Health Protection Scotland

COVID-19: Guidance for Domiciliary Care

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NHS National Services Scotland

Public Health Scotland

Version history

Version	Date	Summary of changes
V1.0	04/05/20	Creation of document
V1.1	20/05/20	Case definition updated
V1.2	21/05/20	1 Measures to prevent spread of COVID-19: staff physical distancing advice added. 2 PPE: added external link to AGP list 10 Laundry: updated 12 Staff health and wellbeing: added external link to testing information
V1.3.2	10/07/20	Update to section 2: • Test and Protect • Face coverings • Physical distancing at organisational level Update to section 3: PPE advice Update to section 5: Providing care to someone who has symptoms advice amended. Added NHS24 free phone number for testing Update to section 6: hand hygiene Update to section 7: respiratory and cough hygiene Update to section 13: • Staff who have contact with a case of COVID-19 at work: advice update • Testing for COVID: advice updated • Staff who have recovered from COVID-19: addition of the first paragraph re persistent cough and loss of/ change in taste and smell Addition of section 14: Personal or work travel and physical distancing Appendix 1: advice updated

Contents

Scope of the guidance

This guidance is to support those working in domiciliary care settings to give advice to their staff and users of their services about COVID-19. This includes registered providers, social care staff, local authorities and care staff who support and deliver care to people in their own homes (including supported living settings).

Domiciliary care staff provide personal care (and sometimes other nursing and medical support) to people living in their own homes. The delivery of care can be provided to a wide range of people of all ages, including children, many of whom may be in the shielding category.

For care home settings, there is separate **COVID-19 Guidance and Information for Care Home Settings** that should be followed.

For social, community and residential care settings other than care homes, there is separate **COVID-19: Information and Guidance for Social, Community and Residential Care** that should be followed.

For Primary Care Guidance there is separate **Novel coronavirus (COVID-19) Guidance for primary care Management of patients in primary care Including general medical practice, general dental practice, optometry and pharmacy**

This guidance is based on what is currently known about COVID-19.

Health Protection Scotland (HPS) (now part of Public Health Scotland) will update this guidance as needed and as additional information becomes available.

1. Introduction

The disease COVID-19 is caused by a new strain of coronavirus which was first identified in Wuhan City, China in December 2019. Symptoms range from mild to moderate respiratory illness to pneumonia or severe acute respiratory infection requiring hospital care. COVID-19 was declared a pandemic by the World Health Organisation on 12 March 2020.

Symptoms of COVID-19

Common symptoms include:

- New continuous cough

  or

- Fever

  or

- Loss of/ change in sense of smell or taste.

Elderly, very young people, people with underlying health conditions or who are immunocompromised may present with atypical or non-specific symptoms.

Spread of COVID-19

COVID-19 is spread through respiratory droplets produced when an infected person coughs or sneezes. The evidence to date continues to point towards transmission mainly occurring via contact from symptomatic cases**.** This can occur through respiratory droplets, by direct contact with infected persons, or by contact via contaminated objects and surfaces. Shedding of SARS-CoV-2 is highest early in the course of the disease, particularly within the first 3 days from onset of symptoms. However, there is also some evidence that transmission to others may be possible 1-3 days prior to symptom onset (pre-symptomatic phase) or in individuals that develop infection but don't develop symptoms (asymptomatic phase) however the evidence for this is still emerging and is very limited. The risk of transmission is highest when there is close contact with an infected person who is symptomatic and this risk increases the longer the contact lasts.[1]

[1] WHO. **https://www.who.int/publications/i/item/clinical-management-of-covid-19**

2. General measures to prevent spread of COVID-19 and protect people at increased risk of severe illness.

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 or a COVID-19 diagnosis (whether or not they have symptoms) and their household contacts to reduce the community spread of COVID-19. This means that anyone who has symptoms of COVID-19 or a COVID-19 diagnosis (whether or not they have symptoms) and anyone else living in the same household should follow the guidance for households with coronavirus infection on **NHS Inform**.

Test and Protect is a public health measure designed to break chains of transmission of COVID-19 in the community. This approach operates by identifying cases of COVID-19, tracing the people who may have become infected by spending time in close contact with them, and then supporting those close contacts to self-isolate, so that if they have the disease they are less likely transmit to it to others. Further details can be found on the Scottish Government **website** and **NHS Inform.**

Physical distancing measures should be followed by everyone, including children, in line with the government advice on **staying safe**. The aim of physical distancing measures is to reduce the transmission of COVID-19. People who are at increased risk of severe illness from coronavirus should strictly follow physical distancing measures (this includes those with certain medical conditions, pregnant or aged 70 or older). Up to date information can be found on the **NHS Inform** website. This also includes additional detail on how to adapt physical distancing for those with additional needs. There are some groups of people who are considered to be at extremely high risk of severe illness. This is a different group and information can be found in shielding below.

