Please follow the instructions below
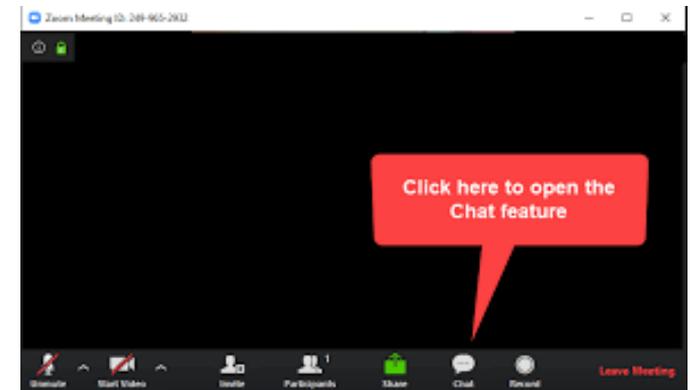
Please can you make sure you are on mute as you join the call

Write in the chat room your name, your care home and location

The care home support call will start promptly at 10.30 am

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GSF Care Homes
COVID -19 Support Call 8

Tuesday 18th January 2021
10.30 -11.30 am

Julie Armstrong Wilson & Ginny Allen,

Plan

1. Welcome and Introduction

2. Update –
   - Covid-19 data
   - Vaccinations
   - Silent Hypoxia
   - Long Covid

3. Wellbeing
   - Celebrate the Positives

3. Next Support Call

Media Headlines

Evening Standard

RT   BUSINESS   CULTURE   INSIDER   THE ESCAPIST   THE REVELLER   COMMENT   TECH

London coronavirus cases fall in every borough as infections down by third since January 1

Only three London boroughs have infection rates of over 1,000 new cases per 100,000 population, down from 17 last week

HOME CARE INSIGHT   CORONAVIRUS   PEOPLE   INNOVATION   BUSINESS   COMPLIANCE   INTELLIGENC

NCF raises red flag as care sector hit by staff absence rates of up to 50%

INTELLIGENCE / SURVEYS by SARAH CLARKE on JANUARY 11, 2021

FACEBOOK   TWITTER   LINKEDIN

THE TIMES   Today's sections ∨   Past six days   Explore ∨   Times Radio

CORONAVIRUS

Care homes consider legal challenge to force their workers to take vaccine

Despite soaring infection rates in homes, some staff are rejecting inoculations. A poll suggests they aren't alone

Andrew Gregory, Caroline Wheeler and Tim Shipman

Sunday January 17 2021, 12.01am GMT, The Sunday Times

NHS England expects care home residents and staff to be vaccinated by January 24 at the latest
MANUEL MEDIR

Care providers are seeking legal advice over whether they can force staff to have a coronavirus jab, as a poll reveals some young people are shunning vaccines.

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Media Headlines

Britain expands coronavirus vaccinations to over 70s in 'race against death'

Minister Nadhim Zahawi pledges second doses 'are absolutely going to go ahead.'

People queuing to get coronavirus vaccinations in Birmingha

Missing loved ones having greater impact on mental health than worrying about coronavirus

New PHE data reveals more than half of Britons believe their mental health has declined because they are missing friends and family

By **Sarah Knapton**, SCIENCE EDITOR
18 January 2021 · 6:00am

NHS in most precarious position in its history, says chief executive

Hospitals and staff 'under extreme pressure', says Simon Stevens, as over-70s invited to get jabs from Monday

- **Coronavirus – latest updates**
- **See all our coronavirus coverage**

▲ Inpatients in England have increased by 15,000 since Christmas Day, according to Simon Stevens. Photograph: WIktor Szymanowicz/NurPhoto/PA Images

Dealing with the deadly second wave of Covid has left the NHS in the most precarious position in its 72-year history, chief executive Sir Simon Stevens has warned, as ministers said they were aiming to get all adults in the UK vaccinated by September.

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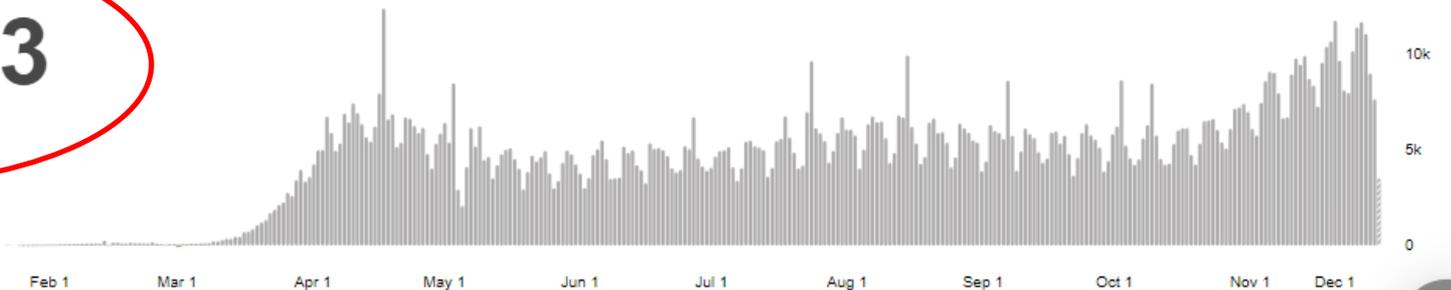
WHO- Global view 1ˢᵗ December 2020

Globally, as of **11:17am CET, 1 December 2020**, there have been **62,662,181 confirmed cases** of COVID-19, including **1,460,223 deaths**, reported to WHO.

Global Situation

62,662,181
confirmed cases
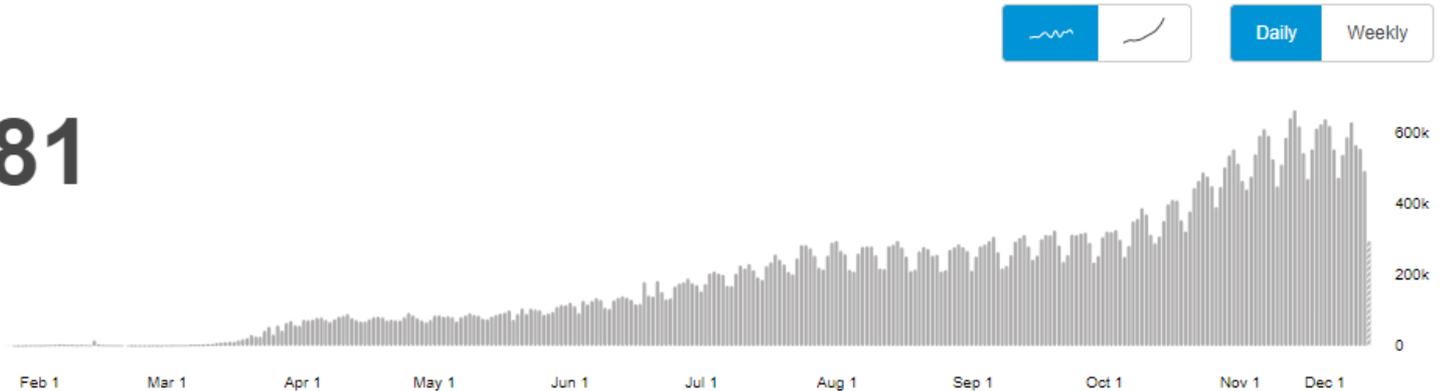
1,460,223
deaths

Source: World Health Organization
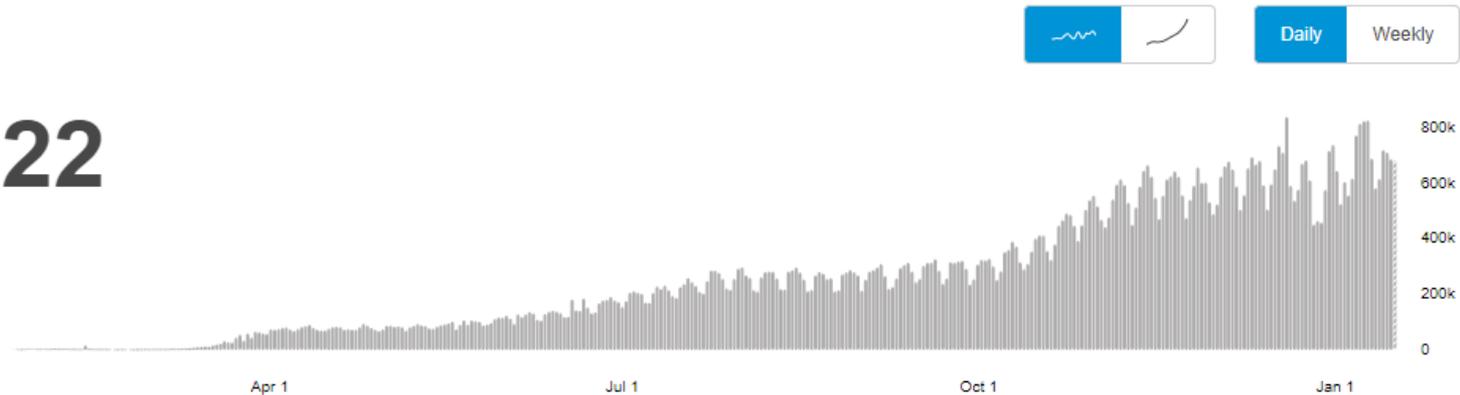Data may be incomplete for the current day or week.

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WHO- Global view17th January 2021

Globally, as of **4:35pm CET, 17 January 2021**, there have been **93,194,922 confirmed cases** of COVID-19, including **2,014,729 deaths**, reported to WHO.
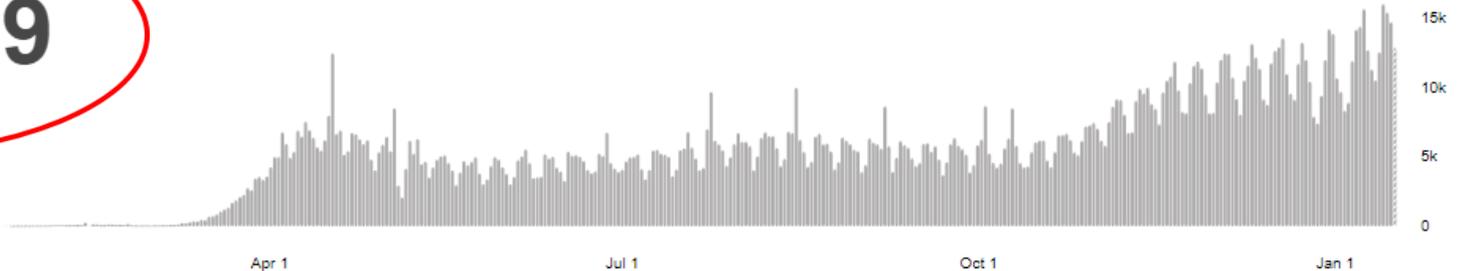
26th November

Gateshead

Seven days to 26 November 2020

Total cases

378   ↓ -240 (-38.8%)

Rolling rate

187.1

Case rate compared to the UK average

Below average   Above average

UTLA rate
- ○ Missing data
- 0 – 10
- 11 – 50
- 51 – 100
- 101 – 200
- 201 – 400
- 400 +
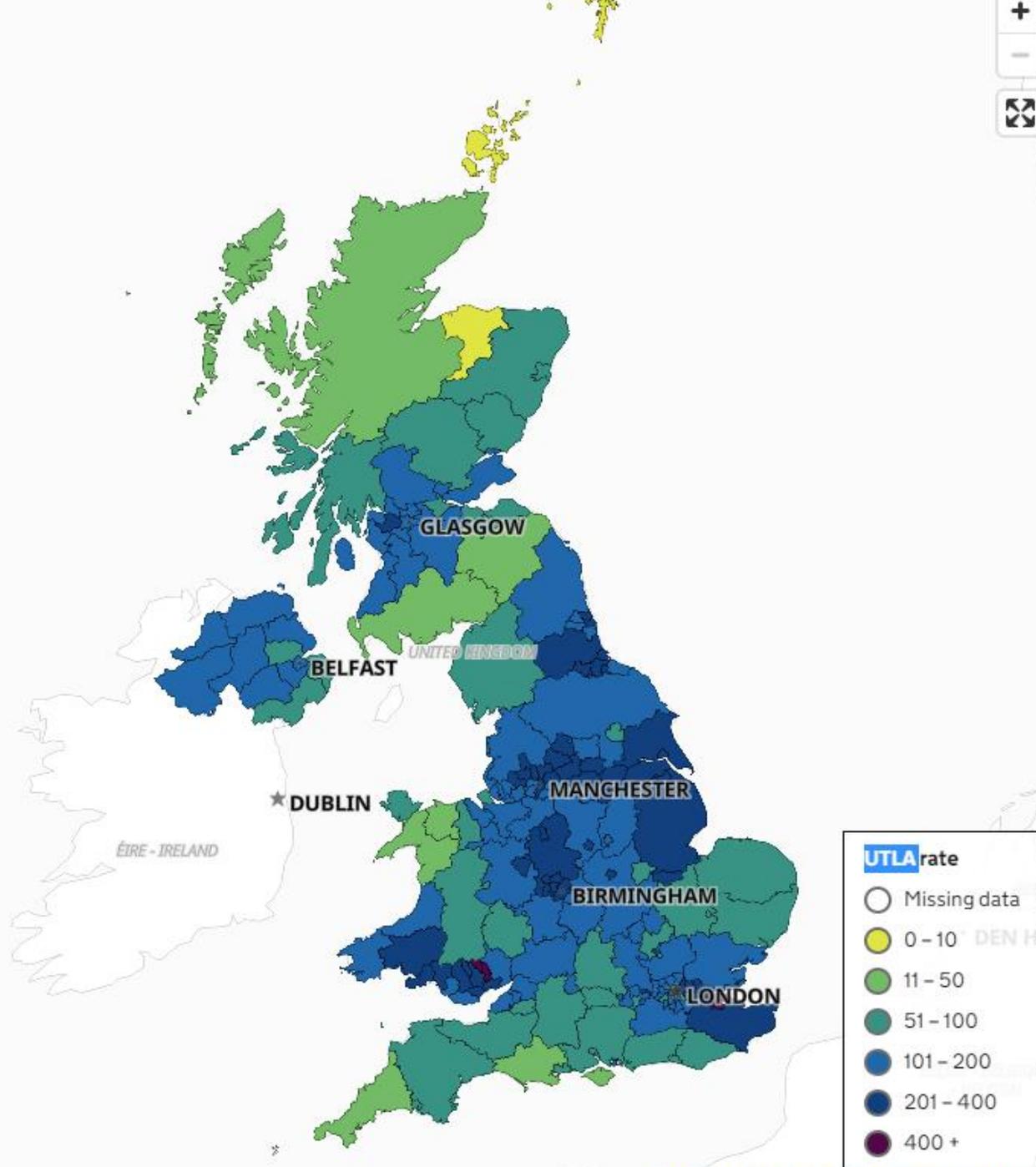
Seven-day rolling rate of new cases by specimen date ending on **12 Jan 2021**

Aug   Sep   Oct   Nov

UTLA rate

○ Missing data
○ 0 – 9
○ 10 – 49
○ 50 – 99
○ 100 – 199
○ 200 – 399
○ 400 – 799
○ 800 +

GLASGOW
BELFAST
DUBLIN
MANCHESTER
BIRMINGHAM
LONDON

Gateshead   ×

Seven days to 12 January 2021

Total cases

685   ↓ -220 (-24.3%)

Rolling rate

339.0

Case rate compared to
the UK average

Below average   Above average

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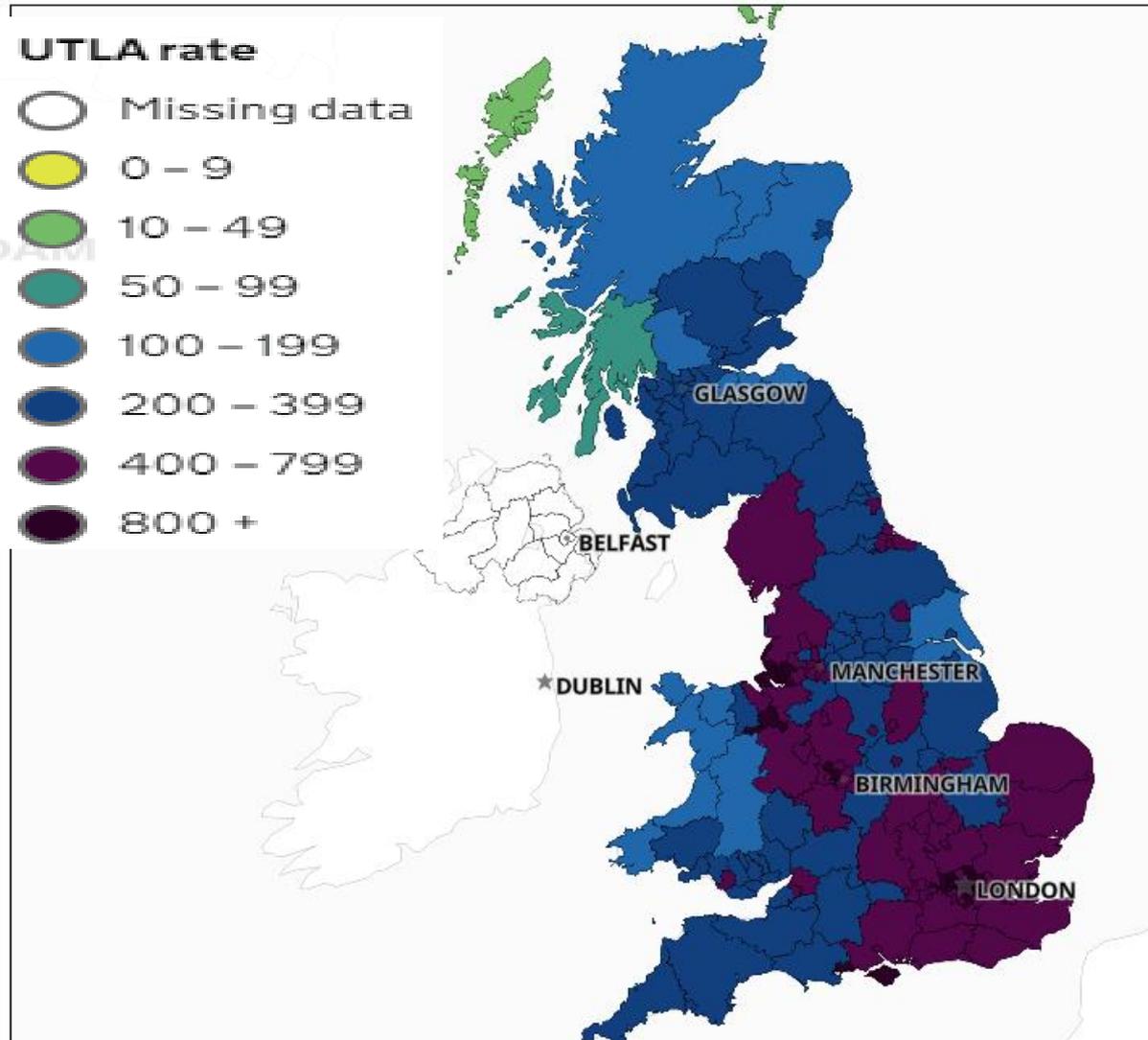
Healthcare
Patients admitted

