvement occurs in relation to a young person, which is considered to be serious.		YES		YES		YES	YES	YES
There is an allegation of abuse against the service or a person working there.		YES		YES			YES	YES

Column 1 Event:	Column 2							
	To be notified to:							
	HM Chief Inspector	Placing authority	Secretary of State	Local authority	Clinical Commissioning Group (CCG)	Police	Relevant Person's	CFS Care Board
A child protection enquiry involving a young person — i. Is instigated; or ii. Concludes (in which case, the notification must include the outcome of the child protection enquiry).	YES (Under 18)	YES		YES			YES	YES
Serious illness or serious accident sustained by a young person or employee.	YES (Under 18)	YES		YES			YES	YES
	The Health and Safety Executive (HSE) if a medical practitioner considers it to be Notifiable under RIDDOR)							
Outbreak of any infectious disease which in the opinion of a registered medical practitioner is sufficiently serious to be so notified	YES (Under 18)	YES		YES			YES	YES
	The Health and Safety Executive (HSE) if a medical practitioner considers it to be Notifiable under RIDDOR)							
Any incident necessitating calling the Police or Emergency Services		YES		YES			YES	
Any serious complaint about the service. (St.3)		YES		YES			YES	YES
Any other serious incident relating to a young person.		YES		YES			YES	YES

## Fostering Services (Regulated)

(Schedule 7, Regulation 36(1) The Fostering Services (England) Regulations 2011)

Column 1 Event:	Column 2						
	To be notified to:						
	HM Chief Inspector	Responsible authority	Secretary of State	Area authority	Police	Clinical Commissioning Group (CCG)	CFS Care Board
Death of a child placed with foster parents	YES	YES	YES	YES		YES	YES
Information is provided to the Independent Safeguarding Authority under any of sections 35, 36, 39, 41 or 45 of the Safeguarding Vulnerable Groups Act 2006(1) in respect of an individual working for a fostering service	YES	YES					YES
Serious illness or serious accident of a child placed with foster parents	YES	YES					YES
	The Health and Safety Executive (HSE) if a medical practitioner considers it to be Notifiable under RIDDOR)						
Outbreak at the home of a foster parent of any infectious disease which in the opinion of a general practitioner attending the home is sufficiently serious to be so notified	YES	YES				YES	YES
	The Health and Safety Executive (HSE) if a medical practitioner considers it to be Notifiable under RIDDOR)						

Column 1  Event:	Column 2  To be notified to:						
	Chief Inspector	Responsible authority	Secretary of State	Area authority	Police	Clinical Commissioning Group (CCG)	CFS Care Board
Allegation that a child placed with foster parents has committed a serious offence		YES			YES		YES
Involvement or suspected involvement of a child placed with foster parents in child sexual exploitation	YES	YES		YES	YES		
Serious incident relating to a child placed with foster parents necessitating calling the police to the foster parent's home	YES	YES					YES
A child placed with foster parents is missing from the placement		YES					
Any serious complaint about any foster parent approved by the fostering agency	YES	YES					YES
Instigation and outcome of any child protection enquiry involving a child placed with foster parents	YES	YES		YES			YES

## General Data Protection Regulations 2018 (GDPR)

Personal data breaches must be considered in terms of potential risk to people. Staff need to consider the likelihood and severity of any risk to people's rights and freedoms, following the breach. If it is likely there will be a risk the Information Commissioners Office (ICO) must be notified. If it's unlikely, it does not need to be reported.

A personal data breach means a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal data. This includes breaches that are the result of both accidental and deliberate causes. It also means that a breach is more than just about losing personal data. If staff have any concerns, CFS Care's Data Protection Officer (DPO) must be informed:

Emma Buxton - HR Business Manager  
CFS Care Limited (Head Office)

Suite 9, Europa House,  
Barcroft Street, Bury BL9  
5BT

e: Emma@cfscare.co.uk  
t: 07471 849567

*All personal data breaches must be reported immediately to the DPO.*



If a personal data breach occurs and that breach is likely to result in a risk to the rights and freedoms of data subjects (e.g. financial loss, breach of confidentiality, discrimination, reputational damage, or other significant social or economic damage), the DPO must ensure that the Information Commissioner's Office is informed of the breach without delay, and in any event, within 72 hours.

