Public Health Scotland

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

(excluding Adult and Older People Care Home settings)

Version 1.8

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Before use check the COVID-19 page to verify this is the current version.

NHS National Services Scotland

Version history

An archive of all previously published versions of this guidance and supporting resources that relate to COVID-19 is available on the **HPS website**. This includes resources that have been retired from the website because they have been superseded or are no longer required.

Version	Date	Summary of changes
V1.41	21/08/20	Addition of Appendix 6 and Appendix 7 for PPE advice
V1.5	12/10/20	Scope: Clarification for dedicated stand alone residential respite / short stay facilities Section 21: addition of dedicated stand alone residential respite / short stay facilities advice Title: changed section in brackets to help clarify sectoral scope Ensure this wording (excludes adult and older people care home settings) is used throughout the document Section 2: Face coverings Section 2: Added word 'certain' to 'and other indoor premises' Revised language around day and overnight 'leave'
V1.6	24/12/20	Section 1. Introduction: vaccination information added to background Section 2. General measures to prevent spread of COVID-19 infection: restructuring of section (addition of sub-sections) and advice updated; added information on immunisation programme. Section 4. Providing care for residents during pandemic: advice on the 90-day retesting exemption following positive test added Section 6. Measures for individuals exposed to a case of COVID-19: advice updated in relation to self-isolation period of contacts Section 10. PPE: addition of sub-section 'Extended use of PPE' Section 16. Staffing: advice on the 90-day retesting exemption following positive test added Section 17. Personal or work travel and physical distancing: advice removed and a link to non-healthcare settings guidance for this information added to section 2.2 Section 17. Restriction of visitors: added link to SG Christmas and New Year visiting guidance Appendix 1. HPT email addresses updated Appendix 8. self-isolation period for cases and contacts added
V1.7	31/12/20	Section 2. General measures to prevent spread of COVID-19 infection: updated information on available vaccines added to immunisation programme.
V1.8	08/04/21	Relevant links to the Scottish COVID-19 Community Health and Care Settings IPC addendum have been added throughout the guidance. IPC advice has been removed from this guidance where necessary following the publication of the Scottish COVID-19 Community Health and Care Settings IPC addendum.

Version	Date	Summary of changes
		Section 2.4. Shielding and protecting people at extremely high risk: shielding text updated. Section 2.7. Immunisation Programme: updated text on vaccination added. Section 3. Preventing spread of infection in Social, Community & Residential Care Settings: updated to contain information and links to new IPC addendum. Section 9: Staff who have been identified as a 'close contact' added, Lateral flow testing added. Section 12: Additional information for specific settings: information added on providing care to individuals in their own home. Further information on residential respite/short break services added. Appendices: removal of Best Practice How To Hand Wash, Putting on and Removing PPE and PPE tables, Decontamination and cleaning processes for facilities with possible or confirmed cases of COVID-19 and Routine decontamination of reusable non-invasive patient care equipment. Appendix 2: Self-isolation table for cases and contacts updated. Section 4: New wording on 90-day testing exemption added. Section 9: Staff who have contact with a case at work: information on 'testing of close contacts' added. Section 9: Staff testing: information on returning travel added. Section 9: Staff who have recovered from COVID-19: text on 90 day testing exemption updated. Section 9: Staff who have been identified as a close contact: information on 'testing of close contacts' added.

Contents

Scope of the guidance

This guidance is to support those working in Social, Community and Residential Care settings to give advice to their staff and users of their services about COVID-19.

Social, community and residential care settings is taken to include:

- Community based settings for people with mental health needs
- Community based settings for people with a learning disability
- Community based settings for people who misuse substances
- Supported accommodation settings
- Rehabilitation services
- Residential children's homes
- Stand alone residential respite for adults (settings **not** registered as care homes)
- Stand alone residential respite/short breaks services for children *
- Providing care to individuals in their own home
- Sheltered housing
- Hospice settings
- Prison and detention settings
- The Cabinet Secretary for Health and Sport and the Minister for Children and Young People have **confirmed in a letter dated 23 September 2020** that dedicated stand-alone residential respite facilities for children (including those registered as care homes) should now follow the guidance set out in this document and do not need to follow **COVID-19 Guidance and Information for Care Home Settings**. All other registered care homes for adults and older people should continue to follow **COVID-19 Guidance and Information for Care Home Settings** which includes guidance on testing in care homes.

- Stand-alone residential respite facilities for adults (settings registered as care homes) should continue to follow the **COVID-19 Guidance and Information for Care Home Settings**, with particular arrangements for respite admissions to these settings as described in the 23 September letter and reflected in the Scottish Government guidance on **Implementing the staged approach to enhancing wellbeing activities and visits in care homes, including communal living**.

There is additional guidance for residential children's homes available on the Scottish Government **website**.

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

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

1. Introduction

Background

The disease COVID-19 is caused by a new strain of coronavirus (SARS-CoV-2) that was first identified in Wuhan City, China in December 2019. Symptoms range from mild to moderate illness to pneumonia or severe acute respiratory infection requiring hospital care. COVID-19 was declared a pandemic by the World Health Organization on 12 March 2020 and the first cases in the UK were detected on 31 January 2020.

A range of measures are being used to control transmission of COVID-19, including physical distancing, hand hygiene, face coverings, testing and contact tracing. Contact tracing is being undertaken for cases confirmed by a positive polymerase chain reaction (PCR) test. In Scotland, the programme of community testing, contact tracing isolation and support is known as '**Test and Protect'.**

Details and arrangements for the COVID-19 immunisation programme currently in place in Scotland can be found in **section 2.7**.

