NHS National Services Scotland

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

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Health Protection Scotland

Version History

Version	Date	Summary of changes
V1.0	12/03/2020	First version of document

Contents

Scope of the Guidance

This guidance to give advice about COVID-19 (previously known as novel coronavirus 2019) for those working in social or community care and residential settings. Social and community care is taken to include:

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

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.
- Setting-specific information and advice is also included in, or is linked to from, this guidance.

Section 1: 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 return from a risk area or contact with someone with confirmed coronavirus, they have almost certainly not been infected.

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

Common symptoms include:

- high temperature or fever
- cough
- shortness of breath or breathing difficulties

These symptoms can range from a mild-to-moderate illness to severe acute respiratory infection. Generally, coronavirus 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 lung disease.

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. It is likely that 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 most likely to be the main means of infection 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

What can be done to prevent spread of COVID-19 and other respiratory infections?

There is currently no vaccine to prevent COVID-19. However, there are general principles organisations and individuals can follow to help prevent the spread of respiratory viruses, including COVID-19, such as:

- Routine cleaning and disinfection of frequently touched objects and surfaces (e.g. hand rails, tables, the arms of chairs, telephones, keyboards and door handles).
- Promote hand hygiene by making sure that everyone, including staff, service users and visitors, has access to hand washing facilities, and by providing alcohol based hand rub in prominent places where it is safe to do so.
- Ensure any crockery and cutlery in shared kitchen areas is cleaned with warm general purpose detergent and dried thoroughly before being stored for re-use.
- Avoid leaving food stuffs (e.g. crisps, open sandwiches) exposed and open for communal sharing unless they are individually wrapped.

Individuals should:

- Wash hands often with soap and water; or use alcohol based hand rub.
- Avoid touching 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.
- Cover coughs and sneezes (nose and mouth) with disposable tissues, then dispose of these in the nearest waste bin after use. And then wash your hands/use alcohol based hand rub.

1.3 Caring for someone with probable or confirmed COVID-19 in social or community care and residential settings

Staff

Staff must comply with all infection control procedures as set out in this guidance and outlined in 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 who are pregnant or otherwise immunosuppressed should not provide direct care for a person with possible or confirmed COVID-19. Any deviation from this should be a local decision. Pregnant staff or staff who are immunosuppressed should seek advice from the Occupational Health Department.

Isolation

People being cared for with confirmed COVID-19 should be cared for in a single room with en-suite facilities. 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 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 isolation room, wearing personal protective equipment (see **appendix 3**).

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 isolation room. The minimum number of required staff should be present and they must wear PPE as described below. Entry and exit from the room should be minimised during care, specifically when these care procedures produce aerosols or respiratory secretions (this is further explained in the Personal Protective Equipment section below)

Hand Hygiene

This is essential before and after all contact with the person being cared for, removal of protective clothing 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 should not be stock piled**. Washing effectively with soap and water is sufficient.

Personal Protective Equipment (PPE)

The recommended minimum personal protective equipment (PPE) required to be worn where a possible or confirmed case has been placed/isolated includes disposable gloves and a disposable plastic apron and a fluid resistant surgical face mask. Hands should be washed with soap and water after all PPE has been removed. **Appendix 3** describes the procedures for putting on and removing PPE. Where someone is coughing and there is a risk of splashing the use of a full-face visor should be considered and risk assessed.

Where aerosol generating procedures (AGP) such as Continuous Positive Airway Pressure Ventilation (CPAP) are carried out the need for additional PPE such as a Filtering Face Piece (class 3) FFP3 respirator and full-face visor should be worn and in this situation contact the local Health Protection Team who can advise on this. If you do not anticipate the need for additional FFP3 respirators for example are not caring for anyone currently receiving AGPs such as CPAP these should not be ordered or stockpiled.

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 isolation room this should not be shared with other individuals receiving care. If dedicated care equipment such as commodes, moving aides are not possible and equipment must be shared, this must be decontaminated following the guidance in **Appendix 4**.

Do not use fans that re-circulate the air.

Avoid storing any unnecessary equipment or soft furnishings in individuals own rooms.

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 above, prior to entering the isolation room. Those carrying out the cleaning must also be familiar with the required environmental decontamination processes and have been trained in these accordingly.

Domestic staff should be advised to clean the isolation room(s) after the rest of the areas have been cleaned.

Ideally, isolation room cleaning should be undertaken by staff who are also providing care in the resident rooms.

All shared spaces should be cleaned with detergent and disinfectant in accordance with this section.

Decontaminate all surfaces in the room/area the person has been/isolated, 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 National Infection Prevention and Control Manual, 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.

