

Guidance for visits during COVID19

- Visits to household who are self isolating due a **confirmed case of COVID19 or suspected case**
- Visits to households with NO reported symptoms
- What to do if you need to isolate?
- Additional guidance for visits.
- Guidance for virtual visits.

Face to face visits will continue to be made whenever possible.

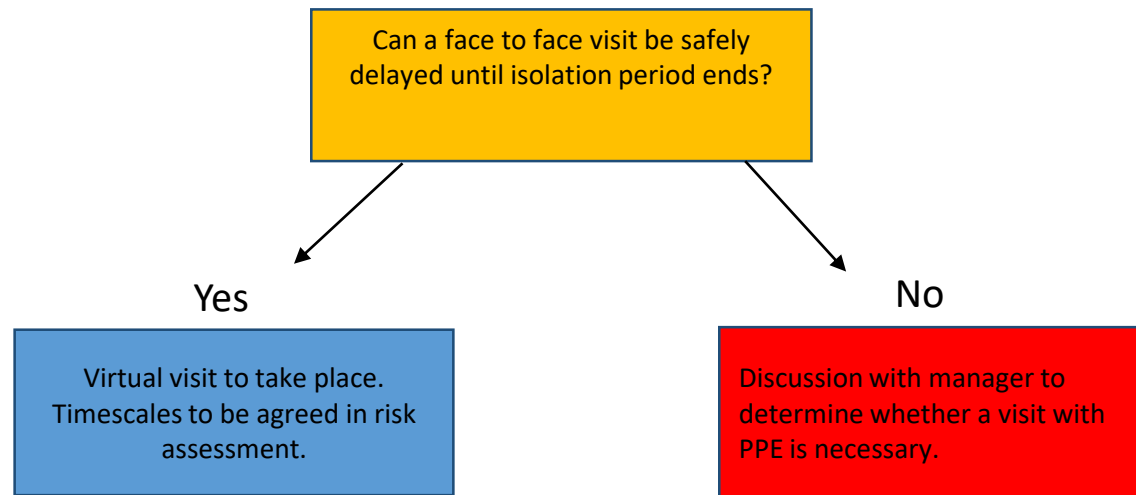
**Unless the level of risk is such that an unannounced visit is needed, a telephone call should be made prior to the visit to complete an initial risk assessment to determine next steps.
(see flow chart on next slides)**

Risk assessments must be kept up to date on the child's file to reflect the most current COVID picture of the family.

Please make use of the NHS Track and Trace app.

Physical distancing alongside hand hygiene is the best way to protect yourself and others – HANDS, FACE, SPACE

Visits to household who are self isolating due a confirmed case of COVID19 or suspected case



When considering the need for a home visit should follow the [children's social care services guidance](#) and make a judgement about visiting which balances considerations of the:

- risks to children and young people
 - risks to families
 - risks to the workforce
 - national guidance on social distancing and hygiene
 - statutory responsibilities, including safeguarding
- Staff and their managers are best placed to make professional judgements of risk in each case and decide what form of contact they need.

Visits to households with NO reported symptoms and 'none household contact'

Face mask to be worn on visit.

2 metre distance to be maintained when possible.

Wash/ sanitise hands prior to and after the visit.

Avoid touching your face during the visit.

If it has not been possible to find out if a member of the household is isolating or showing symptoms before face to face contact take steps to mitigate the risk:

Step back 2 metres after knocking on the door/ ringing the doorbell.

Take PPE with you as a precautionary measure

**None household contact is situations where a member of the household has been told to self isolate. E.g where a school bubble has closed. In this situation the rest of the household (siblings, parents etc) are not expected to isolate.*

What to do if you need to isolate?

If you need to isolate because you or a member of your household has had a positive test, visits can take place virtually.

This needs to be agreed by the manager and needs to be balanced with the needs and risks relating to the individual family.

If the risks are such that it is not felt to be appropriate to complete visits virtually, another social worker from your team will complete the face to face visit in accordance with the guidance.

