Health Protection Scotland

COVID-19: Information and Guidance for Care Home Settings

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Before use check the HPS COVID-19 page to verify this is the latest publication.

NHS National Services Scotland

Public Health Scotland

Version history

Version	Date	Summary of changes
V1.0	26/04/2020	First version of document

Contents

Scope of the guidance

This guidance is to support those working in care home settings to give advice to their staff and users of their services about COVID-19. It should be used for care home settings including nursing homes and residential care where appropriate.

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 care home setting.
- Advice on what will happen if an individual is being investigated as a possible case or is a confirmed case of COVID-19 and guidance on their care provision.

How to read this guidance

Section 1: contains core information that is applicable to all settings. The additional unique requirements for care home settings are detailed in Section 2.

Section 2: contains additional information and guidance for care home settings.

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.

Section 1
Information and guidance for all non-healthcare settings

1.1. Background

What is coronavirus disease (COVID-19)?

COVID-19 is the name given to the disease caused by a new strain of coronavirus which was first identified in Wuhan City, China in December 2019. COVID-19 was declared a pandemic by the World Health Organisation on 12 March 2020.

We now have spread of COVID-19 within communities across Scotland. This means that everyone in the community should take extra precautions to ensure they practice good hand hygiene, social distancing, and follow “stay at home” advice. Further information on these precautions can be found on **NHS Inform**.

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

Common symptoms include:

- new continuous cough

  and / or

- high temperature

These symptoms can range from a mild-to-moderate illness to severe acute respiratory infection. For most people the symptoms of COVID-19 will be mild. COVID-19 is more likely to cause severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic lung disease.

What should I do if I have symptoms?

Anyone developing symptoms consistent with COVID-19 (new continuous cough or a high temperature), however mild, should stay at home for 7 days from the onset of symptoms as per existing advice. You do not need to be tested for COVID-19. 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.

Phone NHS 24 (111) if your symptoms:

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

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

Staff who have symptoms or are on household isolation because of symptoms should access **testing** in order to allow them to return to work.

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 (phone 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?

COVID-19 is spread through respiratory droplets produced when an infected person coughs or sneezes. This is thought to be the main way the infection is transmitted between people and is most likely to happen when there is close contact (within 2 metres) with an infected person who is symptomatic. It is likely that the risk of infection transmission increases the longer someone has close contact with an infected person.

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, 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. 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. Organisational and workplace arrangements during COVID-19

All organisations and individuals must ensure that they adhere to up to date guidance on recommended public health measures from Scottish Government. Consider which groups of people (e.g. staff, contractors, volunteers, service users and visitors) need to be included in applying guidance to your setting. Consider which of the services or activities provided in your setting are essential.

The key public health measures to reduce the spread of infection and preventing infection in vulnerable people are described in detail on **NHS Inform.**

- **Social distancing** and **stay at home** guidance
- **Shielding** of very high risk individuals

- Stay at home guidance for people who have symptoms, and their household members **(household isolation)**
- **Infection prevention and control** (hygiene measures)

1. Social distancing and stay at home guidance

Ensure that all members of the organisation are aware of the requirement to follow social distancing and stay at home guidance and support them in doing this. Consider the additional demands that will be placed on people and your organisation by following advice on social distancing and put in place resilience planning to support this.

Stay at home guidance is in place for everyone. Work that can be done remotely should be done from home. Where the work cannot be done from home then social distancing must be followed. Individuals who are at increased risk of infection (but not in the shielding category) are advised to follow the social distancing advice stringently and this must be taken into consideration. Note, individuals following shielding or household isolation guidance must not attend the workplace.

It is essential that the clear recommendation of the 2m rule outlined in the social distancing guidance is adhered to for activities other than providing direct care to a resident. For work designated as essential, however, there are circumstances where the 2m rule cannot be followed despite all possible steps being taken to try to maintain this, in those circumstances a risk based approach should be used. This includes interactions with other staff, visitors and between residents. A risk assessment should be conducted that considers the following aspects and the outcome should be document

- Is the task or activity being done essential?
- Is it essential that the task is done now or can it be deferred?
- Can the task 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.
    - No – then adapt the task to ensure social 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 (e.g. tape markings on the floor to show the 2 metre distance required at reception).
    - Consider **changes in working practices** (stagger times at which work is done or breaks are taken; restructure work flows to allow for social distancing to be implemented).