Latest data provided
on 26 November 2020

Daily
1,369

Last 7 days
10,415

↓ **-1,361** (-11.6%)

► Rate per 100k resident
population: **15.6**

All healthcare data

Healthcare
Patients admitted

Latest data provided
on 13 January 2021

Daily
4,179

Last 7 days
29,228

↑ **3,529** (13.7%)

All healthcare data

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P.H.E. data from our last call/and todays date - deaths

Deaths

Deaths within 28 days of positive test

Latest data provided on 1 December 2020

Daily
603

Last 7 days
3,217   ↑ 123 (4%)

▶ Rate per 100k resident population: 4.4

Apr May Jun Jul Aug Sep Oct Nov Dec

All deaths data

Deaths

Deaths within 28 days of positive test

Latest data provided on 17 January 2021

Daily
671

Last 7 days
7,830

↑ 1,467 (23.1%)

▶ Rate per 100k resident population: 9.9

pr May Jun Jul Aug Sep Oct Nov Dec Jan

All deaths data

https://coronavirus-staging.data.gov.uk/

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Table 1: Infection fatality ratio and estimated total numbers of deaths (February to July 2020)

| Category	Population Size	SARS-CoV-2 antibody prevalence% (95% CI)1	Confirmed COVID-19 deaths*	Infection fatality ratio % (95% CI)2	Estimated number of infections (95% CI)
Total	56,286,961	6.0 (5.7, 6.8)	30180	0.9 (0.9, 0.9)	3,362,037 (3,216,816; 3,507,258)
Sex					
Male	27,827,831	6.5 (5.8, 6.6)	18575	1.1 (1.0, 1.2)	1,729,675 (1,614,585; 1,844,766)
Female	28,459,130	5.8 (5.4, 6.1)	11600	0.7 (0.7, 0.8)	1,633,785 1,539,821; 1,727,749)
Age (years)					
15-44	21,335,397	7.2 (6.7,7.7)	524	0.0 (0.0, 0.0)	1,535,884 (1,436,941; (1,634,826)
45-64	14,405,759	6.2 (5.8, 6.6)	4657	0.5 (0.5, 0.5)	895,238 (837,231; 953,244)
65-74	5,576,066	3.2 (2.7, 3.7)	5663	3.1 (2.6, 3.6)	181,044 (153,426; 208,661)
75+	4,777,650	3.3 (2.5, 4.1)	19330	11.6 (9.2, 14.1)	166,077 (131,059; 200,646)

COVID-19 - SARS-Cov-2

50,000 new infections today

=

500 Deaths in a few weeks

Figure 4: The number of deaths in 2020 exceeded the five-year average in age groups 15 years and over

Number of deaths registered by week and age group, England and Wales, 28 December 2019 to 1 January 2021
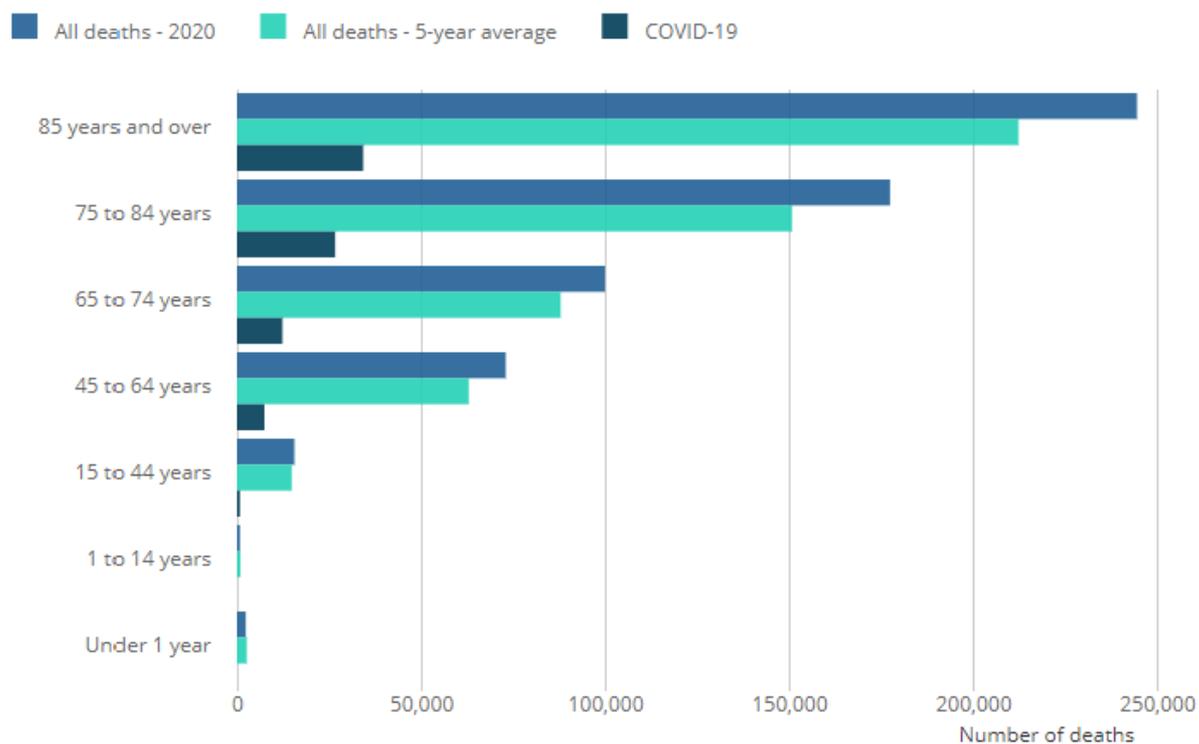
Source: Source: Office for National Statistics – Deaths registered weekly in England and Wales

Covid: 2020 saw most excess deaths since World War Two

🕐 10 hours ago

<   Coronavirus pandemic

PA MEDIA

The Covid pandemic has caused excess deaths to rise to their highest level in the UK since World War Two.

There were close to 697,000 deaths in 2020 - nearly 85,000 more than would be expected based on the average in the previous five years.

85,000 excess deaths In 2020

---

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Deaths registered by place of occurrence 2020 – up to January 2021 – involving COVID-19

Figure 6: Excess deaths in private homes, hospitals and care homes fell in Week 53, while deaths were below the five-year average in other locations

Number of excess deaths by place of occurrence, England and Wales, registered between 7 March 2020 and 1 January 2021
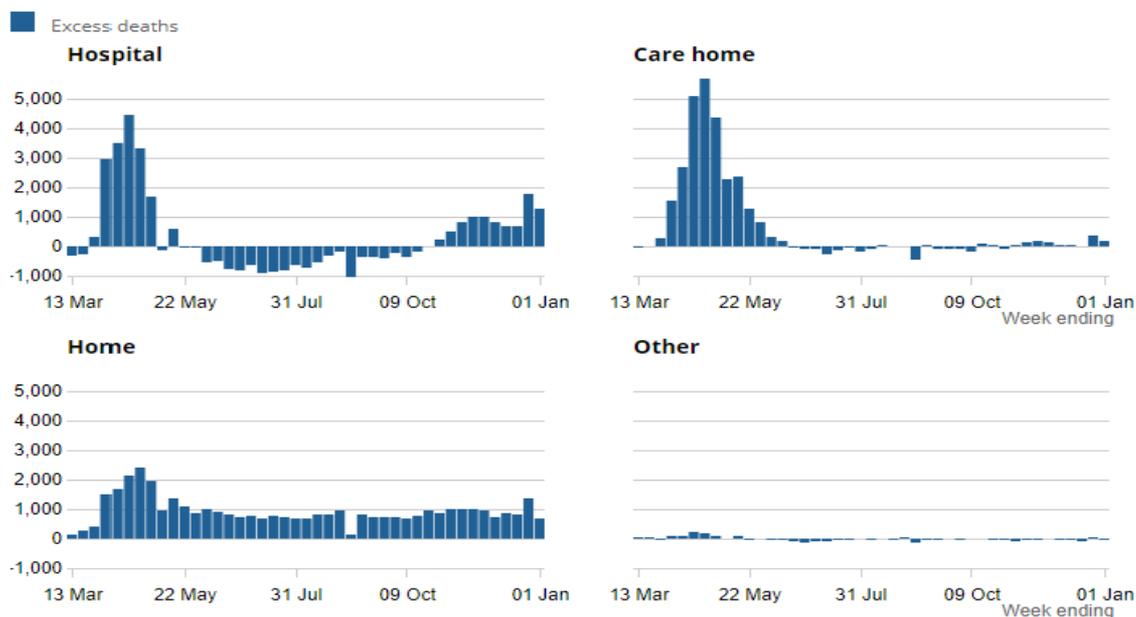
Source: Office for National Statistics – Deaths registered weekly in England and Wales

