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Guidance

Using direct payments during the coronavirus outbreak: full guidance for people receiving direct payments and personal assistants

Updated 27 April 2021

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This publication is available at <https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-people-receiving-direct-payments/coronavirus-covid-19-qa-for-people-receiving-a-personal-budget-or-personal-health-budget>

Applies to: England

Who this document is for

This document is aimed at people of all ages – children, young people and adults – who receive support through their personal budgets or personal health budgets and take this as a direct payment. It's also relevant to family members and carers, local authorities (LAs), clinical commissioning groups (CCGs), providers and people who are employed through a direct payment, including personal assistants (PAs) (including those who are self-employed).

It sets out key messages to support people in planning and receiving their care and support safely during the pandemic, including slowing the transmission of the coronavirus (COVID-19) and reducing the possibility of hospital admission or care breaking down.

It takes account of the latest advice issued by government (<https://www.gov.uk/coronavirus>), including the Care Act easements guidance (<https://www.gov.uk/government/publications/coronavirus-covid-19-changes-to-the-care-act-2014>). It also takes into account the ethical framework for adult social care (<https://www.gov.uk/government/publications/covid-19-ethical-framework-for-adult-social-care>). This framework provides support to councils' ongoing response planning and decision-making during the pandemic to ensure that consideration is given to a set of ethical values and principles when organising and delivering social care for adults.

This document has been developed by the Department of Health and Social Care (DHSC) based on questions and concerns raised by members of the public. Contributions to the document have also been made by a number of government departments, organisations and charities, including Think Local Act Personal (TLAP), In Control, Skills for Care, Local Government Association staff (LGA), ADASS staff, NHS England and NHS Improvement, including the Personalised Care Strategic Co-production Group, and the National Co-production Advisory Group (NCAG).

This document will be updated to take into account any new relevant guidance published, and also to respond to any new issues or concerns raised by members of the public. For any concerns or questions that are not answered in this guidance (or other published guidance), please email these to pa.framework@skillsforcare.org.uk. These will be considered for future versions of this document.

This document should be read alongside the direct payment guidance for commissioners (<https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-people-receiving-direct-payments>).

You may also wish to read this document alongside TLAP's jargon buster (<https://www.thinklocalactpersonal.org.uk/Browse/Informationandadvice/CareandSupportJargonBuster/>) – a directory of plain English definitions of commonly used words and phrases in health and social care.

Introduction

1. A priority for this government is that everybody receives the care and support they need throughout the COVID-19 pandemic. This applies as equally to people who receive their care and support through direct payments, as it does to people who receive care and support in other ways. For direct payment holders, we know that direct payments can enable you to have more choice and control so that you can put in place the care and support that works for you, and achieve the goals you want to achieve.

2. We recognise that during this time, direct payments can bring their own unique challenges. For example, if you previously used your direct payment to join community classes, this might not have been possible, and there might be local lockdowns in place that mean you cannot access the care and support you would normally receive, in the usual way. Similarly, if you usually use your direct payment to employ personal assistants (PAs), you may be experiencing changes – for example, if you or your PA has COVID-19 symptoms. We understand that this can be a difficult and uncertain time.
3. That is why we want to use this document to set out, clearly, what you should expect. There is nothing in the Coronavirus Act (<https://www.gov.uk/government/publications/coronavirus-covid-19-changes-to-the-care-act-2014>) or the Care Act easements guidance (<https://www.gov.uk/government/publications/coronavirus-covid-19-changes-to-the-care-act-2014>) which suggests that direct payments could be stopped – instead there should be greater levels of flexibility, to ensure you continue to receive the care and support you need to keep safe. To achieve this, there should be discussion between yourself and local authorities and clinical commissioning groups (CCGs) to make sure you receive the support you need during the COVID-19 outbreak. Your safety, and the safety of those who provide care and support for you, is vital. That is why you should be able to access the appropriate personal protective equipment (PPE) and testing for those who provide care and support for you.
4. During the COVID-19 outbreak, every effort should be made to ensure your direct payment continues to meet your care and support needs in the best way for you and help you achieve the goals you want to achieve. The key messages in the direct payment guidance during the COVID-19 pandemic are:
 - a) Your direct payments should continue as before. These remain as important as other types of provision, and LAs and CCGs must make every effort to ensure that your budget and payment are maintained and supported.
 - b) LAs and CCGs will proactively communicate with you to ensure you stay safe and are assured about the LA/CCG's concern for your wellbeing.
 - c) The government expects LAs, CCGs and direct payment holders to adopt and enable the most flexible possible use of your direct payment to manage any issues arising from COVID-19, as set out in the relevant legislation. In emergency or time-critical circumstances, you have the flexibility to use your payment in a way that ensures you safely receive the care and support you require. This could mean a variation in your agreed care and support plan which does not require immediate sign-off from the LA or CCG, on the basis that it's the right and reasonable thing to do so you stay safe and receive the care and support you need during this time.
 - d) The government consider all PAs to be key workers, both now and in the future.
 - e) Directly employed or self-employed personal assistants who provide care that requires them to come within 2 metres of the person they support and who support adults over the age of 18 are eligible for regular testing (<https://www.gov.uk/guidance/coronavirus-covid-19-testing-for-personal-assistants>).
 - f) Anybody with coronavirus symptoms, including unpaid carers and personal care assistants, can get a COVID-19 test. This includes home tests delivered to their door (<https://www.gov.uk/get-coronavirus-test>).
 - g) All personal assistants and professional carers who do not live in the same household as you but provide you with close contact care, are entitled to free PPE. You can access free PPE either through your local resilience forum (those which will continue with PPE distribution) or through your LA or CCG. The organisation funding your direct payment – either your LA or CCG – has responsibility to ensure that

you and PAs that support you, have the PPE needed to keep safe. If you cannot access PPE through the routes set out above, they must support you to get the PPE you and your PAs need during this time, as quickly as possible, to keep you safe.

h) All PAs are now eligible for a free winter flu vaccination from their GP or a local community pharmacy. Direct payment recipients should ensure that the PAs they employ are aware of the free flu vaccination and understand how to get it. This includes making sure that their PAs receive the proof of entitlement, which can be found within the bespoke guidance for free flu vaccination (<https://www.gov.uk/government/publications/flu-immunisation-for-social-care-staff/personal-care-assistants-guidance-for-free-flu-vaccination>). Neither individuals nor their PAs will have to pay for the flu vaccination for PAs – it will be paid for by the NHS Complementary Scheme.

Flexible use of direct payments during the pandemic

Using your direct payment during the pandemic

While we're all having to cope with COVID-19, the government expects LAs and CCGs to continue to give you as much flexibility as possible in how you use your direct payment. What matters most is that you are able to use your direct payment in a way that allows you to stay safe and well, and continue to get the care and support you need.

Where possible, you should keep using your direct payment as agreed in your care and support plan. But there may be situations where you need to organise your care and support in different ways as a result of the COVID-19 outbreak.

This is allowed. It has always been possible under the Care Act and direct payment regulations for you to use your direct payments flexibly providing it continues to meet your assessed needs. We expect LAs and CCGs to be as flexible as possible when you have made reasonable decisions to use your direct payment differently in a way that keeps you safe and avoids your care breaking down.

Ideally, you will have agreed this with your usual contact person at your LA or CCG, but we understand that this will not be possible every time. This is OK. The Care Act easements guidance (<https://www.gov.uk/government/publications/coronavirus-covid-19-changes-to-the-care-act-2014/care-act-easements-guidance-for-local-authorities#steps-local-authorities-should-take-before-exercising-the-care-act-easements>) says that LAs, providers and direct payment holders should work together to agree the circumstances in how the care package and direct payment can be used differently, without needing sign-off.