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

2. Shielding of extremely high risk individuals

People who are **shielding,** designated as 'at very high risk', must not attend any workplace outside the home setting, they are to remain at home. Managers and/or occupational health services must ensure that these individuals do not attend the workplace. Household members of individuals who must shield do not need to adhere to shielding themselves. This is covered in section **2.12** for staff and **2.3** for residents.

3. Stay at home guidance for people who have symptoms, and their household members (household isolation)

Organisations must ensure that all members of the organisation are aware that they must stay at home if they or a household member develop symptoms of COVID-19 and they should support them in doing this.

4. Infection prevention and control (hygiene measures)

Organisations should:

- Promote good hand hygiene for all staff, volunteers, contractors, service users and visitors.
- Ensure that adequate facilities are available for **hand hygiene**, including handwashing facilities that are adequately stocked or alcohol based hand rub at key areas (e.g. entry and exit points).
- Ensure workers are aware they must not attend for work with COVID symptoms.
- Ensure that everyone knows what to do **if someone becomes symptomatic whilst at work.**
- Ensure environmental cleaning is carried out regularly paying particular attention to frequently touched surfaces e.g door handles, keyboards,.
- Ensure good ventilation (e.g. keep windows open where appropriate).
- Ensure that individuals are aware of and able to follow the **hygiene advice**.
- Ensure that individuals follow the **"social distancing and personal and work travel guidance"**.

Individuals should

- Wash hands regularly 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.
- Avoid touching eyes, nose and mouth with unwashed hands.

- Avoid direct contact with people that have a respiratory illness wherever possible.
- Avoid using personal items (e.g. mobile phone) of people that have a respiratory illness wherever possible.
- Cover the nose and mouth with a disposable tissue when sneezing, coughing, wiping and blowing the nose. Dispose of all used tissues promptly into a waste bin. If you don't have any tissues available, cough and sneeze into the crook of the elbow. Wash or use alcohol based hand rub to clean hands at the first opportunity.

1.3. Personal or work travel and social distancing

Social distancing and **stay at home** advice is in place for all. You may only undertake essential travel if you are not showing coronavirus symptoms and neither you nor any of your household are self-isolating. Essential travel should be reserved for food shopping and medical visits. You can only travel for work purposes if you cannot work from home and your work is essential. All travel should be reduced to the minimum required for essential purposes.

The general public can use public transport (buses/trams/subways/trains) and private/commercial vehicles (e.g. to get to and from work, food shopping), aiming to maintain 2m social distancing whenever possible. Where people from different households are sharing a private vehicle (car, taxi, minibus, lorries) then consideration should be given to how social distancing can be applied within the vehicle, where possible. If you can adhere to social 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. 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 social distancing. For example, sit or stand approx. 2 metres (6 feet) 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 social distancing.
- Clean vehicles between different drivers or passengers as appropriate

Should people be wearing facemasks?

The use of face masks is not currently recommended for the general population. There is no evidence of benefit to support the use of facemasks outside healthcare environments. Face masks may be advised for those diagnosed with or suspected to have COVID-19 to reduce spread of infection.

1.4. Actions if a non-resident case of COVID-19 has attended your setting

A risk assessment of the setting is usually not required but under certain circumstances, this may be undertaken by the local Health Protection Team **(see Appendix 1)** with the lead responsible person.

What action needs to be taken if a non-resident becomes unwell with symptoms of COVID-19 whilst on site at your organisation?

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

If the affected person has mild symptoms they should go home as soon as they notice symptoms and self-isolate. Where possible they should minimise contact with others, e.g. use a private vehicle to go home. If it is not possible to use private transport, then they should be advised to return home quickly and directly. If using public transport, they should try to keep away from other people and catch coughs and sneezes in a tissue. If they don't have any tissues available, they should cough and sneeze into the crook of the 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 sit which is at least 2 metres away from other people.

If possible and it is safe to do so, find a room or area where they can be isolated behind a closed door, such as a staff office or meeting room. 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. Once the individual has left, follow advice on cleaning in **Section 2.11. Environmental decontamination .**

1.5. Further general information on COVID-19 and how to reduce the risk of infection

Additional information for the general public can be found on the COVID-19 pages of the **NHS Inform** 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 but do not have symptoms can also phone the free helpline on **0800 028 2816 (NHS 24).**

The helpline is open from 8.00am to 10.00pm each day.

Further HPS guidance for other settings, e.g. social and residential settings, is available on the **HPS website**.

Section 2
Information and guidance for care home settings

2.1. Preventing spread of infection in Care Home Settings

There are general principles that care home facilities and individuals can follow to prevent the spread of respiratory viruses, including COVID-19. General advice to prevent the spread of infection can be found in **Section 1.**

Standard Infection Control Precautions (SICPs) as detailed in the **National Infection Prevention and Control Manual** (NIPCM) should be applied by all health care workers at all times when caring for an individual regardless of the infectious nature of that individual. Staff must also comply with the COVID-19: Infection Prevention and Control Guidance outlined throughout this document.

Ensure daily monitoring of all individuals for COVID-19 symptoms, such as a new continuous cough and/or high temperature or other signs of illness. Residents with cognitive impairment may be less able to report symptoms. Elderly or frail residents with co-morbidities may also present with atypical and non-specific signs of illness.

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 and support with hand hygiene afterwards.

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.

2.2. Immediate actions to take if a resident becomes unwell

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

- Return the individual to a single room or to an area at least 2m away from any other residents (staff within 2m should be wearing PPE)
- 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 testing advice
- Follow isolation advice
- Provide ‘warn and inform’ letters to individuals, visitors and staff if there is a suspected case of COVID-19 in the home.

2.3. Measures to protect residents in the shielding category

To help reduce the spread of COVID-19 and to protect people at increased risk of severe illness, i.e. in the **shielding** category, the following measures should be followed for patients in this category:

- Residents
    - Should have their own single room with en-suite facilities or provided with a dedicated commode where possible
    - **Must not be placed in cohorts**
- Staff
    - Must minimise interaction to essential purposes only
    - Must wear PPE when entering their room and within 2m of the resident

2.4. Measures for residents exposed to a case

Where an individual has developed symptoms within a care home, an assessment of risk should be undertaken to establish the nature and duration of exposure and contact with others. This should be discussed with your HPT.

Where possible, contacts should be isolated individually in single rooms for 14 days after last exposure to a possible or confirmed case. This should be the preferred option whenever possible. Where all single occupancy rooms are occupied, cohorting of exposed residents may be considered. Residents who are undergoing shielding should never be placed in a cohort. Cohorting of patients should be discussed with your HPT.

These contacts should be carefully monitored for any symptoms of COVID-19 during the 14 day period from last exposure.

Protective cohorting of unexposed individuals who have not had any exposure to the symptomatic case may also be considered.

2.5. Admission of individuals to the facility

The Health Secretary's statement on 21st April stated that the following groups should be tested:

- All COVID-19 patients in hospital who are to be admitted to a care home
- All other admissions to care homes

Please note that this guidance will be updated once further detail is available and therefore a precautionary approach (safety first) has been recommended here when applying these new recommendations.

Admission of COVID-19 patients from hospital

Covid-19 patients discharged from hospital to a care home should have completed the required isolation period and have given two negative tests at least 24 hours apart before discharge. The isolation period for COVID-19 patients is 14 days.

All other admissions

All other new admissions to care homes regardless of origin should be tested and isolated for 14 days. The timing of testing and between tests has not been specified.

2.6. Testing residents in the care home

The current testing approach as per the Health Secretary's statement on 21st April:

- All symptomatic patients in a care home should be tested for COVID-19.

2.7. Monitoring for an Outbreak

- An outbreak is defined as two or more suspected or confirmed cases of COVID-19 within the same setting occurring within a 14 day period where cross transmission is suspected.
- If you suspect an outbreak please inform the local Health Protection Team (HPT) (see **Appendix 1**).
- This outbreak definition should also include symptomatic cases who have either been transferred from the facility to hospital as a result of infection or a suspected COVID-19 individual who has died within the same time period.
- If the local HPT confirm an outbreak within the facility, local staff must implement all outbreak control measures advised by the HPT.
- The outbreak can be declared over once there have been no new cases with symptom onset for a 14 day period. Existing cases who remain symptomatic should continue to be isolated/cohorted until well and they have been afebrile for 48 hours without anti-pyretics.
- A control measure tool for the control of incidents and outbreaks in Social or Community Care & Residential Settings, specific for COVID-19, is available **here**.
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2.8. Resident placement