Safe Management of Linen

Any, towels or other laundry used by the individual should be treated as infectious and placed in an alginate bag then a secondary clear bag before removing from the isolation room and then place 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. This should 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, double bagged and tied. 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 able, the individual can use their en-suite WC. Communal facilities should not be used.

Visitors

Visitors should be restricted to essential visitors only. Local risk assessment and practical management 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. A log of all visitors should be kept.

If required any follow up of contacts of positive individuals will be co-ordinated by the local Health Protection Team.

If you have concerns about an individual receiving care who may have visitors/ family contact with a someone with confirmed COVID-19, seek advice from the local health protection team.

1.4 Home Visits/Care at Home

People who have been in close contact with a confirmed case of COVID-19 are also being advised by the local Health Protection Team to self-isolate. People who are self-isolating and have no symptoms do not pose a risk to others. They are self-isolating to allow closer monitoring in order to identify early symptoms, and to enable prompt medical action if required.

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 COVID-19 is suspected or confirmed, then:

Staff

Staff must comply with all infection control 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 is possible or confirmed case of COVID-19 should not, where possible, attend to care for further people who are not self-isolating due to COVID-19. If this can't be avoided, consider caring for these individuals at the end of caseloads.

Only essential staff should enter the care area, wearing personal protective equipment (PPE).

Staff who are pregnant or otherwise immunosuppressed should not provide direct care for a person with possible or confirmed COVID-19. Any deviation from this should be a local decision. Pregnant staff or staff who are immunosuppressed should seek advice from the Occupational Health Department.

Hand Hygiene

This is essential before and after all contact with the individual being cared for, following removal of protective clothing 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)

Should be put on in the hallway or reception area of the home. The recommended PPE required to be worn where a possible or confirmed case has been identified disposable gloves and a disposable plastic apron and a fluid resistant surgical face mask. Where someone is coughing and there is a risk of splashing the use of a full-face visor should be considered and risk assessed

Where aerosol generating procedures (AGP) such as Continuous Positive Airway Pressure Ventilation (CPAP) are carried out the need for additional PPE such as a Filtering Face Piece (class 3) FFP3 respirator and full-face visor should be worn and in this situation contact the local Health Protection Team who can advise on this. If you do not anticipate the need for additional FFP3 respirators for example are not caring for anyone currently receiving AGPs such as CPAP these should not be ordered or stockpiled.

Removal of PPE

Remove PPE in the hall reception area following the guidance in **Appendix 3** and place in a waste bag. This process is described in next section below.

Hands should be decontaminated after all PPE has been removed. If available decontaminate hands with Alcohol Based Hand Rub (ABHR) following removal of PPE. Where ABHR is not available be careful not to reenter the care area or within 2 meters of the person receiving care and wash hands with soap and water use disposable paper towels to dry hands and place in domestic waste. Decontaminate hands with ABHR after leaving the property where available.

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.

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If there is a household member in self-isolation

- If the household member is asymptomatic, they should be advised to move to another room within the house for the duration of the home visit.
- If the household member is symptomatic, follow instructions above.

If you have concerns about an individual receiving care who may have visitors/ family contact with a someone with confirmed COVID-19, seek advice from the local health protection team.