Shielding is a measure to protect people, including children, who are extremely clinically 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 SARS-COV-2 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 clinically vulnerable and up-to-date recommendations for those who are shielding is available on the **NHS Inform** website.

Face coverings: The Scottish Government announced that people aged 5 years and over must wear a face covering on public transport, in public transport premises (e.g. train stations and airports) and shops. There are some exemptions to this requirement; further information can be found on the **Scottish Government website**.

Members of the **public visiting an adult hospital** (including to attend an appointment) **or a care home for the elderly** are also asked to wear a face covering where it is not always possible to maintain a 2 metre distance from other people. Further information is available **here**.

Physical distancing at an organisational level

Physical distancing must be adhered to by everyone including staff, visitors, patients and volunteers in all areas of the workplace. For close patient contact this is unlikely to be possible and the guidance for PPE should be followed. At other times however physical distancing should be adhered to wherever possible. For this specific setting this may be of particular relevance where there are shared office spaces, meetings or during non-clinical activity or break times. Note that guidance on **PPE** and **face coverings** must also be adhered to. A local review of existing practice should be considered to ensure that measures for activity (including non-clinical activity) are introduced to support physical distancing where this is possible and measures to minimise risk where it is not. A risk assessment should be conducted that considers the following aspects and the outcome should be documented:

- Is the task/activity being done essential?
- Can the task/activity be done in a different way so that 2m distance can be maintained?
    - Yes – do this and document a justification that describes why the process has changed from usual practice, make sure your usual Health and Safety considerations are applied (if relevant).
    - No – then adapt the task to ensure physical distancing is adhered to as far as possible and document this.
        - **Minimise the time** spent at less than 2m
        - **Maintain 2m distance for** breaks and lunch
        - **Maximise the distance**, where the 2m distance cannot be kept, always ensure the greatest distance between people is maintained
    - Apply **environmental changes** to minimise contact such as physical barriers, markings or changing placement of equipment or seating.
    - Consider **changes in working practices** (stagger times at which work is done or breaks are taken; restructure work flows to allow for physical distancing to be implemented).

Ensure that good hygiene practices and all **infection prevention and control measures** are implemented fully

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 individuals with suspected or confirmed COVID-19. A risk assessment should be undertaken as it may not be appropriate for them to work on-site at all. Staff who think they may be at increased risk should seek advice from their line manager or local Occupational Health Service. Staff who are shielding should follow shielding advice and only work from home. 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**.

3. Personal protective equipment (PPE)

A PPE statement was issued by the Scottish Government with COSLA and SJC unions – it can be accessed **here**. This states that social and home workers can wear a fluid resistant surgical mask (FRSM) along with other appropriate PPE where the person they are visiting, or otherwise attending to, is neither confirmed nor suspected of having COVID-19, if they consider doing so is necessary to their own and the individuals safety. Please refer to **Table 4** contained within the **COVID-19 Infection Prevention and Control guidance** for further information on PPE.

Table 2 is contained within the COVID-19 Infection Prevention and Control guidance and describes the PPE applicable to the home setting described in this guidance when caring for suspected or confirmed cases or individuals who are within the shielding category.

All staff must be trained in how to put on and remove PPE safely. **Appendix 1** describes the procedure for putting on and removing PPE.

PPE should be put on in a safe area either inside the premise, such as a porch or a separate room, if there is no available area then the mask can be put on in the immediately prior to entering the home, and gloves and apron when in the home.

PPE should be removed before leaving the home or care setting and should not be worn out with the homes or to the next visit. If caring for more than one individual in the same house, then a mask/eye protection only can be considered sessional use until completion of the tasks/care. Hand hygiene must be carried on immediately after removing PPE, PPE should be disposed as detailed in **section 10**. Staff should avoid visiting individuals who are on CPAP or BiPAP at home as these are considered aerosol generating procedures – see list of **AGPs**. Consider phone consultations in the first instance to assess whether the individual requires a home visit. If it is safe to postpone the visit until symptoms have resolved, then do so.