All symptomatic individuals in the facility should be isolated immediately for 14 days from the date of first positive test (or symptoms if not available). The individual should be placed in a single room with en-suite facilities, where possible. The door should be kept closed to the room. Where this is not possible, ensure the bed is moved to the furthest safe point in the

room to achieve a 2 metre social distance to the open door. Clearly sign the rooms by placing IPC signs, indicating droplet and contact precautions, at the entrance of the room.

If an en-suite is not available, designate a toilet facility or commode that only that individual will use if possible. If the individual must use a communal toilet, ensure it is cleaned after every use following the guidance in section 2.11. If a commode is used and cannot be dedicated to the resident, ensure it is cleaned as per **Appendix 4**.

Only essential staff should enter the individuals room, wearing appropriate PPE as per **section 2.10**. 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. Entry and exit from the room should be minimised during care, especially when care procedures produce aerosols or respiratory droplets.

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 also be notified of this in advance of any transfer and informed of the requirement for isolation on arrival.

Infection Prevention and Control measures can be discontinued once the 14-day isolation period is complete and there has been an absence of fever for 48 hours (without the use of antipyretics). Before IPC measures are stepped down for COVID-19, ensure you consider any additional ongoing IPC measures which may be required for loose stools or any other infectious organisms.

Cohorting of symptomatic individuals:

Cohorting in care homes should be avoided where possible. Individuals who are shielding (extremely high risk) should not be placed in cohorts and should be prioritised for single occupancy rooms. Where all single isolation room facilities are occupied and cohorting is unavoidable, then

- cohorting can be arranged so that individuals with confirmed COVID-19 are placed in multi-occupancy rooms together.
- Suspected COVID-19 individuals may also be placed in multi occupancy rooms together.
- Confirmed and suspected cases should not be cohorted together.

2.9. PPE

Personal Protective Equipment (PPE)

A PPE statement was issued by the Scottish Government with COSLA and SJC Unions – it can be accessed **here**..

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 – also available in **Appendix 6**.

Sustained transmission of COVID-19 is occurring within Scotland. 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 7** of this guidance.

Appendix 3 describes the procedures for putting on and removing PPE. All staff must be trained on how to use PPE appropriate for their role to limit the spread of COVID-19.

Table 2 also describes the additional PPE required if undertaking an Aerosol Generating Procedure (AGP) – Table 2 can be accessed **here** and in **Appendix 6**. 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. The required PPE should be worn by those undertaking the procedure and those in the room, as detailed above. 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.

Certain other procedures/equipment may generate an aerosol from material other than an individual's 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.

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.

PPE used for sessional use

Aprons and gloves are subject to single use as per Standard Infection Control Precautions (SICPs), and **must be changed between residents**. Respirators, fluid-resistant (Type IIR) surgical masks (FRSM), eye protection and disposable fluid repellent coveralls or long-sleeved disposable fluid repellent gowns can be subject to single sessional use in circumstances outlined in the PPE tables.

A single session refers to a period of time where health and care staff are undertaking duties in a specific setting within the facility e.g. providing direct care for individuals. Staff can go between residents in sessional PPE. A session ends when the health and care worker leaves the specific setting within the facility, for example the COVID-19 cohort area.

Sessional use should always be risk assessed and considered where there are high rates of cases. PPE should be disposed of after each session or earlier if damaged, soiled, or uncomfortable.

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

2.10. 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’s 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.

2.11. Environmental decontamination (cleaning and disinfection)

It is possible that viruses can survive in the environment up to 72 hours, therefore it is important to ensure that environmental cleaning is carried out.

Those carrying out the cleaning must be familiar with the required environmental and equipment decontamination processes, be trained in these accordingly and ensure they are wearing the appropriate PPE. People responsible for cleaning should be advised to clean the COVID-19 areas and isolation room(s) after all other unaffected areas of the facility have been cleaned.

COVID-19 affected areas should be cleaned twice daily paying particular attention to common touch surfaces such as door handles and bed rails.