▶ Embed code

Deaths registered by place of occurrence 2020 – up to January 2021 – involving COVID-19

Year to date analysis shows deaths involving COVID-19:-

- Hospital 55,372 (67.8%)
- Care Homes 20,661
- Private homes 3,942
- Hospices 1,100
- Communal establishments 315
- Elsewhere 279

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Deaths in Care Homes 2020 – up to January 2021 – involving COVID-19

The day (April 10th) when data was collected to 8th January 2021, of identifying deaths of residents in care homes:

- England involving COVID-19, there were 20,042 deaths (Total population 56.29m = 0.035%).

- Wales, 1,269 deaths (Total population 3.15m = 0.040%).

- Scotland 2,655 deaths (Total population 5.46m = 0.048%).

- Northern Ireland 607 deaths (Total population 1.885m = 0.032%).

- Total UK 24,573 (Population 66,270,000 = 0.037%)

People who have received vaccinations, by report date (daily)

◉ UK total   ○ By nation

Number of people who have received a vaccination for COVID-19, by day on which the vaccine was reported. Data are reported daily, and include all vaccination events that are entered on the relevant system at the time of extract. This includes reported vaccines that were administered up to and including the date shown. Numbers are only reported for Scotland and Wales on weekdays.

People vaccinated

First dose total	Second dose total
3,857,266	449,736

1st dose daily   2nd dose daily   1st dose cumulative   2nd dose cumulative   Data   About

■ United Kingdom number of people received 1st dose
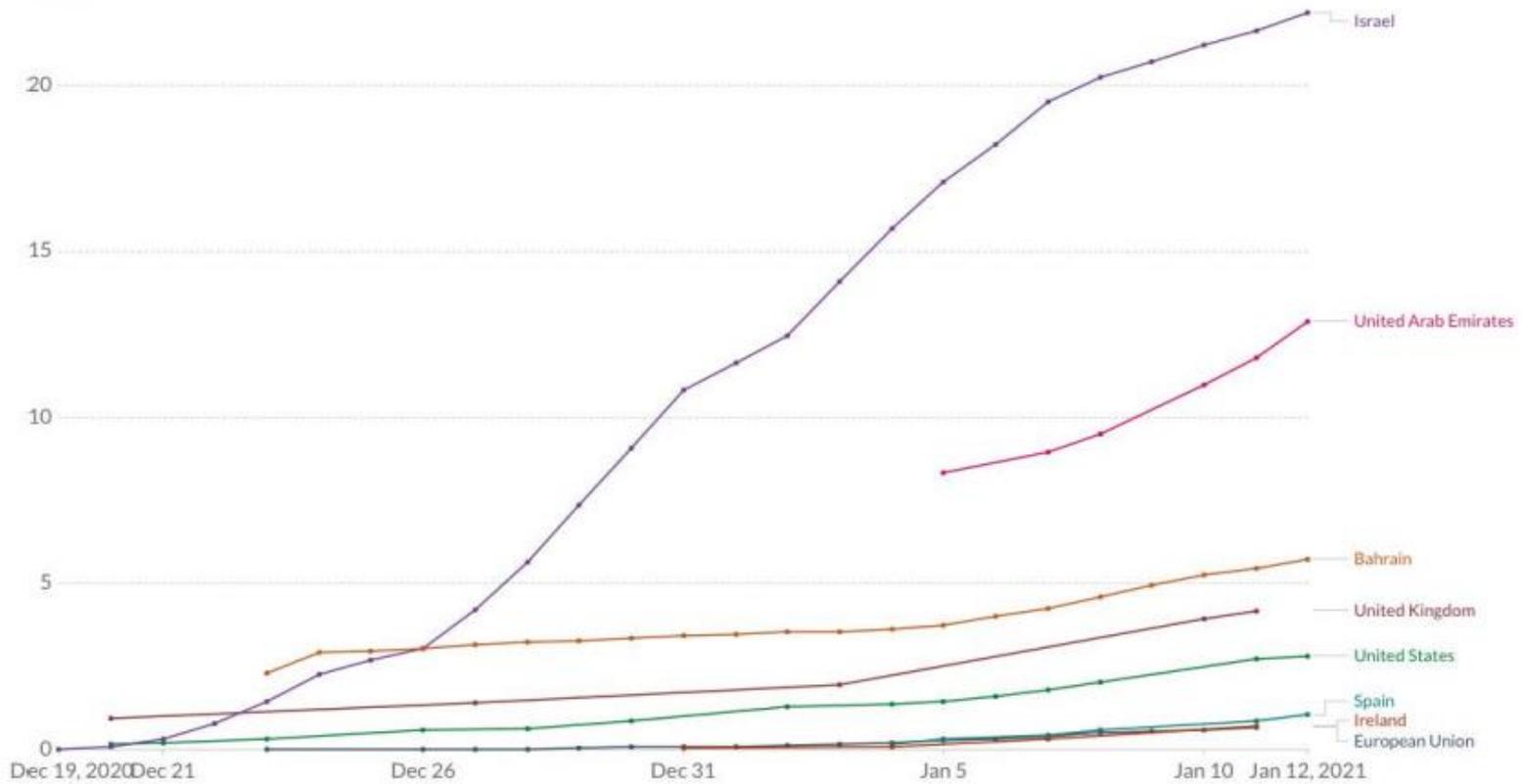
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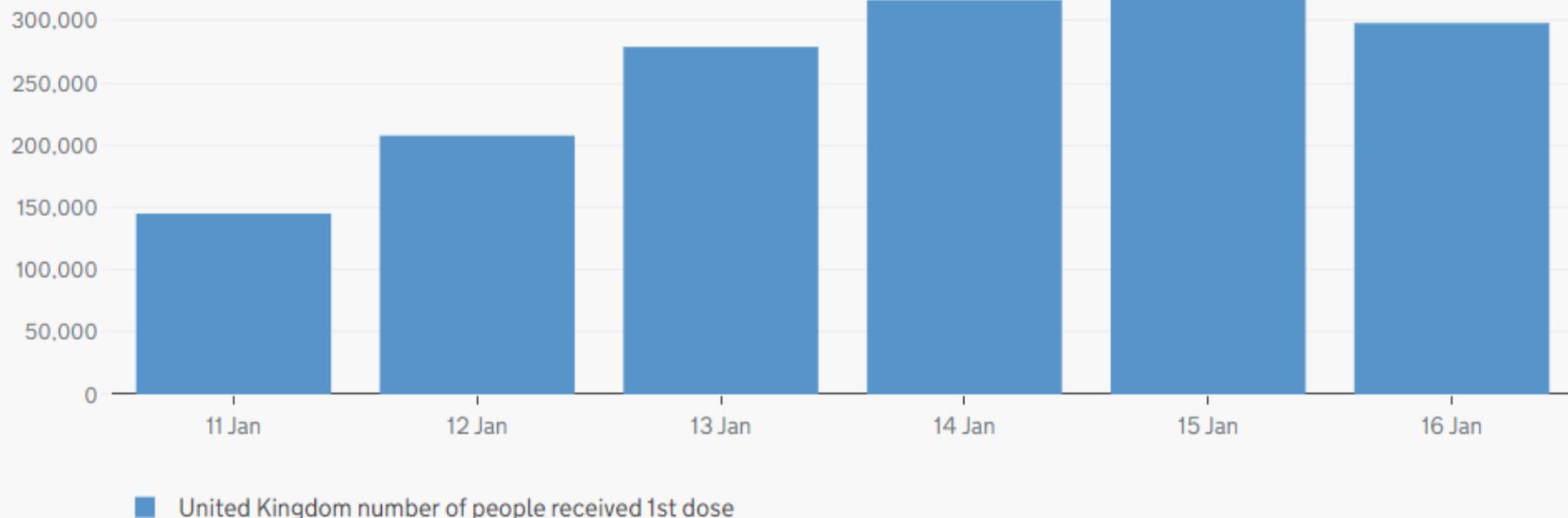
Cumulative COVID-19 vaccination doses administered per 100 people

This is counted as a single dose, and may not equal the total number of people vaccinated, depending on the specific dose regime (e.g. people receive multiple doses).