If a home visit cannot be avoided;

- Find out what time the individual is on CPAP/BiPAP and plan to visit for at least an hour or more after the CPAP or BiPAP has been switched off
- Ask the individual to move to another room in the property and close the door to the room where the CPAP or BiPAP is undertaken.

- If the visit must take place when the patient is on the CPAP/BiPAP or if the above measures cannot be followed, the member of staff must wear AGP PPE in line with **Table 2**/ **Table 4**: performing an AGP. It is the responsibility of care providers to ensure that all staff have been fit tested for FFP3 respirators where appropriate.

3.1. 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).

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.

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. The helpline will be open (8am - 8pm) 7 days a week.

NHS staff should continue to obtain PPE through their health board.

4. Providing care to individuals in their own home

Physical distancing and **staying safe** guidance is in place for everyone**.** Stringent physical distancing is recommended for a sub-group of the general public following **physical distancing**. This includes those over 70, pregnant and those with specific chronic conditions but not those in the shielding category**.** This group is at increased risk of disease, but the risk is not as high as those following shielding advice. A large proportion of people receiving care will come into this category. No additional measures are required for this group of people, as the appropriate measures are the same as for all other patients.

4.1. Providing care to individuals who are shielding in their own home

Providers or employers delivering a service should identify individuals in this category and should assess the individuals needs and allocate dedicated staff (if possible) to care for those in the **shielding** groups. This should be reviewed regularly to ensure it is up to date. Allocate other staff members to consistently care for the needs of those not in the shielding category. During the pandemic it is important to minimise the visits to those individuals in the shielding category and if possible, the number of staff undertaking the visit. The person receiving care may make the decision to suspend some of the care or for this to be provided by a carer or guardian. This should be discussed with the relevant authorities and care providers. Where it is not possible to allocate specific staff to care for individuals shielding groups, it may be possible to schedule visits to shielding patients before visits to others.

5. Providing care to someone who develops symptoms of COVID-19.

If anyone being cared for by a home care provider reports developing COVID-19 symptoms (see **section 1**) they should be advised to visit the **NHS Inform** website to arrange testing. If the individual or home care provider is unable to access the website, then call NHS24 free on 0800 028 2816 or **NHS 111**. If the individual is unwell and requires clinical assessment then seek advice on **NHS Inform** and contact **NHS 111** via telephone, or online. If they are unable to call **NHS 111** themselves then the home care provider should call on their behalf. In an emergency, they should dial 999.

As part of the "Test and Protect" approach, everyone with symptoms is encouraged to get tested. Tests can be booked through **NHS Inform** or by calling NHS24 free on 0800 028 2816.

Home care workers should report suspected or confirmed cases of COVID-19 to their managers. Providers should work with community partners and the person receiving care to review and assess the impact on their care needs.

People who are immunosuppressed or elderly may present with atypical or non-specific symptoms. It is important that care providers should be alert to the development of any illness in these groups.

5.1. Providing care to individuals when their household member has symptoms of COVID-19

Advise the symptomatic or diagnosed COVID-19 individual to leave the room where the patient is and isolate themselves prior to the visit. They can return when the care is complete and the staff member has left the property.

5.2. Individuals discharged from hospital with COVID-19 and require home care

Some individuals who no longer require medical care will be discharged home to fully recover. These people may still have COVID-19 and can be safely cared for at home if this guidance is followed. The hospital will provide information to the organisation or local authority on the results and a date of any testing and a plan for stepping down infection prevention and control measures.

Please see the **COVID-19: Guidance for stepdown of Infection Control Precautions and discharging COVID-19 patients from hospital to residential settings** for further information.

6. Hand hygiene

Performing regular and thorough hand hygiene is essential to reduce the transmission of any infection, including COVID-19, in any care setting. Staff should wash their hands with soap and water in the individuals' home for at least 20 seconds on arrival and when leaving. Where this is not practical, rubbing with alcohol based hand rub (ABHR) should be performed on arrival and when leaving areas. See **Appendix 2: Best practice how to wash hands**.

Hand hygiene must be performed immediately before every episode of direct care and after any activity or contact that potentially results in hands becoming contaminated, including the removal of personal protective equipment (PPE), equipment decontamination and waste handling.

Before performing hand hygiene:

- expose forearms (bare below the elbows)
- remove all hand and wrist jewellery (a single, plain metal finger ring is permitted but should be removed (or moved up) during hand hygiene)
- ensure finger nails are clean, short and that artificial nails or nail products are not worn
- cover all cuts or abrasions with a waterproof dressing

If it is known or possible that forearms have been exposed to respiratory secretions (for example cough droplets) or other body fluids, hand washing should be extended to include both forearms. Wash the forearms first and then wash the hands.