Some LAs and CCGs have also now written their own local guidance on how direct payments can be used during the pandemic. If you can access the internet, you should look at their websites to find advice and support.

When you have to adapt or change your care and support because of COVID-19, you should make a note of what you have done and why and keep any receipts or evidence of how you have used your direct payments. You may need this for future reviews.

Example scenario 1

Joy receives a direct payment (through a personal health budget) that she uses to fund counselling sessions and activities in the community, to support her mental health. The payment helps to reduce isolation. As a result of coronavirus and social isolation, Joy was no longer able to receive counselling, nor engage in community activities.

Joy contacted her direct payment support service saying she was feeling vulnerable, anxious and isolated living alone during social isolation. The support service discussed with Joy how she might be able to feel less isolated, and during the discussion it emerged that Joy did not have access to a computer.

Joy agreed that if she had one, she would be able to have online sessions with her counsellor, could communicate with friends through a video call, and would have access to more leisure opportunities through the internet.

Together, they drew up a plan for Joy to approach her social worker, proposing that Joy used her budget more flexibly to buy a laptop. Joy's social worker was very receptive to the idea and approved it. Joy also received training on how to use her laptop through an online tutorial – supported to do this by her social worker.

Receiving her laptop has changed Joy's life during COVID-19. Her anxiety and stress levels have fallen dramatically, and she has managed to restart her counselling sessions via video call. This was achieved at no additional cost but has changed Joy's life and improved her health and wellbeing.

Example scenario 2

Zeenat and Eoin both have autism and receive direct payments to support their wider care needs.

The couple usually enjoy visiting their local pub each day for their favourite meal, which they pay for themselves. When the pub closed as a consequence of the COVID-19 pandemic, Zeenat and Eoin became increasingly concerned and anxious as they could not do this anymore.

Despite having closed during COVID-19, the pub's landlord kindly offered to continue making Zeenat and Eoin's favourite meal and leave it on their doorstep. The local authority's direct payments team agreed that Zeenat and Eoin's direct payments could be used more flexibly to cover the cost of fuel for the pub landlord to deliver this.

This small change to the direct payment has allowed Zeenat and Eoin to continue to be able to purchase their favourite meal each day. As a result, Zeenat and Eoin feel much less anxious, and this has had a positive impact on their wider health and wellbeing.

Example scenario 3

Hadid is 13 and lives with his mum, dad and younger sister, Sabah, who is 9. Hadid has complex health care needs which meant that during COVID-19 his whole family has been self-isolating.

The family usually have a team of PAs who support Hadid at home and support him when he is outside. However, due to Hadid's health needs, the family thought it would be too risky for his PAs to be coming into the family home. As a result, Hadid's PAs do not provide that care and support anymore, and Hadid does not get outside as much as he used to.

This change to his life has led to Hadid being anxious about COVID-19. He is also missing his friends at school, who he could not see anymore. Hadid's family spoke to their social worker about how they could use Hadid's direct payment differently, in a way that would enable him to talk to his friends and manage some of his anxiety. Hadid's social worker agreed to use some of his direct payment to purchase a games console that enables Hadid to play games online with his friends. Importantly, this allowed Hadid to talk to his friends, using a platform that everybody else does.

Together, this has helped Hadid to manage and reduce his anxieties, enabling him to talk to his friends when he wanted, in a way he wanted.

Accessing emergency funding from your CCG or LA to ensure you receive the care and support you need

During this time, we understand there may be additional and unanticipated costs to your care and support. There may be occasions where you therefore need to request additional funding in an emergency because you do not have enough money to cover these additional costs and receive the care and support you need. In these circumstances you should discuss this need with your LA or CCG immediately, who will consider this. Requests for additional emergency funding to prevent care breaking down will be prioritised, and LAs and CCGs should respond to any request as quickly as possible to ensure the care and support you need, is given.

Managing unspent direct payments

It's important to make sure your care and support plan is still right for you and takes into account any additional identified support (paid or unpaid) that might be needed as a result of COVID-19. This is essential to help you achieve the outcomes you want to achieve.

During COVID-19, it is possible that the way you have received your care and support may have needed to change. This might have impacted on the amount of money you have used during this time. For example, if you haven't been able to access community classes.

Unspent money from your direct payment should continue to be made available to you to manage your own care and support in the way that works for you during this time, keeps you safe, and meets your health and wellbeing needs.

If you have spent less money than usual during COVID-19, LAs and CCGs should not permanently reduce the amount allocated to you. We recognise that this is an uncertain time, and you may need to deviate away from your personalised care and support plan to ensure your needs are met.

You should not be penalised for this.

Reduced use of direct payments during COVID-19 and impact on future assessment and budget allocation

The government expects all **LAs**, **CCGs** and direct payment holders to adopt and enable the most flexible possible use of direct payments during this time. People may have had less access to services such as community groups and made greater use of support from family and friend supports during this period. This should not affect future assessments, which are based on level of need and the requirement of services to meet those needs. **LAs** and **CCGs** should communicate and work with people and families to ensure they have suitable support in place through direct payments, that will help them to achieve their goals.

Covering extra expenses faced by your PA during the pandemic (for example, car park charges if unable to use public transport due to local lockdowns)

In some circumstances this will be appropriate and necessary in order for you to receive the care and support you require during the pandemic (for example, where public transport is reduced due to a local lockdown and a **PA** cannot reach your home without using their own car, but by doing so incurs car parking fees). It is vital that you continue to receive the care and support you need to remain safe at home, and the government recognises the importance of support delivered by key workers such as **PAs**.

As an employer, you will need to consider whether the additional expense is essential, appropriate and cost-effective. If in doubt, or if additional funding will be needed, you should discuss this with your named contact at your **LA** or **CCG**.

Using your direct payment to pay for activities at home instead of in the community

If you're unable to attend activities in the community as a result of COVID-19, it is possible to use your direct payment flexibly in a way that will similarly support you to achieve your health and wellbeing goals.

When you want to do this, and if you cannot speak to your **LA** or **CCG** about it, you should make a note of what you've done and why and keep any receipts or evidence of how you have used your direct payments as they will be needed for future reviews.

Example scenario 4

Miguel receives a direct payment, which he uses to attend a weekly art class at a local community centre. As a consequence of COVID-19, Miguel was informed that his weekly arts class was temporarily suspended.

The organisation that usually provides the arts class has put learning materials and ideas on its website for people to try at home. Miguel felt it would benefit his health and wellbeing to have the opportunity to continue doing craft activities at home while the community class was suspended. However, he did not have the materials he needed at home.

Miguel contacted his direct payments support service, and with their support drew up a list of materials he needed to purchase. Together with the support service, Miguel found online sellers and placed an order.

The materials arrived and Miguel felt pleased he could participate in the activities suggested online. He continued to develop his skills and maintained his weekly routine. As a result, Miguel is experiencing less anxiety, and is more confident.

Continuation of direct payments

Your direct payment should continue during the pandemic as before. These remain as important as other types of provision, and **LAs** and **CCGs** should make every effort to ensure that budgets and payments are maintained and supported.

Using your direct payment differently because of rules to manage COVID-19

In some exceptional cases, the care and support you usually receive may need to change given current government guidance and rules to manage COVID-19. For example, if your care and support included going to community classes, this might no longer be possible. Care and support may need to be met in a different way, such as accessing exercise classes through technology, rather than in community settings.

