

## **Registered managers webinar: Preparing for the winter pressures ahead Wednesday 5 October 2022**

### **FAQs**

#### **Contingency Plan?**

Your Business Continuity Plan will have a much broader focus than the Contingency Plan, though both are of equal importance.

## How can we use Risk Assessments to inform our Contingency Plan?

Using Risk Assessments to inform your Contingency Plan will help you to mitigate issues that could impact all parts of your delivery. The risk assessment process should be applied to all aspects of the care and support and what is needed to maintain these, including your people, workforce, environment etc.

For all risks identified, consider how to incorporate these into your Contingency Plan with clearly identified mitigation to help you to remove the risk or at very least minimise it from impacting your service.

## How long should our Contingency Plan be?

The length will vary depending on your service, what you decide to include and how you link your Contingency Plan to other documents (for example, associated policies and procedures, Business Continuity Plan etc.).

those using it. The majority of examples reviewed varied from between 10 to 30 pages, which seemed to cover key associated issues.

**We knew that COVID-19 as a pandemic was not going to go away any**



**What Contingency Plan template should we use?**

Request copies of other contingency plans that have been produced by other services, as well as your local authority, Integrated Care Systems etc. to identify any additional areas for improvement.

## The people you support

### What should we include about the people we support at higher risk?

Your contingency plan should look at the people you support and practical ways to protect them. For people who need care and support who may be at increased risk, you may wish to look at the following as part of your plan:

How you will keep people at increased risk due to specific conditions safe, including how the pandemic may impact them, what mitigations and adjustments are or could be put in place.

Conditions included but were not limited to; diabetes, heart disease, asthma, chronic obstructive pulmonary disease (COPD), cancer, cystic fibrosis, primary immunodeficiency (PID) etc.

Your plan could look at a RAG rating of different C C 604eW\*nBT/F1 12Tf1 0 0 1 73.3 Tm0 g0 G73.3



## **What should we include about Care Plans?**

Many services have adapted their Care Plans to reflect how person-centred care can continue to be delivered during the pandemic and winter pressures. It would be useful to reference in your Contingency Plan any changes to your care planning process and procedures.

It may be more practical to briefly reference this in your Contingency Plan and then signpost to further information. This may include:

Detail of what increased infection, prevention and control further lockdowns, reduced staffing, communications, connecting with family and friends, social activities etc.

Dependency levels and consider how the delivery of care many need to be altered in the event of the services experiencing significant staffing challenges.

For homecare and community-based services, you may also wish to look at what alternative to care visits are possible to minimise risk (e.g. increased telephone contact, meal delivery etc.)

## **What about the contact details of the people we support?**

Contact details for the people you support, next of kin, GPs etc. would usually be linked through the Business Continuity Plan and do not need to be repeated. However, you may wish to enhance those with the latest virtual ways to connect with these individuals. Services have

## **Cleaning procedures**

Environment whether a community-based offer or residential, it is important to ensure robust workplace cleaning procedures and mitigations are in place.

Equipment