



Frequently Asked Questions Residential Services for Children and Young People

1. General guidance links and signposting

These frequently asked questions relate to all residential services for children and young people, including care homes (including respite and short breaks), school care accommodation services, and secure accommodation services.

Make sure you follow Public Health Scotland's guidance for any issues in relation to coronavirus (Covid-19). This is available on [Public Health Scotland's website](#).

You can find information on our website [here](#). The response to the coronavirus Covid-19 outbreak is complex and fast moving. It is important that you continue to check information on the relevant websites to stay up to date.

We have captured some of the most frequently asked questions below. We are updating this regularly as more information becomes available.

Specific advice on infection prevention and control, physical distancing and testing within residential child care settings is reflected within the [Coronavirus \(Covid-19\): Residential Child Care](#) guidance.

2. Scottish Government vaccination programme

[Where and when will I be vaccinated?](#)

It is important to note that vaccination does not change the need to continue all current Covid-19 mitigation measures (for both vaccinated and unvaccinated individuals).

More information about the vaccination program can be found [here](#).

Contact details can be found on [Health Protection Scotland's website](#).

3. Good practice around some of the practicalities of infection prevention and control (IPC)/personal protective equipment (PPE)

Overarching Public Health Scotland educational resources can be found [here](#).

Hand hygiene

NHS Education has developed a short video to cover the key elements of hand washing and it can be found [here](#). Hard copy information can be found [here](#). NHS Education has developed a poster on the use of hand rub. The information can be found [here](#).

Putting on (donning) and taking off (doffing) PPE

It is important that you make yourself aware of the donning and doffing procedures. These practical clips will take you through the process and there is also poster information that you can download for reference. Although the clip is very clinical the same principles apply: You can watch the video [here](#).

What PPE should I use?

National guidance on PPE in Social, Community and Residential Care Settings has can be found [here](#). PPE information for social care providers and unpaid carers can be found [here](#).

4. Access to personal protective equipment (PPE)

All services registered with the Care Inspectorate that 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) seven days a week.

In Scotland, face coverings are mandatory for everyone aged 12 and over in most indoor public places, indoor communal spaces including retail, restaurants, cafes, bars, and public houses, and in workplaces and on public transport, unless there is a relevant [exemption](#). Further information, including on exemptions, can be found on the Scottish Government [website](#). The decision on whether to utilise face coverings within the service, for either young people or staff, should be considered within your wider risk assessment, with account taken of physical distancing and other hygiene measures. More information on wearing face coverings in care homes for children and young people, secure accommodation services, residential schools and residential respite/short breaks services can be found [here](#).

A face mask is not the same as a face covering. A face mask is a surgical or medical grade mask, often worn with other personal protective equipment (PPE). Read [the guide on masks and face coverings](#) developed by the British Standards Institute.

5. Infection control and health

What about young people who find it difficult to stay home?

We understand that some young people are finding it difficult to stay home, or to follow social distancing appropriately when they are out in the community, as per government guidelines. [Our young inspectors have made a video](#) to share their thoughts and ideas about staying safe and getting through the lockdown, which may be helpful for young people to watch.

Providing supportive and nurturing care for children and young people in residential settings

It is important that children and young people are supported by attuned staff who meet their needs. This includes the need for warmth, affection, and where appropriate physical touch such as hugs and cuddles. It is important that these needs are recognised, discussed, and met. Staff supporting children and young people should continue to ensure that there is a strong focus on trauma informed, nurturing care while keeping everyone safe from a good infection control perspective. You can read more about the importance of this in the [Health and Social Care Standards](#) and our [Quality Frameworks](#).

What infection control measures do we need to follow?

Staff supporting people in residential settings should follow good infection control guidance and [practical measures to help keep everyone safe](#). Where people share a home, staff should advise that when washing their hands, they use liquid soap or not share a bar of soap, use a paper hand towel, or have their own towel and not use shared hand towels. Try and minimise the size of groups, encourage people to limit where they walk and areas they use. Increase cleaning frequency of frequently touched surfaces. You could give different times to use facilities such as shared kitchen or communal eating areas.

More advice on infection prevention and control, physical distancing and testing is reflected within the Coronavirus (Covid-19): Residential Child Care Guidance. More information can be found [here](#).

Who needs to self-isolate?

Children, young people, or staff who display symptoms should self-isolate. The most common symptoms are now:

- continuous cough
- fever/high temperature (37.8C or greater)
- loss of, or change in, sense of smell or taste (anosmia).

A new continuous cough is where you:

- have a new cough that has lasted for an hour
- have had three or more episodes of coughing in 24 hours
- are coughing more than usual.

A high temperature is feeling hot to the touch on your chest or back (you do not need to measure your temperature). You may feel warm, cold, or shivery. Some people will have more serious symptoms, including pneumonia or difficulty breathing, which might require admission to hospital. Go to <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-general-advice> for more information.

More advice on self-isolation and on distancing within residential settings is available in the [Coronavirus \(Covid-19\): Residential Child Care guidance](#).

6. Testing

How long should a staff member isolate as a contact of a case?

As you will be aware the Omicron variant of Covid-19 is increasing in prevalence, and it is extremely likely there will be many more cases confirmed in the coming days.

In light of this emerging threat the First Minister outlined enhanced measures with regard to self-isolation for the general public which came into effect on 11 December 2021 where “all household contacts of any confirmed coronavirus (Covid- 19) cases must isolate for 10 days regardless of vaccination status - even if they initially get a negative PCR test”. This applies to everyone in the household including those under the age of 18.

The exception is for those staff who work within Health and Social Care where they should follow the current guidance for social care (and healthcare staff) with one important addition as stated within DL (2021)24; Update on isolation exemptions for Health and Social Care staff (scot.nhs.uk). It states Health and social care staff who are a household or passing contact of Covid-19 positive cases are exempted from the requirement to self-isolate for 10 days when they:

- are double-vaccinated **and have had their booster**;
- are asymptomatic and remain asymptomatic;
- undertake a PCR test (which returns a negative test result before returning to work), and.
- undertake daily LFD testing for the remainder of the 10-day period.

To avoid confusion social care providers do not have to seek permission from local Health and Social Care Partnership/oversight partners to follow this guidance or seek approval from the Scottish Government.

Further information can be found [here](#).

Information needed for fully vaccinated social care staff to self-isolate in certain circumstances can be found [here](#). More information can be found in [HPS guidance](#) appendix 2.

Staff who test positive must still self-isolate for 10 days from the onset of symptoms, or from the date of the positive test if displaying no symptoms.

An evidence paper on omicron was published to explain the background to the changes announced [omicron-scotland-evidence-paper.pdf](#)

[Is there any support for services where staff need to isolate due to Covid-19?](#)

There is some support via the [staff support fund](#) for social care which remains in place Coronavirus (Covid-19): social care staff support fund guidance ([www.gov.scot](#)) this includes support for a number of areas including:

- Backfill/over time to cover when a member of staff is off with Covid-19/self-isolating in line with public health advice.
- Top up payment for staff who are put upon statutory sick pay when being asked to self-isolate in line with public health advice.
- Backfill to allow other staff to attend vaccine centre to get vaccination/booster.

[Testing in residential childcare services](#)

Expanded testing for social care staff groups began on 8 March 2021 (for children and young people's personal assistants and care inspectors visiting children and young people services). Further testing for staff was phased in from March for the following people working in care roles: children's care homes, children and young people community services, addiction, homelessness, mental health, learning disability, women's aid shelters and social workers not yet covered by testing. [Covid-19 Scotland's Testing Strategy Update - March 2021](#) provides full details.

Residential childcare services should receive PCR tests, not LFD tests. To receive these, contact NSS to arrange for PCR testing by calling the helpline: 0800 008 6587 or emailing nss.CovidTestingPortalCare@nhs.scot.

Information on testing for staff who develop symptoms can be found on [NHS Inform](#). The Scottish Government's advice on Covid-19 testing can be found [here](#). There is also information about obtaining [lateral flow tests](#) for people who do not have symptoms of coronavirus (Covid-19).

For staff with an underlying health condition, services should undertake a risk assessment based on their personal circumstances and the roles they play within the setting. Many will be able to work normally. If someone in the setting shows symptoms of coronavirus (Covid-19), staff with an underlying health condition should be redeployed to work in roles which do not involve contact with individuals who may have contracted coronavirus (Covid-19). More information can be found [here](#).

Someone in a residential service has suspected or has tested positive for Covid-19: should everyone be tested?

Where an individual has been exposed to a suspected or confirmed case of Covid-19, an assessment of risk should be undertaken to establish the nature and duration of exposure and contact with others. Contact must be made with the local Health Protection Team to seek advice on next tests and whether there is a need for testing those who have had contact with the person. Until this discussion has taken place contacts should where possible be isolated individually in single rooms.

‘Test and Protect’ is a necessary element of the range of public health measures to suppress transmission of Covid-19 infections through contact tracing. However, this presents new challenges for the management of residential childcare that service providers will need to plan for. If a residential childcare worker or young person has *suspected or confirmed* Covid-19, they must self-isolate, and a contact tracer will assist them to identify who they have been in close contact with in the 48 hours prior to symptom onset, up to the point when they began to self-isolate.

A ‘close contact’ is someone who has been physically close enough to the confirmed case for a long enough period of time, that they may have had the virus transmitted to them. The risk of the virus being transmitted is higher the closer the contact, the greater the exposure to respiratory droplets (for example from coughing), and the longer the duration of the contact. More information can be found [here](#).

7. Wellbeing

What about visitors to residential settings, and young people keeping in touch with families, including visiting the family home?

It is important that children and young people are encouraged to stay in touch with their family and friends during this period. Where it is not possible for them to meet face to face, the use of technology should be considered, provided this can be managed safely. Staff should encourage communication via media platforms and find other creative ways for children to stay connected. The decision on whether to proceed with face-to-face visits within the service should be considered within the wider risk assessment, with account taken of physical distancing and hygiene measures, including face coverings if deemed appropriate.

Decisions about whether children and young people should be supervised when meeting with or contacting family members lie with social work departments to determine what is in their best interests. For young people who would ordinarily go home for family visits, services should follow public health guidance and risk assess each young person’s situation e.g., giving consideration to the impact on their usual routines, if they or others are symptomatic or have increased vulnerability etc.

More advice on visitors and contact is available in the [Coronavirus \(Covid-19\): Residential Child Care](#) guidance.

Should we be asking visitors to disclose if they have any symptoms of Covid-19 or any other infection?

It would be reasonable to ask these questions to inform your risk assessment and to display clear guidance for visitors. Refer to the [Coronavirus \(Covid-19\): Residential Child Care](#) guidance.

8. Staffing

What recruitment checks should I undertake prior to employment?

The [Safer Recruitment Guidance](#), from the Scottish Social Services Council (SSSC) and Care Inspectorate provides for exceptional circumstances, when you can deploy staff before checks have been carried out.

Employers are expected to practise safe recruitment, which includes carrying out a Protection of Vulnerable Groups (PVG) check. More information on this can be found on our website [here](#). There are FAQs available on the SSSC website. Find out more [here](#).

Staffing contingency planning

Providers must ensure they have robust contingency arrangements in place, particularly to ensure safe and appropriate staffing levels in the event of an outbreak of Covid-19. You may find our [Guidance for providers on the assessment of staffing levels](#) useful to support you in this. We may ask to see your contingency arrangements when we inspect your service.

What about using agency staff?

In responding to staff shortages due to the pandemic, the Care Inspectorate and the SSSC appreciate that social care providers may need to make greater use of agency staff, bank staff, as well as temporary staff and volunteers.

The Scottish Government's [Coronavirus \(Covid-19\): Residential Child Care](#) guidance advises providers to minimise the use of bank or agency staff and where used, they should where possible only work for one facility. The service should satisfy themselves that this is the case for the staff they are using. The principle of minimising the number of agency and temporary staff or volunteers working in each service should be applied in all social care settings in order to reduce the risk of spreading infection. Providers should, if possible, use the same staff or volunteers for each service and deploy them to care for the same restricted number of people.

While decisions about recruitment and deployment will vary according to the circumstances of each service, providers should make informed assessments about who to recruit and how they should be deployed in order to minimise the risk of infection for everyone involved. This may involve asking new staff or volunteers about the different care services they have recently worked in and making deployment decisions accordingly.

For example, if a worker is or was recently working in other care services, including services with a Covid-19 outbreak, a manager may assess that they should be deployed to carry out roles and tasks within the service that present a lower risk. In addition, all staff and volunteers may work or have contact with a range of different settings, including settings out with care, and this should be taken into account as far as possible when deciding whether and how they should be deployed.

Where agency staff are being used the service provider will need to satisfy themselves that the agency has in place a process for assuring any service that they place a registered worker with that all reasonable steps have been taken to ensure that the registered worker will not add any risk of Covid-19 within their services.

Do I need to notify the Care Inspectorate of staff shortages?

The Care Inspectorate **no longer** requires care services to submit notifications around staffing issues under the Red Amber Green (RAG) system. This notification was brought in in April 2020 to assist care services to flag up where there were particular staffing shortages, and allowed the Care Inspectorate, SSSC, Health and Social Care Partnerships, the NHS, and Scottish Government to provide a rapid response.

Our intelligence and data gathered indicates that care services now have good access to staffing resources directly as required, and as such we removed the obligation on care services to report staffing issues to us. Any services that do experience staffing issues going forward can still access the SSSC portal [here](#).

Should we be training staff in physical intervention?

The decision on whether or not to proceed with physical intervention training should be considered within the service's wider risk assessment e.g., whether staff have been trained before (or whether they are not trained at all); referrals and admissions, and whether these can be accommodated or not; and whether staffing levels and staff who are known to young people can be increased to meet need.

If the risks are such that physical intervention training is required, then steps to minimise the risk of transmission, such as reducing group numbers, temperature/symptoms check upon arrival, and physical distancing during teaching would be helpful to consider.

9. Isolation arrangements for pupils travelling internationally – update for October 2021.

A letter was sent to all Scottish Boarding Schools on 1 October 2021 detailing the arrangements for boarding school pupils arriving to attend school in Scotland for after the October break, from outside the Common Travel Area (CTA) either directly, or through other parts of the CTA. [Coronavirus \(Covid-19\): guidance on reducing the risks in schools](#) was also updated at this point.

If you did not receive this letter, please contact IndependentSchoolsMailbox@gov.scot for further information.