The direct payment guidance encourages **LAs** and **CCGs** to provide you with longer-term payments (for example, 2 months' money rather than one), and therefore you may receive a different amount of money compared to usual. Others are providing extra funding within the direct payment, to cover contingencies. If this does happen, you will be told in advance.

Continuation of direct payments during hospital admission

In general your direct payment should continue. In line with normal practice, this will be dependent on your condition and circumstances, length of stay, and any long-term impacts that mean your needs have changed and are no longer as set out in the care and support plan.

Carer or **PA** support during your time in hospital

We understand that you may prefer some personal care tasks to be undertaken by your carer or **PA** rather than hospital staff. This should be discussed and agreed with hospital staff and if appropriate in the changed circumstances, continued use of your direct payment can usually be allowed for this.

The current visitor guidance (<https://www.england.nhs.uk/coronavirus/publication/visitor-guidance/>) provides advice on how NHS organisations may choose to facilitate visiting across healthcare inpatient settings, and includes familiar carers and **PA**s who may need to attend to support individual needs.

If you will shortly be, or have been, admitted to hospital, you should contact the ward or department you have been admitted to, to talk about your preferences and agree arrangements.

If your carer or **PA** is able to support you in hospital, they will be subject to infection control measures as is normal practice. In no circumstance should the personal care interfere with the medical treatment. Carers, **PA**s or anybody supporting you must adhere to the guidance set by government and the hospital around supporting people when in hospital.

Carers and **PA**s will have a vital role to play upon discharge. Separate guidance has been published on the discharge process (<https://www.england.nhs.uk/coronavirus/publication/covid-19-hospital-discharge-service-requirements/>) in place during the pandemic.

Example scenario 5

Marta is 20 years old, has learning disabilities and is autistic. She lives with her mum and brother and has a team of PAs that support her at home and out and about.

Marta does not use words to speak and relies on her mum and PAs who really understand her communication. She often experiences sensory overload and can hurt herself and other people if she is not supported in ways that work for her.

Marta becomes very unwell with stomach pains, and her GP thinks she has appendicitis. She goes into hospital with her mum for tests and they confirm that she needs to have her appendix removed.

Marta has a healthcare passport (<https://www.nhs.uk/conditions/learning-disabilities/going-into-hospital/>) which has critical information for hospital staff about her communication and how she needs to be supported. It's also agreed by the health team that it's important for Marta to be supported in hospital by one of her PAs or by her mum, as it is clear that the risk of infection is less than the risk of Marta hurting herself or someone else because she is distressed.

To reduce the risk of infection, the PA team agree that just one person, Anya, will take turns supporting Marta in hospital along with her mum. They work with the health team to agree use of PPE and follow hospital infection control procedures.

The operation takes place and after a few days, Marta is able to go home. Although she found the experience difficult, hospital staff, Anya and Marta's mum felt the experience was the best it could have been.

The effect of Care Act easements on legal rights under the Care Act for advocacy support

Individuals' rights to advocacy support are not affected by Care Act easements.

Further information about Care Act advocacy can be found in chapter 7 of the care and support statutory guidance (<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>). Similarly, there's information on page 54 of the Mental Health Act 1983: Code of Practice (<https://www.gov.uk/government/publications/code-of-practice-mental-health-act-1983>) and Independent Mental Capacity Advocacy on page 178 of the Mental Capacity Act Code of Practice (<https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>).

Easy read resources about advocacy can be found at the National Development Team for Inclusion's website (<https://www.ndti.org.uk/>).

Developing a contingency plan

We recommend that everybody with a direct payment develops a contingency plan, or updates their existing plan, to ensure needs can continue to be met if care is at risk of breaking down, because of COVID-19 or otherwise. It may be possible for a direct payment support organisation to support you in developing this plan if you do not already have one.

You should discuss and agree this plan with your **L.A** or **C.C.G** where possible, and then use it when you think it's necessary. Things you may want to consider including within this plan are:

- **staffing:** setting out possible options for different arrangements, for circumstances where those you employ cannot work in their usual way. You may want to consider longer shift patterns and less frequent handovers, for example. When doing this, you should consider any additional pressures being placed on the individual you employ
- **different care and support arrangements:** in circumstances where parts of your care and support are unable to be delivered (such as attending exercise classes in the community), you should consider what other arrangements can temporarily be put in place (for example, the use of indoor exercise classes and the use of video calls)
- **different networks of support:** you should consider who else can support you if they are willing and able (such as extended family and friends), to keep safe, and what information, advice or training they may need to do this
- **upskilling of existing staff:** you should think about what possible additional training or support there is for existing staff. This does not necessarily have to be through face-to-face training – it could be through learning from other staff, or learning on the internet
- **emergency contact:** in case your care is in danger of breaking down, an emergency contact at your **LA** or **CCG** should be provided who you can talk to

We have developed a template contingency plan in annex A

(<https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-people-receiving-direct-payments>) that you may wish to use.

Personal protective equipment (PPE)

Using direct payments to buy PPE for those who support you

You do not now need to use the funding in your direct payment to buy PPE needed as a result of COVID-19.

If you employ a personal assistant, you are entitled to free PPE for your personal assistant, where this is needed as a result of the guidance below about wearing the right PPE.

You can access free PPE either through your local resilience forum (those which will continue with PPE distribution) or through your local authority depending on where you live. **DHSC** have committed to providing free PPE for COVID-19 needs until 31 March 2021 (though either **LAs** or LRFs).

If you're unsure of who is in charge of this distribution locally, you could contact your **LA** or **CCG** who will assist you. The organisation funding your direct payment – either your **LA** or **CCG** – has responsibility to ensure that you and **PA**s that support you, have the PPE needed to keep safe. If you cannot access PPE through the routes set out above, it is their responsibility to get you the PPE you and your **PA**s need during this time.

PPE requirements for family members, friends and unpaid carers providing care and support and living with you

Generally, family members and friends who provide you with care and support and also live in your household do not need to use additional PPE. They should follow good infection control practices, particularly hand and cough hygiene, and should not provide you with direct care if they have symptoms of COVID-19.

Where your family members and friends are living elsewhere and also provide paid or unpaid care and support for you, the normal PPE guidance should be followed.

PPE requirements for people providing you with care and support, who don't live with you

If the person providing you with care and support does not live in the same accommodation as you, there are a number of circumstances in which it is recommended that they wear more PPE than normal. These situations are described below in the section wearing the right PPE and apply even if you do not have COVID-19 symptoms.

Your PA is eligible to receive free PPE to fulfill their COVID-19 PPE needs. The following items are available:

- aprons
- coveralls
- gloves
- type IIR masks
- FFP3 masks
- eye protection
- hand hygiene
- clinical waste bags

Furthermore, if your PA normally receives (non-COVID-19) PPE to support you, this must continue.

Discomfort (overheating) associated with wearing PPE

Wearing PPE, especially face masks and visors, for long periods of time can be uncomfortable, particularly in warm weather or in hot homes.

It's really important that your PAs continue to comply with recommended PPE guidance to keep you and them safe. However, there are things you can do to support your PAs in doing this. For example:

- ensuring rooms are well ventilated, with open windows
- encouraging your PAs to drink water regularly
- allowing your PAs to take unscheduled breaks and allowing more time for tasks to be completed
- checking in with your PAs about their comfort and wellbeing

Impact on communication when wearing PPE

The use of PPE by PAs can have a significant impact on communication and relationships, particularly for children and young people, people with a learning disability and/or who are autistic, have mental health problems, dementia and hearing loss. Not being able to see someone's facial expression or

relying on lip reading can make conversations more difficult than they normally are.