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 the environment should be performed as per **Appendix 5** 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 or 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**).

Environmental decontamination where the suspected or confirmed case is no longer in the room/ environment

The immediate area occupied by the individual and any equipment used by the individual, should be cleaned using the methods described above. 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, and which are not visibly contaminated with any body fluids, do not need to be further decontaminated beyond routine cleaning processes.

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.

In situations where belongings are being removed from a deceased person, the belongings should first be cleaned with a general household detergent active against viruses and bacteria.

2.12. Waste

If the care home has a clinical waste contract, all waste belonging to the affected individual can be placed in the clinical waste and disposed of immediately.

If the care home does not have a clinical waste contract, ensure all waste items that have been in contact with the individual (e.g. used tissues and disposable cleaning cloths) are disposed of securely within disposable bags. When full, the plastic bag should then be placed

in a second bin bag and tied. These bags should be stored in a secure location for 72 hours before being put out for collection in the general waste for uplift.

2.13. Laundry

Wash items in accordance with the manufacturer's instructions. Use the warmest water setting and dry items completely. Dirty laundry that has been in contact with an unwell person should be laundered separately where possible. Do not shake dirty laundry, as this minimises the possibility of dispersing virus through the air.

Clean and disinfect anything used for transporting laundry with your usual products, in line with the cleaning guidance above.

If you do not have access to a washing machine in your setting, ensure dirty laundry is kept bagged in the care home for 72 hours before taking to the launderette.

After handling dirty laundry ensure hand hygiene is carried out.

2.14. Safe Management of Linen

Any, towels or other laundry used by the individual should be treated as infectious and placed in a bag 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.

2.15. 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.

2.16. Staffing

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).

Minimise external staff

- The use of bank or agency staff should be minimised. Where used then they should only work for one facility where possible.
- Contractors on site should be kept to a minimum and only essential work carried out.

Ensure staff are enabled to follow key measures described in this guidance to prevent spread

- 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 so.
- Consider the additional demands that will be placed on people by requirements for household isolation and put in place resilience planning to support this.

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

Staff who come into contact with a COVID-19 individual at the workplace while not wearing PPE can remain at work, using PPE appropriately. This is because in most instances this will be a short-lived exposure, unlike exposure in a household setting that is ongoing. These are guiding principles and there should be an individual risk assessment based on staff circumstances.

All staff should be vigilant for respiratory 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 or occupational health department as per the local policy

Staff who have recovered from COVID-19

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.

Staff who have symptoms of COVID-19

Please see **Section 1** of this guidance for general information.

Staff should go for COVID-19 **testing** which is available for symptomatic essential workers to enable them return to work.

Staff who have a case of COVID-19 within their household

Asymptomatic staff living in the same household as a possible case of COVID-19 should follow 'stay at home: household isolation' advice on **NHS Inform**. In order to facilitate a quick return to work for health and social care staff who themselves are asymptomatic, testing of the affected household member can be arranged. For more information **see here**.

Staff with underlying health conditions

Staff (such as health and 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 possible or confirmed COVID-19. Please note that this group is wider than those that require shielding and details can be found on **NHS Inform**. Staff who think they may be at increased risk or who are pregnant should seek advice from their line manager or local Occupational Health service. Information for at risk or pregnant health and social care workers can be found in **Guidance for Staff and Managers on Coronavirus**.

Staff who are shielding

Staff who fall into the shielding category should follow the specific advice for that group.

2:13 Visitors

Facilities must review their visiting policy. The guidance outlined on **NHS Inform** on social distancing, shielding and household isolation must be followed by visitors. This advice will significantly limit face-to-face interaction with friends and family in residential settings. Visitors should be restricted to essential visitors only. Efforts should be made to allow loved ones of a resident receiving end of life care to visit. All visitors must be informed of and adhere to IPC measures in place. Local risk assessment should ensure a pragmatic and proportionate response, including the consideration of whether there is a requirement for visitors to wear PPE. Visitors must not visit any other rooms or shared areas 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.

2:14 Caring for someone who has died

The IPC measures described in this document 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. Body bags may be used for other practical reasons such as maintaining dignity or preventing leakage.