In the event that a personal data breach is likely to result in a high risk (to the rights and freedoms of data subjects), the DPO must ensure that all affected data subjects are informed of the breach directly and without delay.

Data breach notifications shall include the following information:

- The categories and approximate number of data subjects concerned;
- The categories and approximate number of personal data records concerned;
- The name and contact details of the DPO (or other contact point where more information can be obtained);
- The likely consequences of the breach;
- Details of the measures taken, or proposed to be taken, by CFS Care Limited to address the breach including, where appropriate, measures to mitigate its possible adverse effects.

## ELEVEN: Essential Contact Details

### Head Office Address:

CFS Care Limited (Head Office), Suite 9, Europa House, Barcroft Street, Bury, BL9 5BT

### Head Office Telephone:

0800 193 3012

### Directors:

JANE WORSLEY  
CEO  
Mobile:  
Email: jane@cfscare.co.uk

Rikke McIntosh  
Quality and Compliance Manager  
Mobile: 07789309312  
Email: Rikke@cfscare.co.uk

### Senior Management Team (SMT)

Sian Hodson  
Service Manager (Supported Accommodation)  
Mobile: 07471 742403  
Email: sian@cfscare.co.uk

Genevieve Corbett  
Registered Fostering Manager  
Mobile: 07833 650338  
Email: Genevieve@cfscare.co.uk

### Emergency Services:



- Ambulance: 999 or 112
- Fire: 999 or 112
- Police: 999 or 112
- Gas emergency: 0800 111 999
- NHS Direct (24-hour health helpline): 0845 4647



# Brexit Preparedness: Operational Continuity

## Appendix One



Area of focus	What risks have been identified?	What services, localities, teams are affected?	What mitigation to those risks is in place/planned?
<b>Workforce</b>	<p>Risks applied to CFS Care relate to the continuous and uninterrupted support to children and young people accessing our services. This means ensuring that there is sufficient staff capacity to ensure rotas are maintained.</p> <p>Minimal risk is identified because:</p> <ul style="list-style-type: none"> <li>• Directors and SMT are all British by birth and hold relevant documents confirming their status;</li> <li>• A Right to Work checklist is completed for all employees; and</li> <li>• CFS Care operate a management cover system and have a pool of bank staff, under ordinary operational conditions. This takes account of staff absence and ensures services are not compromised through staff absence(s).</li> </ul>	<p>Workforce with EU status (i.e. non-Nationals):</p> <ul style="list-style-type: none"> <li>• Head office has one member of the team who has EU status</li> <li>• North Drive has one member of the team who has EU status</li> </ul>	<ul style="list-style-type: none"> <li>• Right to Work Checklist, as compliant with the Home Office's requirement to check an employee's or potential employee's immigration status;</li> <li>• Full safer recruitment diligence is applied to all employees, in whatever capacity. This means that identification process is robust and entirely in line with good practice principles.</li> </ul> <p>Should any staff not born in the UK be required to leave or leave of their own accord, CFS Care have ensured that there will be sufficient cover for operational services.</p>
<b>Contracted Services</b>	N/A	N/A	N/A
<b>Supply Chain</b>	N/A	N/A	N/A

Name:	Signature:	Role:	Date:
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# CORONAVIRUS

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If you have been to an affected place  
in the last 14 days

or

had contact with somebody  
with Coronavirus,

and

do you have any of these symptoms?



Cough



Fever



Shortness of  
breath

If yes, to protect yourself and others please  
go home and search 'nhs coronavirus'  
for advice and to access the 111 online  
coronavirus service or call NHS 111.