Further details on COVID-19 can be found on the Scottish Government **website** and **NHS inform**.

Symptoms of COVID-19

Common symptoms include:

- new continuous cough **or**
- fever **or**
- loss of/ change in sense of smell or taste.

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

Spread of COVID-19

COVID-19 is spread through respiratory droplets produced when an infected person coughs or sneezes. The evidence to date continues to point towards transmission mainly occurring via contact from symptomatic cases. This can occur through respiratory droplets, by direct contact with infected persons, or by contact via contaminated objects and surfaces. Shedding of SARS-CoV-2 is highest early in the course of the disease, particularly within the first 3 days from onset of symptoms. There is also some evidence that transmission to others may be possible prior to symptom onset (pre-symptomatic phase) or in individuals that develop infection but don't

develop symptoms (asymptomatic infection). The risk of transmission is highest when there is close contact with an infected person who is symptomatic and this risk increases the longer the contact lasts.[1]

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

The following measures are recommended to help reduce the spread of COVID-19 and to protect people at increased risk of severe illness:

2.1 Physical distancing

Physical distancing measures should be followed by everyone, including children, in line with the advice to **stay safe (physical distancing)**. Guidelines vary by age group – for up to date information see the **Scottish Government website**. The aim of physical distancing measures is to reduce the transmission of COVID-19.

People at extremely high risk of severe illness from COVID-19 should rigorously follow physical distancing and hygiene measures. Their household and other contacts should strictly follow physical distancing measures to protect them.

A description of the conditions considered within the increased risk group and the extremely high risk group, as well as up-to-date information on how to adapt physical distancing for those with additional needs, can be found on the **NHS inform** website.

Local COVID protection levels (tiers)

Each local authority area of Scotland has a local COVID protection level (also known as tiers). The Scottish Government's **Coronavirus (COVID-19): local protection levels** page provides further information.

2.2 Staying safe and protecting others at work

Physical distancing by staff of at least 2 metres should be followed in all areas of the workplace, including non-clinical areas, where possible. Physical distancing is a key mitigation measure and should be followed alongside the additional mitigation measures detailed in **section 3**, whenever possible. A local review of existing practice may need to be considered to

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

introduce measures such as staggering staff breaks to limit the density of staff in specific areas. Other measures such as the use of Perspex (or similar) screens may be considered to reduce risk in non-clinical encounters.

Ensure that individuals follow the "personal or work travel" advice in **COVID-19: guidance for non-healthcare settings**.

Staff (such as health care workers) with underlying health conditions that put them at increased risk of severe illness from COVID-19, should discuss this with their line manager or local Occupational Health service. **The COVID-19 Occupational Risk Assessment Guidance** should be used to support managers to undertake an individual occupational risk assessment. Pregnant staff should also seek advice from their line manager or local Occupational Health service. Further information for at- risk or pregnant healthcare workers can be found in **Guidance for NHS Scotland workforce Staff and Managers on Coronavirus**.

2.3 Stay at home

Guidance for households with possible or confirmed COVID-19 infection (household isolation) should be followed by people with symptoms or a COVID-19 diagnosis (whether they have symptoms or not) and their household contacts, to reduce the community spread of COVID-19. Self-isolation of cases and contacts is explained on **NHS inform**.

Appendix 2 also provides a summary of self-isolation periods for cases and contacts in different settings.

2.4 Shielding and protecting people at extremely high risk

Shielding is a measure to protect people, including children, who are at the **highest risk of severe illness** from COVID-19 because of certain underlying health conditions. Further information on shielding is available on the Scottish Government **website** and **NHS inform**. The Scottish Government provide information on what this means depending on the **local protection level in your area**.

If you are on the shielding list, you should follow the same advice as everyone else in your **local council area's protection level**. There is additional advice for individuals in the shielding category - see the **extra advice for people at highest risk from coronavirus**.

Shielding arrangements differ for individuals living in care homes, specific guidance for that setting should continue to be followed: **COVID-19: adult care homes visiting guidance**. Further information including exceptions can be found on the **Scottish Government** website.

2.5 Face coverings

Everyone needs to be aware of and follow Scottish Government guidance on face coverings. This can be found on the **Scottish Government website.** Note that face coverings are not considered PPE.

2.6 Test and Protect

Contact Tracing is a public health measure designed to break chains of transmission of COVID-19 in the community. In Scotland, Test and Protect is the national programme to support contact tracing.

The **Test and Protect** approach operates by identifying cases of COVID-19, tracing the people who may have become infected by spending time in close contact with them, and then supporting those close contacts to self-isolate, so that if they have the disease they are less likely to transmit it to others.

Further details can be found on the Scottish Government **website** and **NHS inform.** The Scottish Government has also produced **COVID-19: Test and Protect advice for employers**. Guidance on the general approach to **contact tracing** and on **contact tracing in complex settings**, including health and social care staff, patients and residents, is available on the **HPS website**.

2.7 Immunisation Programme

The **Medicines & Healthcare products Regulatory Agency** has given regulatory approval to a number of vaccines.

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)**. In particular:

- A person's vaccine status does NOT change subsequent public health actions or interventions (including isolation) at this time
- Vaccinated people should continue to comply with ALL testing regimes as per unvaccinated people
- It is unlikely that the vaccines currently being used will affect PCR test results for COVID-19. This may not be the case for other vaccines with different structures or for other tests.