Some people may become distressed or anxious to see staff who support them wearing PPE. They may have difficulty recognising people's faces and non-verbal communication may be harder.

Here are some useful tips for PAs to help manage these situations:

- greet people without a mask through a window before entering their home
- introduce yourself so the person knows who you are
- explain why you are wearing a mask – to keep them, you and others safe
- wear a picture badge of your face
- face the person you are speaking to
- speak clearly and naturally
- use body language to support your speech – moving shoulders, eyebrows, and gesturing
- use ClearMasks™ where available and appropriate

Public Health England (PHE) has updated its resources on safe working (<https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-domiciliary-care>), and they now include a section on providing support to people with learning disabilities and/or who are autistic during the coronavirus pandemic (<https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-domiciliary-care/covid-19-ppe-recommendations-for-those-providing-support-to-people-with-learning-disabilities-or-autistic-people-in-domiciliary-care>). This guidance also states that staff could choose not to wear a mask when supporting a person with learning disabilities, if it's decided following a risk assessment that it would do more harm than good. These principles can also be applied to caring for people with other conditions.

More resources that might be helpful can be found at:

- Action on Hearing Loss (<https://actiononhearingloss.org.uk/coronavirus-response/communication-tips-for-the-general-public/>)
- The Challenging Behaviour Foundation (<https://www.challengingbehaviour.org.uk/learning-disability-assets/sldandppe.pdf>)

Example scenario 6

Barnaby is 11 years old and receives support from multiple PAs due to a number of complex needs. He currently lives with his mum, and he relies on being able to lip read what her and her PAs are saying in order to be able to communicate effectively.

When Barnaby is unable to lip read, this can cause him to feel frustrated and distressed, leading to high levels of anxiety.

Barnaby is currently supported by 3 PAs for around 45 hours a week. At the beginning of lockdown, his PAs began to wear PPE, including facemasks in accordance with the guidance around COVID-19. This initially provoked some anxiety for Barnaby as he was no longer able to understand what his PAs were saying or asking of him.

His mum spoke to other parents of children with complex needs in her local community and realised that clear masks were available to purchase. This would mean that Barnaby could continue to lip read from his PAs while they were providing personal care.

All of Barnaby's PAs now wear clear masks as part of their PPE equipment and Barnaby's anxiety levels have reduced significantly because of this.

Wearing the right PPE

The following information is for care that is taking place in your home and assumes your PA does not live with you permanently. If you're receiving support in a different setting, there's specific PPE guidance from PHE (<https://www.gov.uk/government/collections/coronavirus-covid-19-personal-protective-equipment-ppe>).

In addition to this, you should read the most recent guidance published by PHE on what PPE is appropriate for PAs to wear who live in separate accommodation to the person requiring care (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881296/Domiciliary_care_guidance_final.pdf), and the illustrative guide on the correct PPE in different situations (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/911188/PHE_PPE_guide_for_community_and_social_care_settings_AUG_2020.pdf).

This guidance applies whether you have symptoms of COVID-19 or not. In short, the guidance sets out that:

- when providing personal care which requires a PA to be in direct contact with you (for example, touching) or when within 2 metres of anyone who is coughing, the PA should use disposable gloves, a disposable plastic apron and a fluid-repellent face mask. Eye protection may be needed if there's a risk of droplets from the individual reaching the PA's eyes (for example, caring for someone who is repeatedly coughing or who may be vomiting (<https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-domiciliary-care/covid-19-ppe-recommendations-for-domiciliary-care-workers-within-2-metres-of-a-client-and-providing-close-personal-care-for-example-touching-or-wi>))
- new disposable gloves and plastic aprons must be used for each individual episode of care (for example, washing, directly helping take medication and so on), whether the person has symptoms or not. Surgical and fluid-repellent face masks can be worn continuously for multiple episodes of care, providing the PA does not touch or remove the face mask in between each action. Eye protection can also be used continuously, dependent on a risk assessment. See the PPE resource for care workers delivering homecare (domiciliary care) during sustained COVID-19 transmission in the UK (<https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-domiciliary-care>) about the conditions in which this should be undertaken
- when the PA's care and support does not need them to touch you (and you don't have a cough), but they need to be within 2 metres, gloves and an apron are not needed but a type II surgical mask is. For example, when your PA is removing medicines from their packaging, or preparing food. For more details see the guidance on working safely within 2 metres

(<https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-domiciliary-care/covid-19-ppe-recommendations-for-domiciliary-care-workers-within-2-metres-of-a-client-or-household-members-but-not-delivering-personal-care-or-needi>)

- when your P.A is within your household but not within 2 metres of yourself they should wear a type I or II surgical mask. This also applies for a number of other workplace scenarios

(<https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-domiciliary-care/covid-19-ppe-recommendations-for-any-other-work-situation-when-in-a-clients-home-or-in-your-work-premises-or-with-other-staff-members>).

Disposing of used PPE

It's important that PPE that has come into contact with someone with COVID-19 symptoms is stored securely within rubbish bags that can be thrown away. These bags should be placed into another bag, tied securely and kept away from other waste.

The bag should be put aside for at least 72 hours before being put in the usual household waste bin.

Waste that has not come into contact with anyone that has COVID-19 symptoms can be disposed of normally.

Please do not put any items of PPE (or face coverings of any kind) in the recycling bin.

Using PPE safely

PPE is only effective if it's used correctly. PHE has produced a number of resources that explain how PPE can be safely used to reduce the spread of infection. It's important that PAs take off PPE in the recommended order. This helps to prevent self-contamination. See the guidance on how to put on and take off PPE safely (<https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-domiciliary-care>).

There is also a video alongside this guidance showing how to safely put on and take off PPE. While this video is for care homes the guidance applies also for PAs.

Watch a video showing how to safely put on and take off PPE (<https://www.youtube.com/watch?v=ozY50PPmsvE>).

PPE is also only effective when combined with good hand hygiene (cleaning hands regularly and appropriately), covering your mouth when coughing or sneezing, avoiding touching your face with your hands and when following standard infection prevention and control precautions.

Footwear covers are not a part of recommended PPE

Footwear covers have not been included as part of PPE guidance for PAs or home care organisations. You can help to reduce any potential transmission by increased cleaning of floors and surfaces and keeping your house properly ventilated by opening windows whenever safe and appropriate.

Safely using paper towels or hand towels

There is no requirement for paper towels rather than hand towels. Individual hand towels, specific for each **PA**, can be used and should be washed and replaced frequently. Good hand hygiene and the correct use of **PPE** will reduce the potential for contamination.

Where **PA**s are using paper towels after coming into contact with someone with COVID-19 symptoms, they can be disposed of in regular household waste, but should be double bagged. You should wait for 72 hours before removing the bag from your home and disposing it as normal.

What to do if **PA**s fail fit testing for filtering face piece respirators

Some tasks require enhanced **PPE** to be worn, including the use of filtering face piece respirators, for example for aerosol generating procedures (AGPs).^[footnote 1]

Where filtering face piece respirators are required, your **PA**s must be fit tested to ensure the respirator is the correct fit on their face. **LAs** and **CCGs** will have local processes and arrangements in place to carry out this fit test.

In a small number of cases, a **PA** may fail fit testing for a particular filtering face piece respirator. In these situations, different filtering face piece respirators must be fit tested to identify a suitable alternative. If a suitable alternative cannot be found in the short-term, where possible you should review your rota and staffing arrangements and make changes to ensure that your **PA**s who are carrying out AGPs have passed the fit test and are able to use the right **PPE**.