**Find out more at [gov.uk/coronavirus](https://www.gov.uk/coronavirus)**



HM Government



# CORONAVIRUS: PUBLIC INFORMATION

The Government and NHS are well prepared to deal with this virus.

You can help too.

The best way to protect yourself and others is:



Wash your hands with soap and water, or use a sanitiser gel, regularly throughout the day.



Catch your cough or sneeze in a tissue, bin it, and wash your hands.

If you have recently arrived back from specified areas follow the returning traveller advice.

Check the list of areas and find out more at

[nhs.uk/coronavirus](https://nhs.uk/coronavirus)

## Guidance for Social / Community Care and Residential Settings on COVID-19

**All guidelines are subject to adaptation/local interpretation**

### Background and Scope of Guidance

Social and community care is taken to cover:

- Long-term conditions services (LTC)
- Rehabilitation services (RHS)
- Community healthcare services (CHC)
- Community-based services for people with mental health needs (MHC)
- Community-based services for people with a learning disability (LDC)
- Community social care (Domiciliary care services including those provided for children (DCC))
- Community-based services for people who misuse substances (SMC)
- Community Social workers,
- Residential children's homes including secure children's homes
- Nursing and residential services with nursing (CHN)
- Nursing and residential without nursing (CHS)
- Support to people in their own homes

This guidance will assist social, community and residential care employers in providing advice to their staff on:

- the novel coronavirus, COVID-19,
- how to help prevent spread of all respiratory infections including COVID-19,

- what to do if someone with suspected or confirmed to have COVID-19 has been in an health/social care setting,
- what advice to give to individuals who have travelled from China, Hong Kong, Japan, Macau, Malaysia, Republic of Korea, Singapore, Taiwan or Thailand within the last 14 days,
- risk assessments for undertaking domiciliary visits / providing care in residential settings,
- actions to take if staff come into contact with someone who is self-isolating or is a possible or confirmed case of COVID-19.

This guidance is intended for the current position in the UK where there is currently no transmission of COVID-19 in the community. It is therefore very unlikely that anyone receiving care in a nursing or residential home or the community will become infected.

Children's residential care settings may also find it helpful to be aware of the guidance provided to educational settings.

## **1. Information about the virus**

A coronavirus is a type of virus. As a group, coronaviruses are common across the world. COVID-19 is a new strain of coronavirus first identified in Wuhan City, China in January 2020.

The incubation period of COVID-19, is between 2 to 14 days. This means that if a person remains well 14 days after contact with someone with confirmed coronavirus, they have not become a case.

## **2. Signs and symptoms of COVID-19**

The following symptoms may develop in the 14 days after exposure to someone who has COVID-19 infection:

- cough
- difficulty in breathing
- fever

Generally, these infections can cause more severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic lung disease.

### **3. How COVID-19 is spread**

From what we know about other coronaviruses, spread of COVID-19 is most likely to happen when there is close contact (within 2 metres or less) with an infected person. It is likely that the risk increases the longer someone has close contact with an infected person.

Respiratory secretions containing the virus are most likely to be the most important means of transmission; these are produced when an infected person coughs or sneezes, in the same way colds spread.

There are 2 routes by which people can spread COVID-19

- infection can be spread to people who are nearby (within 2m) or possibly could be inhaled into the lungs
- it is also possible that someone may become infected by touching a surface, object or the hand of an infected person that has been contaminated with respiratory secretions and then touching their own mouth, nose, or eyes (such as touching door knob or shaking hands then touching own face). Our current understanding is that the virus doesn't survive on surfaces for longer than 48 hours.

There is currently little evidence that people without symptoms are infectious to others.

### **4. How long the virus can survive**

How long any respiratory virus survives will depend on a number of factors, for example:

- what surface the virus is on
- whether it is exposed to sunlight



- differences in temperature and humidity
- exposure to cleaning products

Under most circumstances, the amount of infectious virus on any contaminated surfaces is likely to have decreased significantly by 72 hours.

