

## COVID-19 Check-in and Escalation Protocol

Residence Life continue to operate a service supporting the needs of students throughout COVID-19. The basis of this service is to provide reassurance and support, especially where there are concerns for someone's welfare.

ResLife will continue to support students' wellbeing remotely at a local level by RAs and Wardens using prior training and resources. Where the concern for the student's wellbeing surpasses the remit of the RA or Warden this should be escalated to the (A)RLC centrally for further support and guidance. If more support or advice is required, then this should be escalated to the Residence Intervention Team (RIT).

This document is related to 'room checks' or 'welfare checks' that we would previously have conducted face-to-face. This document is to advise on how to conduct welfare checks remotely and what to do in instances where face-to-face checks may be required. This is to be used where a concern has been raised for a student and we are worried that they have, or may, come to harm.

This document should be used alongside other ResLife and ACE guidance.

All concerns should be documented in a report on Incident Tracker.

Please be reminded that you are not alone and if in doubt you should contact the RIT via [rit-core@mlist.ed.ac.uk](mailto:rit-core@mlist.ed.ac.uk) or via phone 07880960947, or the (A)RLC on Best Endeavour Number (BEN) on 07890345324.

## RAG Rating Scale

A RAG Scale is a way to rate something using the colours Red, Amber and Green. The RAG rating should be documented in the incident report.

For our purposes we use the RAG scale to rate a student's risk associated to their current situation, distress and behaviour. A RAG rating takes many factors into account and will be dependent on the person and the current concern. Giving a RAG rating may not be clear cut and the following are just examples of what may be in these categories. If you are unsure what RAG rating to give someone please discuss with RIT or BEN.

Some examples of a RAG scale for students we do not know prior to a concern being raised:

- **Red:** suicidal ideation, feelings of helplessness and hopelessness, concerning language used, catastrophising, drastic change in pattern of behaviour or contact, high levels of distress, history of mental illness, reported history of high risk by the person reporting, inability to rationalise situation, urgent concern and response required.
- **Amber:** change in behaviour enough to raise concern, moderate levels of distress, able to rationalise, history of mental health problems, pessimistic or melancholic language but not to a degree that is overly concerning.
- **Green:** non urgent concern, low levels of distress, no known risk history of harm to self or others, no known history of mental illness or mental health problems, able to manage distress but could use some extra support.

For students of concern who we have an awareness of and supported prior to the concern being raised, we also consider their engagement and information about the support they are accessing.

Some examples of a RAG scale for students we know prior to a concern being raised:

- **Red:** minimum weekly contact, complex case, absence of support network, vulnerable, high risk of harm to self (including self-neglect or weight loss), intent to end life, behaviour or distress which have significant impact on daily living, likely to require FTF contact, history of poor engagement, lack of help-seeking behaviour.
- **Amber:** limited support network, sometimes vulnerable, history of changeable risk, potential to require FTF contact, changes in ability to cope with distress or behaviour, variable engagement and help-seeking behaviour, contact less frequently than weekly.
- **Green:** substantial support network, capable of taking care of themselves, low risk, coping well with their behaviours or distress, good engagement, good help-seeking behaviour, infrequent contact, good self-awareness.

### Welfare Check

There may be instances where a concern is raised for a student. We should gather as much information as possible from the person raising the concern, this information should be compiled into an incident report. Gathering as much information as possible will allow us to rate the student on a RAG scale and will inform how we proceed.

If a concern is raised for a student who is rated Green, it is best practice to reach out initially via email to offer support. This email should offer a 1:1 phone or video call.

If a concern is raised for a student who is rated Amber, it is best practice to reach out via email to offer support (depending on the concern raised, a phone call may be more appropriate initially). A 1:1 phone or video call should be offered during first contact.

If a concern is raised for a student who is rated Red, refer to RIT or BEN contacts who may take the lead. It is best practice to reach out via phone call to offer support. An email can be sent however due to the higher risk typically associated with those rated Red it is important that we establish contact in a timely manner. A 1:1 phone or video call should be offered during this initial interaction.

