

# COVID-19 Contingency Plan



Service Name		Service Manager	
Locality Manager			
Number of Service users			
Minimum number of staff required to operate a safe service:			
Period of time that the service can operate safely with a reduced staff team:			
Name of Responsible individual and Operational Director who will be informed if staff levels become unsafe.	/		
Activities that may be affected:			
Specific risks to service users: Consider how a reduced staff team may impact upon behaviours/ any health risks/ social contact	Actions to be taken to mitigate risks:		
Does the service have a full contingency plan?			

Does this specify alternative accommodation, should the need arise to move people?	
Does the service have adequate infection control materials available? E.G. Alcohol gel, cleaning fluids, clean mops, disposable towel wipes.	
Is the service prepared in case of pandemic or local outbreak, to limit visitors and/or check for risk factors as described in the COVID 19 policy and government guidance?	
Staff returning from "high risk" locations (as described in Government guidance) are told to self- isolate.	
Local Health Protection Team/Agency contact number available to all staff?	
Plan implementation date:	
Person completing:	
Review dates:	

Actions arising from contingency plan	Who will support?	By When?	Sign off date

Contingency plan shared with:	Date: