

*Seashell Trust Clinical Guidance for service delivery during Covid 19 pandemic*

**V1.3 21st April 2020**

*The following guidance aims to ensure Clinical Services at Seashell Trust are delivered in line with UK Government requirements and guidance provided by Public England (PHE) along with local updates from the Local Authority and Stockport Clinical Commissioning Group during the Covid 19 pandemic. Guidance and recommendations from professional and regulatory bodies including HCPC, RCSLT, BAA, RCOT, CSP and RCN also inform this document. This document will be reviewed on a weekly basis and updated as required to ensure changes to the guidance are reflected. Please ensure that this document is used in collaboration with the most up to date Public Health England advice for specialist schools and college and social care settings and recommendations from HCPC and professional bodies*

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1. **Models of service delivery**

Three new service delivery models have been established to continue to meet therapy and nursing needs of children and young people (CYP) who access Seashell Trust (SST) services during the Covid 19 pandemic. These are:

1. Provision of therapy and nursing support for CYP attending day provision or being supported in their own home by SST staff
2. Provision of therapy and nursing support for residential CYP remaining on site throughout
3. Delivery of support to CYP and their families who are remaining in the family home throughout
4. **Provision of therapy and nursing support for CYP attending day provision or being supported directly in their own home by SST staff**

In line with government guidance relating to vulnerable children and young people (DfE and PHE, 2020) day provision is being offered to a small number of CYP who usually access school and college identified via prioritization and risk assessment carried out following screening phone calls. Attendance at this provision will continue to be reviewed on a daily basis. Therapy staff will provide support to teaching staff who are leading on design and delivery of these programmes. Members of the nursing team will support with administration of medication as required and leading on health promotion activities. A core team of clinical staff allocated to this provision will provide any direct support required and will not work directly into other parts of the provision to support infection control. Any staff delivering direct support will follow guidance within the Seashell Trust Covid 19 Procedure at all times in relation to infection control. Clinical support may include:

* Providing updated targets to promote and capture progress via email or zoom meetings
* Advising on essential therapy activities to be included in programmes and providing therapy assistant support to set up and clear away specialist equipment
* Provision of video guidance and advise on risk assessments to ensure safe use of specialist equipment
* Contributing ideas to support diversity of programmes and management of sensory processing needs that may include activities that therapy staff set up and facilitate maintaining social distancing.
* Offering training / coaching to staff teams on how to use therapy strategies via zoom meetings or in person if not possible remotely
* Creating information sharing videos for parents and carers and sharing via SST You Tube channel
* Reviewing and updating written therapy strategies to meet needs within the new context and sharing via email or zoom meetings
* Delivering hands on therapy input only if ‘essential’ (see definition below).
* Provision of progress reports as required by LAs
* Administration of medication as required (HCAs/nurses who are currently competent medication givers)
* Provision of health promotion activities for CYP
* Completion of competency checks for residential staff around medical procedures
* Reviewing and updating hospital passports or Health Action Plans

Support delivered to school and college students accessing the day provision will be soley provided in the school building to promote infection control. There are likely to be some children and young people for whom it is not appropriate for them to attend site due to their highly vulnerable health status and receipt of NHS shielding letters. In line with the Shielding Procedure essential health or social care support will be provided in the home environment for these CYP. Therapy staff will prepare activities and resources to support delivery of these programmes. If assessment of need cannot be completed remotely therapy staff may attend home visits to complete assessment/ offer coaching and modelling to staff delivering these programmes. In line with amends to DfE legislation ‘reasonable endeavors’ to deliver clinical requirements outlined in student’s EHCP will be made for all students.

1. **Provision of therapy and nursing support for residential CYP remaining on site throughout**

Residential CYP for whom SST is their home 52 weeks of the year will remain on site throughout the pandemic. In line with guidance around meeting the needs of vulnerable CYP any staff from an organisation may need to be redeployed to enable the continuation of this service. PHE guidance states ‘The educational establishment must make reasonable endeavors to support these (those with vulnerable children) families’. This includes redeployment of staff from other roles to continue to provide a service. Therapy and nursing staff may therefore be required to fulfil alternative roles that they have the skills and competence to deliver which are outside of their usual contractual duties. This could include support work, cooking or cleaning within the residential houses.

If, therapy and nursing staff are not required to be redeployed in this way they may provide clinical support to the residential CYP. A core team of therapy and nursing staff allocated to work with residential CYP residing on site only, will deliver any direct support required for these CYP. Guidance within the SST Covid 19 procedure must be followed at all times. Identified houses will be following the shielding procedure for CYP who have received NHS letters or as recommended by their GPs. Any staff providing direct support to these houses will ensure that appropriate PPE is worn at all times. Support could include the activities shown as for CYP attending day provision and will be delivered in allocated areas of the site including residential houses or the college building.

