



# Institute for Registered Case Managers (IRCM)

## COVID19 Guidance

Representatives of BABICM, CMSUK and VRA have collaborated via the newly formed Institute of Registered Case Managers (IRCM) to produce the following Guidance which pertains only to the delivery of face-to face case management and vocational rehabilitation services during COVID-19.

This advice follows the Prime Minister's statement on 10 May 2020 regarding the movement of England to the second phase of COVID-19 pandemic response and communication from NHS England signalling a re-opening of some non COVID healthcare pathways. We recognise that other countries have alternative easement approaches but feel that the guidance provided is both reasonable and practical for all those working within the sector

It is clear, as we move forward, that this second phase does not signal a return to 'business as usual' for Case Managers or Vocational Rehabilitation staff. Our advice in this document is based on what is known at the moment and we will make every attempt to keep it as updated as we can as more information emerges. We aim to provide you with guidance which will support you to maintain the safety of your clients, yourself, your staff and the wider public with whom you may come into contact. Your professional duties require you to demonstrate how you have considered all aspects of available advice in relation to undertaking face to face consultations with clients.

The guidance found herein highlights key factors which should be considered when making a decision as to whether to see clients face-to-face, virtually or by telephone. Things to consider include, but are not limited to;

- **Risk assessment of the working environment for which you are responsible and client risk assessment and clinical reasoning**

A full risk assessment of the working environment for which you are responsible must be undertaken and documented, and you must demonstrate that all control measures and safe systems of work have been implemented to mitigate risk and fulfil legal and regulatory obligations. You must undertake a risk assessment and make a clinically reasoned decision for offering face-to-face meetings with each individual client or any other party involved. In addition, you must document your rationale for these decisions.

Members should take every action to safeguard clients for example with sufficient PPE, sanitisation, social distancing and other reasonable safety measures. Informed consent should now include reference to COVID19 and compliance with any legal obligations.



The Organisations continue to advise that all initial contact and triage assessment should be conducted via remote means. This should also include screening questions to establish whether the client is experiencing symptoms of COVID-19 or has been tested as positive or has household members with the same. Following initial screening, deciding whether to see a client face-to-face or not requires the case manager to consider risk to the client, themselves, others or the client's household. Case Managers should weigh up a variety of factors in order to make a balanced and reasoned decision on how to proceed. This process may not necessarily be a formal exercise but all decision making with appropriate rationale should be recorded in a client's record. In short, the case manager must be able to justify that the benefits of seeing a client face-to-face are demonstrably greater than the risks of infection transmission.

Members should read the following documents in combination with this guidance:

- NHS England speciality guides <https://www.england.nhs.uk/coronavirus/secondary-care/otherresources/specialty-guides>
- Community prioritisation guides (England) <https://www.england.nhs.uk/coronavirus/wpcontent/uploads/sites/52/2020/03/C0145-COVID-19-prioritisation-withincommunity-health-services-1-April-2020.pdf>

- **'Virtual first' approaches**

A 'virtual first' approach with remote consultations must remain standard practice during this period.

The Organisations guide its members to continue to work with a **virtual first approach** using digital solutions and limit face-to-face contact. This is because of the risk of virus transmission during face-to-face case management activity when in very close contact (i.e. less than 2 meters).

- **Client consent for face to face visits**

If a case manager determines it is necessary to see a client face-to-face, they must discuss the risks of this contact with the client, and the measures that will be taken to mitigate risk, and gain their consent for engagement. While public information on COVID-19 is extensive, a case manager should not assume that a client understands:

- the mechanisms and risks of transmission and exposure
- the nature of close contact during a face to face consultation
- the level of PPE that a case manager will be required to wear
- the infection prevention and control measures that must be taken

It is never appropriate to use disclaimers. This is because a case managers duty to take reasonable care is absolute and any advice/treatment/recommendation given must be based on clinical/professional judgement. Therefore, clients cannot be asked to participate in a rehabilitation programme 'at their own risk'. Rather, case managers should document in the client's record that risks have been discussed and that the client gives consent or not to proceed with a face-to-face consultation.

You must discuss with your client and their family the rationale for remote or face-to-face consultations and ensure appropriate consent is in place. For adults who lack capacity a

capacity assessment should be undertaken and a best interest's decision made. The discussions and outcomes must be documented. If a face-to-face meeting is agreed, the client should be made aware of all current risks associated with this approach

Consent documents should now include reference to COVID-19 and compliance with any legal obligations

- **Regulatory and professional responsibilities**

You must work within the regulatory and professional frameworks of your professional body that guide the safe management of patients/clients, the safety of the wider public and everyone who works in the environment for which you are responsible.

All case managers regardless of sector or setting owe a duty of care to their clients. A duty of care is a legal responsibility to provide a reasonable standard of care to clients and to act in ways that protect their safety. The Organisations direct members to uphold these statutory standards/principles as well as complying with their individual professional body standards, professional membership standards and the Joint Code of Ethics.

Members should review their medical malpractice and professional indemnity liability policies. Members policies should be designed to cover the legal liability of claims brought against them arising from their alleged negligence within the scope of their case management practice. However, we direct members to be clear on the following:

- In situations where members are returning to practice after lockdown they would be expected to introduce and follow all of the precautionary measures required and recommended to ensure the safety of themselves, clients and staff.
  - Regardless of business structure ie sole trader, limited company or limited liability partnership, members with employed staff should seek separate guidance on their Employers Liability insurance and any relevant commercial policies
- **Infection prevention and control measures/ Access to personal protective equipment**
    - You must follow Public Health England (PHE) COVID-19 infection prevention and control (IPC) guidelines.
    - You must provide and use appropriate personal protective equipment (PPE) and have safe systems of work and policies in place to support its use.
    - Members may become legally liable if they fail to risk manage and safeguard clients for example with insufficient PPE, sanitisation, social distancing and other reasonable safety measures.

#### Useful links and resources

- **CARE APP** - *The Department of Health and Social Care App can be downloaded by searching for "Care workforce" in the Play or Apple stores. It has useful resources for support of care staff including mental health, wellbeing and discounts for carers.*
- Health and well being - <https://www.gov.uk/government/publications/coronavirus-covid-19-health-and-wellbeing-of-the-adult-social-care-workforce/health-and-wellbeing-of-the-adult-social-care-workforce>.
- <https://www.mind.org.uk/workplace/coronavirus-and-work/>