7. Respiratory and cough hygiene – 'Catch it, bin it, kill it'

To minimise potential COVID-19 transmission through good respiratory hygiene measures which are:

- Disposable, single-use tissues should be used to cover the nose and mouth when sneezing, coughing or wiping and blowing the nose – used tissues should be disposed of promptly in the nearest waste bin.
- Wash hands with non-antimicrobial liquid soap and warm water after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions.
- Where there is no running water available or hand hygiene facilities are lacking, staff may use hand wipes followed by ABHR and should wash their hands at the first available opportunity.
- Encourage individuals to keep hands away from the eyes, mouth and nose.
- Some individuals (such as the elderly and children) may need assistance with containment of respiratory secretions; those who are immobile will need a container (for example a plastic bag) readily at hand for immediate disposal of tissues.

8. Care Equipment

Any equipment used during the visit should be cleaned using the detergent or disinfectant advised and stored safely in the home such as mobile aids.

Reusable care equipment such as stethoscopes, syringe drivers and pumps should be decontaminated prior to removal from a patient's home. Where this is not possible, they should be handled using gloves and double bagged before being transported to base for decontamination.

9. Environmental Decontamination (cleaning and disinfection)

COVID-19 (coronaviruses) are easily deactivated by common home cleaning disinfectant products. These can be used for regular daily cleaning of frequently touched surfaces e.g. door handles and counter tops.

10. Waste

Whilst in the home any waste generated due to personal care (including PPE) should be bagged as normal. If the person has COVID-19 this should be double bagged and held in the home and for 72 hours before disposal into the normal household waste stream for collection. The bag should be marked for storage for 72 hours (add date and time to the bag).

If the household/ individual has a special waste uplift for personal care items, PPE should be bagged and placed in the receptacle.

11. Laundry

If the person has symptoms of COVID-19 or a COVID-19 diagnosis, any laundry should be washed at the highest temperature possible for the fabric as soon as possible. Shaking linen should be avoided to prevent dispersal of viral particles. Items heavily soiled with body fluids, for example, vomit or diarrhoea, or items that cannot be washed, should be disposed of, with the owner's consent.

If the individual does not have a washing machine, wait a further 72 hours after the 7-day isolation period has ended. The laundry can then be taken to a public launderette.

12. Staff Uniforms

It is safe to launder uniforms at home. If the uniform is changed before leaving work, then transport this home in a disposable plastic bag. If wearing a uniform to and from work, then change as soon as possible when returning home.

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.

13. Staff Health and Wellbeing

Staff who have contact with a case of COVID-19 at work

Staff who come into contact with a COVID-19 patient or an individual suspected of having COVID-19 while not following appropriate infection prevention and control measures e.g. wearing personal protective equipment (PPE) should follow the advice on the guidance on **management of exposed staff and patients in health and social care setting.**

All staff should be vigilant for COVID-19 symptoms during the incubation period following exposure (up to 14 days). If staff develop symptoms they should stay at home and seek advice from **NHS Inform.**

Testing for COVID-19

All care staff can have access to testing and this should be done either by self-referral or an employer or organisation. See **NHS Inform** for further information. Additionally, see **Scottish Government** guidance on coronavirus testing, including who is eligible for a test, how to get tested and the different types of test available.

Staff who develop symptoms and have a negative PCR test for SARS-CoV-2 should be managed in accordance with the flowchart for return to work following a SARS-CoV-2 test at **management of exposed staff and patients in health and social care setting.**

Follow-up testing of staff for clearance is not generally recommended, but staff may require evidence of viral clearance prior to working with extremely clinically vulnerable people. This is subject to local policy. Staff and residents should adhere to the test and protect advice on **NHS Inform**.

Staff who have recovered from COVID-19

Staff with confirmed/suspected COVID-19 should not return to work until symptoms resolve, with the exception of cough and loss of/ change in taste and smell, as these symptoms may persist for several weeks and is not an indication of ongoing infection when other symptoms have resolved. Staff should only return to work when they are feeling clinically better, have been afebrile for 48 hours without the use of anti-pyretics and have completed their self-isolation period.

Staff who have had confirmed COVID-19 and have since recovered must continue to follow the IPC measures as for all other staff including PPE.

Organisations and employers should monitor staff health and advise on any health and support needs.

