NHS National Services Scotland

COVID-19: Information and Guidance for Social or Community Care & Residential Settings

Version 1.6

Publication date

2nd April 2020

Health Protection Scotland

Version History

Version	Date	Summary of changes
V1.0	12/03/2020	First version of document
V1.1	18/03/2020	Updated to incorporate COVID-19 Guidance for infection prevention and control in healthcare settings. Version 1.0 New isolation guidance
V1.2	20/03/2020	FFP3 for AGPS
V1.3	23/03/2020	Shielding advice / pregnant workers / contacting GPs
V1.5	26/03/2020	Admissions to social or community care & residential settings
V1.6	02/04/2020	Revision of PPE

Contents

Scope of the guidance

This guidance is to support those working in social or community care and residential settings(SCCR) to give advice to their staff and users of their services about COVID-19.

Social or community and residential care (SCCR) is taken to include:

- long-term conditions services
- prison residential settings
- rehabilitation settings
- community healthcare settings
- community-based settings for people with mental health needs
- community-based settings for people with a learning disability
- community social care (domiciliary care services including those provided for children) settings
- community-based settings for people who misuse substances
- local authority social work fieldwork services
- residential children's homes, including secure children's homes
- care home settings with or without nursing
- support to people in their own homes, either from a service or from staff directly employed by the service provider.

This document does not cover advice for unpaid carers, including family members who provide care in the home. They should refer to the advice on **NHS Inform**.

This guidance covers:

- What COVID-19 is and how it is spread.
- Advice on how to prevent spread of all respiratory infections including COVID-19.
- Advice on what to do if someone is ill in a workplace or a SCCR setting.
- Advice on what will happen if an individual is being investigated as a possible case or is confirmed as a case of COVID-19.

Where relevant, additional setting-specific information and advice is also included in, or is linked to from, this guidance. This guidance is based on what is currently known about the Coronavirus Disease (COVID-19). Health Protection Scotland (HPS) will update this guidance as needed and as additional information becomes available.

Information and guidance for social or community care and residential settings

1.1 Background

What is Coronavirus (COVID-19)?

A coronavirus is a type of virus. As a group, coronaviruses are common across the world. COVID-19 is a new strain of coronavirus which was first identified in Wuhan City, China in January 2020.

The incubation period of COVID-19 is currently believed to be between 2 to 14 days. The incubation period is the time between someone being exposed to an infection and developing symptoms. This means that if a person remains well 14 days after contact with someone with COVID-19 they have almost certainly not been infected.

What are the typical signs and symptoms of COVID-19?

Common symptoms include:

- high temperature or fever

  and/or

- new continuous cough

People with these symptoms are advised to self-isolate for seven days from the start of the symptoms even if the symptoms are mild. COVID-19 testing is not usually required in the community setting though there are some exceptions.

Some people will have more serious symptoms, including pneumonia or difficulty breathing, which might require admission to hospital. Generally, COVID-19 infections can cause more severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic heart or lung disease. Some of these higher risk groups may not show the typical signs and symptoms described above. See **NHS Inform** for more details.

What should I do if I have symptoms

People who are unwell and worried about COVID-19 should consult NHS inform and phone NHS 24 (call 111) as the first point of contact, not their GP. **NHS inform** and NHS 24 will form the first point of contact for all COVID-19 related symptoms during both in and out of hours. NHS inform have developed posters which can be printed and shared. It can be found at the NHS inform - **Advice for professionals** under communication toolkits.

Calls will be triaged through NHS24 to a local (non-patient facing) hub staffed with clinicians drawn from across both primary and secondary care. People who need to be seen will be

offered appointments at dedicated local assessment centres, staffed and equipped to deal with COVID-19 related presentation.

NHS 24 (111) should be contacted if your symptoms:

- are severe or you have shortness of breath
- worsen during home isolation
- have not improved after 7 days.

In addition, it is now recommended that all individuals living in the same household as a symptomatic person should self-isolate for 14 days (household isolation).

Information on COVID-19, including “stay at home” advice for people who are self-isolating and their households, can be found on **NHS Inform**.

What should I do if my symptoms are worsening

Seek prompt medical attention if your illness is worsening. If it is not an emergency, contact NHS 24 (111). If it is an emergency and you need to call an ambulance, dial 999 and inform the call handler or operator that you may have coronavirus (COVID-19).

How is COVID-19 spread?

From what we know about other coronaviruses, transmission of COVID-19 is most likely to happen when there is close contact (within 2 metres or less) with an infected person. The risk of infection transmission increases the longer someone has close contact with an infected person. Respiratory secretions, from the coughs and sneezes of an infected person, are the main route of transmission.

There are two routes by which COVID-19 can be spread:

Directly; from close contact with an infected person (within 2 metres) where respiratory secretions can enter the eyes, mouth, nose or airways. This risk increases the longer someone has close contact with an infected person who has symptoms.

Indirectly; by touching a surface, object or the hand of an infected person that has been contaminated with respiratory secretions and then touching own mouth, nose, or eyes.

How long can the virus survive on environmental surfaces?

Under most circumstances, even without cleaning or disinfection, the amount of infectious virus on any contaminated surfaces is likely to have decreased significantly by 72 hours.

We know that similar viruses, are transferred to and by people's hands and therefore frequent hand hygiene and regular decontamination of frequently touched environmental and equipment surfaces will help to reduce the risk of infection transmission.

1.2 Preventing spread of infection

There are general principles facilities and individuals can follow to help prevent the spread of respiratory viruses, including COVID-19.

Individuals should:

- Wash hands regularly.
- Wash hands with soap and water; or use alcohol-based hand rub (ABHR) where available before eating and drinking, and after coughing, sneezing or going to the toilet.
- Avoid touching your eyes, nose and mouth with unwashed hands
- Wherever possible, avoid direct contact with people that have a respiratory illness and avoid using their personal items such as their mobile phone.
- Follow the stay at home guidance if you or someone in your facility has symptoms of COVID-19.
- Cover your nose and mouth with a disposable tissue when sneezing, coughing, wiping or blowing your nose. Dispose of all used tissues promptly into a waste bin. Then wash your hands, if facilities are not available use alcohol based hand rub (ABHR). If there are no tissues available, cough and sneeze into the crook of elbow.