1.5 Occupational Exposure

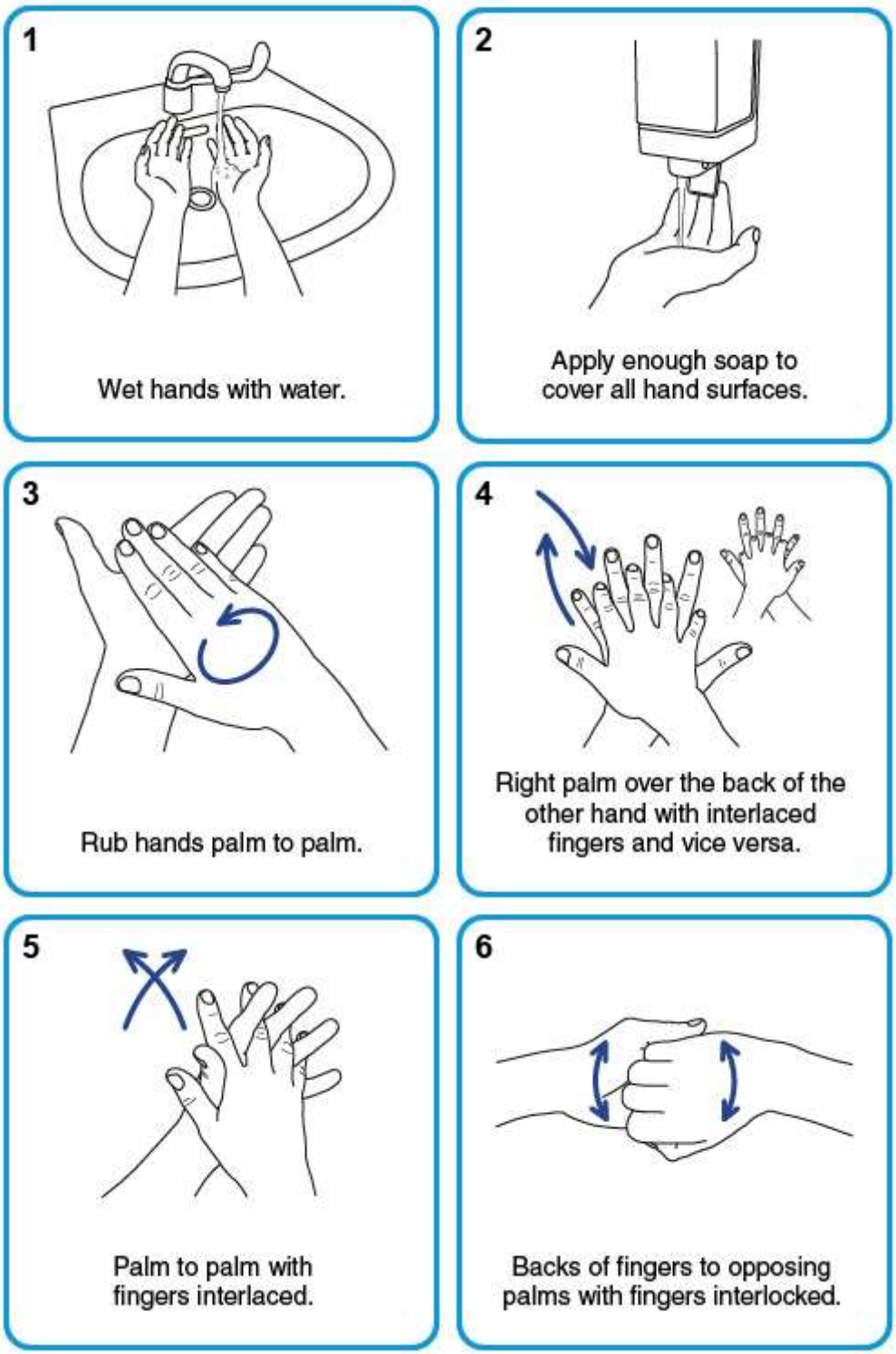
All staff should be vigilant for respiratory symptoms during the incubation period which can be up to 14 days following last exposure to a confirmed case and should not come to work if they have a fever or cough. They should seek advice from their HPT/ GP practice or occupational health department as per the local policy. Local occupational health and/or local HPT will advise on where they should be medically assessed. During this period, symptomatic staff should avoid contact with people both in the hospital and in the general community.

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.



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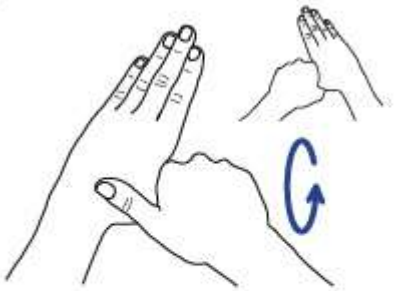
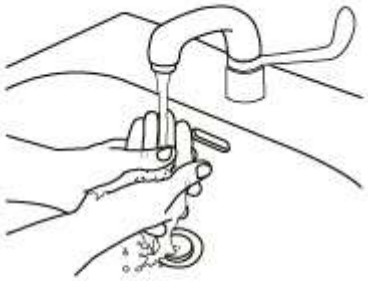


Rotational rubbing of left thumb clasped in right palm and vice versa.

8

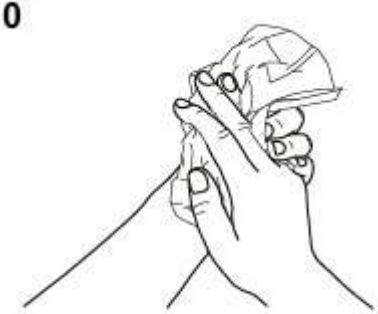
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.

9



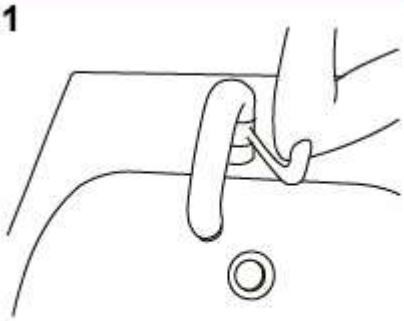
Rinse hands with water.

