

COVID-19 - Recommendations for community action by dietitians for older and vulnerable people living in their own home

NHS England and NHS Improvement have outlined their [Next steps on NHS response to COVID-19](#). Urgent action is required to discharge those medically fit from hospital into the community & for NHS staff & resources to be maximised & redirected. [COVID-19 Prioritisation within Community Health Services](#) advises providers of community services about the current priorities for community services (including dietetics). In addition, [Supporting allied health professionals](#) asks the workforce to be flexible in their work practices.

Those at highest risk of severe illness from COVID-19 are asked to follow strict [social distancing](#) or [shielding](#) guidance, and many of these individuals are also at greater risk of malnutrition & frailty. Dietitians already play a vital leadership role in both prevention & management of malnutrition in the community, which is just as vital at this time. Good leadership of this sort can keep people safe & increase admission avoidance & successful discharges.

- The AHP leadership team for England is hosting a Nutritional Care & COVID-19 discussion forum on the [FutureNHS](#) National AHP Virtual Hub within the COVID-19 Incident Response Forum. All dietetic leads and Chief AHPs in England are invited to join.
- This forum will provide an opportunity to share experiences, challenges, solutions, protocols, guidance & peer support for critical care, hospital discharge & community support

The following is a list of considerations for dietetics (excluding home enteral feeding services) however, with an ever-changing situation this list is not exhaustive & we recommend it is adapted to meet local priorities & needs:

Guidance	Considerations for action
COVID-19 Hospital discharge services requirement	<p>Hospital Discharge:</p> <ol style="list-style-type: none"> 1. Identify and contact local hospital discharge teams, community coordination teams and Executive Lead responsible to offer support 2. Ensure nutritional risk scores & nutrition care plans are included on hospital discharge documentation 3. Provide simple resources on discharge such as: BDA Older Adults Factsheets, Guide to nutrition and hydration in older age 4. Identify community follow up availability if at risk of malnutrition - who can nutritional care be handed over to & how? 5. What opportunities are there for individuals &/or their support networks to self-identify & self-manage nutrition & hydration needs at home irrespective of nutrition risk, for example using the nutrition checklist & signposting to local resources?
<p>Next steps on NHS response to COVID-19</p> <p>COVID-19 Prioritisation within Community Health Services</p>	<p>Community:</p> <ol style="list-style-type: none"> 1. Identify & contact Local Resilience Forum (LRFs) to ensure nutrition & hydration care is embedded into local care pathway for older & vulnerable people 2. Identify who will be able to provide nutritional screening for older & vulnerable people in the community 3. Is 'MUST' still a feasible option for the MDT to use or is the nutrition checklist section A and section B a simpler option at this time? 4. Identify what support & upskilling LRFs & the MDT need from dietitians to minimise malnutrition/dehydration in the community 5. What are the opportunities for individuals &/or their support networks to self-manage nutrition & hydration needs? 6. Who else can provide first-line nutrition support advice besides dietitians? 7. What dietetic leadership & supervision can be provided to the MDT regarding nutrition & hydration advice? 8. Who would benefit most from dietetic input & advice? 9. What follow up support will be/is available? 10. How could dietetic assistant practitioners, dietetic students & any support workers support community teams? 11. Contact & work in partnership with nursing colleagues for those at high risk of/or with pressure ulcers (including podiatrists for diabetic foot injuries) 12. Contact & work in partnership with speech and language therapists for those requiring texture modified diet & fluids

	<p>13. Contingency planning will be needed if a main carer is required to self-isolate. Does the replacement carer have all the knowledge & skills to care for this person?</p> <p>14. Contact & work in partnership with other colleagues including physiotherapists, occupational therapists & falls teams to empower older & vulnerable individuals to be active at home</p> <p>15. What nutrition & hydration support will be needed/available for people with COVID-19 symptoms who remain in the community & to aid recovery following discharge?</p>
	<p>Access to food and fluid on discharge, in the community & work with discharge & community MDT:</p> <ol style="list-style-type: none"> 1. Check people's supplies of non-perishable basic foods, pre-prepared &/or frozen meals & if carrying out a home visit, use opportunities to check if food is in date & has not spoiled 2. Can individuals &/or their support network access supermarkets &/or local shops to purchase food & drink? 3. What support is available for older & vulnerable people to access food such as: protected shopping hours, click & collect or food ordering services? 4. How can you ensure individuals at risk of malnutrition have access to ingredients to increase the nutrient content of meals & fluid? 5. Contact & collaborate with local social prescribing teams (such as the voluntary sector) who can support with food shopping 6. Support volunteers/voluntary sector to purchase food & fluids suitable to meet nutritional needs, including individual preferences, cultural & religious beliefs 7. Contact meal home delivery services (such as Wiltshire Farm Foods, Oakhouse Foods, Parsley Box or local council meal on wheels service) to determine any local risks to stock supplies & recommend them as options for people 8. Oral nutritional supplements (ONS) should only be considered where clinically indicated & where people meet ACBS indications (ACBS indications do not include food access issues)
<p>Next steps on NHS response to COVID-19</p>	<p>Technology:</p> <ol style="list-style-type: none"> 1. Discuss with your organisation how to support individuals unable to access/interact with technology/telephone consultations 2. How will mental capacity assessments be carried out? 3. Other useful information can be accessed from organisations such as NHSX Information Governance, UCL Partners, RCSLT or CSP.

The Silver Line Age UK	Loneliness and isolation <ol style="list-style-type: none"> 1. Social-distancing is a risk factor for malnutrition & dehydration 2. Work in partnership with the voluntary sector (such as loneliness & befriending services) to connect people
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