An individual personalised plan could also be completed to identify suitable alternative provision or arrangements for care and support.

Compliance with **PPE** guidance and safe care

As an employer, you have a responsibility under Health and Safety Executive legislation to ensure your **PA**s are able to perform their duties in a safe environment which includes ensuring appropriate **PPE** is available. As employees, your **PA**s also have a duty to take care of their own health and safety and that of others who may be affected by their actions at work. They must co-operate with you and the other **PA**s who support you to help everyone meet their legal obligations. This is important to control the spread of any infection and protect you as well as enabling your **PA**s to remain as safe as possible in their place of work while meeting your care needs.

It's important to have conversations with your **PA** team about the requirement to use **PPE** so that everyone fully understands the recommendations and you all agree a plan to ensure these are met.

If your **LA** or **CCG** is aware that appropriate **PPE** is not being used by **PA**s, they can gather information to understand the situation, and support you and your **PA**s to put measures in place to manage or mitigate against any issues identified.

Useful questions for everyone to consider include:

- Do you understand your responsibility to ensure your **PA**s are working in a safe environment?
- Do you and your **PA**s understand the implication of not wearing the recommended **PPE**?
- Are there any specific reasons why either you or your **PA**s are not using appropriate **PPE**?

You and your **PA**s should be aware that there are potential longer term impacts of COVID-19, including:

- loss of earnings for your PAs if they become infected and go on sick pay
- impact on provision of care and support for you if your PAs become unwell
- serious consequences for you if you are in one of the at-risk groups.

You should also discuss with your employer's liability insurance provider to understand any impact non-compliance with recommended PPE guidance will have on your insurance cover.

Safe infection control in households

When cleaning, the usual household products, such as detergents and bleach, should be used. These products are very effective at getting rid of viruses on surfaces. Frequently touched surfaces should be cleaned regularly.

Waste should be placed in a refuse bag and can be disposed of as normal domestic waste unless the client has symptoms of COVID-19 (a new continuous cough, a high temperature, a loss of, or change in, your normal sense of taste or smell).

Personal waste (for example, used tissues and other items soiled with bodily fluids) and disposable cleaning cloths from those with symptoms of COVID-19 should be stored securely within disposable rubbish bags. These bags should then be placed into another bag, tied securely and kept separate from other waste within the room. This should be put aside for at least 72 hours before being put in the usual household waste bin for disposal as normal.

Dirty laundry should not be shaken before washing. This minimises the possibility of dispersing the virus through the air. Items should then be washed following the manufacturer's instructions. All dirty laundry can be washed in the same load.

For households with possible or confirmed COVID-19 that do not have a washing machine, they should wait a further 72 hours after the 10-day isolation period (for individual isolation) or a 14-day isolation period (for households) has ended. The laundry can then be taken to a public launderette. Items heavily soiled with body fluids, such as vomit or diarrhoea, or items that cannot be washed, should be put in the bin with your consent.

Further guidance on laundry and waste disposal is available in the stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection (<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>).

Employment of individuals

Keeping safe when PAs become sick or are unable to work

If your PA becomes sick or is unable to work, you or somebody on your behalf should try to organise different arrangements. This is why contingency plans are so important (see the developing a contingency plan section for further detail). For example, it may be that another PA is willing and able to take on further work to provide you with the care and support you need.

If other arrangements cannot be put in place, it will be necessary to implement your contingency plan. For example, where they are sufficiently trained to do so, friends or family members may be willing to step in and support you to receive the care and support you need. Local authorities and CCGs have been

directed to adopt a flexible approach to how the care and support plan is delivered during this period, to ensure that appropriate care and support is possible.

In cases where arrangements cannot be put in place to enable you to receive the care and support you need, you should contact your **L.A** or **C.C.G** immediately. They will support you in developing a temporary plan to ensure your needs are met, while your **P.A** is recovering. This might include a short-term package of care in emergencies to ensure you receive the care and support you need. You may wish to also speak to your insurance company, who can offer advice about how you can or should pay your **P.A.s**.

If your **P.A** is concerned that they may have COVID-19 they should use the NHS 111 coronavirus service (<https://111.nhs.uk/covid-19/>). If they need to self-isolate at home, they should not visit and care for you or provide support until it's safe to do so.

They should also follow the guidance on home care provision

(<https://www.gov.uk/government/publications/coronavirus-covid-19-providing-home-care/coronavirus-covid-19-provision-of-home-care>).

Example scenario 7

Tahmina employs a PA, Rebecca, through her direct payment to help her with some daily tasks. One morning, Tahmina receives a call from Rebecca, who informs her that a member of their household has begun to display symptoms of COVID-19. After consulting advice on GOV.UK, Tahmina and Rebecca agree that Rebecca cannot provide care until the member of her household is fully recovered.

Tahmina also receives support from another PA, Stuart, for a few days each week. Stuart is familiar with Tahmina's needs and care plan, although he is not Tahmina's main PA. Tahmina contacts Stuart to ask if he is able to increase the number of hours he works for her. Stuart says he is able to do this on a short-term basis.

Tahmina applies for Statutory Sick Pay for Rebecca, for the time she is self-isolating, while paying Stuart a full wage until Rebecca is able to return.

Care workers and quarantine periods

A small number of registered health and care staff have been stranded overseas since the beginning of the virus. There is an exemption for a certain group of workers who are travelling into the UK for work at least once a week. At present, the jobs that qualify for travel exemptions

(<https://www.gov.uk/government/publications/coronavirus-covid-19-travellers-exempt-from-uk-border-rules>) is limited, and does not include **P.A.s**. This list will continue to be reviewed.

However, the government's policy on 'air corridors' means that if your **P.A** is travelling from certain countries, they will not need to quarantine when they arrive (<https://www.gov.uk/guidance/coronavirus-covid-19-travel-corridors#countries-and-territories-with-no-self-isolation-requirement-on-arrival-in-england>). This is on the basis that the government is satisfied that it is safe to ease these measures in England for travel from certain countries.

Before your care worker travels abroad – even if they are travelling to a country that currently has an 'air corridor' agreement in place – you should add a contingency into your care and support plan to ensure your care and support needs will continue to be met, in circumstances where your care worker has to quarantine, or is unable to return to the country immediately. If emergency additional funding is required to fund this, you should speak to your CCG or LA as soon as possible, who will prioritise this.

Supporting furloughed PAs to return to work: payments

During COVID-19, you may have used the Coronavirus Job Retention Scheme to 'furlough' your PA, given your personal circumstances, and to ensure you remain safe. The furlough scheme will remain open until December, with employees receiving 80% of their current salary for hours not worked, up to a maximum of £2,500.

It is the responsibility of LAs and CCGs to ensure there is sufficient funding available for you in your direct payment, to cover your payroll responsibilities, and to make sure you receive the level of care and support you need from your care workers.

Requirement for PAs to return to work, now shielding is over

Care services, including the role of PAs and carers, are a vital part of both the ongoing response to COVID-19, and providing individuals with ongoing care and support. In general therefore, we have anticipated that employers, including direct payment holders, have kept the vast majority of their PAs working to maintain these services. For those PAs who have been furloughed, and where it is now safe for them to return, we would now anticipate the PA returning to work. Discussions should be held between the direct payment recipient and PA on the safety measures that will be put in place to ensure a safe environment, as demonstrated below:

Example scenario 8

In April, John's PA, Ruth, was 'shielded' to protect her from COVID-19. While the shielding programme has now been lifted, Ruth is now experiencing acute anxiety at the idea of leaving her home and going back to work, when COVID-19 is still present in the UK.