Facilities should:

- Ensure routine cleaning and disinfection is undertaken of frequently touched objects and surfaces (e.g. hand rails, tables, the arms of chairs, telephones, keyboards, door handles, desks and tables).
- Ensure regular and thorough environmental cleaning is done.
- Promote hand hygiene by making sure that all individuals including staff, contractors, and visitors have access to hand washing facilities and where available ABHR in prominent places, where it is safe to do so.
- Ensure any crockery and cutlery in shared kitchen areas is cleaned with warm water and general purpose detergent and dried thoroughly before being stored for re-use.
- Keep areas clutter free and avoid leaving food stuffs exposed and open for communal sharing unless they are individually wrapped.

What else can be done to prevent spread of COVID-19?

In addition to the measures above facilities should:

- Review their visiting policy, by asking no one to visit who has suspected COVID-19 or is generally unwell, and emphasising good hand hygiene for visitors. The review should take into consideration advice for the whole population to practice social distancing and remain in their house. The review should take particular care when considering those in the shielding category.
- The use of bank or agency staff should be avoided wherever possible. If used, then where possible ensure that staff are not working across different facilities.
- Contractors on site should be kept to a minimum.
- Ensure that all individuals in the facility are aware of the requirement to self-isolate if they develop symptoms of COVID-19 and support them in doing this.
- Consider the additional demands that will be placed on people by requirements for household isolation and put in place resilience planning to support this.

1.3 Measures to prevent spread of COVID-19 and protect people at increased risk of severe illness and who fall within shielding category

There is currently no vaccine to prevent COVID-19.

The following measures are recommended to help reduce the spread of COVID-19 and to protect people at increased risk of severe illness:

Stay at home guidance for households with possible COVID-19 should be followed by people with symptoms and their household contacts to reduce the community spread of COVID-19. This means that anyone who has symptoms of COVID-19 and anyone else living in the same household should follow 'stay at home' advice on **NHS Inform**.

Social distancing measures should be followed by everyone, including children, in line with the government advice to **stay at home**. The aim of social distancing measures is to reduce the transmission of COVID-19. Up to date information can be found on the **NHS Inform** website. Note that shielding advice should be followed by individuals at risk of severe infection.

Shielding is a measure to protect people, including children, who are extremely vulnerable to severe illness from COVID-19 because of certain underlying health conditions. The aim of shielding is to minimise interaction between these individuals and others to protect them from coming into contact with the virus that causes COVID-19. People with these serious underlying health conditions are strongly advised to rigorously follow shielding measures in

order to keep themselves safe. Further information, including the list of underlying health conditions that make people extremely vulnerable, is available on the **NHS Inform** website.

Staff (such as health care workers) with underlying health conditions that put them at increased risk of severe illness from COVID-19, including those who are immunosuppressed, should not provide direct care to patients with possible or confirmed COVID-19. Staff who think they may be at increased risk should seek advice from their line manager or local Occupational Health service. Pregnant staff should also seek advice from their line manager or local Occupational Health service. Information for at risk or pregnant healthcare workers can be found in **Guidance for NHS Scotland workforce Staff and Managers on Coronavirus**.

Where can I find further information on COVID-19 and how to reduce the risk of infection?

Additional information can be found on the COVID-19 pages of the **NHS Inform** website and on the **Health Protection Scotland** website. A COVID-19 communication toolkit is also available on NHS Inform and contains posters, video and social media posts for organisations to print, use and share

People who want more general information on COVID-19 can phone the free helpline on 0800 028 2816 (NHS 24). The helpline is open from 8.00am to 10.00pm each day.

1.4 Staff who have contact with a case of COVID-19 out with their work facility

Asymptomatic individuals living in the same household as a possible case of COVID-19 should follow ‘stay at home: household isolation’ advice on **NHS Inform**. This means you should remain at home for 14 days from the date symptoms started in your household member. Anyone who has symptoms of COVID-19 should follow the guidance for people with symptoms.

1.5 What action needs to be taken if a case of COVID-19 has recently attended your facility?

A risk assessment of the setting is usually not required but under certain circumstances may be undertaken by the local Health Protection Team (HPT) with the lead responsible person. Contact details for HPTs can be found in **Appendix 1**. Advice on cleaning of areas is set out in **section 1.7** below.

1.6 Actions to take if someone who may have COVID-19 becomes unwell whilst in the facility.

In preparation, make sure that all staff and individuals in the facility know to inform a member of staff or responsible person if they feel unwell. The following guidance may need to be locally adapted to ensure a responsible person is there to support the individual where required.

If the person lives in the facility:

- Return the individual to their room.
- Seek prompt medical attention if their illness is worsening. If it is not an emergency, contact NHS 24 (111). If it is an emergency and you need to call an ambulance, dial 999 and inform the call handler or operator that the unwell person may have coronavirus (COVID-19).
- Follow the advice in **Section 1.8: 'Caring for someone with a possible or confirmed case of COVID-19'.**

If the person does not live in the facility

If they have mild symptoms they should go home as soon as they notice symptoms and self-isolate. Where possible they should minimise contact with others i.e. use a private vehicle to go home. If it is not possible to use private transport, then they should be advised to return quickly and directly home. While using public transport, they should practice social distancing measures with other people and catch coughs and sneezes in a tissue. If you don't have any tissues available, they should cough and sneeze into the crook of their elbow.

If they are so unwell that they require an ambulance, phone 999 and let the call handler know you are concerned about COVID-19. Whilst you wait for advice or an ambulance to arrive, try to find somewhere safe for the unwell person to social distance by sitting at least 2 metres away from other people. If possible find a room or area where they can be isolated behind a closed door, such as a staff office or meeting room.

In common waiting areas or during transportation e.g. for urgent hospital care, symptomatic individuals may wear a surgical face mask if this can be tolerated, to minimise the dispersal of respiratory secretions and reduce environmental contamination.

If it is possible to open a window, do so for ventilation. The individual should avoid touching people, surfaces and objects and be advised to cover their mouth and nose with a disposable tissue when they cough or sneeze, and then put the tissue in the bin. If no bin is available, put the tissue in a bag or pocket for disposing in a bin later. If you don't have any tissues available, they should cough and sneeze into the crook of their elbow.

1.7 Environmental decontamination (cleaning and disinfection) after a possible case has left the facility

Cleaning and Disinfection

Once a possible case has left the facility, the immediate area occupied by the individual e.g. hard surfaces, bed, sink and toilet, should be cleaned with detergent and disinfectant. This should include any potentially contaminated high contact areas such as door handles, telephones, grab-rails. Once this process has been completed, the area can be put back into use. Any public areas where a symptomatic individual has only passed through (spent minimal time in) e.g. corridors, not visibly contaminated with any body fluids do not need to be further decontaminated beyond routine cleaning processes.

