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Infection prevention and control board assurance framework

22 May 2020, Version 1.2

Updates since version 1, published on 4 May 2020, are highlighted in yellow.

Foreword

NHS staff should be proud of the care being provided to patients and the way in which services have been rapidly adapted in response to the COVID-19 pandemic.

Effective infection prevention and control is fundamental to our efforts. We have developed this board assurance framework to support all healthcare providers to effectively self-assess their compliance with Public Health England (PHE) and other COVID-19-related infection prevention and control guidance and to identify risks. The general principles can be applied across all settings; acute and specialist hospitals, community hospitals, mental health and learning disability, and locally adapted.

The framework can be used to assess measures taken, in line with the current guidance, and assure directors of infection prevention and control, medical directors and directors of nursing. It can be used to provide evidence and also as an improvement tool to optimise actions and interventions. The framework can be used to assure trust boards.

Using this framework is not compulsory; however, its use as a source of internal assurance will help support organisations to maintain quality standards.

A handwritten signature in black ink, enclosed in a thin yellow rectangular border. The signature appears to read 'Ruth May'.

Ruth May

Chief Nursing Officer for England

1. Introduction

As our understanding of COVID-19 has developed, PHE and related [guidance](#) on required infection prevention and control measures has been published, updated and refined to reflect the learning. This continuous process will ensure organisations can respond in an evidence-based way to maintain the safety of patients, service users and staff.

We have developed this framework to help providers assess themselves against the guidance as a source of internal assurance that quality standards are being maintained. It will also help them identify any areas of risk and show the corrective actions taken in response. The tool therefore can also provide assurance to trust boards that organisational compliance has been systematically reviewed.

The framework is intended to be useful to directors of infection prevention and control, medical directors and directors of nursing, rather than imposing an additional burden. This is a decision that will be taken locally, but organisations must ensure they have alternative appropriate internal assurance mechanisms in place.

2. Legislative framework

The legislative framework is in place to protect service users and staff from avoidable harm in a healthcare setting. We have structured the framework around the existing 10 criteria set out in the [Code of Practice](#) on the prevention and control of infection, which links directly to [Regulation 12](#) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The [Health and Safety at Work Act](#) 1974 places wide-ranging duties on employers, who are required to protect the 'health, safety and welfare' at work of all their employees, as well as others on their premises, including temporary staff, casual workers, the self-employed, clients, visitors and the general public. The legislation also imposes a duty on staff to take reasonable care of health and safety at work for themselves and for others, and to co-operate with employers to ensure compliance with health and safety requirements.

Robust risk assessment processes are central to protecting the health, safety and welfare of patients, service users and staff under both pieces of legislation. Where it is not possible to eliminate risk, organisations must assess and mitigate risk, and provide safe systems of work. In the context of COVID-19, there is an inherent level of risk for NHS staff who are treating and caring for patients and service users and for the patients and service users themselves in a healthcare setting. All organisations must therefore ensure that risks are identified, managed and mitigated effectively.

Infection prevention and control board assurance framework

1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users			
Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> infection risk is assessed at the front door and this is documented in patient notes 	<p>Patients are all tested on admission for COVID-19, unless they have been pre-screened within 72 hours of admission. If they have not been screened within 72 hours of admission patients are isolated with purple precautions. This process is documented in the inpatient admission screening COVID-19 flowchart. Symptoms are reassessed on admission.</p> <p>Moving forward: When restarting services it is advised that patients will be allocated to COVID and Non-COVID pathways prior to admission via verbal telephone assessment or pre-admission screening test.</p>	<p>Documentation and audit of this process</p>	<p>Actions:</p> <ul style="list-style-type: none"> Set up an admission assessment document on Lorenzo Each area as part of re-introduction of services is responsible for including a robust process for carrying out the verbal telephone assessment prior to admission to allocate the correct pathway. This includes patients attending OPD. Patients should not attend OPD if positive or suspected COVID, unless under exceptional circumstances