Guidance for home visits

- Prior to visit contact family to check if anything has changed e.g. symptoms.
- Prior to the visit check if the family have enough food etc? If they don't speak to your manager about the use of S17.
- Do not enter until you have made observations of presentation e.g. any visible signs of symptoms.
- Wear a face mask.
- Each visit, wash/ sanitise hands prior to entering and leaving the property. (consider keeping soap, water and paper towels with you or asking to use the sink in the property)
- **Use disposable paper towels** rather than a fabric towel, to prevent environmental contamination of the latter. These should be placed in a bag, which is tied following the visit and placed in a second bag prior to disposal.
- Observe social distancing guidance as much as possible, keeping at least 2 metres distance.
- Don't accept drinks or food whilst in the property.
- Shower and change clothing as soon as possible. Clothes worn for home visits should be laundered **separately from other household** items, washed at the maximum temperature the fabric can tolerate in a load no more than half of the washing machine's capacity.
- PPE and paper towels used when visiting symptomatic households should be disposed as clinical waste - These should be placed in a bag, tied when full and placed into a second bin bag (double-bagged), tied securely and stored securely and separately from other waste for **at least 72 hours** before being disposed.

A small supply of PPE (latex gloves and fluid resistant masks) is available in NTH/Quattro. Stocks remain very low at the moment, so we have to be careful in its use. You should only collect these if you are required to make a visit to a home where the family have symptoms of Covid-19.

If you need to visit a home where there are symptoms of Covid-19, goggles and aprons will be provided on request.

OOH workers should collect PPE from Quattro before any shift (up to 7pm).

The stock is in Quattro on 1st floor – pass the 'complex care sign' and go to the first door on the right - if no-one is there duty managers will be at the end of the corridor.

The ASC response hub duty manager is in charge of the PPE on site, and will be able to issue you with PPE as and when it is required. The duty manager rota includes Jayne Hatton, Carla Strudwick and Allyson Parker-Smith. The duty manager is based at the far end of the corridor on the 1st floor at Quattro.

Public Health guidance

<https://www.gov.uk/government/organisations/public-health-england>

DfE guidance

<https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-childrens-social-care-services>

Virtual visits

Any visit that is completed virtually must have a clear management approved note on the visit outlining the reasons for the visit being virtual.

- Virtual Visits
- **Virtual visits are only to be considered where the family are self isolating.**
- *please ensure that the MOSAIC risk assessment is completed before virtual visits are completed
- Also consider if the family are being seen by another professional, e.g. are the children attending school or being visited at home by school staff? If so, you may feel satisfied that a virtual visit would be sufficient. In this case please ensure this is clearly recorded.
- *how often would you ordinarily see individual families. In the context of each family how often would you need to phone/ video call the family in the event you can't visit?

Where virtual visits need to take place, they can be completed using apps such as **What's app, Facetime or Skype.**

There will be situations where a family do not have access to any app or equipment that is video enabled. In these situations think carefully about solely using telephone calls in which children and families can't be seen. How can you be assured about their safety and wellbeing? What could your alternative plan be?

What is the purpose of the visit?

Why are we working with the family? How might the additional pressures of social isolation be impacting on parents/ carers or the child? E.g. mental health, what are their triggers and how do they manage this usually? Who can help? If there are issues regarding obtaining medication or interventions being reduced does that increase the risks for the family?

Where home conditions might be something that we are worried about, ask to see round the house. Perhaps this is something the kids could do for you? If you notice that home conditions have deteriorated, talk to the family about this and agree a timescale for you to call back at an agreed time to check this has been completed.

Child's voice - Always speak to the child, remember you can't be assured that you are speaking to them alone. Perhaps the child could take you round the house, show you their bedroom?

Be mindful of the children's presentation and non-verbal cues. Can you establish anything about interactions with parents and siblings and the atmosphere within the home?

Visiting non mobile children - in your usual visits you would expect to hold the baby. During virtual visits make sure you see the baby being held and interacted with. Are they babbling, responsive, alert? How is the parent responding them? Think about the pressures of being isolated with young children.

For younger children, some direct work tools would still work - you could draw/hold up emoji pictures and ask them how they are feeling.

If you are worried about an older child, can they send you a message to let you know what's happening?

Non-verbal children and children with additional needs – Keep in mind non-verbal communication especially with children with additional needs, you can still comment on body language or use your usual method of communication if possible e.g. using pictures. Be curious about child's behaviour and interactions – do you notice anything different from how you would normally expect them to behave? Why might this be? Does this cause you any concern?

Virtual visits shouldn't prevent you from using some of your usual direct work strategies; playing games, drawing pictures, using feelings cards to show how a child is feeling. This may also work well if you are worried that they are not talking on their own.

Contingency planning

What do you do if you can't get through to a family at the agreed frequency? Discuss with your manager? It may be that virtual visits are no longer appropriate.

How often do you feel you need to speak to the family? How worried are you and how quickly would you need to escalate.

Who is the best person to complete a face to face visit if you aren't able to?

*What would cause you to worry during a video call that would prompt you to want to conduct a visit? Would you complete this visit? (see flow chart)