Regular cleaning of frequently touched hard surfaces and hands will therefore help to reduce the risk of infection.

## **5. Preventing the spread of infection**

There is currently no vaccine to prevent COVID-19. The best way to prevent infection is to avoid being exposed to the virus.

There are general principles anyone can follow to help prevent the spread of respiratory viruses, including:

- washing your hands often - with soap and water, or use alcohol sanitiser that contains at least 60% alcohol if handwashing facilities are not available - this is particularly important after taking public transport. See [hand washing guidance](#)
- covering your cough or sneeze with a tissue, then throwing the tissue in a bin. See [Catch It, Bin It, Kill It](#)
- people who feel unwell should stay at home and should not attend work
- employees should wash their hands:
  - before leaving home
  - on arrival at work
  - after using the toilet
  - after breaks and sporting activities
  - before food preparation
  - before eating any food, including snacks
  - before leaving work
  - on arrival at home
- avoid touching your eyes, nose, and mouth with unwashed hands
- clean and disinfect frequently touched objects and surfaces

A dedicated helpline for Covid-19 has been established in Northern Ireland to provide advice for those who may have concerns following a visit to China or one of the other high risk countries in the last 14 days. It operates 24 hours a day on 0300 200 7885. If staff are worried about their symptoms or those of a family member or colleague they should contact their GP via telephone. Anyone with flu-like symptoms is advised not to go to their GP's surgery or to A&E but to seek advice over the telephone. For further information please visit the Public Health Agency website: [pha.site/coronavirus](http://pha.site/coronavirus)

## **6. Guidance on facemasks**

During normal day to day activities facemasks do not provide protection from respiratory viruses, such as COVID-19 and do not need to be worn by staff in any of these settings. Facemasks are only recommended to be worn by infected individuals when advised by a healthcare worker, to reduce the risk of transmitting the infection to other people. It remains very unlikely that people receiving care in a nursing or residential home or the community will become infected.

PHE recommends that the best way to reduce any risk of infection for anyone is good hygiene and avoiding direct or close contact (closer than 2 metres) with any potentially infected person.

## **7. What to do if an employee becomes unwell and believe they have been exposed to COVID-19,**

If the staff, member of the public or resident have not been to specified areas in the last 14 days, then normal practice should continue.

If staff, member of the public or resident becomes unwell in the workplace and has travelled to China or other affected countries, the unwell person should be removed to an area which is at least 2 metres away from other people. If possible find a room or area where they can be isolated behind a shut door, such as a staff office. If it is possible to open a window, do so for ventilation.

The individual who is unwell should contact their GP from their mobile, or 999 if an emergency (if they are seriously ill or injured or their life is at risk) and explain which country they have returned from in the last 14 days and outline their current symptoms. If the person affected is not able for any reason to call their GP themselves then a staff member should call on their behalf.

Whilst they wait for advice from their GP or an ambulance to arrive, they should remain at least 2 metres from other people. They should avoid touching people, surfaces and objects and be advised to cover their mouth and nose with a disposable tissue when they cough or sneeze and put the tissue in a bag or pocket then throw the tissue in the bin. If they don't have any tissues available, they should cough and sneeze into the crook of their elbow.

If they need to go to the bathroom whilst waiting for medical assistance, they should use a separate bathroom if available.

## **8. Returning from travel overseas to affected areas**

People who have returned from Hubei Province, including Wuhan, in the last 14 days should avoid attending work. They should call the helpline for advice and self-isolate.

People who have returned from other areas of mainland China, Hong Kong, Japan, Macau, Malaysia, Republic of Korea, Singapore, Taiwan or Thailand in the last 14 days can attend work. However, they should stay at home if they develop symptoms within 14 days of leaving the area. They should contact their GP for further advice and action. If they are well, they can continue their daily activities including attending work.