Environmental cleaning and disinfection should be undertaken using disposable cloths and mop heads using standard household detergent and disinfectant that are active against viruses and bacteria. Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants. All cloths and mop heads used must be disposed of and should be put into waste bags as outlined below. The person responsible for undertaking the cleaning with detergent and disinfectant should be familiar with these processes and procedures.

In the event of a blood and body fluid spillage, keep people away from the area. Use a spill-kit if available, using the PPE within the kit or PPE provided by the employer/organisation and follow the instructions provided with the spill-kit. If no spill-kit is available, place paper towels over the spill, and seek further advice from the local Health Protection Team (see **Appendix 1: Contact details for local Health Protection Teams)**.

1.8 Caring for someone with possible or confirmed COVID-19 in a facility

Infection Prevention and Control

Staff must comply with all infection prevention and control (IPC) procedures as set out in this guidance and outlined in the **National Infection Prevention and Control Manual** (NIPCM) which is best practice for all health and care settings.

Staff with underlying health conditions that put them at increased risk of severe illness from COVID-19, including those who fall into the shielding category, should not provide direct care to individuals with possible or confirmed COVID-19. Staff who think they may be at increased risk should seek advice from their line manager or local Occupational Health service. Pregnant staff should also seek advice from their line manager or local Occupational Health service. Information for at risk or pregnant healthcare workers can be found in **Guidance for NHS Scotland workforce Staff and Managers on Coronavirus**.

Isolation

People being cared for with a clinically suspected or a laboratory confirmed COVID-19 should be cared for in a single room with en-suite facilities where possible. If an en-suite is not available, try to dedicate a toilet facility for the individual. If the individual must use a communal toilet, ensure it is cleaned after every use. Room door(s) should be kept closed where possible and safe to do so. Where this is not possible ensure the bed is moved to the furthest safe point in the room to try and achieve a 2 metres social distance to the open door as part of a risk assessment that must be carried out with advice from the local Health Protection Team.

Only essential staff should enter the individuals room, wearing appropriate PPE as described in the **PPE section** of this guidance. Further details can be found in COVID-19: Infection Prevention and Control Guidance.

Display signage to reduce unnecessary entry into the isolation room. Confidentiality must be maintained.

All necessary procedures and care should be carried out within the individual's room. The minimum number of required staff should only be present. Entry and exit from the room should be minimised during care, specifically when these care procedures produce aerosols or respiratory droplets.

Staff Cohorting (working in dedicated teams)

Assigning a dedicated team of staff to care for individuals in isolation is an additional IPC measure which can help prevent onward spread of infection. This should be implemented whenever there are sufficient levels of staff available (so as not to have negative impact on non-affected individual care).

Where possible, staff who have had confirmed COVID-19 and have since recovered, should care for COVID-19 individuals (see **NHS Inform** for guidance on self-isolating and ending self-isolation). Such staff must continue to follow the IPC measures, including appropriate PPE as detailed in **PPE Section** below.

Hand Hygiene

This is essential before and after all contact with the individual being cared for, after removal of PPE and after cleaning of equipment and the environment.

Wash hands with soap and water following **Appendix 2 - Best Practice How to Hand Wash**. Alcohol-based hand rub (ABHR) can be used if hands are not visibly dirty or soiled. **Alcohol based hand rub stocks should not be stock piled**. Washing effectively with soap and water is sufficient.

Respiratory and Cough Hygiene – 'Catch it, bin it, kill it'

Disposable single use tissues should be used to cover the nose and mouth when sneezing, coughing or wiping and blowing the nose. Used tissue should be disposed of promptly in the nearest foot operated waste bin.

Hands should be cleaned with soap and water if possible, otherwise using ABHR after coughing sneezing, using tissues or after contact with respiratory secretions and contaminated objects.

Encourage individuals to keep hands away from their eyes, mouth and nose.

Some people may need assistance with containment of respiratory secretions, those who are immobile will need a container at hand for immediate disposal of the tissue such as a bag.

In common waiting areas or during transportation e.g. for urgent hospital care, symptomatic individuals may wear a fluid resistant surgical face mask (FRSM) if this can be tolerated, to minimise the dispersal of respiratory secretions and reduce environmental contamination**.**

Personal Protective Equipment (PPE) in facilities

Table 2 is contained within the **COVID-19 – Infection Prevention and Control guidance** and describes the PPE applicable to the facilities described in this guidance – available in **Appendix 5**. **Appendix 3** describes the procedures for putting on and removing PPE.

Table 2 also describes the additional PPE required only if undertaking an Aerosol Generating Procedure (AGP) – Table 2 can be accessed **here**. The local Health Protection Team can advise on this. AGPs should be avoided where possible.

The following procedures are considered AGPs:

- Intubation, extubation and related procedures e.g. manual ventilation and open suctioning of the respiratory tract (including the upper respiratory tract)*
- Tracheotomy/tracheostomy procedures (insertion/open suctioning/removal)
- Bronchoscopy and upper ENT airway procedures that involve suctioning
- Upper Gastro-intestinal Endoscopy where there is open suctioning of the upper respiratory tract
- Surgery and post mortem procedures involving high-speed devices
- Some dental procedures (e.g. high-speed drilling)
- Non-invasive ventilation (NIV) e.g. Bi-level Positive Airway Pressure Ventilation (BiPAP) and Continuous Positive Airway Pressure Ventilation (CPAP) **
- High Frequency Oscillatory Ventilation (HFOV)
- Induction of sputum
- High Flow Nasal Oxygen (HFNO)

*Chest compressions and defibrillation (as part of resuscitation) are not considered AGPs; first responders can commence chest compressions and defibrillation without the need for AGP PPE while awaiting the arrival of other personnel who will undertake airway manoeuvres. On arrival of the team, the first responders should leave the scene before any airway procedures are carried out and only return if needed and if wearing AGP PPE.

** CPAP and BiPAP are considered Aerosol Generating Procedures (AGPs). Long Term Oxygen Therapy is not.

For individuals with suspected/confirmed COVID-19, any of these potentially infectious AGPs should only be carried out when essential. Where possible, these procedures should be carried out in a single room with the doors shut. Only those staff who are needed to undertake the procedure should be present. A disposable, fluid repellent surgical gown, gloves, eye protection and a FFP respirator should be worn by those undertaking the procedure and those in the room.

Certain other procedures/equipment may generate an aerosol from material other than patient secretions but are not considered to represent a significant infection risk. Procedures in this category include:

● administration of pressurised humidified oxygen;

● administration of medication via nebulisation.