1. **Support for CYP in their family home**

CYP who usually reside at home and are not accessing day provision will remain at home with their family. PHE guidance for residential education states *‘Necessary health and therapy support (including access to medical supplies) should continue to be provided if the child or young person returns to their family home.’*

CYP who access respite or some residential support from SST will also typically remain in their home environment. CYP deemed to be ‘extremely vulnerable’ will be supported using the SST Shielding Procedure based on PHE guidance. For CYP who remain in their home environment a range of approaches will be used to meet need. This could include:

* Design of outcome measurement tools to capture the impact of remote support provide either for families or CYP (see outcome measurement)
* Sending equipment home for families to use in the home environment (all equipment to be prepared using cleaning guidance, Appendix 4)
* Sharing of video tutorials on how to use equipment / strategies via the SST You Tube channel or zoom.
* Reviewing and updating therapy strategies to ensure appropriateness for the home environment and sharing via email or zoom meetings with families
* Offering training / coaching on how to use therapy strategies via zoom meetings
* Responding to specific queries from family via phone, email or video call
* Sharing up to date health action plans and hospital passports with families
* Delivering hands on input via home visits only if ‘essential’ (see definition below). Risk assessment for home visits (Appendix 1) to be followed at all times.
1. **Liaison with external stakeholders and NHS**

Therapy and nursing staff will liaise with community NHS colleagues (or within acute settings if required) to ensure good information sharing and continuity between service provisions. Local Authorities will be advised if support is being provided within the family home. An NHS.net email account has been provided and access is currently via the Lead Nurse and Data Governance Lead. These accounts will be used as required to support effective sharing of information with NHS colleagues.

1. **Delivery of essential face to face therapy support**

In line with social distancing guidance therapy and nursing staff will work from home if not required to provide direct support on site. Core teams established to provide any essential direct support will only work into their allocated provision. Where possible social distancing (2 meters) will be maintained during any therapy led activities within the day provision, support for residential CYP or during essential home visits.

AHP professional bodies have released guidance for decision making and risk assessment of provision of direct support to reduce the risk of spreading the virus particularly amongst those CYP identified as having underlying health conditions or placed in the category of ‘extremely vulnerable’ due to issues with their respiratory health or other complex health needs. An example of this is shown in Appendix 2 (CSP decision making flowchart). Criteria applicable to CYP at SST highlights that direct support may be provided if:

* You (the clinician) have a high suspicion of risk of serious deterioration from underlying pathology and you are unable to determine this remotely. (CSP Flow chart, 2020)
* Provision of essential health or social care support is required by SST staff into the home environment due to shielding (PHE)
* Therapy or nursing staff are redeployed as care staff and are required to deliver ‘essential’ social care support (DfE)
* Monitoring of temperatures or administration of medication by Nursing staff or HCAs is required in situations where no other trained medication giver is available

If CYP who are at home are highlighted as requiring support clinical staff should make initial contact on the phone to identify immediate needs and consider whether the intervention or assessment can be completed remotely (RCOT, CSP, RCSLT). A risk assessment for home visits for essential healthcare support which cannot be provided remotely is available and should be used (Appendix 1a). A risk assessment for students requiring aerosol generating procedures is also available (Appendix 1b).

Nursing team staff including nurses and HCAs will continue to administer medication and support with medical interventions for CYP on site which they are currently deemed competent to perform. The nursing team will lead on meeting medical needs for students accessing the day provision. Residential trained meds givers will lead on administration of medication and daily temperature checking for residential students with nursing staff supporting only if required. Gastrostomy and tracheostomy care will continue to be delivered by staff who are competent to deliver the intervention on a named child basis. Delegatable activities will be delivered by HCAs, supervised by qualified nurses and non-delegatable activities will be carried out only by qualified nurses in line with NMC and RCN guidance (RCN, 2018).

1. **Communication with families**

Therapy and nursing staff will continue to communicate with families regarding specific clinical matters using phone, email and video call on a needs led basis. All contact will be logged in clinical case notes and contact log on the day of the activity to promote sharing of information across the MDT and avoid overwhelming families. Close joint working with teaching staff, house managers and family services will promote collaborative working and effective family support. Individual therapists will respond to needs expressed either directly by families or as highlighted by other professionals in a timely way and within 72 hours of enquiries being received.