The Vaccine

- For the Pfizer-BioNTech vaccine there is no direct evidence for a delayed second dose regimen as the study did not compare different schedules. But there is direct evidence for the Oxford-AZ vaccine that a second dose at 8 to 12 weeks gives a better immune response compared to a second dose at 4 weeks.

What we do NOT know at present.

• Does the vaccine prevent asymptomatic transmission?

• How long will immunity last?

• Will long term side effects emerge?

• How effective will it be in people who are immune-suppressed?

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What you need to know.

• It takes 2 weeks to have an effective immune response after a single dose of vaccine

• Patients can be confident that both vaccines give effective protection against covid-19 and severe disease from two weeks after a single dose, but it is not 100% so care and caution will still be needed especially for patients who are immune-suppressed

• Those who receive the Pfizer-BioNTech vaccine seem to have 90% protection two weeks after the first dose, but we don't know how long it lasts

• Those who receive the Oxford-AZ vaccine seem to have 70% protection after the first dose, but we know that this will last for at least 12 weeks until the second dose

• The 12-week booster is crucial for more enduring protection

Nearly 40% of healthcare workers say it's 'not likely' they will get a coronavirus vaccine because they are afraid the jabs were developed too quickly to be safe

Understanding Covid-19 misinformation and vaccine hesitancy in context: Findings from a qualitative study involving citizens in Bradford, UK

Vaccine Misinformation

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- **Background** Covid-19 vaccines can offer a route out of the pandemic, yet initial research suggests that many are unwilling to be vaccinated. A rise in the spread of misinformation is thought to have played a significant role in this vaccine hesitancy. It is important to understand why misinformation has been able to take hold at this time and why it may pose a more significant problem within certain populations and places.

- **Design and participants** In-depth phone interviews were carried out with 20 people from different ethnic groups and areas of Bradford during Autumn 2020. Reflexive thematic analysis was conducted.

- **Results** Participants spoke about a wide range of emotive misinformation they had encountered regarding Covid-19, resulting in confusion, distress and mistrust. Vaccine hesitancy could be attributed to three prominent factors: safety concerns, negative stories and personal knowledge. The more confused, distressed and mistrusting participants felt about their social worlds during the pandemic, the less positive they were about a vaccine.

- **Conclusions** Covid-19 vaccine hesitancy needs to be understood in the context of the relationship between the spread of misinformation and associated emotional reactions. Vaccine programmes should provide a focused, localised and empathetic response to counter misinformation.

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Social media Covid-19 stories discussed by participants National/International

- Covid-19 is not real, it is an effort to control society

- Covid-19 has been manufactured by China or other governments for control purposes

- Covid-19 is caused by 5G

- Covid-19 has been invented to make people use contactless payments so that the government can track individuals

- The Covid-19 vaccine contains a chip that will track individuals, stop them travelling etc.

- The Covid-19 vaccine will make people infertile and is an attempt to reduce the population, particularly targeted at people from BAME communities

- Covid-19 testing gives so many false positives that it is ineffective and you should not self-isolate

- Covid-19 exists but is not as virulent as the government says it is

Regional/Local

- If children test positive for Covid-19 during school hours they can be taken away into care and will not be able to see their parents until they test negative
- Health professionals at Bradford Royal Infirmary were injecting people with the Covid-19 virus, or killing people with Covid-19
- Bradford Royal Infirmary were inflating the numbers of people with Covid-19
- The health service was so overwhelmed that ambulances would not arrive in an emergency

Silent Hypoxia

Hypoxia is a condition wherein there is not enough oxygen available to the blood and body tissues – normal pulse oximeter readings usually range from 95 to 100%. Values under 90% are considered low.

Silent hypoxia is a condition when oxygen levels in the body are abnormally low, which can irreparably damage vital organs if gone undetected too long – it is harder to detect than regular hypoxia – many covid-19 patients, despite have oxygen levels below 80%, look fairly at ease and alert – some do not exhibit symptoms such as shortness of breath or coughing

92% or less- A&E/999
*or >4% less than usual

93/94% (recheck in 1 hour) - contact GP/111
*or 3-4% less than usual

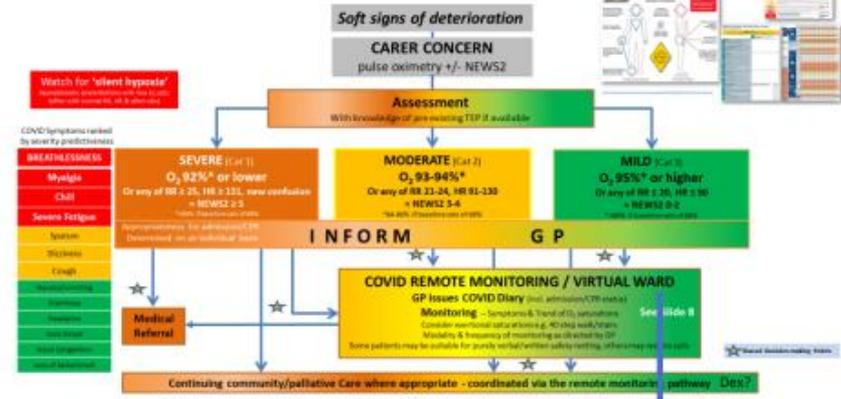95%- continue, no escalation required
*or 1-2% less than usual

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Flowchart – assessment pathway

Aligned national pathways across all settings

High Risk non-admitted patients are 'placed' on the COVID virtual ward

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Flowchart – assessment pathway

ADULT PRIMARY CARE COVID ASSESSMENT PATHWAY

TRIAGE
Patient referred to practice on initial presentation
Clinician telephone/video triage if cough or breathless
Decides when/in whom oximetry would be helpful

Non-COVID/other pathologies
Triage to determine if remote or F2F consultation is required
Ensuring that unwell non-COVID conditions are not ignored

Mild COVID symptoms
Patient instructed to self manage – paracetamol, fluids, NHS 111 website

Face to face or Virtual Assessment
With pulse oximetry +/- rest of observations

Watch for **'silent hypoxia'**
Asymptomatic presentations with low O_2 sats
(often with normal RR, HR & other obs)

COVID symptoms ranked by severity predictiveness

- **BREATHLESSNESS**
- **Myalgia**
- **Chill**
- **Severe Fatigue**
- Sputum
- Dizziness
- Cough
- Nausea/vomiting
- Diarrhoea
- Headache
- Sore throat
- Nasal Congestion

SEVERE
O_2 92%* or lower
Or any of RR ≥ 25, HR ≥ 131, new confusion
≈ NEWS2 ≥ 5
if O2 sats >4% less than usual

MODERATE
O_2 93 - 94%*
Or any of RR 21-24, HR 91-130
≈ NEWS2 3-4
if O2 sats 3-4% less than usual

MILD
O_2 95% or higher
Or any of RR ≤ 20, HR ≤ 90
≈ NEWS2 0-2
if O2 sats are 1-2% less than usual

CONSIDER URGENT ADMISSION

CONSIDER Hospital ADMISSION / ASSESSMENT

CONSIDER MONITORING

Hospital

if considering discharge, do exertion test (40 step walk or 1 min sit-to-stand tests & consider admission if concern or if ≥ 3% reduction

COVID REMOTE MONITORING / VIRTUAL WARD
GP issues COVID diary (inc. admission/CPR status)
Monitoring: symptoms & trend of O_2 saturation
Modality & frequency of monitoring as directed by GP
Some patients may be suitable for purely verbal/written safety-netting, others may require call

Continuing community/palliative Care where appropriate

Shared Decision-making points

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Pulse oximetry training and protocols being developed

Care homes

Care Home Outbreaks
Week commencing (9th March)
Gov.uk reported outbreaks (ended week 30) ● PHE SARs-CoV-2 incident outbreaks
○ PHE reported: acute respiratory incident outbreaks
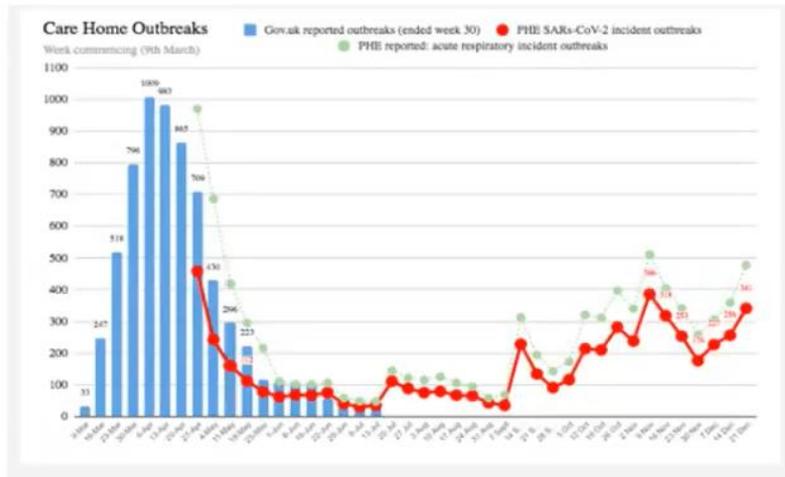
- Pulse oximetry training and escalation protocols being developed
- RESTORE2 and videos to improve communication
    - Soft signs, i.e. 'something not right'
    - SBARD (situation, background, assessment, recommendation and decision
- www.bgs.org.uk/resources/covid-19-managing-the-covid-19-pandemic-in-care-homes

Care homes should ensure that staff have the skills and equipment to be able to conduct pulse oximetry on residents with suspected or confirmed COVID-19. In England, training and support for using pulse oximetry is available and the COVID Oximetry @home monitoring diary has been tailored for care home usage.