<ul style="list-style-type: none"> patients with possible or confirmed COVID-19 are not moved unless this is essential to their care or reduces the risk of transmission 	<p>Patients are currently admitted to an appropriate area within the Trust according to their COVID status and their specialty.</p> <p>We have allocated areas for suspected, positive, and non-COVID. This includes shielding of patients as appropriate and patients that need to be isolated for other infection control reasons.</p> <p>Moving forward: When restarting services patients will be allocated to COVID and Non-COVID pathways prior to admission via verbal telephone assessment or pre-admission screening test. This will inform which pathway the patient will take and which area as above they will be allocated to.</p>	<p>None at present</p>	<p>N/A</p>
<ul style="list-style-type: none"> compliance with the national guidance around discharge or transfer of COVID- 19 positive patients 	<p>The Trust has a COVID-19 transfer and discharge procedure in place for this group of patients. This document is compliant with Covid-19 Government discharge guidance. A patient inter-hospital transfer checklist is available on Lorenzo.</p>		

<ul style="list-style-type: none"> • all staff (clinical and non-clinical) are trained in putting on and removing PPE; know what PPE they should wear for each setting and context; and have access to the PPE that protects them for the appropriate setting and context as per national guidance 	<p>All of our procedures in relation to PPE follow PHE guidance. Staff are given training by dedicated donning and doffing trainers who provide regular training in the clinical areas. Training is given at induction for new starters. Posters following PHE guidance displaying what PPE should be worn in each setting are displayed throughout the trust and on the door of each isolated patient. PHE donning and doffing posters can be found in donning and doffing areas. PPE is easily accessible in all clinical areas and re-usable masks can be collected from the PPE distribution unit.</p>	<p>None</p>	<p>n/a</p>
<ul style="list-style-type: none"> • national IPC guidance is regularly checked for updates and any changes are effectively communicated to staff in a timely way 	<p>This is undertaken by the IPCT and is reflected in the guidance we issue.</p>		

<ul style="list-style-type: none"> changes to guidance are brought to the attention of boards and any risks and mitigating actions are highlighted 	<p>Changes to PHE Guidance are taken through Command and Control.</p>		
<ul style="list-style-type: none"> risks are reflected in risk registers and the board assurance framework where appropriate 	<p>The risk register is regularly updated and monitored via Command and Control at present as well as through the ICPPC and QRMG.</p>		
<ul style="list-style-type: none"> robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens 	<p>All policies and Procedures for IPC are maintained and available to staff.</p>		

2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections			
Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> designated teams with appropriate training are assigned to care for and treat patients in COVID-19 isolation or cohort areas 	<p>PPE training has and continues to be carried out. Pictorial process posters are available in all donning and doffing areas.</p>	<p>Record of training required</p>	
<ul style="list-style-type: none"> designated cleaning teams with appropriate training in required techniques and use of PPE are assigned to COVID-19 isolation or cohort areas 	<p>This is provided by OCS and they are following this guidance as part of the hospital contract. PPE donning and Doffing training has been provided.</p>		
<ul style="list-style-type: none"> decontamination and terminal decontamination of isolation rooms or cohort areas is carried out in line with PHE and other national guidance 	<p>This is carried out in line with our Trust contract with OCS. Guidance for the cleaning of isolation areas is available in all rooms and bays and outlined in DN011 Cleaning and disinfection Procedure and DN089 Isolation and Standard Precautions Procedure. All IC procedures are available on the Trust intranet.</p>		