If any individual has returned from the areas listed below **since February 19th and develop symptoms**, however mild, they should stay indoors, self-isolate and contact their GP who will arrange testing or if it is a medical emergency, call 999 and inform the call handler about their recent travel.

- Northern Italy (defined by a line above, and not including, Pisa, Florence and Rimini),
- Iran
- Vietnam
- Cambodia
- Laos
- Myanmar

If any individual has returned from the following specific areas since **February 19**, they are being advised to call the dedicated Covid-19 helpline on 0300 200 7885, stay indoors and self-isolate even if they do not have symptoms:

- Iran
- Specific lockdown areas in Northern Italy as designated by the Government of Italy
- Special care zones in South Korea as designated by the Government of the Republic of South Korea
- Hubei province (returned in the past 14 days)

All other staff should continue to attend work.

## **9. Closure of the office/residential/setting or do any other actions if staff/members of the public or residents are undergoing COVID1- testing and have been in the office/workplace/residential setting**

No restrictions or special control measures are required in these settings while a member of staff/resident is waiting for laboratory test results for COVID-19. In particular, there is no need to close or send staff home at this point. As a precautionary measure, clinicians are currently testing people who have travelled back from affected countries, the majority of whom test negative. Therefore, until the outcome of test results is known there is no action that needs to be taken.

## **10. What to do if someone with confirmed COVID-19 has recently been in the office / workplace / residential setting**

Closure of the office / workplace / residential setting is not recommended.

The management team of the office / workplace /residential setting will be contacted by the Public Health Agency Health Protection Team to discuss the case, identify people who have been in contact with them and advise on actions that should be taken.

An assessment of each setting will be undertaken by PHA's Health Protection Team with the lead responsible person. Advice on the management of staff, members of the public or residents will be based on this assessment.

The Health Protection Team will also be in contact with the case directly to advise on isolation and identifying other contacts and will be in touch with any contacts of the case to provide them with appropriate advice.

Advice on cleaning of communal areas such as offices or toilets will be given by the Health Protection Team and is outlined later in this document.

## **11. What to do if someone in the office / workplace / residential setting has had contact with a confirmed case of COVID-19**

If a confirmed case is identified in this setting, the Health Protection Team will provide the relevant people with advice. It is important to follow the advice of the Health Protection Team.

Contacts are not considered cases and if they are well they are very unlikely to spread the infection to others:

- those who have had close contact will be asked to self-isolate at home for 14 days from the last time they had contact with the confirmed case and follow the home isolation advice sheet
- they will be followed up by the Health Protection Team

People who have not had close contact with the confirmed case do not need to take any precautions and can continue to attend work as usual.

## **12. Advice for people if they have travelled from elsewhere in China (outside Hubei Province) or Hong Kong, Japan, Macau, Malaysia, Republic of Korea, Singapore, Taiwan or Thailand**

If they are currently well, they can attend work.

- they are advised to self-isolate only if they develop symptoms.
- their family and workplace colleagues do not need to take any precautions or make any changes to their own activities

If they become unwell:

- they (or a family member, colleague or member of staff) should contact their GP immediately for them to arrange clinical assessment as quickly as possible. **They should not attend their GP or other healthcare environment**
- they should stay indoors and avoid contact with other people as they would with other flu viruses (see this [home isolation advice sheet](#)).
- see [further information](#) and the [Public Health Agency Website](#) - [pha.site/coronavirus](http://pha.site/coronavirus)

## **13. Advice for people if they have returned from travel anywhere else in the world within the last 14 days**

Currently there are minimal cases outside the listed area and therefore the likelihood of an individual coming into contact with a confirmed case is extremely low.



These people can continue to attend work and go about their daily business, unless they have been informed by the Health Protection Team that they have had contact with a confirmed case of COVID-19

If individuals are aware that they have had close contact with a confirmed case of COVID-19 they should contact the helpline for further advice. If they become symptomatic they should contact their GP by telephone.