More information on the COVID-19 vaccine is available on **NHS inform** and a helpline has been set up on 0800 030 8013. Leaflets explaining why the coronavirus (COVID-19) vaccine is being offered and how, when and where it will be given, are available on **NHS inform**.

Further vaccination information can be found in: **Covid-19: Guidance for Health Protection Teams (HPTs).**

3. Preventing spread of infection in Social, Community & Residential Care Settings

A community infection prevention and control (IPC) addendum specifically for community health and care settings has been produced by ARHAI Scotland – it can be found **here**. The community health and care settings IPC addendum is mandatory for use in settings and should be used in conjunction with this guidance.

The IPC addendum includes information on the following essential IPC measures for preventing spread of COVID-19 infection:

- **Individual placement/Assessment of Risk**
- **Hand hygiene**
- **Respiratory and cough hygiene**
- **Personal protective equipment**
- **Safe management if Care Equipment**
- **Safe Management of the Care Environment**
- **Safe Management of Linen**
- **Safe Management of Blood and Body Fluids**
- **Safe Disposal of Waste (including sharps)**
- **Occupational Safety**
- **Hierarchy of Controls**
- **Staff Uniforms**
- **Caring for someone who has died**
- **Physical distancing**
- **Visiting in residential facilities**

4. Providing care for individuals during COVID-19 pandemic

Ensure daily monitoring of all individuals for COVID-19 symptoms, such as a new continuous cough, or fever, or loss of/change in sense of smell or taste, or other signs of illness. People with cognitive impairment may be less able to report symptoms. Frail people with other diseases may also present with atypical COVID-19 symptoms such as abdominal pain. Further information can accessed **here**.

- If an individual has COVID-19 symptoms (see **section 1**) visit the **NHS inform** website to arrange testing. If unable to access the website, then call **NHS 111**. If the individual is unwell and requires clinical assessment then seek advice on **NHS inform** and contact **NHS 111** via telephone, or online. Staff may need to call on behalf of the individual.

- As part of the 'Test and Protect' approach, everyone with symptoms is encouraged to get tested. Tests can be booked through **NHS inform**.

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).

If two or more individuals develop symptoms of COVID-19 within the facility, you must contact your Health Protection Team (HPT) **(Appendix 1)**. A COVID-19 outbreak is defined as two linked cases of the disease over a 14-day period. When considering any potential outbreak, assessment of individual cases should also include symptomatic cases who have either been transferred from the facility to hospital as a result of infection, and any suspected COVID-19 individual who has died within the same time period. If there are groups of high risk individuals or extremely high risk individuals living in the residential facility a single new case with symptoms consistent with COVID-19 infection should lead to seeking advice from the local HPT since this could indicate spread of the virus within the facility and should lead to suspicion of an outbreak. This will need to be considered on an individual basis. An outbreak checklists can now be found in the 'Resources' section of the **Scottish COVID-19 IPC Community Health and Care Settings Addendum.**

If an asymptomatic person (staff or resident) is inadvertently re-tested and tests positive by LFD or PCR within 90 days of a previous positive PCR result, there is no need to do a confirmatory PCR, isolate or contact trace again, as long as the person with the repeat positive test:

  - remains asymptomatic
  - is not required to isolate as a contact of a confirmed case
  - is not required to isolate having returned from travel to a non-exempt country

- In certain situations, for example, an outbreak, risk of reinfection with a new variant, specific clinical or travel risks, the HPT may conduct a risk assessment and recommend actions such as isolation or whole genome sequencing.

- Repeat positive tests (asymptomatic or symptomatic) **after** 90 days should result in the usual public health action, i.e. isolation of the person with the positive test and contact tracing.

5. Measures to protect individuals in the shielding category

To help reduce the spread of COVID-19 and to protect those at extremely high risk of severe illness i.e. in the **shielding** category, the following measures should be followed:

- Individuals who are shielding
    - **must not** be placed in a room with others (a cohort)
    - should have their own single room with en-suite facilities or if this is not possible, provided with a dedicated commode.
- Staff who are working with individuals who are shielding
    - must wear single use PPE (see **PPE section** of IPC addendum) when entering their room and within 2 metres of the individual.

See **section 2.4** for further information on shielding.

6. Measures for individuals exposed to a case of COVID-19

Facilities covered under this guidance range from self-contained settings that can be treated as separate households, to shared environments with communal areas where the principles of household isolation may apply. This must be taken into consideration when undertaking a local risk assessment to consider measures.

Where an individual has been exposed to a suspected or confirmed case of COVID-19, a risk assessment should be undertaken to establish the nature and duration of exposure and contact with others to determine if they are a close contact. This should be discussed with your local HPT.

Where possible, contacts should be isolated individually in single rooms for at least 10 days after last exposure to a possible or confirmed case. However, given the diversity of settings covered by this guidance, there may be some residential settings where a 14 day period of isolation for contacts is more appropriate (e.g. settings with older or clinically vulnerable residents, and communal areas where residents mix); the decision on this is subject to local risk assessment. A 14 day isolation period for contacts is currently advised in the **PHS care home guidance**.

Isolating individually in single rooms should be the preferred option whenever possible. Where all single occupancy rooms are occupied, cohorting of exposed individuals may be considered. However, individuals who are undergoing shielding **must never** be placed in a cohort. With regard to those who are not undergoing shielding, cohorting should be discussed with your local HPT.