<ul style="list-style-type: none"> increased frequency, at least twice daily, of cleaning in areas that have higher environmental contamination rates as set out in the PHE and other national guidance 	<p>Cleaning in surge areas and CCA is carried out twice daily and ward areas are cleaned once a day. Cleaners are available in these areas 8-8 7 days a week.</p>		<p>Green</p>
<ul style="list-style-type: none"> attention to the cleaning of toilets/bathrooms, as COVID-19 has frequently been found to contaminate surfaces in these areas 	<p>This is carried out in line with our Trust contract with OCS. Guidance for cleaning is outlined in DN011 Cleaning and disinfection Procedure and DN089 Isolation and Standard Precautions Procedure. All IC procedures are available on the Trust intranet.</p>		<p>Green</p>
<ul style="list-style-type: none"> cleaning is carried out with neutral detergent, a chlorine-based disinfectant, in the form of a solution at a minimum strength of 1,000ppm available chlorine, as per national guidance. If an alternative disinfectant is used, the local infection prevention and control team (IPCT) should be consulted on this to ensure that this is effective against enveloped viruses 	<p>As above</p>		<p>Green</p>

<ul style="list-style-type: none"> □ manufacturers' guidance and recommended product 'contact time' must be followed for all cleaning/disinfectant solutions/products 	<p>As above</p>		<p>Green</p>
<ul style="list-style-type: none"> □ as per national guidance: <ul style="list-style-type: none"> o 'frequently touched' surfaces, eg door/toilet handles, patient call bells, over-bed tables and bed rails, should be decontaminated at least twice daily and when known to be contaminated with secretions, excretions or body fluids 	<p>As above</p>		<p>Green</p>

<ul style="list-style-type: none"> ○ electronic equipment, eg mobile phones, desk phones, tablets, desktops and keyboards should be cleaned at least twice daily 	<p>As above</p>		<p>Green</p>
<ul style="list-style-type: none"> ○ rooms/areas where PPE is removed must be decontaminated, timed to coincide with periods immediately after PPE removal by groups of staff (at least twice daily) 	<p>As above</p>		<p>Green</p>
<ul style="list-style-type: none"> • linen from possible and confirmed COVID-19 patients is managed in line with PHE and other national guidance and the appropriate precautions are taken 	<p>The PHE guidance is being followed and is reflected in DN011 Cleaning and disinfection procedure and DN089 Isolation and Standard Precautions procedure. We are adding an extra layer of protection by double bagging infected linen from confirmed suspected COVID-19 patients using two red bags instead of red and then white. The laundry has confirmed that both alginate bags will dissolve during the washing process.</p>		

<ul style="list-style-type: none"> single use items are used where possible and according to single use policy 	<p>Where possible single use items are used. If reusable items are used these are cleaned in line with PHE guidance. Cleaning standards are monitored via H118 Cleaning and Decontamination Audit.</p>		
<ul style="list-style-type: none"> reusable equipment is appropriately decontaminated in line with local and PHE and other national guidance 	<p>We are cleaning equipment with either a chlorine based product or Green clinell wipes which are effective at killing enveloped viruses as per PHE guidance. This is also captured in DN089 Cleaning and Disinfection Procedure</p>		
<ul style="list-style-type: none"> review and ensure good ventilation in admission and waiting areas to minimise opportunistic airborne transmission 	<p>Infection Control Doctors and nurses were involved with the design of the Hospital to ensure that all aspects of infection control were met. We have enhanced ventilation across the site. Details of this can be obtained from our Estates department.</p>		<p>Green</p>

3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance			
Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> arrangements around antimicrobial stewardship are maintained 	<p>Microbiologists are involved with daily ward rounds of all CCA patients including those in the surge areas. Pharmacists complete rounds in all areas.</p>		
<ul style="list-style-type: none"> mandatory reporting requirements are adhered to and boards continue to maintain oversight 	<p>All mandatory reporting continues. There is always a board member as gold command at C and C (Command and Control Meeting), which achieves oversight of the IC issues relating to COVID-19.</p>		
4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely fashion			
Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> implementation of national guidance on visiting patients in a care setting 	<p>All department leads are aware of the national visitor guidance restrictions, and where required bespoke IC advice is given to assist with the safe management of visitors to the Trust</p>		

