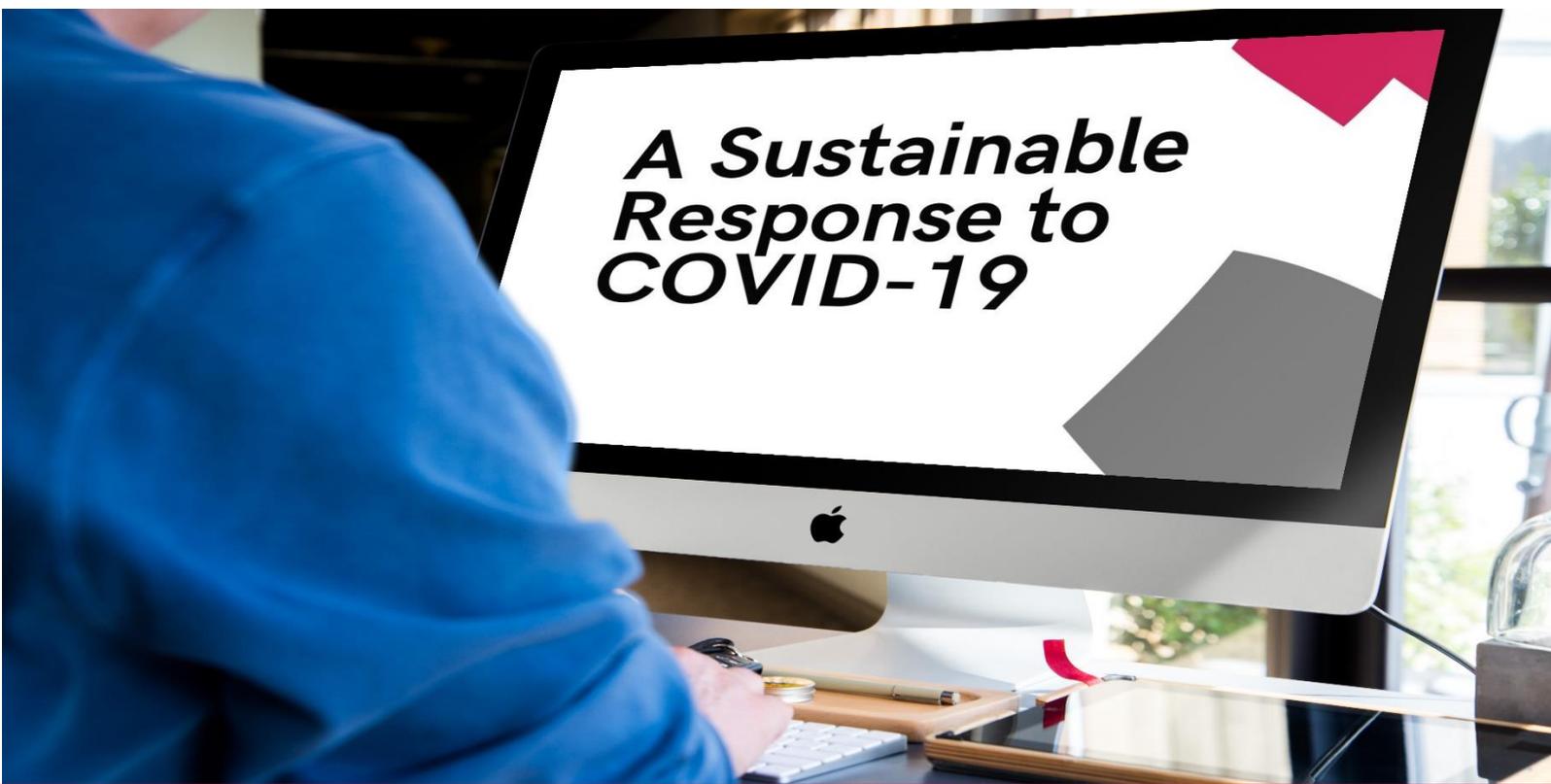




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***A Sustainable
Response to
COVID-19***



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**PANDEMIC ESCALATION
GUIDANCE FOR
MONITORING & RESPONDER SERVICES**

Pandemic Escalation

Guidance for Monitoring and Responder Services

Background:

The COVID-19 Pandemic has raised many new challenges for Monitoring, Installation and Responder Services. Many organisations have responded quickly to adapt their original business continuity plans and to implement a wide range of operational changes, to enable the critical services to continue and to provide support to over 1.7 million Service Users.