Note: During nebulisation, the aerosol derives from a non-patient source (the fluid in the nebuliser chamber) and does not carry patient-derived viral particles. If a particle in the aerosol coalesces with a contaminated mucous membrane, it will cease to be airborne and therefore will not be part of an aerosol. Staff should use appropriate hand hygiene when helping patients to remove nebulisers and oxygen masks.

If you do not anticipate the need for FFP respirators and are not caring for anyone currently receiving AGPs such as CPAP these should not be ordered or stockpiled and any surplus stock should be returned.

Table 4 provides additional PPE considerations where there is sustained transmission of COVID-19, taking into account individual risk assessment for this new and emerging pathogen – it can be accessed **here** and in **Appendix 6** of this guidance.

Access to personal protective equipment (PPE)

All services who are registered with the Care Inspectorate that are providing health and care support and have an urgent need for PPE after having fully explored local supply routes/discussions with NHS Board colleagues, can contact a triage centre run by NHS National Services for Scotland (NHS NSS). The helpline will be open (8am - 8pm) 7 days a week.

Please note that in the first instance, this helpline is to be used only in cases where there is an urgent supply shortage after business as usual routes have been exhausted and a suspected or confirmed case of COVID-19 has been identified.

The following contact details will direct providers to the NHS NSS triage centre for social care PPE: Email: **support@socialcare-nhs.info** Phone: 0300 303 3020

Care Equipment

Where possible use single-use equipment and dispose of as healthcare waste inside the room.

Where single use is not possible, use dedicated care equipment in the individual room. This should not be shared with other individuals receiving care. If it is not possible to dedicate pieces of equipment to the individual, such as commodes or moving aides, these must be decontaminated immediately after use and before use on any other individual following the guidance in **Appendix 4**.

Do not use fans that re-circulate the air and open windows for ventilation if it is safe to do so.

Try to keep the room clutter free and avoid storing any unnecessary equipment or soft furnishings in individuals own rooms to prevent unnecessary contamination of items.

All dishes, drinking glasses, cups, eating utensils, should be cleaned in a dishwasher, if possible, or hot soapy water, after each use, and dried.

Environmental Decontamination

It is possible that these viruses can survive in the environment with the amount of virus contamination on surfaces likely to have decreased significantly by 72 hours, so environmental cleaning is vital.

PPE must be worn as indicated in **PPE section**, prior to entering the individual's room. Those carrying out the cleaning must be familiar with the required environmental decontamination processes and have been trained in these accordingly. People responsible for cleaning should be advised to clean the isolation room(s) after all other unaffected areas of the facility have been cleaned.

Ideally, isolation room cleaning should be undertaken by staff who are also providing care in the isolation room. All shared spaces should be cleaned with detergent and disinfectant in accordance with this section.

Decontaminate all surfaces in the isolation room, including all potentially contaminated high contact areas such as door handles, tables, grab-rails and bathrooms.

Coronaviruses are readily inactivated by commonly available disinfectants such as alcohol (70% ethanol) and chlorine releasing agents (sodium hypochlorite at 1,000 ppm av. cl.). Therefore, decontamination of equipment and the environment should be performed as per Chapter 2 (**section 2.3**) of the NIPCM, i.e. using either:

- A combined detergent disinfectant solution at a dilution of 1000 parts per million available chlorine (ppm available chlorine (av.cl.));

or

- A detergent clean followed by disinfection (1000ppm av.cl.).

In the event of a blood and body fluid spillage, keep people away from the area. Use a spill-kit if available, using the PPE within the kit or PPE provided by the employer/organisation and follow the instructions provided with the spill-kit. If no spill-kit is available, place paper towels over the spill, and seek further advice from the local Health Protection Team.

Decontamination of soft furnishings may require to be discussed with the local Health Protection Team. If the furnishing is heavily contaminated, you may have to discard it. If it is

safe to clean with standard detergent and disinfectant alone then follow appropriate procedure. If it is not safe to clean the item should be discarded.

Staff Uniforms

If possible laundry services should be used to launder staff uniforms. If this is not available uniforms should be transported home in a disposable plastic bag. Uniforms should be laundered daily, and:

- separately from other household linen
- in a load not more than half the machine capacity
- at the maximum temperature the fabric can tolerate, then ironed or tumble dried.

Safe Management of Linen

Any, towels or other laundry used by the individual should be treated as infectious and placed in a bag and left for 72 hours before removing from the isolation room and placing directly into the laundry hamper/bag. Take the laundry hamper as close to the point of use as possible, do not take inside the isolation room. When handling linen do not:

- Rinse, shake or sort linen on removal from beds
- Place used/infectious linen on the floor or any other surface e.g. table top
- Re-handle used/infectious linen when bagged
- Overfill laundry receptacles; or
- Place inappropriate items in the laundry receptacle.

Laundry must be tagged with care area and dated, stored in a designated, safe lockable area whilst awaiting uplift or laundering. Items should then be laundered in line with local policy for infectious linen.

Waste

All consumable waste items that have been in contact with the individual, including used tissues, should be put in a plastic rubbish bag, tied and left in the room for 72 hours. This should be put in a secure location awaiting uplift in line with local policies for contaminated waste.

Waste such as urine or faeces from individuals with possible or confirmed COVID-19 does not require special treatment and can be discharged into the sewage system. If available, the individual can use their en-suite WC. Communal facilities should be avoided.

Visitors

Social distancing should now be followed by everyone. The guidance outlined on NHS inform on social distancing, shielding and household isolation must be followed by visitors both with respect to their own health and that of the facilities.

This will significantly limit face-to-face interaction with their friends and family.

Visitors should be restricted to essential visitors only. All visitors must be informed of and adhere to IPC measures including social distancing. Local risk should be considered, ensuring a pragmatic and proportionate response, including the consideration of whether there is a requirement for visitors to wear PPE. These visitors must not visit any other care areas or facilities and should stay within the residents own room for the duration of the visit. A log of all visitors should be kept. Visiting may be suspended if considered appropriate by the facility. Consider alternative measures of communication including phoning or face-time.

Admissions, discharges and transfers in facilities

Facilities should consider the following prior to individual admissions in order to ensure that individuals across the entire facility are managed appropriately and safely:

Admissions from home to the facility:

Prior to admissions the facility should:

- Source information on **NHS Inform** for current symptom and isolation advice, using the symptom and isolation checker.
- Discuss with local senior facility healthcare staff and or a designated senior decision maker in the community prior to planned admission, including consideration of current isolation advice for that individual or the household from which they are being admitted. Refer to **guidance on HUB model** for further information.