14. Personal or work travel and physical distancing

Physical distancing and **staying safe** advice is in place for all. You must not travel and should follow the **'stay at home'** advice if you have COVID-19 symptoms, have been diagnosed with COVID-19 or are self-isolating (e.g. through household isolation or Test and Protect measures).

When using public transport (buses/trams/subways/trains) and private/commercial vehicles, aim to maintain a 2m physical distance whenever possible. Where people from different households are sharing a private vehicle (car, taxi, minibus, lorries) then consideration should be given to how physical distancing can be applied within the vehicle, where possible. If you can adhere to physical distancing whilst travelling, then do so. Where this is not possible and you are travelling with non-household members, limit the number of passengers and space out as much as possible.

The Scottish Government stated on 18th June 2020:

"*people must wear a face covering on public transport and public transport premises such as train stations and airports from 22 June*."

The Scottish Government **COVID-19: Staying safe and protecting others (physical distancing)** guidance further advises:

> *"Accordingly, face covering must be worn by all passengers and staff or operators in the following settings:*
> - *train services including the Glasgow subway*
> - *bus services and the Edinburgh tram*
> - *taxi and private hire vehicles*
> - *bus stations, railway stations and airports*
> - *ferry services (unless the ferry is open to the elements and physical distancing can be achieved, or the vessel is large enough that physical distancing can be achieved)*
> - *airline services ".*

See **COVID-19: Staying safe and protecting others (physical distancing)** for additional information, including specific exemptions.

Household members can travel together in larger numbers in a private vehicle, as required for essential purposes. People who are in the higher risk category should consider carefully how they can apply the social distancing advice stringently. People who are shielding should follow the advice on **NHS Inform.**

The following general infection prevention and control measures should be followed:

- Hand hygiene - use handwashing facilities or, where available, alcohol based hand rub before and after journeys.
- Catch coughs and sneezes in tissues or cover mouth and nose with sleeve or elbow (not hands), dispose of the tissue into a bin and wash hands immediately.
- Practice physical distancing. For example, sit or stand approx. 2 metres from other passengers, travel in in larger vehicles where possible or use vehicles with cab screens, if available.
- If using public transport, try to avoid busier times of travel to ensure you can practise physical distancing.
- Clean vehicles between different drivers or passengers as appropriate.
- See Transport Scotland's **advice on how to travel safely** for further information.

Appendix 1 - Putting on and removing Personal Protective Equipment (PPE)

Putting on PPE

Before putting on PPE:

- Check what the required PPE is for the task/visit (see PPE section)
- Select the correct size of PPE
- Perform hand hygiene

PPE should be put on before entering the room.

- The order for putting on is apron, surgical mask, eye protection (where required) and gloves.
- When putting on mask, position the upper straps on the crown of head and the lower strap at the nape of the neck. Mould the metal strap over the bridge of the nose using both hands.

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

When wearing PPE:

- Keep hands away from face and PPE being worn.
- Change gloves when torn or heavily contaminated.
- Limit surfaces touched in the care environment.
- Always clean hands after removing gloves