Welfare checks should take place remotely when possible. Any checks that may require in person contact require direction from the central ResLife team and must be cleared as per guidance in the 'In Person Welfare Check' section.

Remote checks should take place via phone call, video call, email or social media – depending on preference of student. We should offer phone or video calls first, however some students may prefer to discuss via email or social media. If this is the case, arrange a time you are both available so that replies will be synchronised and welfare check completed in a timely manner.

Your welfare check should assess physical health, mental state, support receiving, and support required (**please refer to the Risk Assessment section in Appendix 1. for guidance on how to conduct**). You should also agree when you will be in contact next and what it looks like if the student does not attend the next appointment. Your welfare check should:

- Provide reassurance that although it is an uncertain time, we will continue to be here to support. We are limiting FTF contact however this does not mean that we are not here to help in ways that we can.
- Assess physical health, mainly for symptoms of COVID-19 and whether self-isolating/shielding.
- Discuss mental wellbeing; how the student is currently experiencing mental distress, how often they are feeling distressed, if they take medication, do they have enough of this?
- Discuss their current support network as well as the support that is available to them and that may be beneficial, agree a plan going forward.

How to conduct a welfare check over the phone or via email or social media (anywhere that visual cues are not present):

- Establish boundaries, advise what you will be discussing and how long you have for your conversation,
- Keep the student on the point that you are there to discuss, if the conversation moves from being on point then gently stop the person and remind them the reason of the phone call,
- Time checking half-way through the conversation to ensure that the discussion remains focused and relevant information gathered,
- Use a mixture of open and closed questions to get the information that you need,
- Trust that the student is giving you accurate information,
- If there are any discrepancies or reasons to believe what you are being told is untrue, explore this by asking further exploratory questions,
- Remain aware that there are challenges of telephone assessments as there is a lack of visual cues, however, continue to be empathetic and connected as though you were in a room with the student,
- Allow the student to ask any questions they may have.

How to conduct a welfare check via video call (where visual cues are present):

- Establish boundaries, advise what you will be discussing and how long you have for your conversation,
- Keep the student on the point that you are there to discuss, if the conversation moves from being on point then gently stop the person and remind them the reason of the phone call,
- Time checking half-way through the conversation to ensure that the discussion remains focused and relevant information gathered,
- Use a mixture of open and closed questions to get the information that you need,
- Trust that the student is giving you accurate information,
- If there are any discrepancies or reasons to believe what you are being told is untrue, explore this by asking further exploratory questions,
- Look at the person, how do they look – do they appear to be taking care of themselves,
- Look around the room at what you can see, is it clean and tidy, cluttered or disorganised, is it unclean,
- Be empathetic and connected as though you were in a room with the student,
- Allow the student to ask any questions they may have.

Following your welfare check you should email the student advising:

- What needs to be done,
- Who will be doing this,
- When this needs to be done by,
- When the next contact will be and by what means, including what will happen if next contact is missed,
- Reminder of resources available to them.

If the student misses the next contact, reach out via agreed means. If no response as per guidance in the 'Escalation' section, then escalate to RIT or BEN.

Please remember to update incident report.

### **In Person Welfare Check (should only be carried out with authorisation)**

Face-to-face (FTF) contact should be minimised as per official guidance from the Government and NHS. FTF contact should only take place when essential and there is no other way of actioning support.

There may be some situations where a FTF check is required.

FTF checks should only take place when all other means of contact have been exhausted.

FTF checks should only take place when risks outweigh the risk of potential cross-contamination.

FTF checks must be cleared by Director, Residence Life plus another member of the RIT. In the absence of Director, Residence life, this should be cleared by two members of the RIT with guidance from Director of Student Wellbeing where required. All decisions should be documented on the incident report.

A discussion should take place between Director, Residence Life (or RIT in their absence) and the members of staff conducting the FTF check to ensure procedure is appropriate for area visiting - i.e. procedure may be different for a cluster flat rather than halls.