These contacts should be carefully monitored for any symptoms of COVID-19 during the 10 or 14-day period from last exposure.

If symptoms or signs consistent with COVID-19 occur in the 14-day period since last exposure then relevant diagnostic tests, including for SARS-CoV-2, should be performed. If they have been cohorted with other individuals, the other individuals' follow-up periods recommence from the date of last exposure. Test and Protect advice should be followed.

Ensure that individuals who have had no contact with COVID-19 cases are separated from those who were exposed, have symptoms or have been diagnosed with COVID-19 (whether they have symptoms or not).

Guidance on discontinuing IPC precautions in community health and care settings for COVID-19 positive individuals can be found in the **Scottish COVID-19 IPC Community Health and Care Settings Addendum.**

Admission of individuals to a residential facility

Residential facilities should conduct a risk assessment for their facility to determine if there are individuals who are at extremely high risk of severe illness and whether additional measures are needed to protect these individuals. Particularly where there are high proportions of such individuals, additional measures should be considered. Such settings should be discussed with the local HPT. Further information on individual placement/assessment of infection risk can be found in the **IPC addendum**.

COVID-19 recovered patients discharged from hospital

For individuals who have been discharged from hospital following confirmed COVID-19 please refer to the following section **'Discontinuing IPC control measures in community health and care settings for COVID-19 individuals'** in the **Scottish IPC COVID-19 Community Health and Care Settings Addendum**.

Admissions from the community

All admissions from the community to a residential facility should be assessed first for any history of symptoms or a diagnosis of COVID-19 or a history of possible exposure to COVID-19 within the 14 days prior to admission. This applies to all types of residential facilities and

admissions (including for respite). There should be a risk assessment to determine whether self-isolation is required for a new admission. A decision on whether it is appropriate for an individual in this situation to be tested should be made locally in discussion with the HPT and this guidance seeks to allow individual risk assessment of each case. Residential settings with individuals at higher risk of severe illness may consider whether additional measures need to be taken. This should be informed by discussion with the local HPT.

If the individual is symptomatic (or has already been diagnosed with COVID-19 whether they have symptoms or not), the admission should be delayed until they have completed their self-isolation period of at least 10 days (with 48 hours symptoms-free with no anti-pyrexials), wherever possible. Conduct a risk assessment if the admission cannot be delayed to ensure it is done safely.

If the admission must go ahead, the individual can start isolation in their own room as described in **Section 8.** Individuals who are being admitted from a household where there is someone with a diagnosis or symptoms of COVID-19 or have otherwise been identified as having had significant contact with a suspected or confirmed case should ideally complete the required isolation period before admission. If this is not possible and admission is essential to ensure the health and safety of the individual, then follow the guidance in **Section 8**.

Further information on triaging individuals can be found in the **IPC addendum**.

Individuals going out during the day

Individuals who are able to go out during the day, for example to attend a hospital appointment or simply to socialise or go shopping, do not require the same measures as a new patient or resident. The guidance outlined on **NHS inform** on physical distancing, hand and respiratory hygiene and when to self-isolate must be followed. Any concerns about potential exposure to COVID-19 when going out into the community may require a risk assessment to determine whether additional measures should be considered.

Individuals staying away from the facility overnight

Individuals who are able to visit family or friends overnight can do so, as long as Scottish Government **advice on staying safe and protecting others** is followed. Note this must comply with any other restrictions on the person's movements, e.g. for those living in a prison and detention centre.

A risk assessment and consideration on current travel guidance for the area may be required for those wishing or requesting to stay overnight. If an overnight stay is decided, then it is important to ensure the individual will not be staying overnight in a household where a household member has COVID-19 symptoms or diagnosed with COVID-19 (whether they have symptoms or not).

7. Children being moved between or to new care facilities

A decision on whether it is appropriate for a child in this situation to be tested should be made locally in discussion with the HPT and this guidance seeks to allow individual risk assessment of each case. The decision on whether a test is appropriate in the specific circumstance is a clinical decision, informed by information on the context, clinical needs and urgency of the situation and appropriate risk assessment by the social work professionals and HPT involved. The decision to test and the results must not impact on the urgency of responding to the needs of the child and ensuring their safety and wellbeing. However, the placement should take account of the health protection and infection prevention control requirements, if the child is thought to have had a significant exposure or symptoms that could be COVID-19. The local HPT will advise on whether the exposure was significant.

8. Placement arrangements for symptomatic or COVID-19 diagnosed individuals

All symptomatic or COVID-19 diagnosed individuals in the facility should be isolated immediately for at least 10 days, including 48 hours with absence of fever, without the use of antipyretics, from the date of symptom onset (or date of first positive test if symptom onset undetermined). Cough and loss of/ change in taste and smell may persist for several weeks and is not an indication of ongoing infection when other symptoms have resolved.

The individual should be placed in a single room, ideally with en-suite facilities. The door should be kept closed. Ensure that all staff within the facility know that the individual is self-isolating and ensure other individuals living in the facility do not enter the room. The individual should not use communal/shared spaces within the facility.

If an en-suite is not available; dedicated toilet facilities e.g. a commode, must be available for the individual to use and decontaminated immediately following use as per guidance in the **IPC addendum**. Ensure that personal toiletries such as towels, toothbrushes and razors are dedicated for use by the symptomatic or COVID-19 diagnosed individual. Consider a rota for showering and bathing placing the symptomatic or COVID-19 diagnosed (whether they have symptoms or not) individual last.

Meals should be provided for the individual to eat within their room to avoid them entering any communal spaces.

Only essential staff should enter the individual's room, wearing appropriate PPE as per **IPC addendum**. All necessary 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 in advance 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.

Before additional **IPC measures are discontinued 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 or diagnosed COVID-19 individuals:

Cohorting in residential settings should be avoided where possible. Individuals who are extremely high risk of severe illness 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:

- confirmed COVID-19 individuals are placed in multi-occupancy rooms together
- suspected COVID-19 individuals are placed in multi occupancy rooms together
- confirmed and suspected cases must not be cohorted together.

9. Staffing

Staff Cohorting (working in dedicated teams)

If there are separate areas where care is provided, try to assign staff to specific areas where possible to minimise mixing e.g. if you have residential houses assign specific staff to a house. This is particularly important if you have suspected or confirmed COVID-19 cases.

Assigning a dedicated team of staff to care for individuals with suspected/confirmed COVID-19 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.

Further information on staff cohorting can be found in the **IPC addendum**.

Minimise external staff

The use of bank or agency staff should be minimised. If used, then they should only work for one facility where possible.

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

All staff should be vigilant for COVID-19 symptoms. Staff who have not been wearing appropriate PPE during exposures to COVID-19 case, who meet the contact definitions described in **contact tracing guidance**, should be excluded from work and **self-isolate** in line with advice for general members of the public. Those identified as a close contact will now be asked by Test and Protect to take a PCR test in the 10-day self-isolation period. Further information can be found in **Coronavirus (COVID-19): Test and Protect**.

If staff develop symptoms they should stay at home and seek advice from **NHS inform** or their occupational health department as per the local policy.

PHE Guidance for exposed health and social care workers and patients/residents is available **here**.

Staff Testing

Anyone in Scotland who has symptoms of COVID-19 is **eligible** for testing through UK Government Testing sites. However, testing pathways for symptomatic health and care staff can vary across health board areas - this can be discussed with the local HPT. It is usually possible to prioritise appointments for key workers and their household members. Further information is available on **NHS Inform**.

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

Staff should also be aware of quarantine guidance if they are a returning traveller and are required to self-isolate for 10 days – see **Appendix 2** and **COVID-19: international travel and managed isolation (quarantine)** for more details.

Staff and residents should adhere to the test and protect advice on **NHS inform**.

Lateral Flow Testing

Asymptomatic staff testing is being introduced using predominantly Lateral Flow Devices (LFDs) for asymptomatic staff who work in community based care services (e.g. care at home, sheltered housing and housing with multiple occupancies, adult day centres/ adult day services and personal assistants providing care and support to adult clients within social care). LFD testing can be used to quickly identify asymptomatic individuals with a high viral load in medium to high-risk settings and lead to them self-isolating.

Further details can be found in the **COVID-19: adult care at home testing guidance**.

Symptomatic staff should not use lateral flow tests and must not attend work. They must access a PCR test as per usual symptomatic testing channels within their local area. On the occasion that a symptomatic staff member has used a LFD test and has returned a negative result, they should still self-isolate and arrange a PCR test.

Additionally, asymptomatic staff who are negative on LFD testing must not regard themselves as free from infection – the test could be a false negative – they may also go on to acquire the virus in the period before the next test. They should remain vigilant to the development of symptoms that could be due to COVID-19 and existing **Infection Prevention and Control (IPC) measures** must be followed. This includes following physical distancing measures at all times in the workplace where possible.

See **COVID-19: adult care at home testing guidance** for further information.

Staff who have recovered from COVID-19

Staff who have recovered from COVID-19 should follow the guidance on **COVID-19: management of staff and exposed patients in health and social care settings** as appropriate.

Staff who have previously tested positive for SARS-CoV-2 by PCR are exempt from routine PCR and LFD testing for a period of 90 days from their initial positive test, unless they develop new COVID-19 related symptoms, in which case they may need to be retested and risk assessed for re-infection. See **Section 4** for more details.

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

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

Staff who have been identified as a 'close contact'

Social and residential care staff who have been identified as a close contact should adhere to the following advice:

- They must remain off work and self-isolate for 10 days. If they become symptomatic and test PCR positive, they should self-isolate for 10 days from the date of symptom onset and their household members should follow the **'stay at home'** advice.
- Staff can be identified as close contacts in the workplace if there has been a breach of IPC measures. See **COVID-19: management of staff and exposed patients or residents in health and social care settings for further details**.
- Those identified as a close contact will now be asked by Test and Protect to take a PCR test in the 10-day self-isolation period. Further information can be found in **Coronavirus (COVID-19): Test and Protect**. If a test is performed and the result is negative, the worker must continue to remain off work and complete their 10 days of self-isolation.
- Staff must inform their manager if they have been identified as a household or close contact of a COVID-19 case outside of the workplace and remain off work for 10 days.

The Scottish Government advise: Everyone in Scotland is encouraged to download the **Protect Scotland App**, for **Test and Protect** purposes. Follow these links for more information and pauses in App use.

10. Restriction of Visitors

Visiting which adheres to Scottish Government **advice regarding meeting people indoors and outdoors** is permitted. Residents who have been advised to shield, should continue to follow current **shielding guidance**. Settings should undertake a local risk assessment and document this taking into account a range of factors, including the nature of the setting (e.g. ranging from sheltered housing with no shared facilities to communal living), the clinical vulnerability of others in the setting and the capacity to maintain physical distancing. If there are particular concerns or difficulties e.g. large proportions of highly vulnerable individuals, then the local HPT can be contacted for advice.