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RESTORE 2

Soft signs of **deterioration** support carers to identify potentially unwell residents

'what's normal for this resident' reference box helps staff understand when a residents condition has changed

National Early Warning Scores provide a standardised and objective assessment of risk and sickness

An escalation / communication pathway ensures residents **'get the right help'**

The structured communication tool helps staff to **'get their message across'**
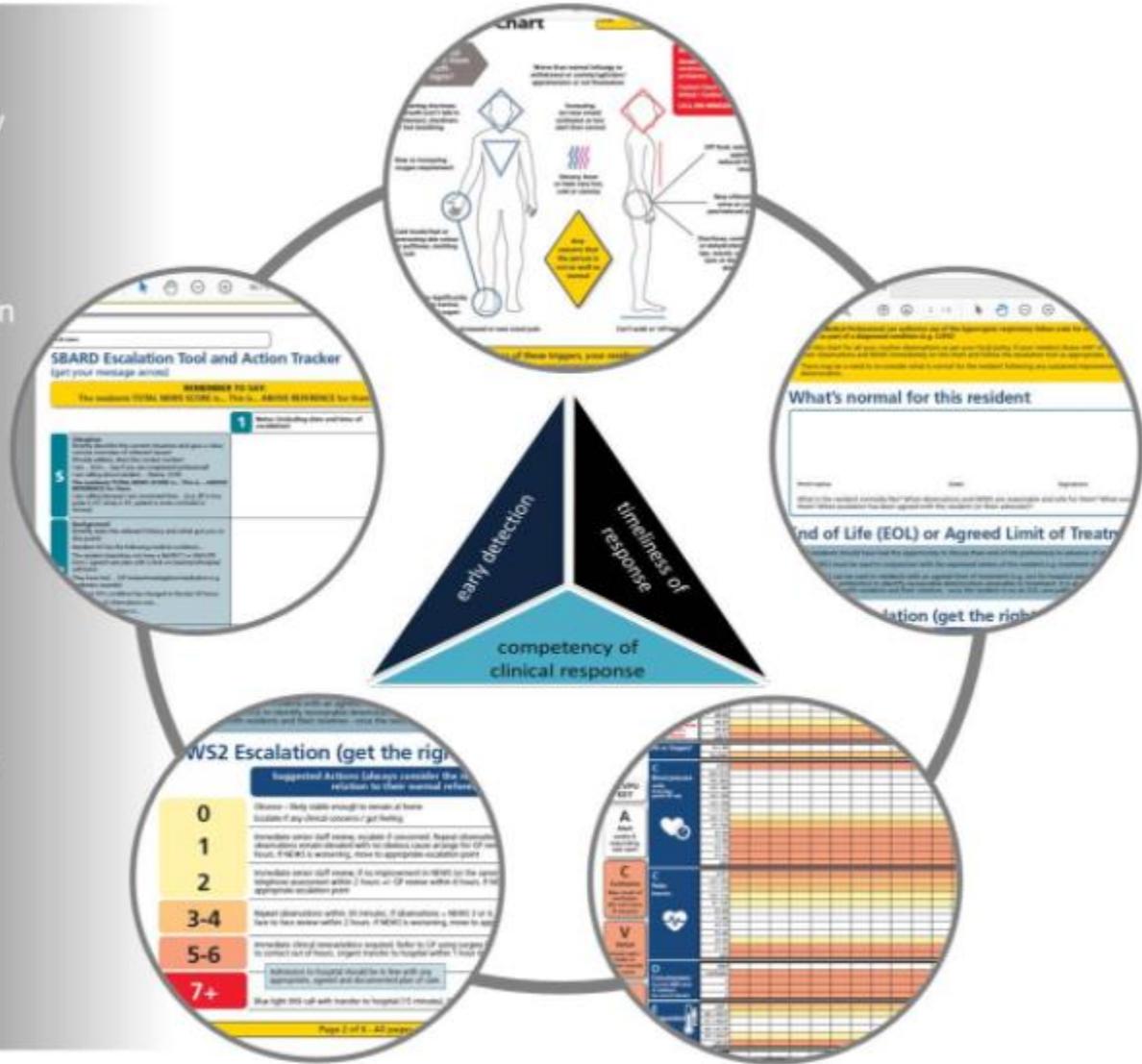
RESTORE 2

RESTORE2™ is a physical deterioration and escalation tool for care/nursing homes.

It is designed to support homes and health professionals to:

• Recognise when a resident may be deteriorating or at risk of physical deterioration

• Act appropriately according to the resident's care plan to protect and manage the resident

• Obtain a complete set of physical observations to inform escalation and conversations with health professionals

• Speak with the most appropriate health professional in a timely way to get the right support

• Provide a concise escalation history to health professionals to support their professional decision making.

RESTORE 2

https://www.youtube.com/watch?v=hHAjxbjEH4s

Pulse Oximeter

Using a pulse oximeter to check you are OK

Adult Pulse oximetry Monitoring Covid-19 Diary

https://www.youtube.com/watch?v=ifnYjD4IKus

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/Pulse-Oximeter-Easy-Read-final-online-v2.pdf

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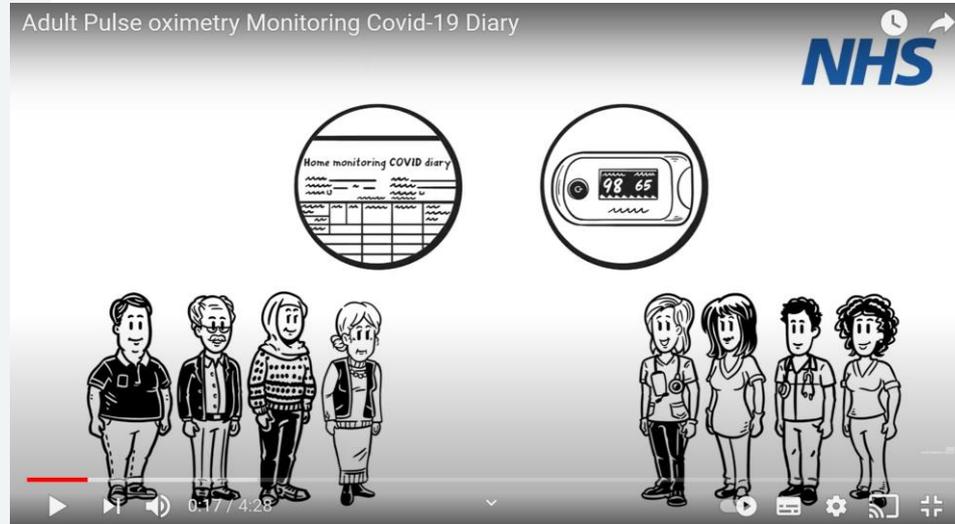
New online video training launched for care home staff

Also look at Health Education England's e-Learning for Healthcare (e-LfH) Hub (www.e-lfh.org.uk)

Covid Early Warning System saves lives

Leading clinicians have piloted a life-saving system that uses pulse oximetry to monitor high risk patients with covid-19. Patients with diagnosed or suspected covid-19 who are considered high risk are given pulse oximeters and trained to measure their own oxygen levels. They are monitored remotely via phone consultation or digital apps by their general practice, community team or hospital in newly established covid virtual wards.

The pilots have yielded impressive results, with a validated study showing a mortality rate of 1% among these high-risk patients, compared with an overall UK mortality rate of more than 14% in the first wave.

NHS England now wants to translate these better outcomes across the country and has instructed all clinical commissioning groups to set up a COVID Oximetry@Home model.

Dr Matt Inada-Kim, a consultant in acute care medicine at Hampshire Hospitals and the national clinical lead for deterioration and sepsis for NHS England, was involved in a large pilot, in the Wessex region, and worked on the national strategy.

In the presentations below he explains that the Covid Early Warning System is based on oxygen levels being the key to spotting deterioration in covid-19 and why patients need monitoring for silent hypoxia. He shows how GPs, nurses and practice staff can do this on a community scale by keeping patients safeguarded at home in covid virtual wards.