People being admitted from home / the community do not need to be tested for COVID-19 and should be managed based on symptoms.

Admissions/Transfer from hospital to the facility

If the individual is deemed clinically well and suitable for discharge from hospital, they can be admitted to the facility after:

• an appropriate clinical plan is in place

• risk assessment of their facility environment and provision of advice about self-isolation as appropriate (See **NHS Inform** for details).

• there are arrangements in place to return them to the facility. Decisions about any follow-up will be on a case by case basis.

If the patient being discharged from hospital is known to have had contact with other COVID-19 cases and is not displaying symptoms, secondary care staff must inform the receiving facility of the exposure. The receiving facility should ensure the exposed individual is isolated for 14 days following exposure to minimise the risk of a subsequent outbreak within the receiving facility.

Individuals being discharged from hospital do not routinely need confirmation of a negative COVID-19 test. Facilities will be advised of recommended IPC measures on discharge.

Facility Admissions:

Social or community care and residential settings may remain open to admissions in the following situations:

- Where a single case of laboratory confirmed COVD-19 has been identified and all appropriate infection prevention and control procedures are in place as per **COVID-19 IPC Guidance.**
- If more than 1 laboratory confirmed case has been identified, a risk assessment and discussion with the local HPT should be conducted to determine whether cross transmission has occurred. It is essential that all appropriate infection prevention and control procedures are in place as per **COVID-19 IPC Guidance.**

Where there is evidence of a cluster or outbreak of COVID-19, senior facility staff should discuss this with the **local HPT**. An outbreak is defined as 2 or more cases where nosocomial infection and ongoing transmission is suspected.

In this situation the facility should close to admissions, day care facilities and visitors. Any derivation from this should be done following a risk assessment with the local HPT as there may be exceptional circumstances for example, the schematic layout of the facility may allow for partial closure.

Transfer from the facility to hospital

If a transfer from the facility to hospital is required, the ambulance service should be informed if the individual is a suspected or confirmed COVID-19. Staff in the receiving ward/department should be notified of this in advance of any transfer.

Caring for someone who has died

The IPC measures described in this document and the **NIPCM** continue to apply whilst the individual who has died remains in the care environment. This is due to the ongoing risk of

infectious transmission via contact although the risk is usually lower than for living individuals. Where the deceased was known or suspected to have been infected with COVID-19, there is no requirement for a body bag, and viewing, hygienic preparations, post-mortem and embalming are all permitted.

1.9 Additional advice for Home Visits/Care at Home

If an individual is in self-isolation, health and social care staff should ascertain if the individual has symptoms prior to their visit. It may become necessary to defer some home visits and alternative arrangements must be put in place to maintain contact (e.g. telephone liaison). Health and social care staff performing non-deferrable essential visits (for example, personal or nursing care) to households where there is an individual self-isolating, should follow the guidance below:

If during a domiciliary visit it is thought that the individual has COVID-19 then:

Staff

Staff must comply with all IPC procedures as set out in this guidance and the **National Infection Prevention and Control Manual** which is best practice for all health and care settings.

The use of bank or agency staff should be avoided wherever possible. Staff attending to care for someone who has symptoms consistent with COVID-19, where possible, should arrange the visit for the end of their case load that day.

Assigning a dedicated team of staff to care for a case load of individuals in isolation is an additional infection control measure which can help prevent onward spread of infection. This should be implemented whenever there are sufficient levels of staff available (so as not to have negative impact on non-affected patients care).

Only essential staff should enter the home, wearing PPE as outlined in the **PPE section** of this guidance.

Staff with underlying health conditions that put them at increased risk of severe illness from COVID-19, including those who fall into the shielding category, should follow the advice in **Guidance for NHS Scotland workforce Staff and Managers on Coronavirus**.

Hand Hygiene

This is essential before and after all contact with the individual being cared for, following removal of PPE and cleaning of equipment and the environment.

Wash hands with soap and water following **Best Practice How to Hand Wash Appendix 2**. **Alcohol-based hand rub can be used if hands are not visibly dirty or soiled. Alcohol based hand rub stocks will be prioritised for acute care settings and**

these should not be stock piled. Washing effectively with soap and water is sufficient. Use disposable paper towels to dry hands and place in waste.

Personal Protective Equipment (PPE)

PPE should be worn as detailed in the **PPE section** of this guidance and put on in the hallway or reception area of the home. Advice for putting on PPE is detailed in **Appendix 3**.

Additional PPE such as a Filtering Face Piece (FFP) respirator and full-face visor is **only** required if undertaking an Aerosol Generating Procedure (AGP) (see **PPE section**). The local Health Protection Team can advise on this. AGPs should be avoided where possible.

Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP) are considered to be Aerosol Generating Procedures (AGP). If you must carry out a home visit, phone ahead and establish what times of the day the patient is on their CPAP/BiPAP. Staff should ensure they visit at least 1 hour after the CPAP/BiPAP was switched off to provide adequate time for the aerosols to dissipate.

If the clinical condition is such that the CPAP/BiPAP cannot be turned off for a full hour before the visit then the patient should, if possible, move to another room before the practitioner enters their home and the door of the room where the CPAP/BiPAP takes place should be closed. The practitioner can then enter the patient's home to assess their condition.

If visiting whilst the patient is on CPAP or BiPAP cannot be avoided, practitioners will need to wear PPE as described above for 'Performing an aerosol generating procedure'.

Removal of PPE

Remove PPE in the hall reception area following the guidance in **Appendix 3** and place in a waste bag. Waste disposal is described in next section below. Hands should be washed after all PPE has been removed. Do not re-enter the care area or go within 2 meters of the person receiving care.

Waste

Dispose of PPE and personal waste (e.g.; used tissues and disposable cleaning cloths) securely within disposable bags. When full, the disposable bags should then be placed in a second bin bag and tied. These bags should be stored for 72 hours before being put out for collection. Other household waste can be disposed of as normal.

Laundry

If staff support the individual at home with laundering, laundry that has been in contact with an unwell person where possible, should be laundered separately. Do not shake dirty laundry, this minimises the possibility of dispersing virus through the air.

If the individual does not have a washing machine at home, bag the laundry and wait 72 hours before taking to a launderette. After handling dirty laundry ensure hand hygiene is carried out.

Visiting a person who is "shielding"

Staff who provide essential support such as health and care and personal support with daily needs should continue to make home visits to people who are shielding, but staff must stay away if they have any of the symptoms of COVID-19.