All visitors must be informed of and adhere to IPC measures at all times. Visitors should wear face coverings in line with current Scottish Government guidance and not attend with COVID-19 symptoms or before a period of self-isolation has ended, whether identified as a case of COVID-19 or as a contact. Visitors must not visit any other rooms or shared areas and should stay within the residents own room/accommodation, or designated area, for the duration of the visit. A log of all visitors should be kept which may be used for **Test and Protect** purposes. Visiting may be suspended if considered appropriate by the facility, or on the advice of the local HPT. Consider alternative measures of communication including telephone or video call where

visiting is not possible. Further information on IPC measures for visiting is included in the **IPC addendum**.

11. Death Certification during COVID-19 pandemic

As outlined in the CMO letter dated 20th May 2020 '**Updated Guidance to Medical Practitioners for Death Certification during the COVID-19 Pandemic**' from 21 May 2020, any death due to COVID-19 or presumed COVID-19 meeting the following conditions should be reported to the Procurator Fiscal under section 3(g) of the **Reporting deaths to the Procurator Fiscal guidance**:

a. where the deceased was resident in a care home (this includes residential homes for adults, the elderly and children) when the virus was contracted.

b. where to the best of the certifying doctor's knowledge, there are reasonable grounds to suspect that the deceased may have contracted the virus in the course of their employment or occupation.

It remains that medical practitioners do not need to report all deaths as a result of COVID-19 disease or presumed COVID-19 disease to the Procurator Fiscal where this would have otherwise been required under section 3(d) of the **Reporting deaths to the Procurator Fiscal guidance**. Deaths as a result of presumed COVID-19 disease in the community are not required to be reported to the local HPT.

DCRS will continue to provide advice via their enquiry line on 0300 123 1898 or **dcrs@nhs24.scot.nhs.uk** and authorise disposal of repatriations to Scotland.

12. Additional information for specific settings

Providing care to individuals in their own home

Physical distancing and **staying safe** guidance is in place for everyone in line with government advice. Guidelines vary by age group-for up to date information see **Scottish Government website**.

A large proportion of people receiving care at home will be considered at increased risk of severe illness with COVID-19, but not in the 'clinically extremely vulnerable' groups, this group at increased risk includes those over 70, pregnant women and those with **specific chronic conditions**. No additional measures are required for this group of people, only those in the 'clinically extremely vulnerable' group require additional precautions for safe delivery of domiciliary care.

Scottish Government guidance on providing care at home can be found **here**.

Providing care to individuals who are at high risk of severe illness with COVID-19

Providers or employers delivering a service should identify individuals at extremely high risk of severe illness, assess their needs and allocate dedicated staff (if possible) to care for them. This should be reviewed regularly to ensure it is up to date. Other staff members should be allocated to consistently care for the needs of those not at extremely high risk of severe illness. During the pandemic it is important to minimise the visits to those individuals at extremely high risk of severe illness and, if possible, the number of staff undertaking the visits. The person receiving care may make the decision to suspend some of the care or for this to be provided by a carer or guardian. This should be discussed with the relevant authorities and care providers. Where it is not possible to allocate specific staff to care for individuals who are at extremely high risk of severe illness, it may be possible to schedule visits to these groups of patients before visits to others.

For further information on individual placement/assessment of infection risk - see the **IPC Addendum**.

Providing care to someone who develops symptoms of COVID-19

As part of the “Test and Protect” approach, everyone with symptoms is encouraged to get tested. If anyone being cared for by a home care provider reports developing COVID-19 symptoms they should be advised to visit the **NHS inform** website to arrange testing. If the individual or home care provider is unable to access the website, then call NHS24 free on 0800 028 2816 or **NHS 111**. If the individual is unwell and requires clinical assessment then seek advice on **NHS inform** and contact **NHS 111** via telephone, or online. If they are unable to call **NHS 111** themselves then the home care provider should call on their behalf. In an emergency, they should dial 999.

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

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

If you are identified as a close contact, you should follow guidance for contacts of cases of COVID-19 when advised to do so. Individuals identified as a contact of a case of COVID-19 should follow advice on self-isolation and testing. For further information, see Scottish Government’s collection of guidance on **Test and Protect** and **NHS inform**.

Any contact who has a negative test during the isolation period must still complete the 10-day isolation recommended for contacts, as they may still be incubating the COVID-19 virus.

If another household member where you are providing care has symptoms or a diagnosis of COVID-19, or has been told to self-isolate following travel or contact, then you should advise the person to leave the room where the patient is and isolate themselves prior to the visit. They can return when the care is complete and the staff member has left the property.

For further information on PPE - see the **IPC addendum**.

Hospice settings

Hospices should continue to risk assess locally to allow the ongoing provision of services whilst protecting patients, visitors and staff. Hospices are likely to have very high proportions of patients who are clinically vulnerable or at extremely high risk of severe illness. The measures taken will need to be tailored to the specific hospice setting, particularly where additional services such as home visits and day services are provided. This will need regular review over the course of the pandemic.

Hospices may wish to use some of the contents of this guidance in conjunction with their local protocols and arrangements. Other useful information can be found in **secondary care** guidance and the **Scottish COVID-19 Community Health and Care Settings Infection Prevention and Control Addendum**.