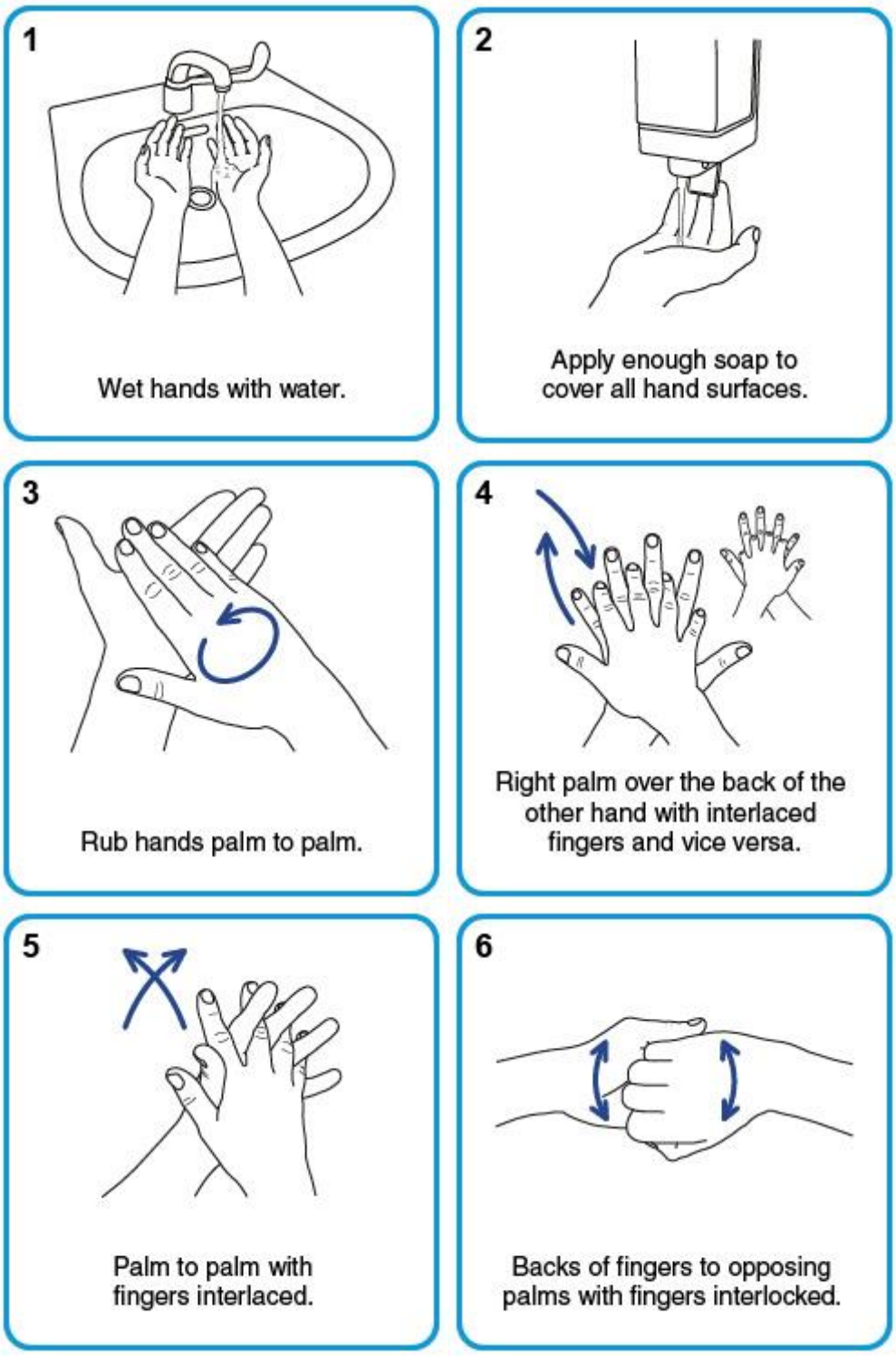
For further information, please see the following guidance produced by Scottish Government **Coronavirus (COVID-19): guidance on preparation for burial or cremation for religious organisations, faith and cultural groups.**

Appendix 1 - Contact details for local Health Protection Teams

Organisation	Office Hours Telephone Number	Out of Hours Telephone Number
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

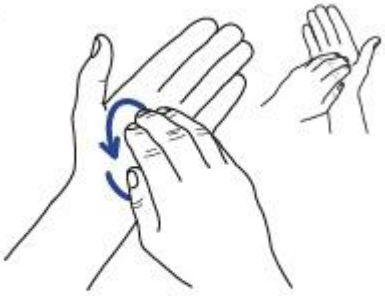
Steps 3-8 should take at least 15 seconds.



7

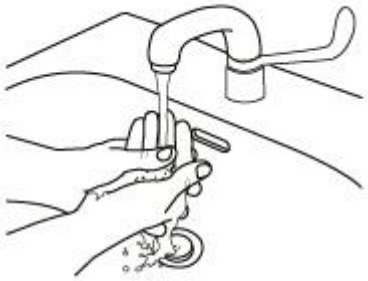
Rotational rubbing of left thumb clasped in right palm and vice versa.

8



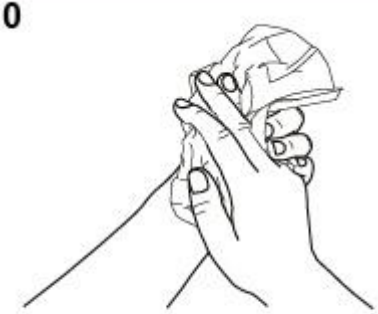
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.

9



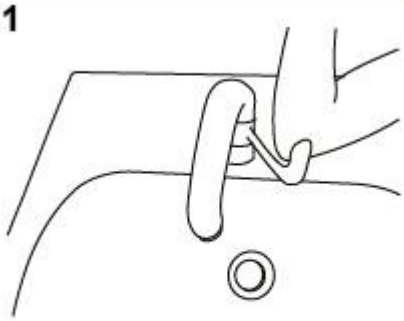
Rinse hands with water.

10



Dry thoroughly with towel.

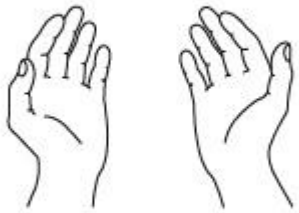
11



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.

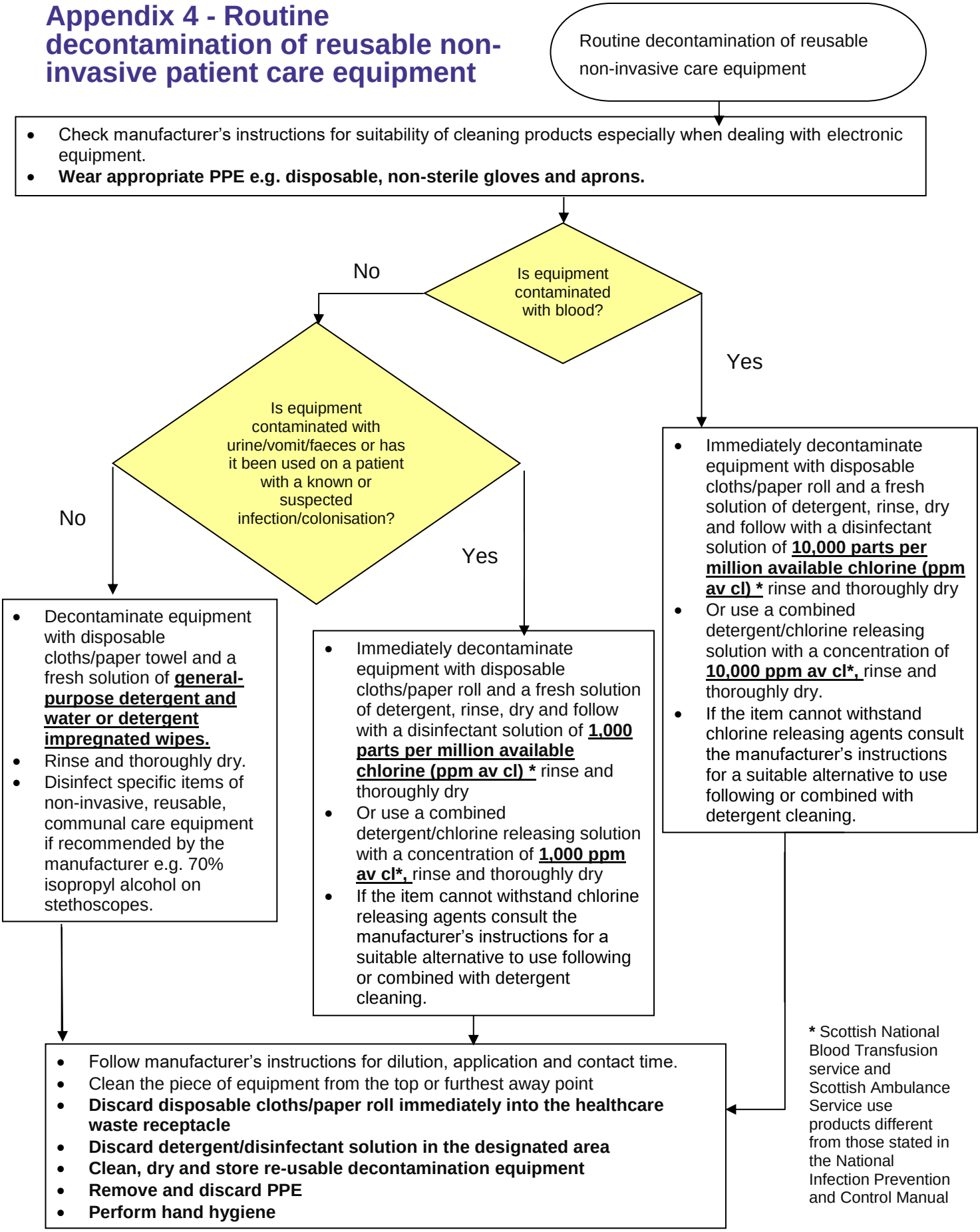
Fluid Resistant Surgical facemask

- 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: Decontamination and cleaning processes for facilities with possible or confirmed cases of COVID-19

a. In preparation

- Collect any cleaning equipment and waste bags required before entering the room.
- Any cloths and mop heads used must be disposed of as single use items.
- Before entering the room, perform hand hygiene then put on a FRSM, disposable plastic apron and gloves.

b. On entering the room

- Keep the door closed with windows open to improve airflow and ventilation whilst using detergent and disinfection products.
- Bag any disposable items that have been used for the care of the patient as clinical waste.

c. Cleaning process

- Use disposable cloths/paper roll/disposable mop heads, to clean and disinfect all hard surfaces/floor/chairs/door handles/reusable non-invasive care equipment/sanitary fittings in the room, following one of the 2 options below:
- Use either a combined detergent disinfectant solution at a dilution of 1000 parts per million (ppm) available chlorine (av.cl.)

  or
- A neutral purpose detergent followed by disinfection (1000 ppm av.cl.).
- Follow manufacturer's instructions for dilution, application and contact times for all detergents and disinfectants.
- Any cloths and mop heads used must be disposed of as single use items.

Cleaning and disinfection of reusable equipment

- Clean and disinfect any reusable non-invasive care equipment, such as blood pressure monitors, digital thermometers, glucometers, that are in the room prior to their removal.
- Clean all reusable equipment systematically from the top or furthest away point.

Carpeted flooring and soft furnishings

- For carpeted floors/items that cannot withstand chlorine-releasing agents, consult the manufacturer's instructions for a suitable alternative to use following, or combined with, detergent cleaning.

d. On leaving the room

- Discard detergent/disinfectant solutions safely at disposal point.
- Dispose of all waste as clinical waste.
- Clean, dry and store re-usable parts of cleaning equipment, such as mop handles.
- Remove and discard PPE as clinical waste as per local policy.
- Perform hand hygiene.

Appendix 6: 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[9]	✗	✗	✗	✗	✓ 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 7: 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[2,7]	✓ single use[3]	✗	✓ single use[3]	✗	✗	✓ single use[3]	✓ single use[3]
Any setting	Patient transport service driver conveying any individual to essential healthcare appointment, that is not currently a possible or confirmed case in vehicle without a bulkhead, no direct patient care and within 2 metres	✗	✗	✗	✓ 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 list of aerosol generating procedures (AGPs) is included in section 8.1 at: www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe. (Note APGs are undergoing a further review at present)
7. Ambulance staff conveying patients are not required to change or upgrade PPE for the purposes of patient handover.