GPs, nurses and other NHS professionals can find out more about our in-depth course on the Covid Early Warning System here

Covid Early Warning System

https://training.hsj.co.uk/1-empowering-patients-watch-out-silent-hypoxia

HSJ Training

TRAINING VIDEO: HEALTHCARE PRACTITIONERS

1: Empowering patients to watch out for silent hypoxia

20 OCT 2020

TRAINING VIDEO

2: Community must lead the battle to save lives

20 OCT 2020

TRAINING VIDEO

3: Higher oxygen levels predict better recovery

21 OCT 2020

TRAINING VIDEO

4. Patients now separated into 'hot' and 'cold'

21 OCT 2020

https://training.hsj.co.uk/covid-early-warning-system-saves-lives

TRAINING VIDEO

5. Virtual wards will protect patients in the 2nd peak

TRAINING VIDEO

6. Following up patients in the covid virtual ward

TRAINING VIDEO

7. Monitoring patients in virtual ward with pulse oximetry

TRAINING VIDEO

8. We can treat hypoxia once it is identified

TRAINING VIDEO

9. Warning signs and symptoms in the virtual ward

21 OCT 2020

TRAINING VIDEO

10. Care home assistants play important role in detecting deterioration

04 NOV 2020

TRAINING VIDEO

11: 'Soft' signs, a crucial first step in spotting deterioration

21 OCT 2020

TRAINING VIDEO

12: Virtual ward resources: covid diary and advice for patients
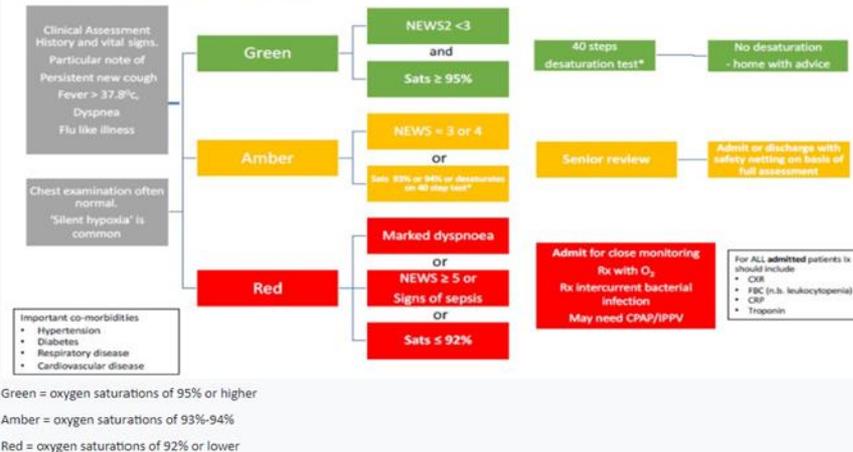
21 OCT 2020

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For Example – training video 11

11: 'Soft' signs, a crucial first step in spotting deterioration

The following flowchart (available on the National Institute for Health and Care Excellence website) shows healthcare professionals working in the community how to categorise patients based on their symptoms and oxygen levels — green for low risk, amber for medium risk, red for high risk.

Note that even patients with oxygen levels of 95% and above should undergo the '40 steps desaturation' test. This is an important indicator to gauge how patients with potential covid are assessed relative to other populations.

https://training.hsj.co.uk/11-soft-signs-crucial-first-step-spotting-deterioration

Managing the COVID-19 pandemic in care homes for older people

GOOD PRACTICE GUIDE **VERSION 4**

British Geriatrics Society
Improving healthcare for older people

Date first published:
30 March 2020

Current version updated:
16 November 2020

The COVID-19 pandemic raises particular challenges for care home residents, their families and the staff that look after them. This guidance has been developed to help care home staff and NHS staff who work with them to support residents through the pandemic. **This is Version 4.**

This guidance is written as the United Kingdom moves into the second wave of the COVID-19 pandemic. It is designed to be applicable to care home residents across all four nations of the UK. Residents of care homes for older people have been particularly affected by COVID-19. Across the four nations 28-50% of all COVID-related deaths occurred in care home residents.[1]

The majority of people living in care homes are over the age of 80. Most have multiple long-term health conditions, and the majority of residents are affected by physical disability and cognitive impairment. These factors explain, in part, the vulnerability of older people living in care homes to COVID-19. But there is much that can be done in care homes to improve outcomes for residents during the pandemic.

Since the BGS first produced guidance on COVID-19 in care homes in March 2020, health and social care teams have learned much about how to manage both the illness and spread of infection in care homes. In addition, there have been multiple versions of government guidance across the four UK nations during the intervening period.

We provide here an updated version of our previous guidance. We have taken account of suggestions from colleagues in the care home sector and have therefore designed this version to be brief, outlined as bullet-points, written in plain English, and compatible with all existing government guidance. This guidance covers the following issues that care home staff are likely to come across when managing

Care home residents do not always present with typical symptoms. Care home staff and clinical teams who support them must be on constant alert for both typical and atypical COVID symptoms in care home residents.

During the pandemic, COVID-19 should be considered as the likely diagnosis in any residents who present with:
- New continuous cough
- Temperature of 37.8°C or above,
- Loss of, or change in, normal sense of smell or taste

In addition, COVID-19 should be considered as a possible diagnosis in residents who have:
- New onset confusion and/or drowsiness
- Decreased mobility
- Loss of appetite and/or reduce

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Learning Disabilities

Estimated more than six times more likely to die from COVID-19 (P.H.E. Nov, 2020)

- Younger age group than general population
- People with Downs at particular risk
- Co-morbidities

Why?

- Could this be linked with underlying conditions e.g., respiratory problems?
- Diagnostic overshadowing
- Communication, e.g., accessing NHS111

Public Health England

Protecting and improving the nation's health

Deaths of people identified as having learning disabilities with COVID-19 in England in the spring of 2020

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Long COVID

Defining long Covid as

"not recovering [for] several weeks or months following the start of symptoms that were suggestive of COVID-19, whether you were tested or not."

Symptoms:-
- Profound fatigue
- Cough
- Breathlessness
- Muscle and body aches
- Chest heaviness or pressure
- Skin rashing
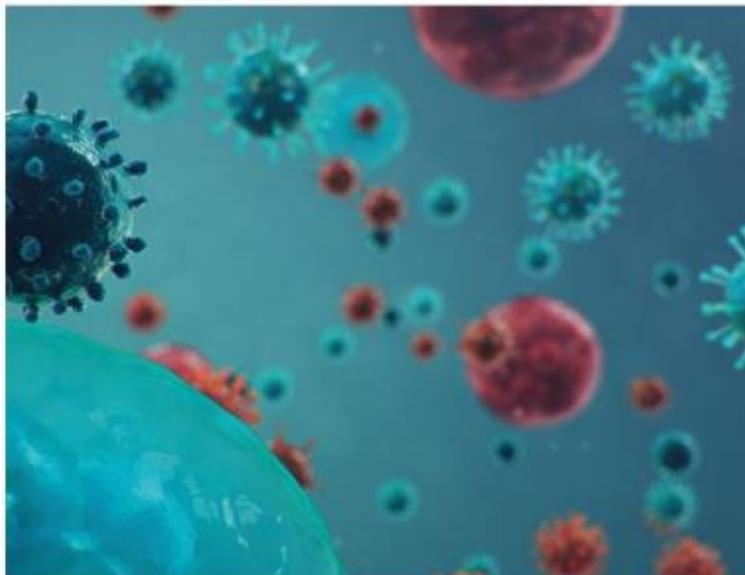- Palpitations
- Fever
- Headache
- Diarrhoea
- Pins and needles

A very common feature is the relapsing, remitting nature of the illness, where you feel as though you've recovered, then it hits you back

Nikki Nabavi, 2020

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Fatigue, Brain Fog Most Common in 'Long COVID'

- About 65% of respondents experienced symptoms for at least 6 months. They most often reported fatigue, post-exercise malaise and brain fog, but they also highlighted neurological sensations, headaches, memory issues, muscle aches, insomnia, heart palpitations, shortness of breath, dizziness, balance issues and speech issues.

- Less common symptoms included facial paralysis, new allergies, seizures, impaired vision and hearing and a prolonged loss of taste and smell.

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Healthcare Improvement Scotland | SIGN

NICE

RC GP Royal College of General Practitioners

Long COVID

A booklet for people who have signs and symptoms that continue or develop after acute COVID-19

> The symptoms were like a game of whack-a-mole. Different ones would surge at different times and in different places in my body.

R

Recommendation

If you have a severe mental health condition or your healthcare professional is concerned that you are at risk of self harm or suicide you will be referred urgently for assessment by a mental health professional.