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

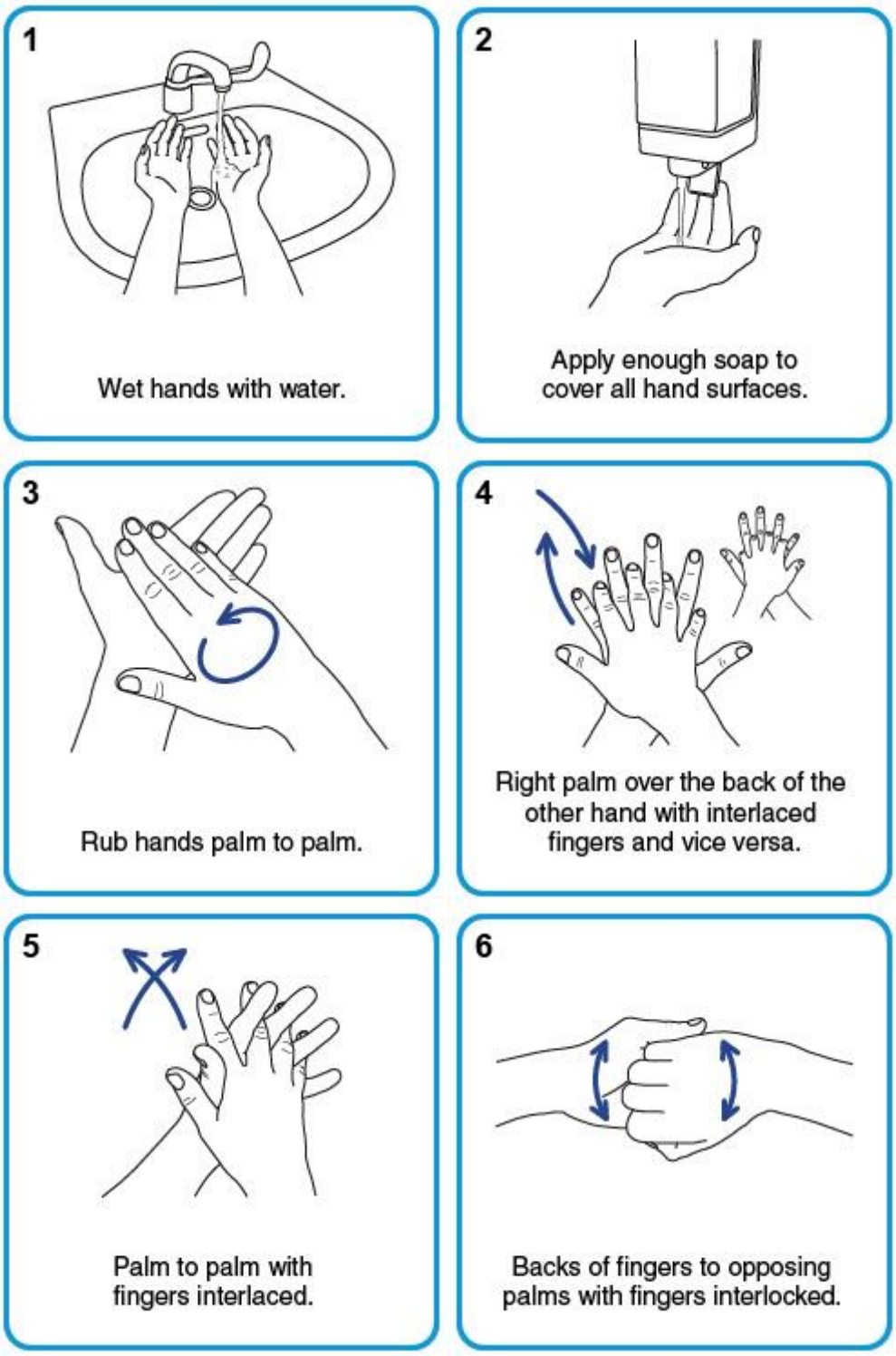
- Remove after leaving care area.
- Untie or break bottom ties, followed by top ties or elastic and remove by handling the ties only (as front of mask may be contaminated) and discard as clinical waste.
- For face masks with elastic, stretch both the elastic ear loops wide to remove and lean forward slightly. 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 2 - Best Practice How to Hand Wash

Steps 3-8 should take at least 15 seconds.



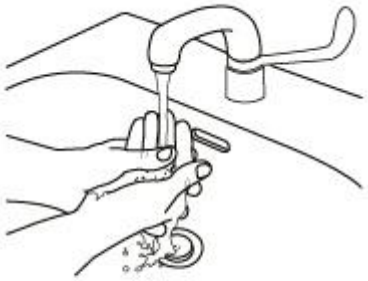
7

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

8

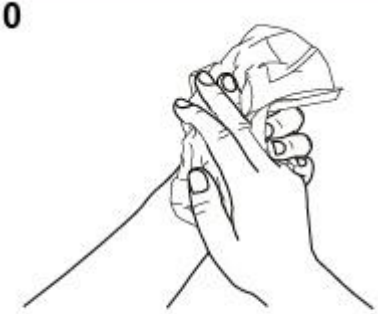
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.

9



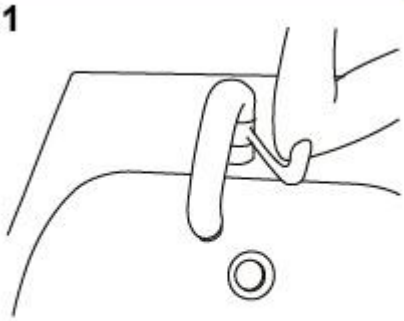
Rinse hands with water.

10



Dry thoroughly with towel.

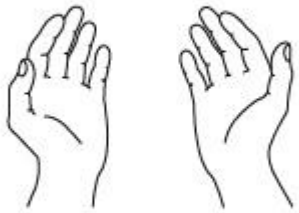
11



Use elbow to turn off tap.

12

Steps 3-8 should take at least 15 seconds.



...and your hands are safe*.