<ul style="list-style-type: none"> • areas in which suspected or confirmed COVID-19 patients are being treated are clearly marked with appropriate signage and have restricted access 	<p>Patients with COVID -19 or suspected of having COVID-19 are being nursed in enclosed surge areas in blue precautions, or in single rooms on ward areas with purple and purple plus precautions. Surge areas are in full blue precautions as AGP's are practiced consistently and most patients are ventilated in these areas</p>		
<ul style="list-style-type: none"> • information and guidance on COVID-19 is available on all trust websites with easy read versions 	<p>COVID staff hub is located on the intranet with relevant documents and information.</p>		
<ul style="list-style-type: none"> • infection status is communicated to the receiving organisation or department when a possible or confirmed COVID-19 patient needs to be moved 	<p>This is covered in our COVID-19 Discharge/ transfer procedure and checklist is on Lorenzo. Handover is completed by the transferring area.</p>		

5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people			
Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed COVID-19 symptoms and to segregate them from non COVID-19 cases to minimise the risk of cross-infection, as per national guidance 	<p>The IPCT have put together a document for the re-introduction of services and this is covered in this.</p>	<p>In progress as part of the re-introduction of services.</p> <p>Main entrance has in and out doors identified and signed.</p>	<p>Some services have been restarted and individual IC advice on how to manage these patients safely has been given.</p>
<ul style="list-style-type: none"> mask usage is emphasized for suspected individuals 	<p>All patients who are suspected or confirmed COVID positive are advised to wear a surgical mask when leaving their side room. Patients should only leave their rooms for essential activities.</p> <p>We also encourage patients who are shielding to wear surgical masks when outside of their side room. This information can be found in our local policies and procedures.</p>		<p>Green</p>

<ul style="list-style-type: none"> ideally segregation should be with separate spaces, but there is potential to use screens, eg to protect reception staff 	<p>Estates are in the process of adapting work spaces. This will include the installation of a Perspex screen around reception.</p>		<p>Green</p>
<ul style="list-style-type: none"> for patients with new-onset symptoms, it is important to achieve isolation and instigation of contact tracing as soon as possible 	<p>All suspected and positive patients who are nursed on the ward areas and are nursed in single side rooms.</p> <p>Suspected and COVID positive patients are nursed in cohort bays on Critical Care where hand hygiene facilities are available.</p> <p>3NE and Day Ward are the only areas with inpatient bays. Only non-COVID pathway patients should be nursed in these areas. Contact tracing will take place by the Infection Control Team and Occupational Health in accordance to guidance.</p>		<p>Green</p>
<ul style="list-style-type: none"> patients with suspected COVID-19 are tested promptly 	<p>All patients are tested on or before admission and isolated with appropriate precautions</p>		
<ul style="list-style-type: none"> patients who test negative but display or go on to develop symptoms of COVID-19 are segregated and promptly re-tested and contacts traced 	<p>Patients are reviewed regularly and testing is carried out in line with PHE guidance.</p>		<p>Action: COVID-19 procedure in progress</p>

<ul style="list-style-type: none"> patients who attend for routine appointments and who display symptoms of COVID-19 are managed appropriately 	<p>This is covered in the IPCT Reintroduction of services document.</p> <p>Patients who are symptomatic should not attend OPD. If the patient needs to come in regardless symptoms they will be admitted to a ward area.</p>		<p>Some services have been restarted and individual IC advice on how to manage these patients safely has been given.</p>
<p>6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection</p>			
Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> all staff (clinical and non-clinical) have appropriate training, in line with latest PHE and other guidance, to ensure their personal safety and working environment is safe 	<p>All staff carryout IC training annually as part of their mandatory training. This is recorded on ESR</p>		
<ul style="list-style-type: none"> all staff providing patient care are trained in the selection and use of PPE appropriate for the clinical situation, and on how to safely don and doff it 	<p>Donning and doffing training as per the PHE guidance has been carried out across the Trust. For assurance this will be recorded on health roster.</p>		<p>Actions: Skill to be added to health roster for donning and doffing training to provide assurance.</p>

<ul style="list-style-type: none"> • a record of staff training is maintained 	<p>All staff carryout IC training annually as part of their mandatory training. This is recorded on ESR.</p>		<p>As above.</p>
<ul style="list-style-type: none"> • appropriate arrangements are in place so that any reuse of PPE in line with the CAS alert is properly monitored and managed 	<p>PPE is regularly reviewed by the Estates Team and Infection Control and if PPE needs to be reused the PHE guidance within the CAS alert will be followed.</p>		
<ul style="list-style-type: none"> • any incidents relating to the re-use of PPE are monitored and appropriate action taken 	<p>Any incidents would be reported via DATIX system</p>		
<ul style="list-style-type: none"> • adherence to PHE national guidance on the use of PPE is regularly audited 	<p>A monthly isolation audit is carried out to monitor compliance along with regular walk rounds by the IPCT.</p>		

<ul style="list-style-type: none"> staff regularly undertake hand hygiene and observe standard infection control precautions 	<p>All Infection Control Audits are being carried out and results reported to the appropriate areas. If scores are low action plans are required and completed.</p>		
<ul style="list-style-type: none"> Hand dryers in toilets are associated with greater risk of droplet spread than paper towels. Hands should be dried with soft, absorbent, disposable paper towels from a dispenser which is located close to the sink but beyond the risk of splash contamination, as per national guidance 	<p>There are no hand dryers in clinical areas. Bin are located next to the sink Hand dryers are in use in non-clinical areas.</p>	<p>Estates and Facilities to explore removing hand dryer and replacing them with paper towel dispensers.</p>	
<ul style="list-style-type: none"> guidance on hand hygiene, including drying, should be clearly displayed in all public toilet areas as well as staff areas 	<p>At present there are no hand hygiene posters in public toilets.</p>	<p>The IPCT will work with Estates to install the posters</p>	<p>Awaiting signage</p>
<ul style="list-style-type: none"> staff understand the requirements for uniform laundering where this is not provided on site 	<p>Guidance on how to launder staff uniforms has been publicised in daily staff briefings and is contained within DN001A Uniform Procedure.</p>		<p>Green</p>
<ul style="list-style-type: none"> all staff understand the symptoms of COVID-19 and take appropriate action in line with PHE and other national guidance, if they or a member of their household displays any of the symptoms 	<p>Staff are aware of the guidance and this has been published regularly in the Daily Staff Briefing. The COVID-19 Self-Isolation Management Protocol is used by Work force and HR to manage this.</p>		<p>Green</p>

7. Provide or secure adequate isolation facilities			
Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> patients with possible or confirmed COVID-19 are isolated in appropriate facilities or designated areas where appropriate 	<p>Surge areas and CCA have full COVID areas under blue precautions. Ward patients are isolated in single rooms on ward areas with appropriate precautions</p>		
	<p>Moving forward: Areas have been asked to look at how their patients can be split into COVID and NON-COVID pathways and split areas appropriately according to national guidance. IPC Reintroduction of services document has been created to assist with this process.</p>		
<ul style="list-style-type: none"> areas used to cohort patients with possible or confirmed COVID-19 are compliant with the environmental requirements set out in the current PHE national guidance 	<p>This is carried out in line with our Trust contract with OCS. Guidance for the cleaning of isolation areas is available in all rooms and bays and outlined in DN011 Cleaning and disinfection Procedure and DN089 Isolation and Standard Precautions Procedure. All IC procedures are available on the Trust intranet.</p>		

<ul style="list-style-type: none"> patients with resistant/alert organisms are managed according to local IPC guidance, including ensuring appropriate patient placement 	<p>All IPC policies and procedures are being followed alongside the implementation of COVID-19 PHE guidance.</p>		
<p>8. Secure adequate access to laboratory support as appropriate</p>			
<p>Key lines of enquiry</p>	<p>Evidence</p>	<p>Gaps in assurance</p>	<p>Mitigating actions</p>
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> testing is undertaken by competent and trained individuals 	<p>Education programme has been completed on nasal pharyngeal swab taking prior to COVID-19. Any staff requiring further education can contact the IPCT or Education. Posters and videos are available as part of this training.</p>		