The following are key points for consideration:

- Risk assessment for safe admissions of new patients and consideration of measures needed to be in place for the admissions.
- Review the visiting policy to ensure any essential visits are done as safely as possible.
- Review the use of public areas: e.g., restricting access to the areas that are open to the public or visitors and/or putting measures in place to support physical distancing.
- Consideration whether outpatients' clinics and day services be done remotely where possible (signposting to guidelines, telephone support to patient, family and other health care professionals, or attend anywhere support). This should include other services such as counselling or bereavement groups.

Prison and Detention Settings

IPC measures in the **Community IPC addendum** applies to prison and detention settings with physical distancing of 2 metres, symptom vigilance and PPE requirements. A risk assessment approach must be taken to effect any mitigations required and outcomes should be formally documented.

Suspected cases are likely to be identified by self-referral, custodial and detention staff, other prisoners and detainees and at reception screening.

All individuals who develop any symptoms suggesting possible COVID-19 infection must be clinically assessed. If the clinical assessment confirms that their symptoms or clinical condition suggest COVID-19 infection, then testing should be arranged through the relevant pathway.

Those in the facility with symptoms of COVID-19 should be in isolation for at least 10 days from symptom onset or 10 days from a positive test if asymptomatic (reset clock if symptoms of COVID-19 develop).

Staff should minimise any non-essential contact with suspected COVID-19 cases. For activities requiring close contact with a possible case PPE information can be found in the **IPC addendum**.

With respect to COVID-19, an outbreak within a prison or a detention setting should be suspected when there is a single new case with symptoms consistent with COVID-19 infection arising within the establishment. If this occurs, the local HPT should be contacted **(Appendix 1)**.

In assessing the risk of significant exposure in prisons and detention settings, all IPC measures should be implemented with physical distancing, symptom vigilance and PPE. The local HPT will advise on this to help limit further spread of the virus and control the outbreak.

Cohorting might be considered as a strategy for the care of large numbers of people should the number of confirmed cases of COVID-19 in prisons or detention settings increase and isolation in single occupancy accommodation is limited.

Contact tracing will be led by the local HPT in prisons and detention settings and may require the establishment of a Problem Assessment Group (PAG) or Incident Management Team (IMT). **The Scottish Health Protection Network Guidance for the Management of Public Health Incidents** should be considered alongside **COVID-19 specific guidance for contact tracing in complex settings.**

Any identified close contacts must self-isolate for 10 days and if symptoms arise, COVID testing must be arranged.

Appendix 2 provides a summary of self-isolation periods for cases and contacts in different settings.

Residential respite/short breaks services

Stand-alone residential respite facilities for adults (settings registered as care homes) should continue to follow the **COVID-19 Guidance and Information for Care Home Settings**, with particular arrangements for respite admissions to these settings as described in the **23 September letter** and reflected in the Scottish Government guidance on **Implementing the**

staged approach to enhancing wellbeing activities and visits in care homes, including communal living.

The arrangements for admission for stand-alone residential respite care allows a risk assessment approach to inform reasonably less restrictive conditions than otherwise required in a registered care home, as announced in the Cabinet Secretary for Health and Sport **23 September letter**:

> "admissions arrangements will be adjusted in the relevant guidance to remove the blanket requirement for respite guests to remain in their rooms and enable a more proportionate approach to breaks in these lower risk settings. The key changes will be:

- a similar requirement for testing before admission but with the need for a negative result prior to arrival;
- physical distancing between residents should be maintained (except residents from the same household);
- a similar requirement for risk assessment to be undertaken prior to admission, with this to determine whether the individual's care needs mean they should be isolated for the duration of their stay (or for 14 days from admission); and whether any specific enhanced infection prevention and control measures are needed.

> These stand-alone residential respite services can remobilise in line with the approach outlined above, while the aforementioned guidance is being updated."

This assessment must be documented by the service. Individuals accessing respite to a registered care home **not** considered a stand-alone residential respite service should adhere to the usual conditions for admission to care homes, as outlined in **COVID-19: Guidance for Care Home Settings**.

Residential respite/short break services should continue to risk assess locally for COVID-19 to allow the remobilisation and provision of services whilst protecting supported people, their families, visitors and staff.

The measures taken will need to be tailored to the specific residential/short break service and to the individual needs and considerations of those who use the service and their carers. This will need regular review over the course of the pandemic.

Individual services must identify and set out the capacity for their setting. This should be considered through the risk assessment for the service, taking account of the full range of factors including, but not limited to, the size and layout of the setting, the clinical vulnerability of those attending the setting, the staffing profile, arrangements for hand hygiene facilities and environmental cleaning and the ability to maintain physical distancing.

Residential/short break services may wish to use some of the contents of this guidance in conjunction with their local protocols and arrangements. Other useful information can be found

in **COVID-19 Information and Guidance for General (Non-Healthcare) Settings** as well as **Coronavirus (Covid:19) Residential Childcare**.

The following are key points for consideration:

- Risk assessments for the safe short stays of individuals and the consideration of measures needed to be in place for these stays should be undertaken in partnership with the supported person and their carer.
- Review the visiting policy to ensure any visits are done as safely as possible.
- Review the use of communal and public areas e.g., restricting access to the areas that are open to the public or visitors and/or putting measures in place to support physical distancing.

Where a short stay is agreed, then it is important to ensure the individual will not be arriving from a place where a household member has COVID-19 symptoms or diagnosed with COVID-19 (whether they have symptoms or not).