Measures that have been implemented nationally with the 'lock down' etc., may now indicate a slight reduction in the number of new cases of infection and a slight reduction in the number of deaths as a result of Coronavirus, which is great news.

Our members have indicated that after an initial 'spike' in call volumes, this has also showed a slow-down and some monitoring services are now doing some great pro-active call outs to reduce the impact of loneliness, isolation and shortage of food for those who are unable to go out to the shops themselves. There are some great 'good news' stories for our industry.

However, it is anticipated that the lock down may continue for some time and there is a possibility that when the lock down is eased, the rate of infection may increase once again. Should there be another 'peak' in the number of infections being reported, it may be necessary to further increase capacity within TEC Services to respond.

Although the Government have implemented changes which have increased capacity within the NHS, our services would be impacted significantly, If NHS Hospitals become exceptionally busy and Ambulance Services implement a new demand management to support a dramatic increase in call activity. Whilst we hope this won't be the case, it's important that TEC Service Providers consider how they would manage, should the demand on the NHS reach unprecedented levels.

Throughout this exceptional period, TSA have continued to work with the Association of Ambulance Chief Executives (AACE), to gain regular insight into the key issues and to identify opportunities for TEC services to provide ongoing and additional support wherever possible during this pandemic.

Many of the TEC Service Providers have already demonstrated that they have the experience, ingenuity and flexibility to help support the NHS and their Service Users during the initial phase of this pandemic. It is 'tentatively' good news that there is a reduction in demand in services at present, but there is no solid evidence at this time that the curve has flattened due to reporting issues. However, it is recognised that this may not be sustained and that in any event, the impact of COVID-19 may continue for many months to come. Whilst most services have risen to the challenge, how sustainable is this for an extended period?

It's essential to re-look at the 'pre-pandemic' Business Continuity Plans to ensure that consideration is given specifically to the impact COVID-19 may have over an extended period. There may be 'peaks and troughs' which impact on services over many months.

What could happen if there is a further escalation and a new 'peak' in the current pandemic situation and what are the possible implications for call monitoring and responder services?

Call handlers and responder services will face new challenges which need management consideration, including:

- More staff may need to self-isolate reducing capacity to deliver the service
- Demand for PPE may further increase and supply may decrease
- Hospitals and ambulance services could become stretched, which may mean they have to re-prioritise their response to some emergency calls.
- Delays in ambulance response times could impact on the ability of monitoring centres to continue to 'monitor for deterioration'
- Service User contacts' may not be able to respond if they are also self-isolating.
- Call monitoring services may be required to ask additional triage questions which could impact on call handling capacity
- Responders may potentially have to wait with Service Users for much longer until an ambulance arrives
- There could be an urgent need to provide TEC equipment quickly to support rapid hospital discharge
- Etc.

Managers will need to have 'back up' plans that can be implemented quickly if required and revised pandemic Business Continuity Plans will need to be tested.

As has been the case during the initial phase of the Pandemic, it may be necessary for TEC Services to do some 'out of the box' thinking and to implement some operational changes to ensure that they are able to support their staff and Service Users during future phases of the Pandemic.

It is important to acknowledge that we are operating in difficult circumstances and our front-line services have already faced and risen to the new challenges as a result of COVID-19.

CEO's, Senior Leaders and Commissioners need to consider their strategic response to service delivery requirements during ongoing phases of the pandemic, whilst providing the necessary level of guidance, training and support for their operational managers and front-line teams.

The following checklists are not definitive and are intended as a start point for TEC Service Providers to consider as part of their Business Continuity Planning process, should there be any escalation of the COVID-19 pandemic.

The checklists aim to support Service Providers to consider their response through new phases of the pandemic and may also be useful for consideration by Local Government Commissioners and Senior Leaders within Housing etc.

The checklists are broken down into 3 key areas for consideration:

Section 1 - General Contingency Planning

Section 2 - Monitoring Service – Changes and impact

Section 3 - Response Service – Changes and impact

Section 1 - General Contingency Planning

GENERAL CONTINGENCY PLANNING
<p>CAPACITY</p>
<p>How can the capacity and safety of existing services be maintained over an extended period of the pandemic? Organisations may find it beneficial to review:</p> <ul style="list-style-type: none"> - Infection control processes - Access to PPE – can sufficient stock be procured to support staff for the ‘longer term’? - Testing for COVID-19 – What procedures are needed to support this? - Homeworking arrangements – are these sustainable in the longer term if required? - Mental Wellbeing of staff - Training of additional staff who can provide cover for existing staff should they have to self-isolate <p>(refer to TSA COVID-19 website page for further guidance)</p>
<p>What opportunities can be explored which would help to increase capacity over a longer period?</p> <ul style="list-style-type: none"> • Is it possible to expand existing or develop new local partnerships to support response services? E.g. housing, social care, fire, police, volunteer and charities etc. • Can staff from other service areas or sectors be used? E.g. floating support staff providing some emergency response • Can volunteers be used via some of the new Volunteer Apps e.g. GoodSAM App and the NHS Volunteers • Is it possible to work outside the existing regional borders to expand the reach?
<p>RISK MITIGATION</p>
<p>Does existing liability insurance cover revised service delivery processes and staff/volunteers etc.?</p> <ul style="list-style-type: none"> • Litigation Risk – If staff are having to deliver services differently are there sufficient documented policies and procedures to support them and to help mitigate risk • It is important to assess the risks associated with delivering new services or revising how services are delivered whilst also balancing this against the risks of taking no action. It may be less of a risk to provide a service in a different way, than to leave a Service User with no help. <p>It should also be noted that the Social Action, Responsibility and Heroism Act 2015 (sometimes referred to as the Good Samaritan Act) provides a level of mitigation for employers and staff who take a generally responsible approach toward safety, whilst ensuring that people are able to ‘do the right thing’ in response to an emergency situation. Planning ahead of time, assessing risk and having documented processes are really important.</p> <ul style="list-style-type: none"> • Ensure existing and new staff are provided with training to help maximise safe delivery of services. <p><i>Refer to TSA website for information about Training Guides and Webinars etc.</i></p>
<p>How can existing data be used to identify high risk/most vulnerable service users, in order to consider individual risk mitigation action that can be taken?</p> <ul style="list-style-type: none"> • E.g. frequent caller and faller reports; recent ambulance call outs; higher risk medical conditions etc.

What additional Pandemic Triage processes are required and what new documentation is required to ensure there are clear records of decision-making processes etc.?

Risks for Service Users & Staff

Risk for Staff:

Mental Wellbeing

- Staff may have to make difficult decisions that are outside of their normal operating procedures.
- They are often used to working closely as part of a ‘team’ – able to bounce ideas off each other etc. This may not be the case e.g. homeworking etc. What systems can be established to help them communicate with their colleagues etc?
- Responder and Installation staff may be concerned about the risk to their own health and the availability of PPE

Mitigation opportunities may include:

- Training – to ensure they have received training on any new/revised policies and procedures and for new staff who may not have undertaken the role previously.
- Documentation – to ensure there are clearly documented records and toolkits to underpin the decision-making process.
- External counselling services – to provide expert support.

COVID 19 – infection control

- PPE supplies remain limited – how is the risk being managed?
- Have staff received additional training on how to use the PPE etc.
- It’s important to ensure staff are kept updated with the levels of PPE guidance from English and Scottish Government. *(These are also relevant for Wales and Northern Ireland.)*
- Infection Control and Equipment Decontamination guidance is available on the TSA website.

COMMUNICATION

Establish emergency planning communication channels to ensure that Senior Leaders and Operational teams are informed of the implications if changes to operational service delivery are required.

- If Senior Leaders aren’t aware of the operational impacts on service delivery, they won’t be in a position to manage risk and review strategy etc.

Establish new Communication Channels for staff who are working remotely, to help them benefit from support from their colleagues and managers when difficult decisions are required. Some organisations are using new software systems to support video conferencing and video calls etc. to help staff feel more ‘connected’.

Is it necessary to review the support available 24 hours per day during this pandemic, to ensure that there are people ‘on call’ who understand the issues that arise and to ensure staff feel the benefit of that support?

Corporate Customers – it’s really important to keep you customers informed about any changes to service delivery - they may need to plan for some contingencies too.

Individual Service Users/Family/Next of Kin need to be updated if you are changing processes.

- How will you keep the Service User informed of any service delivery changes?

Section 2 - Telecare Monitoring Service

Interestingly, during phase 1 of the COVID-19 pandemic, after an initial spike in the volume of calls through to the monitoring centres, many of our monitoring services have told us that they are now receiving less calls than they would normally expect. This mirrors information from ambulance services too. However, it's really important not to become complacent.

There is still potential that the current flattening of the pandemic infection curve could re-spike and it's likely that the current 'lockdown' will continue in some form, for many months to come and may result in an increase in the volume and type of calls that monitoring services receive or how they may have to respond to calls.

Planning ahead for this eventually will mean your teams are better prepared to face the changes required. Working through some 'potential scenarios' with teams will help them understand why changes may be required.

Temporary call handling protocols may also be required, to provide clear decision-making guidance for call handlers during any escalation of the pandemic or if the lockdown period is further extended.

MONITORING SERVICES
Call Handling Triage
<p>Call Handlers may have to adapt their standard 'triage' questions, which could potentially increase call handling times, but would support more accurate triaging and prioritisation of calls by the ambulance service and form part of the dynamic risk assessment to inform responders.</p>
<p>Possible COVID-19 triage questions may include:</p> <ul style="list-style-type: none"> ▪ <i>Is the patient alert?</i> ▪ <i>Is the patient changing colour?</i> ▪ <i>Are they having chills or sweats?</i> ▪ <i>New Cough that has Recently Started?</i> ▪ <i>Do they have a sore throat?</i> ▪ <i>Do they have muscle or body ache?</i> ▪ <i>Is there a fever or high temperature?</i> ▪ <i>Do they have a runny or stuffy nose?</i> ▪ <i>Are they suffering from fatigue or weakness?</i>
<p>It is essential that call handlers pass accurate and concise information to the Responders and Ambulance teams. Accurate information passed to the ambulance services will help support their clinical decision making and call prioritisation. They should also pass information about any existing medical conditions in the normal way.</p>
<p>Call Monitoring Service Providers may need to handle an increasing number of calls from distressed Service Users, particularly where the Service User doesn't have a responder service or NOK/contacts are unable to respond to a call out due to self-isolation etc. Managers should consider:</p> <ul style="list-style-type: none"> • What revised process is required to support call handling decision making? • It may be necessary to monitor for deterioration for extended periods which could impact on call handling capacity. How will this be managed?

- If there is an increased volume of calls as a result of COVID-19 and ambulances are not attending for lengthy periods, it may be necessary to limit monitoring for deterioration to ambulance calls only and also to potentially increase the timescale between call backs to the service user. This should be a risk-based decision-making process

It is important for the monitoring service call handlers, to provide honest feedback from the requested responder or Ambulance Service back to the Service User, if they have indicated that there will be a delay or the responder isn't able to attend.

Monitoring services may need to consider how they could link with alternative responder services, rather than facing the eventually of having nobody to call upon to support their Service Users.

- E.g. Is it possible to link with the new GoodSAM app, NHS Volunteer (or similar) groups to access temporary responders?

Links to videos are also available on the TSA website which would enable call handlers to provide some guidance to service users who have fallen but aren't injured, to help guide them to get up. It may be helpful to circulate guidance to Service Users who have a history of 'non injured' falls.

It's essential that risks are considered and staff are provided with clear guidance and additional training in advance of any escalation.

Staff may experience increased levels of stress and it's important that they have access to colleagues, managers, clear guidance and counselling if required, to support them.

Ambulance Response Considerations

- When 999 calls are made, there may be a recorded intervention message asking if the call is COVID-19 related. In this case, if the answer is YES – the caller will be re-directed to NHS 111
- If there is a 3rd party (either family/carer or responder etc.) with the Service Users, the ambulance have advised it is better for them to call 999 directly rather than via the monitoring centre, in order to ensure that necessary triage can be conducted directly with the Service User etc.

Fire Calls

Call Handlers should still prioritise Fire Detection Calls as normal

- Exception Reports should be analysed carefully by managers/team leaders to ensure fire detection calls are not being adversely delayed.

It's important that Senior Managers are kept informed where fire detection calls are being excessively delayed, to support the necessary leadership and fire safety decisions.

Section 3 - Responder Services

The importance of responder services is being recognised more than ever, as an important service able to support ambulance services and rapid hospital discharge requirements. Some Service Providers are already extending services outside of the normal geographic boundaries and to provide support to vulnerable people who may not previously have been direct customers.

- As an example, a number of providers have worked with ambulance services to provide a falls response to non-injured callers who have contacted 999 and aren't existing customers of the Service Providers. It may be necessary to extend such services more widely.

As the 'lockdown' continues and the potential for a second 'peak' in the pandemic continues, the demand for existing Responder Services will continue and could significantly increase. Consideration is therefore required, as to how services can maintain and increase current capacity to support Service Users and the monitoring service.