If an FTF check is required, then official guidance should be followed as far as possible. For example:

- Initial COVID-19 risk assessment,
- Visit in 2s for support and reassurance – 1<sup>st</sup> person initially attends the room with agreement to check in with the 2<sup>nd</sup> person on arrival and following leaving the room, and request attendance of 2<sup>nd</sup> person if required,
- Remain 2 meters from the person you are visiting at all times,
- Wear Personal Protective Equipment (PPE) that is available to you,
- Ensure you take a supply of antibacterial wipes or spray and a cloth to disinfect surfaces before and after touching,
- Wash hands with soap and water, dry with a clean towel. In the absence of clean facilities use alcohol gel and wash hands as soon as possible following the visit.

Please see following video for NHS guidance on how to conduct visit as an example

<https://youtu.be/s55JC7KXIyI>

## **Personal Protective Equipment**

PPE should be worn when carrying out any tasks that require FTF contact when a student or someone in their household is symptomatic – or if you have been unable to ascertain whether the student or anyone in their household is symptomatic.

As a minimum, a face mask and gloves should be worn. If there is a likely chance that you may be in close contact with the student, especially with risk of transfer of bodily fluids, then an apron and eye protection should also be worn.

Guidance on correct procedures to put on (donning) and take off (doffing) PPE should be followed. Details for quick reference can be found in Appendix. 4. More detailed information can be found here. <https://www.england.nhs.uk/coronavirus/primary-care/infection-control/>

PPE will be made into single packs to collect from a location at Pollock Halls (I.e. meeting room 1). Please contact Community Support on 0131 667 1971 to confirm the location of these packs.

In the absence of PPE due to unforeseen engagement or issues with supply, ensure that your hand and respiratory hygiene are exceptional.

If you have any concerns regarding the use of PPE please discuss with a member of the RIT.

## **Unforeseen Engagement**

There may be instances where you come across a student in distress or who appears to require support with their health or wellbeing.

- Social distancing should be maintained during incidental or unplanned interactions with students.
- Use Dynamic Risk Assessment in Appendix. 2 to ensure that the area is safe.
- Speak with the student to assess their level of distress, or their health or wellbeing need.
- Escalate as appropriate to the BEN or RIT numbers.
- Submit and/or update incident report.

## **Escalation Procedures**

Students of concern will be given a RAG rating. This will inform our escalation procedure.

It is best practice to attempt all means of contacting a student prior to escalating to RIT or BEN contacts for consideration of an in-person check. Means to contact include all available phone numbers, email addresses and social media.

If you have concerns during the period you are contacting, please raise these with RIT for advice and support.

If you are contacting a student rated as Green and you have had no response to your first means of contact within 5 days, attempt to contact via other means. If you receive no response to other methods of contact within 48 hours please refer to RIT or BEN contacts.

If you are contacting a student rated as Amber and you have had no response to your first means of contact within 3 days, attempt to contact via other means. If you receive no response to other methods of contact within 24 hours please refer to RIT or BEN contacts.

If you are contacting a student rated as Red and you have had no response to any means of contact within 24 hours please refer to RIT.

The RIT will discuss and make a plan in collaboration with involved parties. An example of decisions that may be made at this stage include (if appropriate):

- Liaising with the central University,
- Contacting the student's emergency contact,
- Contacting the student's friends or flatmates,
- Liaising with known health professionals,
- Escalating for a police welfare check
- FTF check.

RIT may ask for your support to complete these tasks.

Please submit and/or update incident report.

Please be reminded that the above timescales are guidelines, if in doubt please discussed with RIT or BEN contacts.

## Appendix. 1.

### Risk assessment

A risk assessment should be carried out prior to any FTF check.

Students of concern should be marked Red, Amber or Green - this pre-recorded risk rating should inform current risk assessment.

