

## Residential Services for Children and Young People Frequently Asked Questions

### General Guidance links and signposting

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

You can find information on our website [here](#). It is important that you check these websites daily to stay up to date.

Information on Managing an Outbreak can be found [here](#).

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

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 that we have linked to below.

### Good Practice around some of the practicalities of Infection Prevention and Control/ Personal Protective Equipment

Overarching Health Protection 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 (putting on) and doffing (taking off) 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](#)

#### PPE Posters:

Health Protection Scotland 'Unsuspected COVID-19 PPE in Social/Community/Residential' can be downloaded [here](#)

Health Protection Scotland 'Suspected or confirmed COVID19 PPE for health and social care' can be found [here](#)

### 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](mailto:support@socialcare-nhs.info) Phone: 0300 303 3020. The helpline will be open (8am - 8pm) 7 days a week.

### Infection control and health

#### What about new admissions?

A decision on whether it is appropriate for a young person who is moving into the service to be tested should be made locally in discussion with the Health Protection Team. Young people who test positive (or are symptomatic) should be isolated for 7 days. Young people who are moving in from a household where there is someone affected with COVID-19 should be isolated for 14 days from the date of admission.

#### 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.

#### What infection control measures do we need to follow?

Staff supporting people in residential settings should follow good infection control guidance and [Health Protection Scotland guidance](#). Where people share a home, the provider should advise that when washing their hands, they use liquid soap or not to 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 control and on distancing within residential settings is available in the [Coronavirus \(COVID-19\): Residential Child Care](#) guidance.

#### Who needs to self-isolate?

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

- 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's lasted for an hour
- have had 3 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 don't 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.

If one person in the house self isolates, then all members of the house should self-isolate in line with government guidance. If people are advised to self-isolate, further guidance on possible COVID-19 symptoms can be found [here](#). We understand the difficulty and complexity of managing these expectations.

It may be in the best interests of a very small number of young people to self-isolate at their family home. This should only happen as part of a child's plan and in agreement with the child's social worker. On returning there, that household would require to begin a period of whole household isolation for 14 days, following the guidance on NHS Inform.

If any child or young person displays COVID-19 symptoms, they should self-isolate within the establishment for 7 days. Other residents in the house or school should remain in isolation for 14 days.

Children and young people may find it difficult to be confined to certain rooms. Establishments should consider how they best support the children and young people to achieve this, including staffing arrangements, resources and proactive discussions with all of the children and young people as a group.

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

## Testing

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

Where a resident/ individual has been exposed to a suspected or confirmed case of COVID19, an assessment of risk should be undertaken to establish the nature and duration of exposure and contact with others. Contact must be made with your local HPT 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 where possible, contacts should be isolated individually in single rooms. More information can be found [here](#)

'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 child care 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 self-isolated. The current definition of a close contact is: those living in the same (personal) household; anyone who has had direct face to face contact for any length of time (defined as within 1 metre for 1 minute or longer, including travelling in a car or van); anyone who has been within 2 metres proximity for 15 minutes or more. More information can be found in the publication 'Covid-19 Residential Childcare', available [here](#).

### Should all staff in residential settings be tested?

Staff delivering care to children and people who are vulnerable are classed as priority 1A keyworkers. Therefore testing can be organised by their employer if there is suspected or confirmed covid-19 within a residential care setting.

It may be helpful to introduce the cohorting of staff, by assigning a dedicated team with identified groups of young people, perhaps for longer continuous periods

For staff with an *underlying health condition*, establishments should undertake a risk assessment based on their personal circumstances and upon 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).

The aim of physical distancing measures is to reduce the transmission of COVID-19. Like all households, physical distancing measures should be followed by everyone, meaning on-duty staff and young people should 'stay at home', and maintain 2 metres distance from other people if there are good reasons to be out-with the establishment. It is recognised that social distancing is not desirable or practical within the residential setting, but staff and young people should discuss and implement practical measures to help keep everyone safe. The aim of social distancing measures is to reduce the transmission of COVID-19. Like all households, physical distancing measures should be followed by everyone, meaning on-duty staff and young people should 'stay at home', and maintain 2 metres distance from other people if there are good reasons to be out-with the establishment. More information can be found in the publication 'Covid-19 Residential Childcare', available [here](#).

### Testing in residential childcare services

We know that lots of services have had queries about the situation on testing in care homes for children and young people, following the recent letters to care home staff and care home managers from the Cabinet Secretary for Health and Sport, regarding testing staff for COVID-19. We can confirm the position is as follows:

- Staff in care homes for children and young people (and other residential establishments such as secure accommodation and school care accommodation services) will not undergo weekly testing, due to the risk of transmission in these settings being lower than that of care homes for adults.
- Staff in care homes for children and young people (and other residential establishments such as secure accommodation and school care accommodation services) who are symptomatic, can access testing through their employer via the portal, as detailed on the [NHS Inform](#) website. Further information on how to access the portal is available [here](#) and in the [Care Home COVID-19 Testing Guidance](#)

More information on testing staff can be found on [NHS Inform](#). The Scottish Government's advice on COVID-19 testing can be found [here](#).

## Wellbeing

[I am worried about how isolated my family member is in a residential setting and the impact of social distancing. How is this being reviewed?](#)

This is a very challenging and difficult time for families who are apart from each other. We know that services across the country are having to make very difficult decisions which balance safety through infection control with wellbeing, including social interaction and activity. We would suggest that families discuss their concerns with the service to find out what they have put in place.

Our inspectors are in touch with services regularly to support them to implement health protection guidance consistently and with compassion and sensitivity during this changeable and uncertain period.

[What about visitors to residential settings, family contact, or young people who would normally go home for family visits?](#)

The decision on whether to proceed with face to face visits within the service should be considered within your wider risk assessment, with account taken of physical distancing and hygiene measures.

The arrangements and decisions around supervised contact lie with social work departments to determine what is in the best interests of the child or young person.

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 shielding 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 have clear guidance for visitors displaying this. Please refer to the Scottish Government's clinical guidance for more information [here](#).

## Staffing

[What are the Care Inspectorate expectations around staffing, if our staff are off sick or at home self-isolating?](#)

We understand the concerns you may have around staffing. We ask that you plan contingencies for how to staff your service as normal in the event colleagues are unwell or self-isolating. The SSSC social care and health recruitment hub is available to all social care services in Scotland to help you

make sure you have enough skilled staff in place. We are urging all providers to think ahead – your staffing needs may change quickly so it is important that you have a contingency plan in place. You can access the [SSSC recruitment hub](#) if you need staff.

The hub has people available to work now who are waiting to be matched to services and more people will be added as soon as checks are completed. Providers can access the hub direct using their 'My SSSC' counter signatory accounts. Additional people continue to be added daily so please continue checking for those available in your local authority area.

During this period, it is important that providers put in place structures to support and oversee staff in their role, including any volunteers and unregistered staff.

The SSSC is now allowing people to now work in registrable roles for a period of 12 months without being registered, which enables services to adopt a flexible approach.

Employers should continue to carry out recruitment checks for new staff and volunteers, but immediate flexibility should be applied under the current emergency.

Further information is available on [SSSC website](#).

#### [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, as well as temporary staff and volunteers. Health Protection Scotland's latest Covid-19 guidance advises providers to minimise the use of bank or agency staff and where used then they should only work for one facility where possible. 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. For example, as well as agency staff working in care homes and/or care at home services, the same principle should also be applied to all new staff or volunteers working in other types of care setting, including housing support.

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 try to 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.

### Do I need to notify the CI 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 April 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 in the past month indicates that care services now have good access to staffing resources directly as required, and as such we are now removing 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 NES 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 your wider risk assessment of the service e.g. have staff been trained before (or are they 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 (or not).

If you identify that the risks are such that you should proceed with physical intervention training, then steps to minimise the risk of transmission, such as reducing group numbers, temperature/symptoms checks upon arrival, and physical distancing during teaching would be helpful to consider.

### Questions related to Care Inspectorate operations

#### What should I do about our CSQs (care standard questionnaires); staffing; residents and family questionnaires?

We do not expect services to process these currently.

### Miscellaneous

#### Providing care is my main source of income, where can I get advice if I am struggling financially as a result of coronavirus COVID-19?

Guidance is available on the UK Government's [website](#).