RESPONDER SERVICES
Responder Services Dynamic Risk Assessments & Triage
<p>Responders will need to extend their standard dynamic risk assessments, to enable them to don the correct PPE prior to entering a property and/or prior to conducting activities that may require physical contact with the Service Users. These are the same questions previously asked by the monitoring call handlers and should be asked again once the responder arrives at the property.</p> <p>To identify if the Service User may be suffering from the symptoms of COVID-19 useful questions for the responder to ask may include:</p> <ul style="list-style-type: none"> ▪ <i>Is the patient alert?</i> ▪ <i>Is the patient changing colour?</i> ▪ <i>Are they having chills or sweats?</i> ▪ <i>New Cough that has Recently Started?</i> ▪ <i>Do they have a sore throat?</i> ▪ <i>Do they have muscle or body ache?</i> ▪ <i>Is there a fever or high temperature?</i> ▪ <i>Do they have a runny or stuffy nose?</i> ▪ <i>Are they suffering from fatigue or weakness?</i> <p>These questions will also provide helpful information if an ambulance is required, to support the ambulance clinical decision making and call prioritisation.</p> <p>The Ambulance Service have asked that the responder on site is best placed to make the call to the ambulance service where required, rather than this being made via the call monitoring service.</p>
Capacity Planning
<p>Responder services may need to consider how they can extend the capacity within their service.</p> <ul style="list-style-type: none"> • Is it possible to train staff from other teams or services to provide a 'back up' should existing responders be incapacitated or demand for the service increases? • Are there any 'volunteer' responder services in the area that could be trained to provide additional capacity if required and what would be their scope of practice • E.g. Is it possible to link with the new GoodSAM app, NHS Volunteer (or similar) groups to access temporary responders?

- Is there sufficient falls lifting equipment in place to cope with increased demand?

Where responder services don't currently offer a 'falls lifting service':

- Is this something that could be introduced to help reduce the number of non-injured falls being passed to the ambulance service?
- Could staff be trained in the good practice guidance to support Service Users to get up themselves without specialist equipment?

It's essential that risks are considered and staff are provided with clear guidance and additional training in advance of any escalation.

Staff may experience increased levels of stress and it's important that they have access to colleagues, managers, clear guidance and counselling if required, to support them.

Ambulance Response Considerations

If a situation arises which results in delayed ambulance response times, this could impact on responder services. Responders may have to deal with Service Users who become increasingly distressed due to the delay and their condition may deteriorate:

- Do responders have the necessary level of First Aid training?
- In the event of a delayed ambulance response, it may **not** be possible for the responder to remain with the Service User until the ambulance arrives. In this case, the responder should do their best to make the service user comfortable. E.g. provide a pillow; blanket; access to drinking water; check level of heating within the property etc.
 - The responder should ensure the action is logged with the monitoring service and that a process is agreed to follow up in order to monitor for deterioration – this may be by the monitoring service or by the responder calling back periodically.
 - The service user should be asked to press pendant or to call back via phone if their situation deteriorates.
 - NOK/Contacts etc. should be informed and it should be emphasised that the ambulance service may be delayed in responding, due to service demand.
- Responders may need training on how to request an ambulance.
 - When 999 calls are made, there may be a recorded intervention message asking if the call is COVID-19 related. In this case, if the answer is YES – the caller will be re-directed to NHS 111
 - If there is a 3rd party (either family/carer or responder etc.) with the Service Users, the ambulance has advised it is better for them to call 999 directly rather than via the monitoring centre, in order to ensure that necessary triage can be conducted directly with the Service User etc.
 - To enable the ambulance service to effectively triage, it would be helpful for the responder to check for underlying health conditions with the monitoring centre. This would depend on the specific circumstances they are faced with.

It's important that these risks are considered and clear guidance criteria is developed and approved by managers, to support response staff.

Training

TSA have developed a range of training programmes which can be delivered remotely. These are available for access to support rapid training of new responders.

As a minimum, new responders should receive the following training:

- Basic First Aid
- Infection Prevention and Control & Personal Protective Equipment
- Moving and Handling People (falls responders)
- Falls Equipment Training (where they have access to equipment)
- Operational Procedures

Where possible, organisations may want to enlist support from staff and volunteers etc. who have already got DBS checks in place, in order to mitigate risks around Safeguarding.

Refer to TSA website.

Useful Links

You can find links below to those resources and references made within this document:

[TSA Website](#)

[TSA Covid-19 Website Page](#)

[GoodSamapp](#)

[Social Action, Responsibility and Heroism Act 2015](#)

NHS Volunteer Services:

[England](#)

[Scotland](#)

[Wales](#)

[Northern Ireland](#)