Risk assessment should assess risk to self, risk to others, vulnerability, other risks. **Questions to ask:**

- **What does your current support look like?**
- **Do you have any thoughts to harm yourself or end your life? Assess how often, how strong, if there is a plan, do they have means.**
- **Have you been eating? What and how often?**
- **If no, have you lost any weight? How much?**
- **What does your day look like currently?**
- **Have you been managing to shower and change/laundry your clothes?**
- **Have you had any thoughts to harm other people? Would you act on these?**
- **Have you been experiencing anything out of the norm for you?**
- **How is your mood? How does this compare to how it normally is?**
- **Has anything changed for you recently which has impacted on the way you are feeling?**
- **Have you been doing anything out of character for you?**
- **Do you feel safe at home in terms of your mental health?**

Current risk and historical risk should be compiled into a comprehensive risk assessment and presented to Director, Residence Life for review.

COVID-19 risk assessment should identify whether a person is symptomatic or asymptomatic, as well as whether anyone in their household is symptomatic. **Questions to ask:**

- **Are you physically well at the moment?**
- **If you are unwell, is this thought to be because of coronavirus?**
- **When did you start becoming unwell?**
- **What symptoms are you experiencing? Mainly do you have a fever (ask them to take temperature or if they are hot to touch on their chest or back), a repeated cough or shortness of breath?**
- **Are you receiving help with your physical health? (GP, NHS 24, pharmacy).**
- **Are you self-isolating, or been advised to self-isolate, because someone in your household has experienced symptoms of coronavirus? When did isolation start?**
- **Are you shielding due to increased risk factors? If you are, what are the risk factors?**
- **Is there anyone supporting you at the moment? (Friends, family, healthcare professionals, other organisations).**

## Appendix. 2.

### Dynamic Risk Assessment

A dynamic risk assessment can be defined as a continuous process of identifying hazards and the risk of them causing harm whilst also taking steps to eliminate or reduce them in the rapidly changing circumstances of an incident. Dynamic risk assessment involves you:

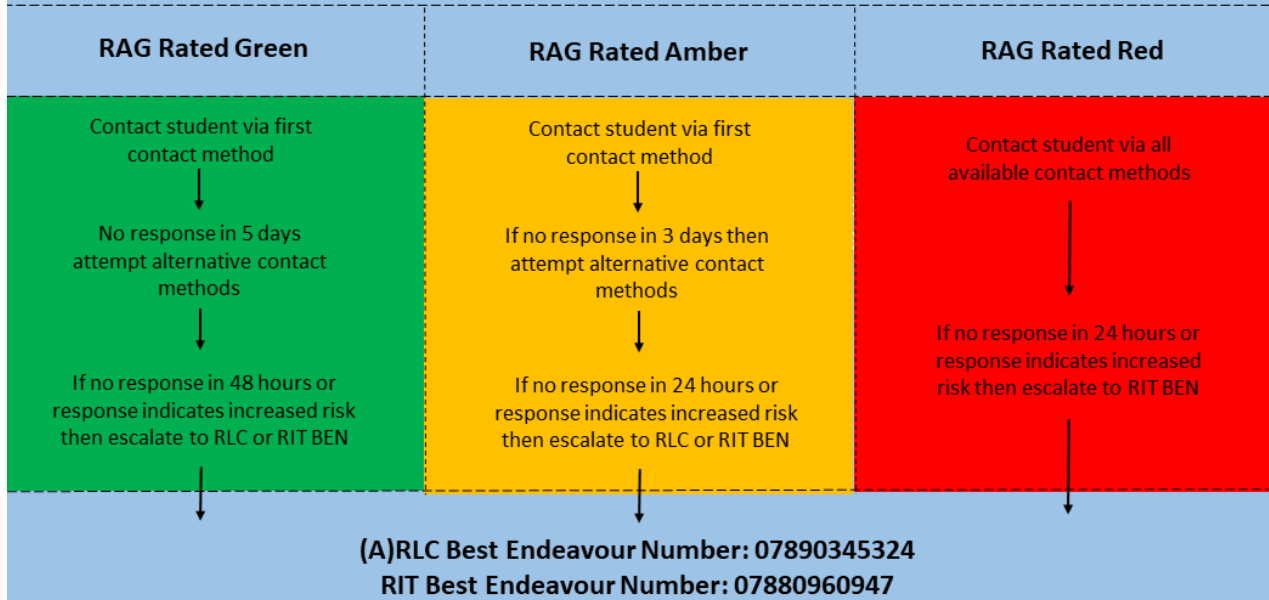
- Preparing yourself and going into a situation with as much knowledge as possible by reviewing previous documentation and reports - but being mindful that you must act according to the information presented in front of you,
- Being alert to warning signs,
- Carrying out a '10-second risk assessment'; if you feel there is a risk of harm to you, you should leave immediately,
- Asking appropriate questions to ensure appropriate action; is the person of concern a student, what is their name/student number, where do they stay, is it significant enough to require a room check,
- During a phone call taking down vital details such as how to get in touch if disconnected and the name/student number of the person of concern,
- Being aware of all entrances and exits; placing yourself in a position to make a good escape, i.e. where possible, being the closest to an exit,
- Being aware of the positioning of items, including those belonging to the lone worker (scissors, pens, etc.), that could be used as a weapon,
- Making a judgement as to the best possible course of action – for example, whether to continue or withdraw,
- Reaching out for support and advice if you are unsure,
- Avoiding walking in front of a person you are supporting, and not positioning yourself in a corner or in a situation where it may be difficult to escape,
- Remaining calm and focused during an incident in order to make rational judgements,
- Being realistic and having an awareness that not everyone you meet will be a kind and considerate individual, understanding that some people may be manipulative, aggressive or generally unkind,
- Being aware of your body language as there is a risk of exacerbating the situation,
- Being aware of the body language and behaviours of the person you are supporting, noticing any changes to indicate whether another course of action needs to be taken,
- Assessing risk in terms of the disruption that this will cause (i.e. there being an incidence of bodily fluids in a stairwell and this requiring closure or there being an aggressive person in an area and this requiring closure to minimise escalation),
- Being aware of hazards such as obstacles, wet floors or faulty equipment,
- Being aware of emergency procedures, where to report and where to seek support,
- Being aware of environmental risks such as street safety, time of day/night, who else may be at the location,
- Having an awareness of your limits and vulnerabilities.