It is understandable that Ruth, who is vulnerable to COVID-19, would feel nervous about returning to work. John, who is conscious of Ruth's nervousness, calls Ruth and explains the measures and safe practice that he will put in place to help Ruth feel confident about returning to work. Together, John and Ruth undertake a risk assessment, and discuss the measures that they will both take to ensure both remain safe.

Taking this into account, Ruth agrees to return to work to provide John with care and support. Once back in the workplace, and following their conversation, Ruth feels satisfied that the measures in place will protect both her and John. Ruth and John continue to hold regular discussions on infection control and safety measures, to ensure they are protected.

However, a return to work may not be possible or appropriate in every circumstance. There are circumstances that could make it difficult for the PA to return to work, or where it would not be safe for them to do so.

Example scenario 9

Thomas currently employs 3 PAs to support him with a neuromuscular condition. He is currently a student at a local college and lives at home with his family.

When lockdown began, Thomas was advised to shield, so he took the decision with his family to stop PAs coming into the home to reduce the risk of infection. One of Thomas' PAs had also received a shielding letter. During this period, all of Thomas' support was provided by his family. Over time, 2 of his PAs have gradually returned to work, increasing their hours week by week. Numerous safety and infection control measures have been put in place so everybody has felt safe to do this, including correct PPE equipment, and no more than 3 people in one room at any time.

The PA who received a shielding letter has yet to return to work. As Thomas receives 2:1 care, it makes social distancing increasingly difficult which has created added concerns for the PA for both Thomas and their own safety.

This PA has continued to provide indirect support such as doing the weekly shop, picking up prescriptions and having calls with Thomas through Zoom. A phased return to work is currently being planned with Thomas and the family.

If you're undecided or unsure, you should speak to your **L.A** or **CCG**, who can provide you with further advice and support you in developing a plan that works for you.

Uncertainty over whether to bring your PA back to work, despite the shielding policy ending

The government view is that your risk of contracting the virus is greatly reduced, if you and those you employ, use the right **PPE** and put in place the right infection control measures, as outlined by government. You should not assume that your budget will continue to allow you to pay the **PA** for leave that isn't agreed in the contract.

Before making any decisions, it's recommended that you carefully consider how you may be able to put in place safe systems of work by following the government guidance and risk assessing your care practices. If you still feel that there are risks that cannot be managed, for example by following the suggested hygiene practices, changing systems of work and/or using **PPE**, you should talk to your **L.A** or **CCG** to explain why you feel it's unsafe for your **PA** to return to work. From this discussion, a new plan should then be developed to ensure your care and support needs continue to be met.

Possible methods to frame discussion for your PAs return to work

To make sure that you can be confident of your **PA's** ability to return to work, one way is to follow the DREAM employer approach. This is as follows:

- Discuss: make sure you have good communication with your **PA**, one to one.
- Recognise: allow yourself to be fully aware of and responsive to their own situation.
- Explain: tell them what you need and how you've handled coronavirus risks so far.
- Assess: considering your new information, assess the risks for your **PA** and their needs.

- Measures: implement measures and take action to avoid risks.

As outlined by [PHE](#), it has become increasingly clear that COVID-19 has had a disproportionate impact (<https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes>) on people living in areas of high deprivation, on people from black, Asian and minority ethnic communities (BAME), and on older people and others with protected characteristics (<https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/>).

If your [PA](#) falls into one of these groups, you should consider this as part of the risk assessment and consider whether there are additional mitigating actions that might be necessary.

Further information and tools (<https://www.skillsforcare.org.uk/Employing-your-own-care-and-support/Information-for-individual-employers/COVID-19-Individual-employers.aspx>), including a risk assessment template are available.

[PAs](#) self-isolating if they have been in close contact with somebody who has tested positive for COVID-19

Under the Test and Trace system, anybody who has had a specific 'close contact' with somebody who tests positive for COVID-19 will be expected to isolate themselves for 14 days, or for 10 days from developing symptoms of COVID-19. Broadly, a 'close contact' is:

- spending 15 minutes or more within 2 metres of an infected person
- very close specified personal interaction for a shorter period of time
- someone who has lived within the same household during a period of potential risk transmission

If a [PA](#) has had close contact with somebody who has tested positive for COVID-19 (or who has symptoms of COVID-19 and is waiting to be tested) but was wearing appropriate [PPE](#) during this close contact, it's unlikely they will need to isolate. These cases will be escalated to the local public health team to advise on, but unless there are very specific circumstances around the contact, they will usually advise your [PA](#) that they can continue to work as normal.

If your [PA](#) has had close contact with somebody who has tested positive for COVID-19 (or who has symptoms of COVID-19 and is waiting to be tested) but was either not wearing [PPE](#) at the time, or there was a [PPE](#) breach, then they will normally need to isolate for 14 days, in line with advice. It's important to keep social distancing wherever possible.

Using direct payments to pay family carers or close friends who live with you if your [PA](#) is not available

During this time, short-term emergency changes may be needed. Families or close friends who live with you may be asked to provide support beyond any unpaid care and support they may already be willing and able to provide. They may be willing to provide additional support on a voluntary basis for a short period of time, for example, while your [PA](#) recovers from sickness.

If you feel it is necessary for family members who live with you to become your paid care and support workers on a permanent or longer-term basis, this needs to be discussed and agreed with the [LA](#) or [CCG](#). Decisions are made on a case-by-case basis, and [CCGs](#) and [LAs](#) should respond to you as quickly as possible to ensure your care and support needs are arranged and met.

For short-term arrangements (in an emergency and where it's time-critical) you can put a suitable package of care and support in place that enables you to keep safe.

If you think this may be necessary during the pandemic, you should include this within your contingency plan. When doing this, you should think about the following:

- normal employment and payroll processes will need to be followed, including agreeing hours and pay rates
- whether there is any additional training and assessment of competence required
- whether there are any additional costs involved if your existing PAs are entitled to ongoing pay
- if family members take on paid care and support work, whether this will impact on any benefits they receive
- family members are often already providing significant levels of care and support. You should consider any impact on your family members' health and wellbeing, and whether any unreasonable strain is being put on them
- if the family member is also the direct payment recipient and the employer there can be a conflict of interest. In these instances, employment of the family member through an agency or third party may be a solution
- any impact it may have on relationships if the family member is also an employee

Example scenario 10

Charlize employs 2 PAs through her direct payment to help her with some daily tasks. Charlize's primary PA provides support for most of the time, although her second PA provides support for a few days each week and when her primary PA is away.

When Charlize received a call from her primary PA saying she was unable to attend work because someone they lived with was displaying symptoms of COVID-19, Charlize arranged for her second PA to temporarily provide increased support.

One morning, Charlize receives a call from her second PA who has been providing additional support while her primary PA is away. Charlize's second PA says she has developed symptoms of COVID-19 and is unable to work.

Charlize consults her contingency plan. It is likely this will only need using for a short period, as her primary PA is due to return to work soon. When Charlize created this plan in consultation with her direct payments support service, it was agreed that Charlize could ask her mum to provide temporary support in an emergency. Charlize's mum is familiar with Charlize's care plan and has been trained for this eventuality.

Charlize's LA agree that Charlize can pay her mum, as she is likely to lose earnings by providing additional support to Charlize. This means Charlize's direct payment is temporarily increased. This arrangement continues for a short period before Charlize's main PA returns to work.

By being a core part of Charlize's contingency plan, temporarily employing her mother has ensured Charlize received the care she needed in an emergency, while ensuring all the consequences of employing a family member were carefully considered beforehand.

Re-employing previous PAs already trained to support you, in emergency situations

If needed (for example, because of a PA illness) then you may wish to get in touch with a previous PA, who may be able to provide temporary cover, and will be familiar with your needs. If you think this might be necessary, they you should write this in your contingency plan, so it is quick and easy to make happen if you need it.

Your support needs may have changed since they worked for you. You should consider whether there is any additional training and assessment of competence or training needed (such as peer learning or e-learning) to get them up to speed as quickly as possible.

In cases of local lockdowns, PAs will not need to hold official documentation to show they're doing essential work

Government guidance is clear that currently, anybody can travel to and from work if it safe to do so. In cases of local lockdown, this position is likely to remain the same, if it is not possible for the individual to work from home. There is not a special status for key workers in this respect. No documentation is therefore needed to prove travel to and from work is necessary.

Where the definition of key workers may be needed is regarding access to other provisions, such as care for children at local schools if they cannot be cared for at home. As key workers, PAs are eligible for this support.

If documentation is required for a reason like this you should provide a letter to your PA. Annex B: example documentation (<https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-people-receiving-direct-payments>) is a letter template.

Financial or employment support available to direct payment holders

You should continue to receive the amount that was agreed with you when developing your plan. There are a range of steps LAs and CCGs should take in relation to this. These can be found in the guidance for commissioners, people receiving direct payments and care providers (<https://draft-origin.publishing.service.gov.uk/government/publications/coronavirus-covid-19-guidance-for-people-receiving-direct-payments/coronavirus-covid-19-guidance-for-people-receiving-direct-payments>).

Throughout COVID-19, the government has also implemented other policies to support direct payment holders and those they employ. Please see up to date guidance about work and financial support during coronavirus (<https://www.gov.uk/coronavirus/worker-support>) and about Statutory Sick Pay (SSP) (<https://www.gov.uk/statutory-sick-pay>).

Statutory Sick Pay (SSP) for PAs with COVID-19 like symptoms

SSP for PAs if they need to self-isolate

If your PA meets the eligibility criteria, for example if they earn an average of at least £120 per week, then they will be eligible to receive SSP if they need to self-isolate. See more guidance for employers (<https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/guidance-for->

employers-and-businesses-on-coronavirus-covid-19), including a section on eligibility.

Fit notes from self-isolating PAs

Fit notes are not needed from PAs who are self-isolating. If your PA says they are self-isolating, they will not be able to go to their doctor and are being asked not to call NHS 111 unless they really need to. You do not need evidence from your PA to be able to claim SSP for them if they are eligible.

If they are self-isolating and then become sick, they should let you know (by telephone, not in person).

Claiming back SSP paid to self-isolating PAs

You will be able to be refunded for necessary SSP paid to self-isolating PAs. SSP will be paid out through payroll and claimed back via HMRC. If you use a payroll provider, they will deal with this for you. This refund will be for up to 2 weeks per employee. See the employer guide to sick pay (<https://www.gov.uk/employers-sick-pay>).

If you use payroll software to run your payroll yourself, then you will be required to pay SSP to your PA from your direct payment, and reclaim this from HMRC.

Testing

Eligibility for COVID-19 testing

Anyone with coronavirus symptoms can get a test.

Coronavirus symptoms are:

- a high temperature
- a new, continuous cough
- a loss or change to your sense of smell or taste

If you have any coronavirus symptoms, get a test (<https://www.gov.uk/get-coronavirus-test>).

Please note, this test is different to the antibody test.

The COVID-19 test will tell you if you have COVID-19 at the time you take the test, whereas the antibody test will tell you if you have previously had COVID-19 and built up antibodies.

It's really important to note that just because you have built up antibodies, it doesn't mean you are immune to the virus. We do not currently know how long an antibody response lasts, nor whether having antibodies means a person cannot transmit the virus to others. Therefore, regardless of the result of an antibody test, individuals must continue to comply with government guidelines, including wearing PPE and social distancing.

If your PA, or somebody who provides care and support for you, has COVID-19 symptoms but does not want to get tested

In these circumstances, the individual who provides you with care and support should follow government advice and self-isolate. As they have COVID-19 symptoms, under no circumstance should they continue to provide you with care and support until after the necessary quarantine period. See more information on self-isolating (<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>).

As the employee is considered unfit for work, they may be entitled to Statutory Sick Pay (SSP) from day one of the absence. Please see the section on Statutory Sick Pay for more information.

Funding transport costs to access drive-through COVID-19 tests

There are no plans to fund transport costs. If your PA thinks this is required, they should discuss this with the CCG/LA who provided the direct payment.

If your PA is not able to travel to get a test, home tests delivered (<https://www.gov.uk/get-coronavirus-test>) to the PA's door are now available.

Antibody testing

Antibody testing is now available across England and is also being provided free of charge to anyone employed in adult social care. Personal assistants who provide for the care and support needs of adults are eligible, across health and social care, and also when employed by self-funders.

The antibody test is a voluntary blood test which detects antibodies to the COVID-19 virus to see if someone has previously had the virus. This test does not tell you if you currently have coronavirus. If you think you have coronavirus symptoms, please get a test (<https://www.gov.uk/get-coronavirus-test>).

Antibody testing is already being provided through the NHS for staff in adult social care. The new at-home antibody test provides an additional route to access an antibody test, giving greater flexibility and choice. PAs, and those employed to provide care and support, should only take one version of the test.

To sign up for an antibody test, PAs will need to register on the online portal (<https://www.gov.uk/get-coronavirus-antibody-test>).

Making sure your care arrangements are right

Ensuring your care arrangements remain right for you given the impacts of COVID-19

It's important that you discuss your personalised care and support plan with your LA or CCG on a regular basis, to ensure it remains right for you, and will support you in meeting your assessed needs and health and wellbeing outcomes during this time of uncertainty. Your LA and CCG should also be proactive in organising these discussions to make sure your care and support plan remains right for you. If you cannot get hold of a representative from the LA or CCG, please make sure any changes or adaptations to your support plan are legal, affordable and effective in meeting your outcomes.

The aim of these discussions is to strengthen your ability to achieve the outcomes you want – they will not be about reducing flexibility, choice or control. There are a number of areas that you may wish to consider discussing to ensure your plan remains right for you:

- Is the activity or use of the budget supporting you to meet the agreed outcomes and what you want to achieve?

- Are there any new health and care needs that have arisen during the last few months – have any new outcomes been identified or need to be identified?
- Are there any risks or safeguarding issues that need addressing?
- Are you still happy with how the plan enables you to achieve your outcomes, or would you like to discuss a change?
- If you want to resume your normal activities outside your home – for example, going to community classes – and where these options are now available, what needs to be put into place to ensure you and those who provide you with care and support, remain safe?
- Does anything further on PPE and infection control need to be written into your plan, to provide you with the support you need?
- Does your personalised wellbeing plan need to be changed now, in case of a second wave of COVID-19?
- Are there any unpaid carers (including young carers and family members) who may have been additionally affected by the current situation and would benefit from an assessment of their needs in their own right?

Restarting care and support that has been interrupted

You may have been unable to use your direct payment in the normal way during COVID-19 for example, because community groups have closed or because you didn't want your PA to come into your home while you were shielding.

Most services are now being re-opened, and employees are being encouraged to return to work if it's safe and appropriate. If your PA was furloughed, they can now return to work. Employers can request testing for PAs and suitable levels of PPE should be available to allow them to return back to work safely.

LAs and CCGs should communicate and work with you to ensure you have the right support in place, and have access to any alternative support if you need it.

Monitoring of direct payments during the pandemic

Your direct payment will continue to be monitored during the pandemic to ensure it continues to meet your health and care needs. LAs and CCGs will take a proportionate approach to reviewing how direct payments have been spent. Records should be kept as normal so they are available for your next discussion with your LA or CCG.

If you are concerned that the amount allocated to you within your direct payment is not enough, or is too much, you should speak to your LA or CCG, who are required to ensure the funding you are given is appropriate to meet your assessed need.

Evidencing spending during the pandemic

As is normal practice, you should keep hold of any receipts or evidence that shows how the direct payment has been used. You should have them available for your next discussion with your LA or CCG.

Support for mental health needs and wellbeing

COVID-19 is likely to be an issue for some time, and some restrictions on what you would normally do, will likely continue. It's really important that consideration is given to any mental health needs and wellbeing, alongside any physical health requirements.

A conversation focussing on mental health and wellbeing can help you think about how you can best be supported with this. **LAs** and **CCGs** should discuss this as part of your care planning process, and you should make sure you have regular conversations with people who support you, if you think this would benefit you.

If you employ **PA**s, you should also make sure you support their mental health and wellbeing needs as well as your own. Many learning providers will be able to offer training for this. Skills for Care has a list of endorsed providers (<https://www.skillsforcare.org.uk/Learning-development/Find-an-endorsed-provider/Find-an-endorsed-provider.aspx>). **PA**s and their employers can also access training via user-led organisations (<http://www.skillsforcare.org.uk/ulofunding>).

Further information on what support is available can be found from Mental Health at Work (<https://www.mentalhealthatwork.org.uk/ourfrontline/>).

Self-funders

Support available if you pay for your own care

If you're using your own money to employ a **PA** you should follow the general guidance given here and in the direct payment guidance around contingency planning, and health and safety. You should also follow the domiciliary care guidance (<https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-domiciliary-care>).

If you find yourself in a position where these arrangements are unable to support you due to the wider impact of COVID-19 and you have no alternative arrangements available to you, you should contact your **LA** to discuss alternative care and support arrangements.

Keeping safe

Accessing other health services

During this time, it's really important that you continue to receive the care and support you need to stay healthy and well and address any changes to your condition. This might mean **PA**s and members of the workforce entering your home, or it might mean you needing to access other healthcare settings. For example, check-ups in hospitals.

It's really important that you continue to do this where possible and safe, as it can make a big difference to your long-term health and wellbeing. When accessing services, you should make sure you follow all of the safety procedures and infection control measures that you will be told about in advance.

Advice if your **PA** has suspected coronavirus and refuses to isolate

If your **PA** is showing symptoms of COVID-19, they should immediately self-isolate. Under no circumstances should anybody with symptoms continue to provide you with face-to-face care.

If they (or anybody else you meet) refuse to isolate, you should immediately speak to your **LA** or **CCG**, who should support you to enforce this.

You may also speak to your insurance company, who have legal advisers who can support you to resolve these issues.

The Advisory, Conciliation and Arbitration Service (ACAS) also has a national helpline, who will respond and advise on issues like this. They can be contacted on 0300 123 1100.

If your P.A is not practising social distancing in their personal life

As the employer, you should discuss this with your P.A. You should keep a record of your discussion and what has been agreed between you both. If your P.A continues to refuse to practice social distancing in line with government advice, it might be appropriate to take disciplinary action.

It's important that all involved in your care and support understand the importance of social distancing. There's an increased risk on both you, and them, if they do not do this.

If your P.A does not want to come to work because they cannot practice social distancing while providing care

You should speak with your P.A about their concerns and explain to them what has been put in place to support them to support you safely, in line with guidance. You may want to discuss tasks that can be undertaken, where social distancing is possible.

However, there are some tasks where this will not be possible, for example if your P.A is providing personal care. In these circumstances, it's important that your P.A wears the required P.P.E and follows the additional infection control procedures that are in place. Doing this can help to reduce fears.

Support is also available to you from your L.A, C.C.G or support organisation, to help you decide on the best course of action based on the circumstances.

Free winter flu vaccinations for P.As

Winter flu is a serious illness that can cause severe complications and death. Vaccination prevents individuals from getting flu or from spreading it to people who receive care and support- protecting them, their families, and the people they care for.

All health and social care workers are key workers, and should therefore be vaccinated against flu if they are directly involved in providing care and support to other people. This includes all personal care assistants/P.As, including self-employed P.As, and those employed through self-funders.

All P.As are now eligible for a free flu vaccination from their GP or a local community pharmacy.

We have published guidance for free flu vaccination (<https://www.gov.uk/government/publications/flu-immunisation-for-social-care-staff/personal-care-assistants-guidance-for-free-flu-vaccination>) specifically for direct payment recipients and P.As to help P.As access this vaccination, which also includes a step by step guide for P.As on how they can access the vaccination.

As a direct payment recipient, you should ensure that the P.As you employ are aware of the free flu vaccination and understand how to get it. This includes making sure that your P.As receive the proof of entitlement which can be found within the guidance for free flu vaccination (<https://www.gov.uk/government/publications/flu-immunisation-for-social-care-staff/personal-care-assistants-guidance-for-free-flu-vaccination>).

Neither you nor your **PA** will have to pay for the flu vaccination for **PAs**.

This process is in place for the winter flu vaccination only. There will be further guidance issued in relation to any COVID-19 vaccination.

Exemptions to wearing face coverings

In settings where face coverings are required in England, there are some circumstances where people may not be able to wear a face covering. Everybody should be mindful and respectful of such circumstances, noting that some people are less able to wear face coverings, and that the reasons for this may not be visible to others.

This includes (but is not limited to):

- people who cannot put on, wear or remove a face covering because of a physical or mental illness or impairment, or disability
- emergency workers, given that this may interfere with their ability to serve the public
- where putting on, wearing or removing a face covering will cause you severe distress
- if you are speaking to or providing assistance to someone who relies on lip reading, clear sound or facial expressions to communicate
- to avoid harm or injury, or the risk of harm or injury, to yourself or others – including if it would negatively impact on your ability to exercise or participate in a strenuous activity
- children under the age of 11 (**PHE** do not recommended face coverings for children under the age of 3 for health and safety reasons)

There are also scenarios when you are permitted to remove a face covering:

- if asked to do so by shop staff or relevant employees for identification, for assessing health recommendations (for example by a pharmacist), or for age identification purposes including when buying age restricted products such as alcohol
- if required in order to receive treatment or services, for example when getting a facial
- in order to take medication
- if you are undertaking exercise or an activity and it would negatively impact your ability to do so

People who have an age, health or disability reason for not wearing a face covering should not be routinely asked to give any written evidence of this, including an exemption cards. No person needs to seek advice or request a letter from a medical professional about their reason for not wearing a face covering.

However, some people may feel more comfortable showing something that says they do not have to wear a face covering. This could be in the form of an exemption card, badge or even a home-made sign. If you have a hidden disability that means you are exempt from wearing a face covering, you may wish to consider wearing a sunflower lanyard (<https://hiddendisabilitiesstore.com/about-hidden-disabilities-sunflower>), which will discreetly indicate this to people around you.

Read further information on face coverings (<https://www.gov.uk/government/publications/face-coverings-when-to-wear-one-and-how-to-make-your-own/face-coverings-when-to-wear-one-and-how-to-make-your-own#when-you-do-not-need-to-wear-a-face-covering>), including a template exemption card if you would feel more

comfortable having one.

1. The New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG) provide a list of aerosol generating procedures considered to be potentially infectious during COVID-19 (<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>) in section 8.1.

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