

# Reg44 & COVID-19

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**research**, facts and analysis

**Impact** on regulation 44 reports



## Regulation 44 Forum online – 5.10.20 update

- Covid 19
- Test , track and trace
- Ofsted assurance visits
- Masks

Chris Freestone.



# Current situation

- R rate in the UK continues to climb. Rate on weekly data stands at 1.3-1.6 ( growth rate 5-9%)
- Clusters largely in big cities- all London boroughs climbing rates , NW,NE and Midlands. Wales and Scotland similar
- Largest % rate climb was 17-24 year olds. Now rising in 45 years and upwards.
- Hospital admissions and ITU admissions largely 55 plus years.



## In the pipeline:-

- Following the confusion around differing lockdown measures likely announcement of a standardised national three tier approach:
- Level 1- restrictions as basic already in place- “face , hands and space.”
- Level 2- restrictions as in the northeast at present
- Level 3- lockdown with schools open ( at education tier 3 or 4 ) , essential businesses
- Levels will be linked to the R rate in the area
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# Local decision making and education:

- <https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers>
- Key document for setting out how local and national frameworks will work together
- Children's homes / teams should be aware of the 4 tier education approaches as they will impact on staffing / rotas / home & remote learning especially when tiers 3 and 4 are implemented.

# Test , track and trace:

1. New app now rolled out 10 million downloads to Friday 2<sup>nd</sup> October in England and Wales
2. Used alongside the manual test and trace system
3. On that system 31,373 first time positive tests in week ending 23.9.20.
4. Numbers 61% up on the previous week
5. 71.3% achievement contact tracing ,down from 80.8% the previous week
6. Glitches with the app- did not sync with test results from some sources.



# Guidance:

- Assurance visits – Ofsted  
- ANY FEEDBACK SO FAR?”
- <https://socialcareinspection.blog.gov.uk/author/yvette-stanley/>
- 1.10.20- “Our regulatory work in lockdown.”
- Small amendments to the old “rolling guidance”

## Research in progress and published:-

- <https://www.mentalhealth.org.uk/publications/impacts-lockdown-mental-health-children-and-young-people>
- <https://www.ukri.org/research/coronavirus/researching-the-impacts-of-coronavirus/childrens-education-during-lockdown/>
- Eighteen month studies started in July 2020:  
<https://www.brookes.ac.uk/about-brookes/news/impact-of-lockdown-on-young-children-is-studied-by-psychologists/>
- <https://www.ox.ac.uk/news/2020-08-19-study-finds-significant-increase-child-parent-violence-lockdown>
- <https://learning.nspcc.org.uk/research-resources/2020/social-isolation-risk-child-abuse-during-and-after-coronavirus-pandemic>



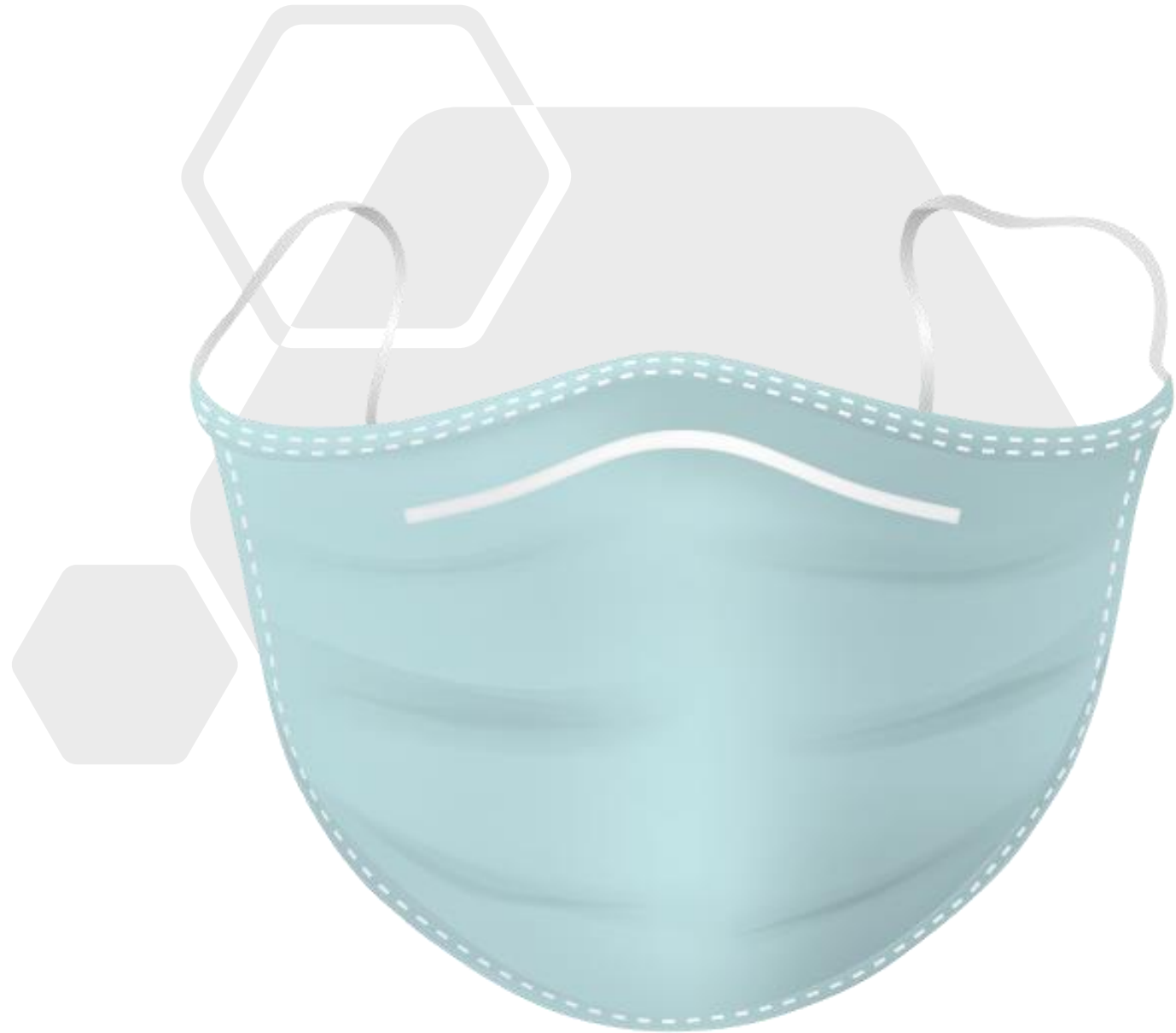
# Mask use:

Mask or face covering ?

Are they both PPE?

To use or not?

Government guidance is clear on this one.....with exceptions .....



# Evidence:



- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>
- Simple face coverings or masks can reduce the spread.
- WHO guidance above is great for defining use of both material / cloth face coverings and medical style masks
- Also some great guidance re. children.
- Main research re. mask use linked to influenza outbreaks --- three fold reduction in viral “spray”
- It has to be aligned with frequent and effective hand washing- the basics do not change

# A slow start-

- So why weren't face masks recommended at the start of the pandemic? At that time, experts didn't know the extent to which people with COVID-19 could spread the virus before symptoms appeared. Nor was it known that some people have COVID-19 but don't have any symptoms. Both groups can unknowingly spread the virus to others.
- Disposing of masks properly is key and then hand washing
- Cloth masks – a new point of transmission. Many people do not follow the guidance (next slide) or wash their hands after- just stand in a supermarket carpark and watch what happens.....I bet it is NOT what is on the next slide.....!



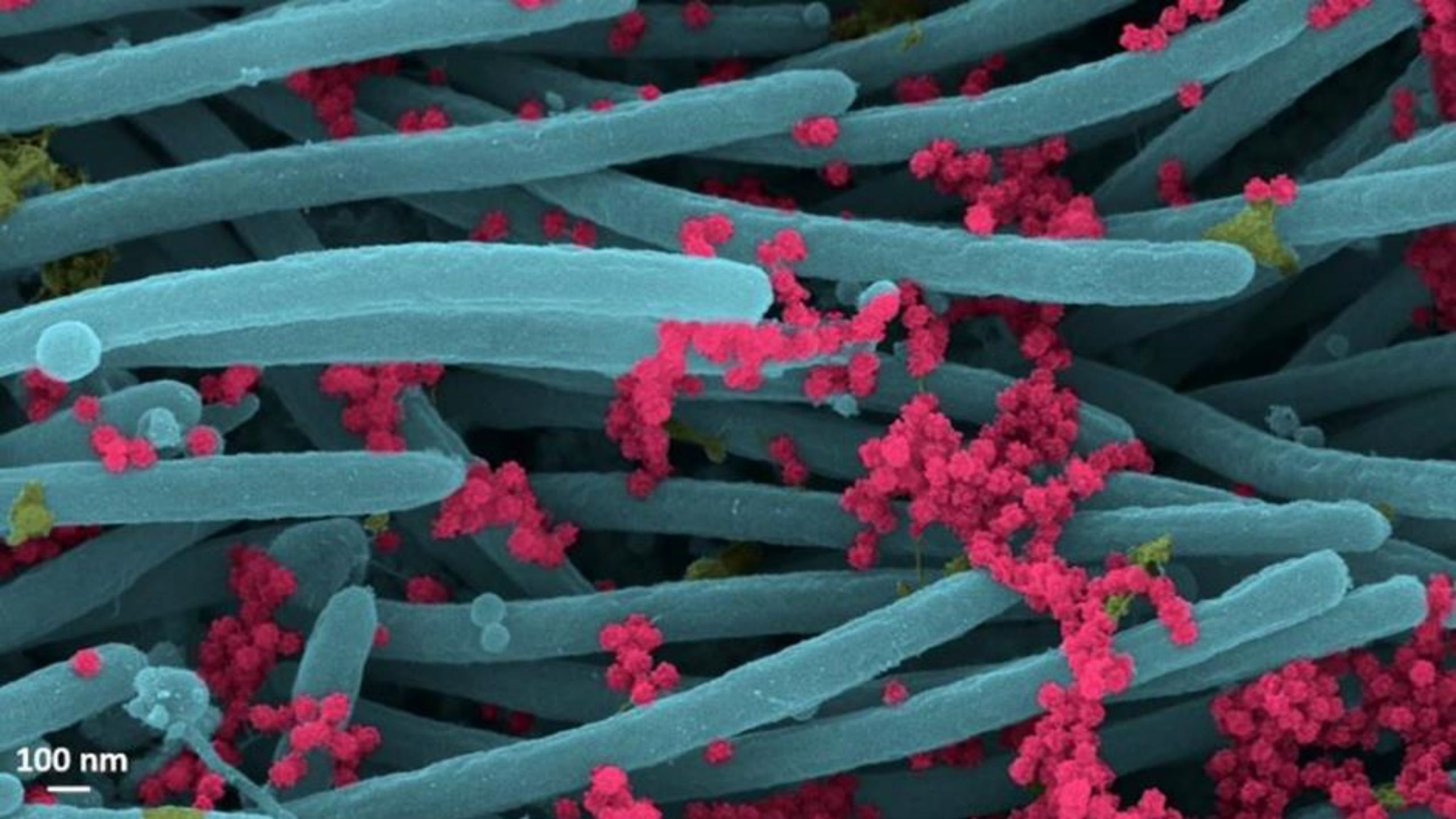
- Here are a few pointers for putting on and taking off a cloth mask:
- Wash or sanitize your hands before and after putting on and taking off your mask.
- Place your mask over your mouth and nose.
- Tie it behind your head or use ear loops and make sure it's snug.
- Don't touch your mask while wearing it.
- If you accidentally touch your mask, wash or sanitize your hands.
- If your mask becomes wet or dirty, switch to a clean one. Put the used mask in a sealable bag until you can wash it.
- Remove the mask by untying it or lifting off the ear loops without touching the front of the mask or your face.
- Wash your hands immediately after removing your mask.
- Regularly wash your mask with soap and water by hand or in the washing machine. It's fine to launder it with other clothes.

What should happen with a cloth mask.....

# Masks

- As evidence suggests COVID-19 could be transmitted before symptom onset, community transmission might be reduced if everyone, including people who have been infected but are asymptomatic and contagious, wear face masks.
- Local decision making related to risk will decide the level of covering to be used . This will be aligned to guidance from all sources.
- Sources include : PHE / WHO/ NHS England/GOSH/Lancet/CDC. Much of this guidance has changed as we find out more about the virus- mask wearing is generally seen in a positive light .
- Clear guidance is in place in health settings where suction , tracheostomy care , physio is carried out. There is less clear guidance when it is children with health needs in a social care setting





## The photo:

- These are what are known as SARS-Cov-2 virions under electron microscopy on the cilia of cells in the human respiratory tract. The yellow is mucus, the red SARS Cov 2 , these are then sneezed , coughed out etc and spread – further in the individual or as droplets into the air for transfer etc.
- Virions are the complete, infectious form of the virus released onto respiratory surfaces by infected host cells.
- This imaging research helps illustrate the incredibly high number of virions produced and released per cell inside the human respiratory system. The large viral burden is a source for spread of infection to multiple organs of an infected individual and likely mediates the high frequency of COVID-19 transmission to others. These images make a strong case for the use of masks by infected and uninfected individuals to limit SARS-CoV-2 transmission.
- Reference: “SARS-CoV-2 Infection of Airway Cells” by Camille Ehre, Ph.D., 3 September 2020, *New England Journal of Medicine*.  
[DOI: 10.1056/NEJMicm2023328](https://doi.org/10.1056/NEJMicm2023328)
- [NB 100nm is the thickness of a sheet of plain A4 paper..](#)
- [Chris Freestone. Dialogue . 10.2020](#)



# Motivation & Reg44

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**Objective** reporting  
**Unconscious** bias





# UNCONSCIOUS BIAS

## 1 ✓ Confirmatory bias

This bias leads us to actively search for information which confirms our existing ideas about people. Confirmatory bias can also lead to decision makers discounting key information which contradicts their pre-existent beliefs.



## 2 Affinity bias

This bias leads us to favour people who look like us, sounds like us or that share a similar background or interests. Affinity bias can mean that we fail to see the faults in people who are like us and are more critical of those who we perceive to be different.

## 3

## Social comparison bias

In order to identify both individual and group identity we constantly compare ourselves to others. While it sounds unpalatable a central part of this belief is that we are better than others.

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Unconscious biases are our natural people preferences. We are hard-wired to prefer people who look similar, sounds similar and have similar interests.

"

These preferences bypass our normal, rational and logical thinking. We use these processes very effectively (we call it intuition) but the categories we use to sort people may not be logical, modern or legal.

## 7



## Talking about difference

Talking about difference should not be uncomfortable. Try to foster an environment in which speaking about differences in people's lives is encouraged and commonplace.

## 6



## Recognise bias

Encourage your colleagues and teams to recognise their own biases. Help them to understand that these biases are normal and can have a large impact on the way we interact with others.

## 5



## Senior leaders

Senior leaders ALL need to role model inclusive behaviours to create a culture in which biases can be recognised and mitigated against.

## 4



## Want to know more

I have written several in-depth blogs on the subject of unconscious bias. Check out [www.socialbeings.co.uk](http://www.socialbeings.co.uk) for more information