## Welfare Check-In Escalation



Welfare check requested. Follow COVID-19 Check-In and Escalation Protocol. Assess situation and give student a RAG rating. Use this process flow to escalate as appropriate.  
This is a guide. At any time if you are concerned or think a situation requires a different response please reach out to the RLC or RIT BEN.





## Guide to donning and doffing standard Personal Protective Equipment (PPE)

### for health and social care settings








#### Donning or putting on PPE

Before putting on the PPE, perform hand hygiene. Use alcohol handrub or gel or soap and water. Make sure you are hydrated and are not wearing any jewellery, bracelets, watches or stoned rings.

<p>1 Put on your plastic apron, making sure it is tied securely at the back.</p> 	<p>2 Put on your surgical face mask, if tied, make sure securely tied at crown and nape of neck. Once it covers the nose, make sure it is extended to cover your mouth and chin.</p> 	<p>3 Put on your eye protection if there is a risk of splashing.</p> 	<p>4 Put on non-sterile nitrile gloves.</p> 	<p>5 You are now ready to enter the patient area.</p> 
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#### Doffing or taking off PPE

Surgical masks are single session use, gloves and apron should be changed between patients.

<p>1 Remove gloves, grasp the outside of the cuff of the glove and peel off, holding the glove in the gloved hand, insert the finger underneath and peel off second glove.</p> 	<p>2 Perform hand hygiene using alcohol hand gel or rub, or soap and water.</p> 	<p>3 Snap or unfasten apron ties the neck and allow to fall forward.</p> 	
<p>4 Snap waste ties and fold apron in on itself, not handling the outside as it is contaminated, and put into clinical waste.</p>			
<p>4 Once outside the patient room. Remove eye protection.</p> 	<p>5 Perform hand hygiene using alcohol hand gel or rub, or soap and water.</p> 	<p>6 Remove surgical mask.</p> 	<p>7 Now wash your hands with soap and water.</p> 

Please refer to the PHE standard PPE video in the COVID-19 guidance collection:

[www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures](https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures)

If you require the PPE for aerosol generating procedures (AGPs) please visit:

[www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures](https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures)