

Author: Enfield Non-Compliance Multi-agency Group

Distributed by Enfield Safeguarding Lead

Reading adaptation authored by: Jo Wilkins; Safeguarding Adults Manager – April 2020 with kind permission of Enfield Safeguarding Lead.

**Non-compliance with Covid 19 guidance  
Safeguarding Adults Team, Reading Adult Social Care Services**

**Guidance to be used when individual(s) refuse to cooperate with social distancing / social isolation procedures. This guidance will be updated as and when required.**

**Introduction**

This guidance provides a process to enable the management of situations concerning residents who are non-compliant with current government guidance about social distancing and when necessary self-isolation with the aim of preventing spread of Coronavirus.

This guidance includes;

- Current government guidance on social distancing and self-isolation
- Measures to take in managing residents who are non-compliant
- Referral process to request further support with managing a situation (this should be used as a last resort when other measures have been exhausted).
- A risk assessment tool to be completed when a referral is made.

**Please note this is not an emergency service and our Safeguarding Adults Team operates between 09:00-17:00 on Monday to Friday. If you have an immediate concern regarding an individual's health or safety, please dial 999.**

**Who is this guidance for?**

This guidance is for all employees of Local Authority and partners to be used in relation to Reading residents (people who live in Reading even if they are placed here by other boroughs).

**What is social distancing?**

Coronavirus is spread through person to person contact and contact with secretions left on surfaces (for up to 72 hours). To prevent the spread of Coronavirus and protect those in our community who are at greatest risk of complications, Public Health England and the government are advising everyone conducts social distancing.

Social distancing measures are steps everyone can take to reduce social interaction between people. This will help reduce the transmission of coronavirus (COVID-19).

1. Main messages are
  1. Stay at home
  2. Only leave your home for basic necessities, to pick up medicine, travel to work only when you absolutely cannot work from home, exercise once per day – alone or with members of your household.
  3. Do not meet others even friends or family
2. Avoid contact with someone who is displaying symptoms of coronavirus (COVID-19). These symptoms include high temperature and/or new and continuous cough
3. Avoid non-essential use of public transport when possible

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4. Work from home, where possible. Your employer should support you to do this. Please refer to [employer guidance](#) for more information
5. Avoid large and small gatherings in public spaces, noting that pubs, restaurants, leisure centres and similar venues are currently shut as infections spread easily in closed spaces where people gather together.
6. Avoid gatherings with friends and family. Keep in touch using remote technology such as phone, internet, and social media
7. Use telephone or online services to contact your GP or other essential services

Everyone should be trying to follow these measures as much as is practicable.

### What is self isolation and when is it used?

The most common symptoms of COVID 19 are new persistent cough and high temperature.

If an individual or household contact is experiencing symptoms of COVID 19 (as above) the household should follow the following (<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>);

- if the individual lives alone and has symptoms of coronavirus illness (COVID-19), however mild, stay at home for **7 days** from when your symptoms started. ([ending isolation](#) section below has more information)
- if the individual lives with others and is the first in the household to have symptoms of coronavirus, then they must stay at home for 7 days, but all other household members who remain well must stay at home and not leave the house for **14 days**. The 14-day period starts from the day when the first person in the house became ill. See the [explanatory diagram](#)
- for anyone else in the household who starts displaying symptoms, they need to stay at home for 7 days from when the symptoms appeared, regardless of what day they are on in the original 14 day isolation period. The [ending isolation](#) section below has more information, and see the [explanatory diagram](#)
- it is likely that people living within a household will infect each other or be infected already. Staying at home for 14 days will greatly reduce the overall amount of infection the household could pass on to others in the community

You and all household members should remain at home. Do **not** go to work, school, or public areas, and do **not** use public transport or taxis. If possible, you should not go out even to buy food or other essentials. The 14-day period starts from the day the first person in your house became ill.

### What can be done when individuals refuse to cooperate with current PHE guidance?

The below table provides guidance for measures to take to support residents who are non-compliant. **Settings may initiate additional measures – the below are generic suggestions.**

	Time line	Measures
1	To enable residents to be compliant/when you first become aware of non-compliance	Provide the non-compliant individual with <b>verbal guidance</b> e.g. by member of staff explaining to non-compliant person about social distancing/ self-isolation/ keeping safe during pandemic.

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		<ul style="list-style-type: none"> <li>- Talk through the guidance with the individual highlighting that it is for their own safety (speak to them about being in a vulnerable group if they are) as well as others who may be more vulnerable.</li> </ul>
<b>2</b>	<b>If above as no impact after (1-2 days)</b>	<b>Provision of guidance in written format (if you become aware of non-compliance)</b> (including easy read, Makaton) - Provide written guidance / letter.
<b>3</b>	<b>(Consider as appropriate)</b>	<b>Consideration of additional support</b> e.g. additional support package and promotion of expectations particularly on council owned land and property – for example posters, guidance newsletters etc.
<b>4</b>	<b>If 1-3 has no impact and a multi-agency approach has not been successful – see section 5 below.</b>	<b>Police involvement</b> - police officers will take a common sense approach to maintain public support.  For the general public; <ul style="list-style-type: none"> <li>- Enhanced visibility in our communities</li> <li>- Engagement and encouragement to adhere to government direction</li> <li>- Support to local authorities in enforcing premises closure</li> <li>- Issue of fixed penalty notices where a power exists and is appropriate</li> <li>- Use of arrest powers when necessary and as a last resort</li> </ul> In occasion of non- compliance; <ul style="list-style-type: none"> <li>- Engage</li> <li>- Explain</li> <li>- Encourage</li> <li>- Enforce – Fixed Penalty Notice only if necessary</li> <li>- Arrest – only if absolutely necessary</li> </ul>
<b>5</b>	<b>As and when required</b>	For vulnerable people – for example rough sleepers multi agency working/solutions including with mental health to explore solutions via the Council’s multi-agency panels such as ASB MAP or People’s Solution Group.  A S42 Enquiry under the Care Act can be used if the person has support needs that mean they cannot understand/comply and there is evidence of harm to person or from the person to others. For example, if they are showing symptoms or are visiting those who have symptoms.

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6	<b>As and when required</b>	<b>As a Landlord, when it is possible to establish a link to a particular property</b> – consider legal remedies including injunctions to cease non-confirming behaviour
7	<b>A multi-agency meeting will be held.</b>	<p><b>Complete risk assessment tool (below).</b>          If all measures have been exhausted and non-compliance persists, complete the risk assessment tool below and forward to <a href="mailto:safeguarding.adults@reading.gov.uk">safeguarding.adults@reading.gov.uk</a></p> <p>A multi- agency emergency meeting with Public Health, Social Care, Police, Housing, Legal Services, Regulatory Services (as appropriate) will be arranged to agree actions with you.</p>
7	<b>As and when required</b>	Under public health legislation, PHE has powers to test and isolate individuals in limited circumstances. However, these are very much a last resort. If it is agreed at the multi- agency meeting that we may need to utilise legislation we will contact Public Health England to discuss.

Please see below for risk assessment tool

Please complete and email to [safeguarding.adults@reading.gov.uk](mailto:safeguarding.adults@reading.gov.uk) (weekdays 9-5)

<b>How This Form Should be Used</b>
<ul style="list-style-type: none"> <li>• This is a referral form to the Safeguarding Adults Team in order to address intractable issues with individuals in the community who are non-compliant with government guidance on social distancing and self-isolation <u>in relation to COVID-19</u>.</li> <li>• This form is to be completed by RBC employees and partners.</li> <li>• <b>A referral should only be made after the issue has been escalated within the local setting or organisation and all options have been exhausted to no resolution.</b></li> <li>• Please see the attached guidance for further information on the referral process and various pathways.</li> </ul> <p>Please note this is <u>not</u> an emergency service and our offices operate between 09:00-17:00, Monday to Friday. If you have an immediate concern regarding an individual’s health or safety, please dial 999.</p>

<b>Details of Alleged Non-Compliant Individual(s)</b>		
Name(s)	Date of Birth	Address

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Summary of Concern		
<i>(Please provide a brief description of the event/situations/individuals this involves, what actions are causing concern, who is at risk of infection, and if there are any social or health related vulnerabilities to be aware of)</i>		
<i>(Type of residence or setting and any support they have in place)</i>		
<i>(What are the views and wishes of the non-compliant individual(s) as they have been expressed or understood)</i>		
Have there been any measures taken to intervene on the situation?		
<input type="checkbox"/> First instance	<input type="checkbox"/> Previous warning or instructions given	<input type="checkbox"/> Multiple attempts made
<i>Please specify the previous unsuccessful measures put in place</i>		
Risk of the Alleged Non-Compliant Individual(s) Involved Due to COVID-19		
Are any likely to be infectious?		
<input type="checkbox"/> No symptoms / Unlikely	<input type="checkbox"/> Has symptoms consistent with infection (e.g. cough and/or fever)	<input type="checkbox"/> Confirmed COVID-19
Low to Moderate Risk	Moderate to High Risk	High Risk
Are any likely to be in a vulnerable group?		
<u>Not in a vulnerable group</u>	<u>Vulnerable Health Group</u>	<u>Vulnerable Social Group</u>
<input type="checkbox"/> Not in a vulnerable group	<input type="checkbox"/> Aged 70+ years	<input type="checkbox"/> History of safeguarding concerns (please give details):
	<input type="checkbox"/> Pregnant	<input type="checkbox"/> Known or suspected mental health illness
	<input type="checkbox"/> Have an underlying health condition that requires a flu jab (see Table 1 for full list of conditions)	<input type="checkbox"/> Substance or alcohol misuse issues known or suspected
	<input type="checkbox"/> Have a serious underlying health condition requiring shielding (see Table 2 for a full list of conditions)	Concerns around: <input type="checkbox"/> Modern slavery, <input type="checkbox"/> Domestic violence, or <input type="checkbox"/> Prostitution.

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		<input type="checkbox"/> Homeless or <input type="checkbox"/> illegal encampment	
		<input type="checkbox"/> Issues around verbal communication	
		<input type="checkbox"/> Learning disability	
		<input type="checkbox"/> Looked after child or care-leaver	
		<input type="checkbox"/> Any other concerns (please describe):	
Low to Moderate Risk		Moderate to High Risk	
Are there any concerns regarding their capacity?			
<input type="checkbox"/> No concerns regarding capacity	<input type="checkbox"/> Likely to have a medical or mental health condition that is affecting their ability to make decisions	<input type="checkbox"/> Minor (under age 18)	<input type="checkbox"/> Known Community Deprivation of Liberty Safeguard (DoLS) in place
	If Yes to any concerns regarding their capacity, please explain further: <i>(please explain here)</i>		
<b>Risk of COVID-19 Infection to Others</b>			
What is the level of exposure to others?			
Please describe the settings in which the alleged non-compliant individuals have been observed:	<i>(List settings here)</i>		
Based on the settings described above, try and estimate the level of potential contact/exposure to others as described below:			
<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	
This may be where there is little likelihood that the alleged individual(s) are coming within a 2-meter distance of others, or contact has been limited to 1-2 people	This may be where the alleged individual(s) have come within a 2-meter distance among a small group of 3-4 individuals	This may be where the alleged individual(s) have come within a 2-meter distance among a large number (5 or more) individuals, <b>or</b> within a largely populated setting (residency buildings, care homes, hospitals, etc)	
Are any contacts likely to be in a vulnerable group?			
<u>Not in a vulnerable group</u>	<u>Vulnerable Health Group</u>	<u>Vulnerable Social Group</u>	

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<input type="checkbox"/> Not in a vulnerable group	<input type="checkbox"/> Aged 70+ years	<input type="checkbox"/> History of safeguarding concerns (please give details):
	<input type="checkbox"/> Pregnant	<input type="checkbox"/> Known or suspected mental health illness
	<input type="checkbox"/> Have an underlying health condition that requires a flu jab (see Table 1 for full list of conditions)	<input type="checkbox"/> Substance or alcohol misuse issues known or suspected
	<input type="checkbox"/> Have a serious underlying health condition requiring shielding (see Table 2 for a full list of conditions)	Concerns around: <input type="checkbox"/> Modern slavery, <input type="checkbox"/> Domestic violence, or <input type="checkbox"/> Prostitution.
		<input type="checkbox"/> Homeless or <input type="checkbox"/> illegal encampment  <input type="checkbox"/> Has issues around verbal communication  <input type="checkbox"/> Learning disability  <input type="checkbox"/> Looked after child or care-leaver  <input type="checkbox"/> Any other concerns (please describe):

Low to Moderate Risk	Moderate to High Risk
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**Known Outcomes and Recommended Actions**

Have there been any known negative outcomes or impacts to date?

*If yes, please describe in further detail:*

Are there any recommended actions for the Multi-agency decision-making group?

*If yes, then please describe in further detail*

:

**Please Provide Your Contact Details**

Name:	Job Title:	Organisation:
Telephone:	Email:	

**Overall Risk Assessment**

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<b>(To be completed by Reading Adult Social Care Safeguarding Adults Team)</b>			
Please fill out the risk assessment based on the information provided on this form			
Risk of Infection	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Risk of Exposure to Others	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Level of Vulnerabilities	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Likelihood of Persistence without Intervention	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
<b>Overall Risk</b>	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
<b>Plan of Action</b>			

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**Table 1: Underlying Health Conditions**

1. Chronic (long-term) respiratory diseases, such as [asthma](#), [chronic obstructive pulmonary disease \(COPD\)](#), emphysema or [bronchitis](#)
2. Chronic heart disease, such as [heart failure](#)
3. [Chronic kidney disease](#)
4. Chronic liver disease, such as [hepatitis](#)
5. Chronic neurological conditions, such as [Parkinson's disease](#), [motor neurone disease](#), [multiple sclerosis \(MS\)](#), a learning disability or cerebral palsy
6. [Diabetes](#)
7. Problems with your spleen – for example, [sickle cell](#) disease or if you have had your spleen removed
8. A weakened immune system as the result of conditions such as [HIV and AIDS](#), or medicines such as [steroid tablets](#) or [chemotherapy](#)
9. Being seriously overweight (a body mass index (BMI) of 40 or above)

**Table 2: Serious Underlying Health Conditions Requiring Shielding**

1. Solid organ transplant recipients.
2. People with specific cancers:
  - people with cancer who are undergoing active chemotherapy
  - people with lung cancer who are undergoing radical radiotherapy
  - people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
  - people having immunotherapy or other continuing antibody treatments for cancer
  - people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
  - people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD.
4. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell).
5. People on immunosuppression therapies sufficient to significantly increase risk of infection.
6. Women who are pregnant with significant heart disease, congenital or acquire