Table 2 also includes the PPE requirements for staff visiting an individual at home where they, or a member of the household is within the extremely vulnerable group and undergoing shielding.

Hand washing with soap and water for at least 20 seconds on arrival and at frequent intervals during the visit is essential. Staff should rigorously follow IPC measures and relevant advice outlined in **1.2 Preventing spread of infection.**

Individuals may need help in making a list of alternative people who can help with their care needs if the main carer becomes unwell. See **NHS Inform** for further information.

If there is a symptomatic household member in self-isolation

If the household member is self-isolating, they should be advised that prior to the arrival of the carer, they should move to another room within the house and remain there for the duration of the home visit.

If any other household members fall within the shielding category or have respiratory symptoms they should be advised to look at the advice provided on NHS Inform.

Reporting to Local Health Protection Team

The local Health Protection Team (HPT) should be informed of any:

- Suspected cluster or outbreak in a facility

1.10 Occupational Exposure

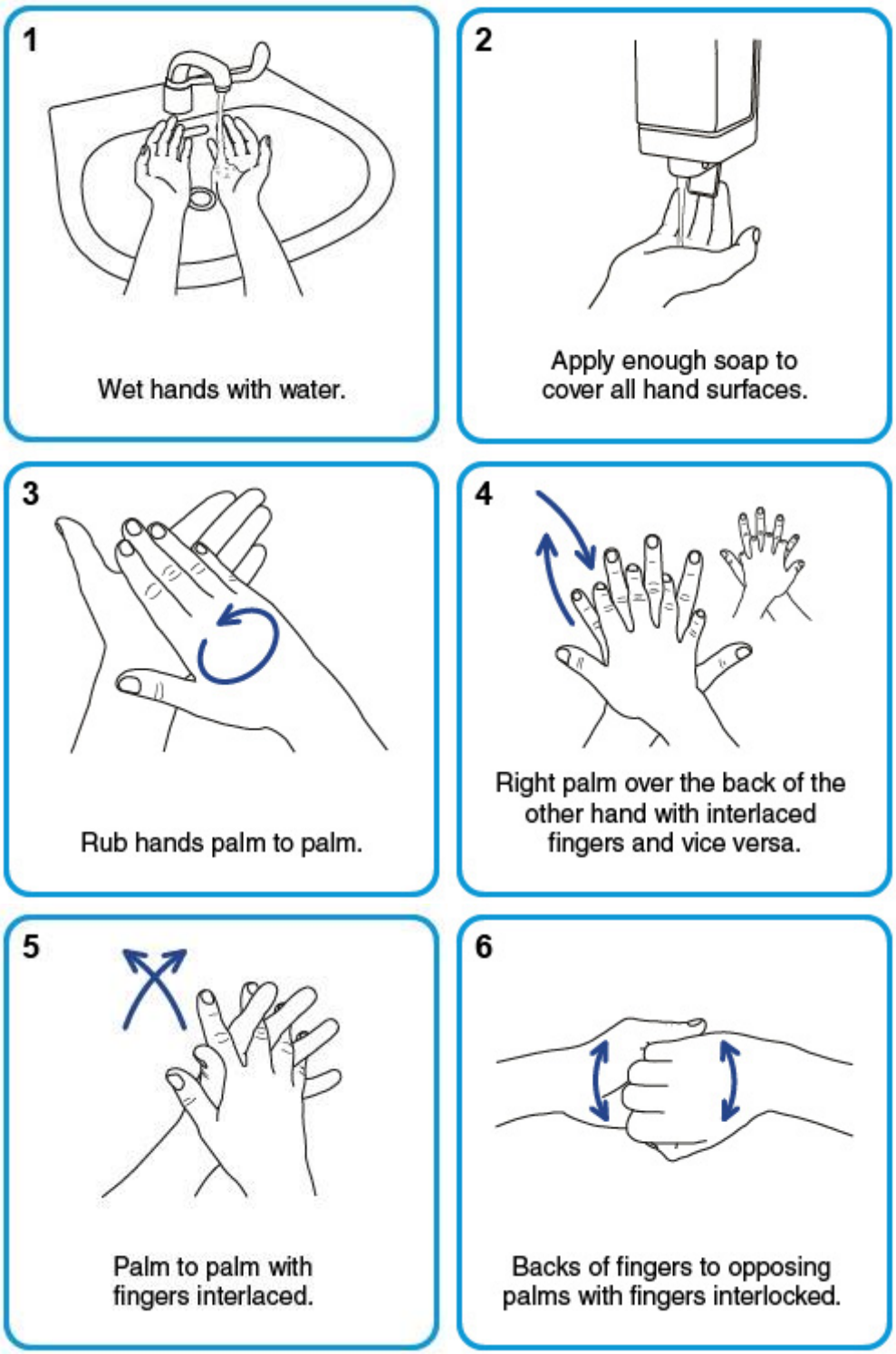
All staff should be vigilant for respiratory symptoms during the incubation period which can be up to 14 days following last exposure to a possible/confirmed case of COVID-19 and should not come to work if they have a fever or continuous cough. If they develop symptoms they should stay at home and follow the seek advice from NHS Inform or occupational health department as per the local policy. During this period, symptomatic staff and their household members should follow the 'stay at home' advice on **NHS Inform**.

Appendix 1 - Contact details for local Health Protection Teams

Organisation	Office Hours Telephone Number	Out of Hours Telephone Number Ask for Public Health On Call
Ayrshire and Arran	01292 885 858	01563 521 133
Borders	01896 825 560	01896 826 000
Dumfries and Galloway	01387 272 724	01387 246 246
Fife	01592 226 435/798	01383 623 623
Forth Valley	01786 457 283	01324 566 000
Grampian	01224 558 520	0345 456 6000
Greater Glasgow & Clyde	0141 201 4917	0141 211 3600
Highland	01463 704 886	01463 704 000
Lanarkshire	01698 858 232/228	01236 748 748
Lothian	0131 465 5420/5422	0131 242 1000
Orkney	01856 888 034	01856 888 000
Shetland	01595 743 340	01595 743 000
Tayside	01382 596 976/987	01382 660111
Western Isles	01851 708 033	01851 704 704

Appendix 2 - Best Practice How to Hand Wash

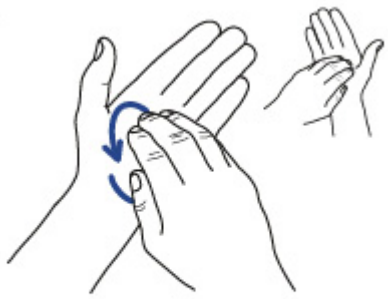
Steps 3-8 should take at least 15 seconds.



7

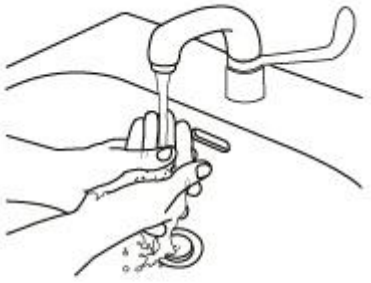
Rotational rubbing of left thumb clasped in right palm and vice versa.

8



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.

9

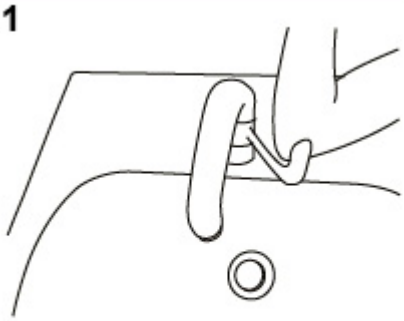


Rinse hands with water.

10

Dry thoroughly with towel.

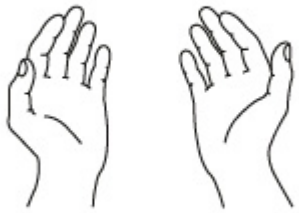
11



Use elbow to turn off tap.

12

Steps 3-8 should take at least 15 seconds.



...and your hands are safe*.

Appendix 3 - Putting on and removing Personal Protective Equipment (PPE)

Putting on PPE

PPE should be put on before entering the room.

- Keep hands away from face and PPE being worn
- Change gloves when torn or heavily contaminated
- The order for putting on is apron, surgical mask, eye protection (where required)

The order given above is a practical one; the order for putting on is less critical than the order of removal given below.

Removal of PPE

PPE should be removed in an order that minimises the potential for cross-contamination.

Gloves

- Grasp the outside of the glove with the opposite gloved hand; peel off.
- Hold the removed glove in gloved hand.
- Slide the fingers of the un-gloved hand under the remaining glove at the wrist.
- Peel the glove off and discard appropriately.

Gown

- Unfasten or break ties.
- Pull gown away from the neck and shoulders, touching the inside of the gown only.
- Turn the gown inside out, fold or roll into a bundle and discard.

Eye Protection

- To remove, handle by headband or earpieces and discard appropriately.

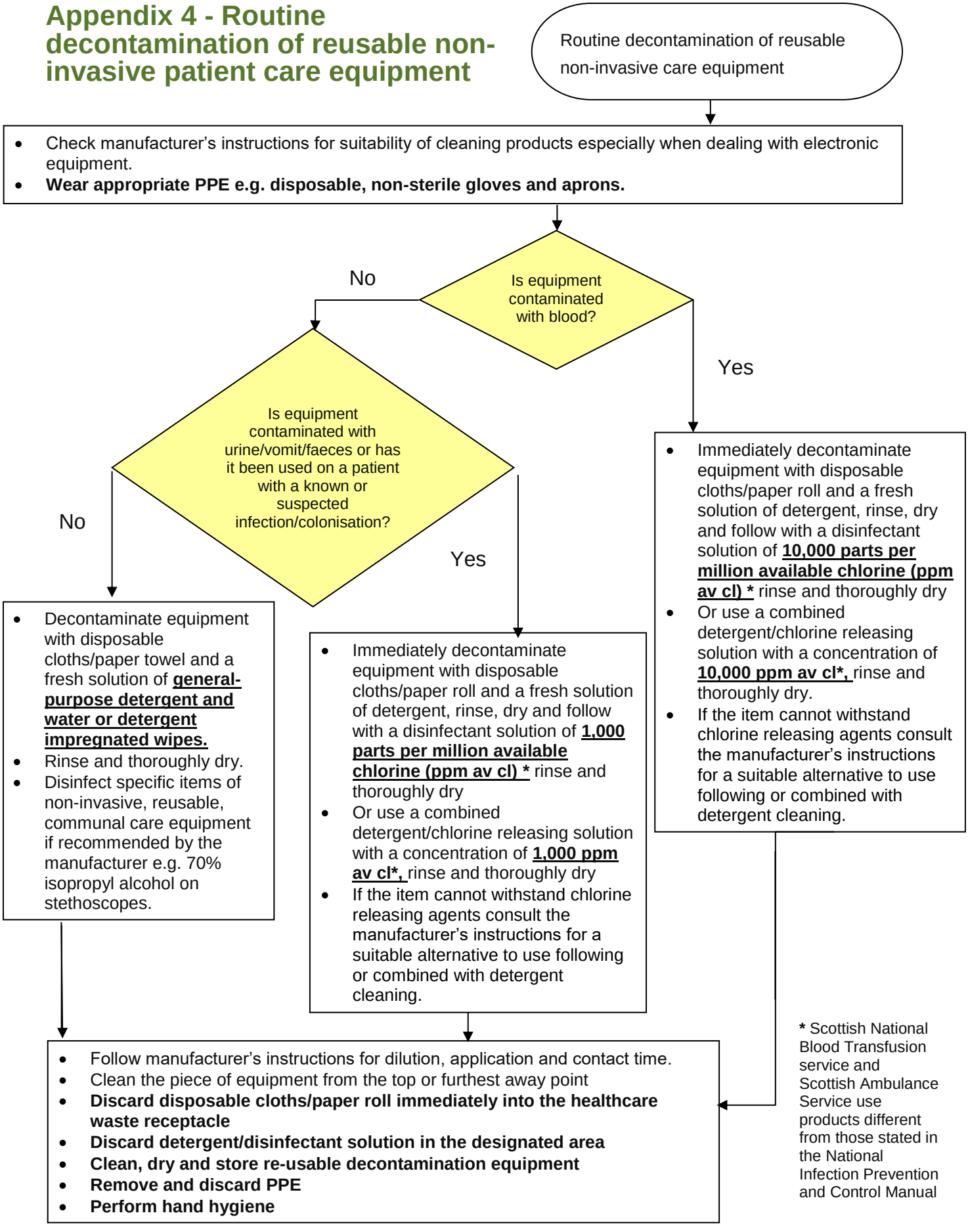
Fluid Resistant Surgical facemask

- Remove after leaving care area.
- Untie or break bottom ties, followed by top ties or elastic and remove by handling the ties only and discard as clinical waste.

To minimise cross-contamination, the order outlined above should be applied even if not all items of PPE have been used.

Perform hand hygiene immediately after removing all PPE.

Appendix 4 - Routine decontamination of reusable non-invasive patient care equipment



Appendix 5: PPE Table 2

Public Health England | Academy of Medical Royal Colleges | GIG CYMRU NHS WALES – Iechyd Cyhoeddus Cymru Public Health Wales | Health Protection Scotland | HSC Public Health Agency | NHS

Recommended PPE for primary, outpatient and community care by setting, NHS and independent sector

Setting	Context	Disposable Gloves	Disposable Plastic Apron	Disposable fluid-repellent coverall/gown	Surgical mask	Fluid-resistant (Type IIR) surgical mask	Filtering face piece respirator	Eye/face protection[1]
Any setting	Performing an aerosol generating procedure[2] on a possible or confirmed case[3]	✓ single use[4]	✗	✓ single use[4]	✗	✗	✓ single use[4]	✓ single use[4]
Primary care, ambulatory care, and other non emergency outpatient and other clinical settings e.g. optometry, dental, maternity, mental health	Direct patient care – possible or confirmed case(s)[3] (within 2 metres)	✓ single use[4]	✓ single use[4]	✗	✗	✓ single or sessional use[4,5]	✗	✓ single or sessional use[4,5]
	Working in reception/communal area with possible or confirmed case(s)[3] and unable to maintain 2 metres social distance[6]	✗	✗	✗	✗	✓ sessional use[5]	✗	✗
Individuals own home (current place of residence)	Direct care to any member of the household where any member of the household is a possible or confirmed case[3,7]	✓ single use[4]	✓ single use[4]	✗	✗	✓ single or sessional use[4,5]	✗	✓ risk assess single or sessional use[4,5,8]
	Direct care or visit to any individuals in the extremely vulnerable group or where a member of the household is within the extremely vulnerable group undergoing shielding[9]	✓ single use[4]	✓ single use[4]	✗	✓ single use[4]	✗	✗	✗
	Home birth where any member of the household is a possible or confirmed case[3,7]	✓ single use[4]	✓ single use[4]	✓ single use[4]	✗	✓ single or sessional use[4,5]	✗	✓ single or sessional use[4,5]
Community-care home, mental health inpatients and other overnight care facilities e.g. learning disability, hospices, prison healthcare	Facility with possible or confirmed case(s)[3] – and direct resident care (within 2 metres)	✓ single use[4]	✓ single use[4]	✗	✗	✓ sessional use[5]	✗	risk assess sessional use[5,8]
Any setting	Collection of nasopharyngeal swab(s)	✓ single use[4]	✓ single or sessional use[4,5]	✗	✗	✓ single or sessional use[4,5]	✗	✓ single or sessional use[4,5]

Table 2

1. This may be single or reusable face/eye protection/full face visor or goggles.
2. The full list of aerosol generating procedures (AGPs) is within the IPC guidance [note APGs are undergoing a further review at present].
3. A case is any individual meeting case definition for a possible or confirmed case: https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wn-cov-infection
4. Single use refers to disposal of PPE or decontamination of reusable items e.g. eye protection or respirator, after each patient and/or following completion of a procedure, task, or session; dispose or decontaminate reusable items after each patient contact as per Standard Infection Control Precautions (SICPs).
5. A single session refers to a period of time where a health care worker is undertaking duties in a specific care setting/exposure environment e.g. on a ward round; providing ongoing care for inpatients. A session ends when the health care worker leaves the care setting/exposure environment. Sessional use should always be risk assessed and considered where there are high rates of hospital cases. PPE should be disposed of after each session or earlier if damaged, soiled, or uncomfortable.
6. Non clinical staff should maintain 2m social distancing, through marking out a controlled distance; sessional use should always be risk assessed and considered where there are high rates of community cases.
7. Initial risk assessment should take place by phone prior to entering the premises or at 2 metres social distance on entering; where the health or social care worker assesses that an individual is symptomatic with suspected/confirmed cases appropriate PPE should be put on prior to providing care.
8. Risk assessed use refers to utilising PPE when there is an anticipated/likely risk of contamination with splashes, droplets or blood or body fluids.
9. For explanation of shielding and definition of extremely vulnerable groups see guidance: https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19

Appendix 6: PPE Table 4

Public Health England | Academy of Medical Royal Colleges | GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales | Health Protection Scotland | HSC Public Health Agency | NHS

Additional considerations, in addition to standard infection prevention and control precautions,

where there is sustained transmission of COVID-19, taking into account individual risk assessment for this new and emerging pathogen, NHS and independent sector

Setting	Context	Disposable Gloves	Disposable Plastic Apron	Disposable fluid-repellent coverall/ gown	Surgical mask	Fluid-resistant (Type IIR) surgical mask	Filtering face piece respirator	Eye/face protection[1]
Any setting	Direct patient/resident care assessing an individual that is not currently a possible or confirmed case[2] (within 2 metres)	✓ single use[3]	✓ single use[3]	✗	✗	✓ risk assess sessional use[4,5]	✗	✓ risk assess sessional use[4,5]
Any setting	Performing an aerosol generating procedure[6] on an individual that is not currently a possible or confirmed case[2]	✓ single use[3]	✗	✓ single use[3]	✗	✗	✓ single use[3]	✓ single use[3]

Table 4

1. This may be single or reusable face/eye protection/full face visor or goggles.
2. A case is any individual meeting case definition for a possible or confirmed case: https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wn-cov-infection
3. Single use refers to disposal of PPE or decontamination of reusable items e.g. eye protection or respirator, after each patient and/or following completion of a procedure, task, or session; dispose or decontaminate reusable items after each patient contact as per Standard Infection Control Precautions (SICPs).
4. Risk assess refers to utilising PPE when there is an anticipated/likely risk of contamination with splashes, droplets of blood or body fluids. **Where staff consider there is a risk to themselves or the individuals they are caring for they should wear a fluid repellent surgical mask with or without eye protection as determined by the individual staff member for the care episode/single session.**
5. A single session refers to a period of time where a health care worker is undertaking duties in a specific care setting/exposure environment e.g. on a ward round; providing ongoing care for inpatients. A session ends when the health care worker leaves the care setting/exposure environment. Sessional use should always be risk assessed and consider the risk of infection to and from patients, residents and health and care workers where COVID-19 is circulating in the community and hospitals. PPE should be disposed of after each session or earlier if damaged, soiled, or uncomfortable.
6. The full list of aerosol generating procedures (AGPs) is within the IPC guidance [note APGs are undergoing a further review at present].