10



Dry thoroughly with towel.

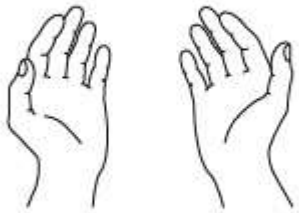
11



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.

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.

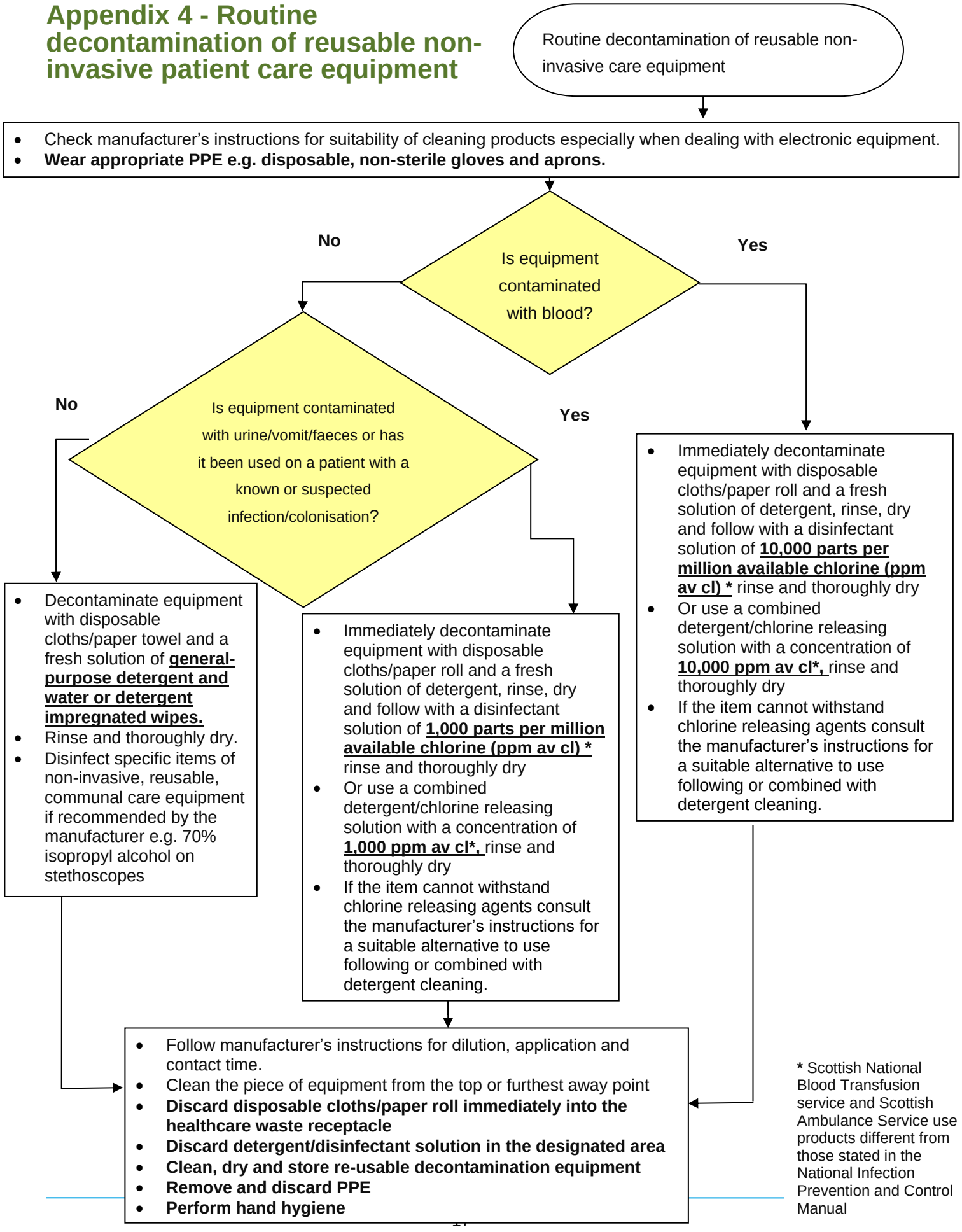
Fluid resistant Surgical facemask

- 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
- Untie and allow to fall away from the face and discard appropriately.

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



* Scottish National Blood Transfusion service and Scottish Ambulance Service use products different from those stated in the National Infection Prevention and Control Manual