Therapy and nursing strategies and care plans deemed high priority for CYP in their family home have been shared with families through a coordinated approach during the early weeks of the pandemic (March 2020) via email:

* Wave 1: Dysphagia guidelines (SALT team)
* Wave 2: Sensory strategies and communication strategies (sent by OT team)
* Wave 3: Physio and sensory equipment
* Wave 4: Physio programmes and video guidance in relation to using equipment
* Wave 5: Audiology maintenance packs, hearing aid spare batteries and guidelines (Audiology team)
* Wave 6: Health action plans and/or hospital passport (Nursing team)

Seashell Trust You Tube channel will also be used to share generic therapy guidance through videos on approaches applicable to multiple CYP e.g. visual resources, sensory diets. No individualised support will be provided via this platform.

1. **Prioritisation**

Every practitioner is responsible for assessing the specific circumstances around the need of children and young people under their care. Ultimately, individual practitioners have a duty in ensuring that all "responsible steps are taken to ensure the health, safety and welfare of any person involved in any activity you are responsible" (OT code of ethics, 3.1.3).

Core teams will devise decision making tools to support prioritisation of support for each of the service delivery models. Funded clinical support as outlined in EHCPs will be offered to all CYP to promote their health and wellbeing. Skill development will be promoted wherever possible in line with EHCP targets.

Clinical staff should use risk assessment and potential for positive change/maintenance of health and wellbeing for CYP on their caseload to drive prioritisation. Staff should refer tasks allocated outside of these principles to their line manager for consideration of appropriateness. Clinical Leads are responsible for ensuring clinical staff within their discipline are supported to prioritise within the new demands of their role and that there is evidence of appropriate clinical decision making which promotes principles of equality and diversity.

Clinical staff should ensure they are familiar with recent changes to NICE Critical Care (2020) guidance in relation to prioritization within hospital admission and note that the Clinical Fragility Scale (CFS) is not to be used to support decision making in relation to younger individuals with stable long term conditions including Cerebral Palsy or those with a diagnosis of learning disabilities and/or autism spectrum conditions.

1. **Outcome measurement**

Standard IEP/ILP target setting will be suspended during the Covid 19 pandemic. Clinical staff will devise individualised ways of measuring the impact of the support they are providing within all of the service delivery models. This will include:

* Parent report measures
* Observations during video calls to gather base line information about CYP skills/parental knowledge and skills (primarily anecdotal)
* Use of likert scale measures of parent/carer confidence and skill at the start of intervention and following intervention
* Published outcome measures to gather quantitative data relating to progress including Therapy Outcome Measures, Goal Attainment Scaling, Cohen’s Mansfield agitation index

The SST telepractice feasibility study that has been taking place to consider the effectiveness of using telepractice to train families in AAC will continue to run with evaluative data being gathered using measures already identified.

Agreed templates for outcome measurement of specific services delivered via tele practice along with the ‘SST delivery of therapy services using Telepractice Procedure’ should be used.

1. **Staff Training**

Staff training will be delivered primarily via the use of video tutorials and online modules prepared by the therapy and nursing teams. Coaching will be offered to staff teams using video calling software such as zoom. Risk assessments will be followed (Appendix 3) to promote continued safe and effective training and practice. Competency checking for administration of medication or other medical interventions will continue to be delivered by the nursing team in person while maintaining social distancing with the staff member. Administration of medication training will be available via zoom for staff who require theory training.

1. **Maintaining up to date Health Action Plans and Hospital Passports for all CYP**

The likelihood of individuals being admitted to hospital during the Covid 19 pandemic is raised. Clinical staff will ensure that documentation relating to CYP medical needs are up to date and available as a hard copy to accompany a CYP should hospital admission be required. Provision of accessible information such as social stories or visual schedules will be included within the hospital passport to support CYP understanding.

Hospital Passports for residential students will be led by residential teams. Clinical staff will provide recommendations on updates to registered managers and assistant managers as required. The Nursing team are responsible for establishing hospital passports for day students. SALT will be responsible for providing information relating to dysphagia along with communication strategies. Information relating to physical health will be updated by Nursing staff and Physiotherapy where appropriate. Mental Health nursing will update information relating to mental health and Audiologists will advise on information relating to hearing status. Occupational Therapy staff will inform information relating to equipment and sensory processing requirements. Clinical staff will ensure that hard copies available in residence or family homes are updated to reflect changes they have made.

Clinical staff have been allocated edit access to Health Action Plans. As the Registered Managers are legally responsible for these documents Assistant Managers and Registered Managers must be informed of any amends made to HAPs for residential students. The Registered Nurse working with day CYP should be informed of amends made to HAPs for day students.

Checklist for HAP update:

* Amends made to HAP by therapist or nurse specialist in given clinical area
* Therapist/nurse to ensure that all information added to HAP reflects most up to date clinical guidance e.g. Epilepsy care plan, dysphagia guidelines, physio programme
* Therapist/nurse completes a log at the end of the HAP to indicate which page has been amended and the date (see screen shot below)
* Therapist/nurse to log a case note for CYP stating changes made
* Registered Manager and assistant manager (and nurse) to be informed via email of changes for residential student
* Nursing team to be informed via email of changes to day student’s HAPs
1. **Diagnostic overshadowing**

NHS England’s specialist guide for professionals supporting individuals with LD and ASC during the Corona virus pandemic (2020) highlights the importance of considering diagnostic overshadowing. Symptoms which could indicate an individual is becoming ill must be identified at the earliest possible stage and not attributed to their intellectual disability. The nursing team will support residential teams to complete temperature checks at each shift change for all residential CYP if required. Tools should be utilised to ascertain how an individual is expressing pain and to distinguish this from other forms of distress. The DisDat will be used to record and analyse signs of distress led by the SALT team. (https://www.wamhinpc.org.uk/sites/default/files/Dis%20DAT\_Tool.pdf). The mental capacity act must be considered for all decision making in relation to YP health and wellbeing and YP assumed to have capacity unless shown otherwise. Mental Capacity Assessments should be carried out in relation to significant decisions in relation to YP health and wellbeing and all available communication methods used to maximise YP’s involvement in decision making.

1. **Therapy and nursing support for CYP with Autism Spectrum Conditions**

CYP with ASC experience difficulty with flexibility of thinking and social interaction. Many CYP accessing SST services can experience high levels of anxiety and behaviours of concern exacerbated by changes relating to Covid 19. Therapy staff will offer remote support to staff and family members to complete functional behaviour analysis along with the Behaviour Co-ordinator to identify the function of new/increased behaviours of concern and recommend strategies to support skill building which will aim to reduce the incidence of behaviours of concern. Accessible resources including schedules, social stories and accessible information relating to changes to routine will be provided to CYP in their current context to support their understanding. SALT will liaise with teaching and residential staff to provide this. Guidance on meaningful activities will be provided to maintain structure and engagement for residential CYP and those within their family homes led by OT. Guidance in the ‘SST Delivery of therapy services using telepractice’ procedure should be used to support maintenance of routine when delivering services remotely.

1. **Clinical Governance**

All therapy and nursing staff will continue to participate in clinical supervision in line with the SST Supervision and Appraisal Procedure. Therapy and nursing teams will meet remotely on a weekly basis. Daily updates will be provided via all staff emails from the CeO and emails to all therapy and nursing staff from the Head of Clinical Services to ensure that clinical staff whether working on site or from home have all information available to them to support practice. Clinical staff will continue to access online training to maintain compliance with mandatory training requirements. CPD workshops for the Clinical Team will continue to be facilitated via in-house webinars using zoom. Provision of links to updated guidance from professional and regulatory bodies and PHE will be shared with all clinical staff to support practice in line with available evidence base. Guidance in relation to delivering therapy assessment and intervention using telepractice has been devised to ensure safety and quality of provision are maintained while there is a high level of reliance on remote ways of working. Risk assessments for home visits and delivery of remote training should be followed and risk assessments devised for other service delivery models. The SST Covid 19 Procedure should be followed by clinical staff at all times.

1. **References and links**

NHS (2020) Clinical guide for front line staff to support the management of patients with a learning disability, autism or both during the coronavirus pandemic – relevant to all clinical specialities. 24th March 2020. Version 1.

RCN (2018) Meeting health needs in education and other community settings.

**Professional guidance**

<https://www.rcslt.org/learning/covid-19/information-support>

<https://www.rcot.co.uk/coronavirus-covid-19-0#teamCNO>

https://www.baaudiology.org/indexphpnews/news-home/covid-19-resources/#.XoJUydPsZPY

https://www.csp.org.uk/news/coronavirus/private-practiceindependent-sector/private-practices-independent-sector-faqs

https://www.nmc.org.uk/news/coronavirus/

**Legislative requirements**

Information on the Mental Capacity Act:

5 **|** Clinical guide for the management of patients with a learning disability, autism or both during the coronavirus pandemic

• https://www.nhs.uk/conditions/social-care-and-support-guide/makingdecisions-

for-someone-else/mental-capacity-act/

• https://www.mencap.org.uk/advice-and-support/mental-capacity-act

**Information governance**

See DPIA for Zoom - CG / LS to share

link from NHSX: <https://www.nhsx.nhs.uk/key-information-and-tools/information-governance-guidance/health-care-professionals>

**Government guidance**

<https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-isolation-for-residential-educational-settings>

https://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance/covid-19-guidance-on-residential-care-provision

<https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people>

https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19

**NICE amended critical care guidance**

https://www.nice.org.uk/guidance/NG159

**Seashell Trust guidance**

Covid 19 Procedure

Delivery of therapy services using telepractice Procedure