R

Recommendation

You will be referred urgently to hospital if you have any signs that could be a life-threatening complication, for example:

- a low level of oxygen in your blood
- severe lung disease
- chest pain.

i

For information about what to do if your child seems very unwell please visit www.nhs.uk/conditions/coronavirus-covid-19/symptoms/coronavirus-in-children/

Long COVID Patient Booklet

the **gold standards framework**

COVID Symptom Study

- One in 20 people likely to suffer from COVID-19 symptoms > 8 weeks.
- Most back to normal in <11 days, one in seven symptoms at least 4 weeks, with one in 20 staying ill for 8 weeks and one in fifty (2.3%, 95 users) > 12 weeks
- Older people are much more likely to get long COVID than younger people, 10% of 18-49 year olds infected, rising to 22% of over 70s.
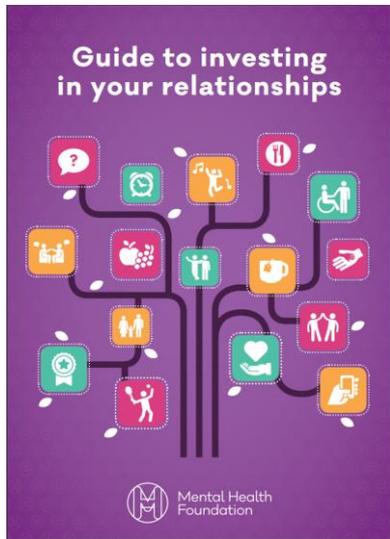- The more symptoms a person had in the first week, the more likely they were to go on to develop long COVID.

Relationships – the missing piece to the well being puzzle

https://www.mentalhealth.org.uk/podcasts-and-videos/relationships-missing-piece-wellbeing-puzzle

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Guide to investing in your relationships

Mental Health Foundation

Give time

Put more time aside to connect with friends and family.

Be present

It can be tempting to check your phone, Facebook messages or even work emails when with family and friends. Try to be present in the moment and be there for your loved ones, and switch out of work mode whenever possible.

Listen

Actively listen to what others are saying in a non-judgemental way and concentrate on their needs in that moment.

Be listened to

Share how you are feeling, honestly, and allow yourself to be listened to and supported.

Recognise unhealthy relationships

Being around positive people can make us happier; however, our wellbeing can be negatively affected by harmful relationships, leaving us unhappy. Recognising this can help us move forward and find solutions to issues.

ACTION CALENDAR: HAPPIER JANUARY 2021

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	"Happiness is when what you think, what you say, and what you do are in harmony" - Gandhi			**1** Find three good things to look forward to this year	**2** Make time today to do something kind for yourself	**3** Do a kind act for someone else to help to brighten their day
4 Write a list of things you feel grateful for in life and why	**5** Look for the good in others and notice their strengths	**6** Take five minutes to sit still and just breathe	**7** Learn something new and share it with others	**8** Say positive things to the people you meet today	**9** Get moving. Do something physically active (ideally outdoors)	**10** Thank someone you're grateful to and tell them why
11 Switch off all your tech 2 hours before bedtime	**12** Connect with someone new. you. share a smile or chat	**13** Be gentle with yourself when you make mistakes	**14** Take a different route today and see what you notice	**15** Eat healthy food which really nourishes you today	**16** Get outside and notice five things that are beautiful	**17** Contribute positively to a good cause or your community
18 Focus on what's good, even if today feels tough	**19** Get back in contact with an old friend you miss	**20** Go to bed in good time and give yourself time to recharge	**21** Take a small step towards an important goal	**22** Try out something new to get out of your comfort zone	**23** Plan something fun and invite others to join you	**24** Put away digital devices and focus on being in the moment
25 Decide to lift people up rather than put them down	**26** Say hello to a neighbour and get to know them better	**27** Challenge your negative thoughts and look for the upside	**28** Ask other people about things they've enjoyed recently	**29** Use one of your personal strengths in a new way	**30** Count how many people you can smile at today	**31** Write down your hopes or plans for the future

ACTION FOR HAPPINESS

www.actionforhappiness.org

Happier · Kinder · Together

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The Duke and Duchess of Cambridge speak to Just 'B' team

Jan 15, 2021

On Wednesday 13 January, The Duke and Duchess of Cambridge heard about the crucial mental health support being provided for frontline workers during the pandemic by Hospice UK's Just 'B' support line.

The Duke and Duchess of Cambridge talk bereavement wit...

Watch later   Share

MORE VIDEOS

▶ 🔊 0:01 / 6:01   YouTube

https://www.hospiceuk.org/about-hospice-care/media-centre/news-from-hospice-uk/details/duke-and-duchess-of-cambridge-speak-to-just-b-team?secured=false
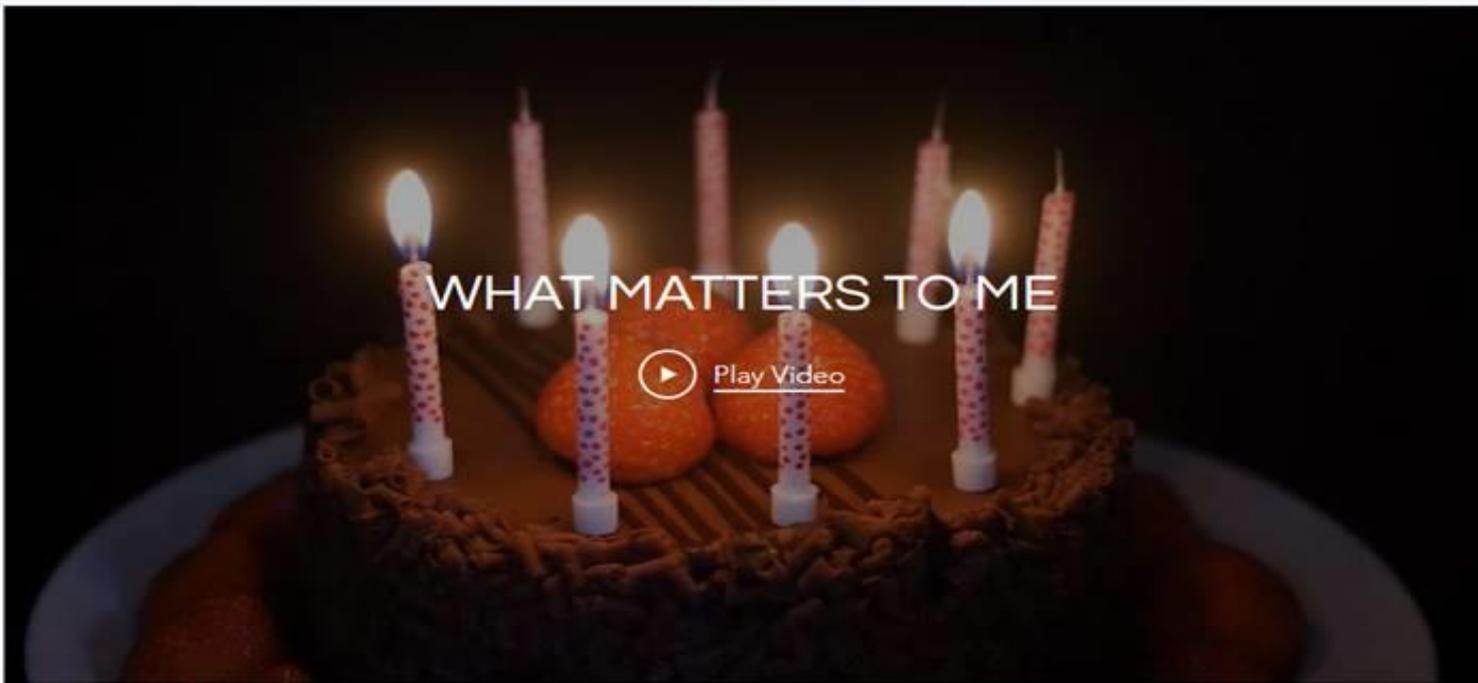
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What matters conversations

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Charter
Films
Resources

WHAT MATTERS TO ME
4K
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Starting important conversations about
how we live, from now until the very end of
our lives

Rapid evaluation of the care home response to the need for palliative and end-of-life care during the COVID-19 pandemic: integration, communication and workforce resilience (CovPall_CareHome)

Cicely Saunders International
Better care at the end of life

KING'S College LONDON

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Background to CovPall_CareHome

- Covid-19 has had a devastating impact on care homes

- Over 20,000 deaths of care home residents in England (data 30th Nov)[1]

- 23,000 excess deaths in care homes (data 30th Oct)[1]

- Many more people have experienced symptoms and distress

- Very little examination of provision of palliative care in care homes during Covid-19

[1]https://ltccovid.org/country-reports-on-covid-19-and-long-term-care/

Our aims and objectives

AIM - To examine the response of care homes in England to meet the rapidly increasing need for palliative and end-of-life care for residents during the COVID-19 pandemic, and make recommendations for policy.

RESEARCH QUESTIONS

- What are the facilitators and challenges to palliative and end of life care provision in care homes during and after the COVID-19 pandemic?

- How can end of life care be optimised in care homes during the pandemic?

- What has the impact of COVID-19 been on the social care workforce including resilience, wellbeing, retention and education?

- What are the longer-term implications of the COVID-19 pandemic on the care home sector, including changing attitudes and behaviours, and integration of health and social care?

Poll

contact Lynsey.howard@gsfcentre.co.uk

Any questions?

Next GSF Support Call

- Date: Tuesday 2nd March 2021

- Do let colleagues and other non GSF homes know they are welcome to join the support calls

- Resources and power points will be put on the website following the Support Call

Thank you

Together we can make a difference !

www.goldstandardsframework.org.uk
info@gsfcentre.co.uk

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