For the latest country information please visit [NaTHNaC Travel Pro](#)

#### **14. Cleaning the office / workplace / residential setting where there are suspected or confirmed cases of COVID-19**

Coronavirus symptoms are similar to a flu-like illness and include cough, fever, or shortness of breath. Once symptomatic, all surfaces that the person has come into contact with must be cleaned including:

- all surfaces and objects which are visibly contaminated with body fluids
- all potentially contaminated high-contact areas such as toilets, door handles, telephones
- clothing and linen used by the person should be set aside pending assessment of the person by a healthcare professional

Public areas where a symptomatic individual has passed through and spent minimal time in (such as corridors) but which are not visibly contaminated with body fluids do not need to be specially cleaned and disinfected.

#### **15. Rubbish disposal including tissues**

All waste that has been in contact with the individual, including used tissues, and masks if used, should be put in a plastic rubbish bag and tied when full. The plastic bag should then be placed in a second bin bag and tied. It should be put in a safe place and marked for storage until the COVID-19 test result is available which will be within 24 hours. If the individual tests negative, this can be put in the normal waste.

Similarly laundry from the room of a possible case should be stored safely until the result of the test is known.

Should the individual test positive, you will be instructed what to do with the waste.

## **16. Specific actions for social and community care staff visiting patients at home or providing care to residents**

People returning from some areas of the world are being told to self-isolate depending on the location they have visited and their symptoms. People who have been in close contact with a confirmed case of COVID-19 are also being advised by the Health Protection Team to self-isolate. People who are self-isolating and have no symptoms do not pose a risk to others. They are self-isolating to allow closer monitoring in order to identify early symptoms, and to enable prompt medical action if required.

Social, community and residential care staff should ascertain if a person is in self-isolation and if they are asymptomatic or symptomatic **prior to their visit**. If they are self-isolating and a visit is deemed necessary, then a full risk assessment should be undertaken with managers and infection control specialist to decide the best course of action.

If during a telephone consultation with a patient or their representative to assess their suitability for a domiciliary visit, it is thought that COVID-19 is possible (based on the PHE criteria for a possible case), then a face-to-face assessment must be avoided. Instead, contact the patients GP via local reporting mechanism and arrange for a clinical assessment to be made before proceeding.

### ***If the person is asymptomatic***

- As the person is asymptomatic there is no further action required at this time

### ***If the person is symptomatic***

- Avoid any further physical contact with the person, if you can. The person should remain in the room with the door closed. Belongings and waste should remain in the room.
- Advise anyone with you not to enter the room. If a travel or clinical history still needs to be obtained or completed, do this by telephoning the patient in the room.
- Ask the patient or their representative to contact their GP from their home, on their mobile.
- Inform your manager so that a full risk assessment can be undertaken with an infection control specialist to decide the next course of action.

***If the patient requires urgent medical attention***

- If the patient is critically ill and requires an urgent medical attention or ambulance transfer to a hospital, inform the ambulance call handler of the concerns about COVID-19.
- Following the patient transfer, the room should be closed and should not be used until further advice is provided by the local HPT.

***If the person has a negative COVID 19 test***

If after assessment the person has a negative test, then no further action is required.

***If the person has a positive COVID 19 test***

If after assessment the person has a positive test, then a contact tracing exercise will be undertaken by the Health Protection Team. You will be advised on any further actions, depending on your recent exposure to the patient.

**What social, community and residential care settings need to know**

Currently there is no evidence of transmission of COVID-19 in the UK. There is no need to do anything differently in any care setting at present.

February 2020

## Updates & Revisions

[illegible]

## *CFS Care Business Continuity Plan (BCP)*

This Business Continuity Plan (BCP) is about identifying key areas of the organisation and planning how to maintain these if a serious incident occurs.

Our overriding aim is to ensure that service users are safe and that their welfare continues to be promoted.

CFS Care Limited

**CFS Care Limited**  
Registered in England and Wales under  
Company Number: 10024203

ICO Registration Number: ZA346110