<ul style="list-style-type: none"> patient and staff COVID-19 testing is undertaken promptly and in line with PHE and other national guidance 	<p>All PHE guidance on screening is being followed. This is captured in the Inpatient Admission COVID-19 Screening Pathway and the De-escalation of infection control precautions for COVID patient's flow chart. Both available on the intranet. Screening of patients who become positive is undertaken as required and advice is sought from the IPCT.</p>		
<ul style="list-style-type: none"> screening for other potential infections takes place 	<p>As per existing policies and procedures</p>		

9. Have and adhere to policies designed for the individual's care and provider organisations that will help prevent and control infections			
Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions
<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> staff are supported in adhering to all IPC policies, including those for other alert organisms 	<p>Staff training and support is provided by the IPCT and Education. The IPCN's can be contacted via bleep and the Microbiologists are on-site at the weekends and on call out of hours</p>		
<ul style="list-style-type: none"> any changes to the PHE national guidance on PPE are quickly identified and effectively communicated to staff 	<p>The IPCT constantly monitors the PHE guidance. Changes are taken through C and C and communicated via the daily staff update. Additional communication and support with changes is provided by the IPCT.</p>		
<ul style="list-style-type: none"> all clinical waste related to confirmed or possible COVID-19 cases is handled, stored and managed in accordance with current national guidance 	<p>Estates and Facilities manage the disposal and storage of waste in accordance with PHE guidance.</p>		
<ul style="list-style-type: none"> PPE stock is appropriately stored and accessible to staff who require it 	<p>Estates and Facilities ensure there is an adequate supply of PPE to all areas of the hospital that require it. PPE stock levels are monitored regularly and an update supplied to C and C on a daily basis.</p>		
10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection			
Key lines of enquiry	Evidence	Gaps in assurance	Mitigating actions

<p>Systems and processes are in place to ensure:</p> <ul style="list-style-type: none"> staff in 'at-risk' groups are identified and managed appropriately, including ensuring their physical and psychological wellbeing is supported 	<p>The COVID-19 staff risk assessment document is available on the intranet and is used by Line Managers, OH and Workforce to manage the risk assessing of staff. Staff who are self-isolating are regularly followed up by the Keeping In Touch Team (KITTT).</p>		
<ul style="list-style-type: none"> staff required to wear FFP reusable respirators undergo training that is compliant with PHE national guidance and a record of this training is maintained 	<p>Fit testing continues and training record is entered on to health roster.</p>		
<ul style="list-style-type: none"> consistency in staff allocation is maintained, with reductions in the movement of staff between different areas and the cross-over of care pathways between planned and elective care pathways and urgent and emergency care pathways, as per national guidance 	<p>Staff allocation allows staff to nurse either COVID or NON-COVID pathway patients which reduces the risk of staff crossover between pathways. It is advised that if need to crossover between pathways they should review non-COVID patients first then COVID pathway patient second. This is to maintain high standards of infection control and mitigate and potential risk of transmission. This is documented in our overarching IPC reintroduction of services document.</p>		Green
<ul style="list-style-type: none"> all staff adhere to national guidance on social distancing (2 metres) wherever possible, particularly if not wearing a facemask and in non-clinical areas 	<p>Social distancing is encouraged across the Trust by the regular communications and posters. All staff are advised to wear surgical mask when delivering direct patient care within 2 meters of the patient.</p>		Green

<ul style="list-style-type: none"> consideration is given to staggering staff breaks to limit the density of healthcare workers in specific areas 	<p>As above</p>		<p>Green</p>
<ul style="list-style-type: none"> staff absence and wellbeing are monitored and staff who are self-isolating are supported and able to access testing 	<p>Staff absence is reported to C and C daily and the KITT follow up staff regularly. Testing is accessed using the COVID-19 Self Isolation Management Protocol.</p>		
<ul style="list-style-type: none"> staff who test positive have adequate information and support to aid their recovery and return to work 	<p>Staff are regularly followed up by the KITT.</p>		