If someone becomes ill with COVID-19 symptoms while in the setting, they should be isolated immediately from others in the setting who are not part of their immediate household and arrangements should be made for them to go home when it is safe to leave. They should follow the **guidance for households with possible coronavirus infection** and arrange to get tested. Arrangements should be made with the supported person and their carer/family. Where space allows, you should prevent contact between any other individual in the setting. Care must be taken however for the appropriate levels of supervision of, and support for, all individuals at all times.

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).

Any confirmed cases of COVID-19 in a member of staff or supported person who has attended the service should be reported to the local HPT who will determine if there is evidence of an outbreak defined as two linked cases of the disease over a 14-day period.

Management of a COVID-19 case and/or an outbreak will be led by the local HPT. This will include contact tracing and may require the establishment of a Problem Assessment Group (PAG) Group or Incident Management Team (IMT). **The Scottish Health Protection Network Guidance for the Management of Public Health Incidents** should be considered alongside COVID-19 specific guidance for contact tracing.

Appendices

Appendix 1 - Contact details for local Health Protection Teams

Health Board	Office Hours Telephone Number	Out of Hours Telephone Number Ask for Public Health On Call	Health Protection Team Email
Ayrshire and Arran	01292 885858	01563 521 133 Crosshouse Hospital switchboard	hpteam@aapct.scot.nhs.uk
Borders	01896 825560	01896 826 000 Borders General switchboard	Healthprotection@borders.scot.nhs.uk
Dumfries and Galloway	01387 272 724	01387 246 246	dg.hpt@nhs.scot
Fife	01592 226435	01592 643 355 Victoria Hospital switchboard	fife.hpt@nhs.scot
Forth Valley	01786 457 283 Ask for CPHM on call	01324 566000 Ask for CPHM on call	Fv.healthprotectionteam@nhs.scot
Grampian	01224 558 520	0345 456 6000	gram.healthprotection@nhs.scot
Greater Glasgow & Clyde	0141 201 4917	0141 211 3600 Gartnavel switchboard	phpu@ggc.scot.nhs.uk
Highland	01463 704 886	01463 704 000 Raigmore switchboard	hpt.highland@nhs.scot
Lanarkshire	01698 858232 / 858228	01236 748 748 Monklands switchboard	healthprotection@lanarkshire.scot.nhs.uk
Lothian	0131 465 5420 / 5422	0131 242 1000 Edinburgh Royal switchboard	health.protection@nhslothian.scot.nhs.uk
Orkney	01856 888 034	01856 888 000 Balfour Hospital switchboard	ORK.publichealth@nhs.scot
Shetland	01595 743 340	01595 743 000 Gilbert Bain switchboard	shet.publichealthshetland@nhs.scot
Tayside	01382 596 976 / 987	01382 660 111 Ninewells switchboard	tay.healthprotectionteam@nhs.scot
Western Isles	01851 708 033	01851 704 704	wi.healthprotection@nhs.scot

Appendix 2: Self-isolation period for cases and contacts

Table 1a: Self-isolation periods for cases and contacts - care home settings

Case or Contact	Staff or Residents	Self-isolation period (days) *
COVID-19 cases	Residents	14
COVID-19 cases	Staff	10
Close contacts of cases	Residents	14
Close contacts of cases	Staff	10

Table 1b: Self-isolation periods for cases and contacts - healthcare settings

Case or Contact	Staff or Residents	Self-isolation period (days) *
COVID-19 cases	In-patients (case) remaining in the hospital	14
COVID-19 cases	In-patients (case) discharged to older adult residential setting	14
COVID-19 cases	In-patients (case) discharged to residential setting other than older adult	14
COVID-19 cases	In-patients (case) discharged to own home	14
COVID-19 cases	Staff	10
Close contacts of cases	In-patients (contact) remaining in the hospital	14
Close contacts of cases	In-patients (contact) discharged to older adult residential setting	14
Close contacts of cases	In-patients (contact) discharged to residential setting other than older adult	Requires risk assessment with regards to 10 or 14 days
Close contacts of cases	In-patients (contact) discharged to own home	10
Close contacts of cases	Staff	10

Table 1c: Self-isolation periods for cases and contacts - prisons/custody settings

Case or Contact	Staff or Residents	Self-isolation period (days) *
COVID-19 cases	People in prisons/custody settings	10
COVID-19 cases	Staff in prisons/custody settings	10
Close contacts of cases	People in prisons/custody settings	10
Close contacts of cases	Staff in prisons/custody settings	10

Table 1d: Self-isolation periods for cases and contacts - general public

Case or Contact	Self-isolation period (days) *
COVID-19 cases	10
Close contacts of cases	10

Table 1e: Self-isolation periods for cases and contacts - returning travellers

Case or Contact	Self-isolation period (days) *
Traveller arriving in Scotland via air travel from outside the common travel area *	10 days self-isolation counting Day 1 as the first full day after the traveller arrives in Scotland. Day 0 is considered day of arrival to Scotland *

Notes:

1. For cases, day one of isolation is the first day of symptoms (or the date that a positive test was taken, if asymptomatic)
2. For close contacts day one of isolation is the last day exposure occurred (with a case)
3. Isolation ends at 23h59 on the 10th or 14th (as appropriate) day of isolation*

*These are minimum isolation periods and should be extended in line with guidance if the following apply prior to the end of the stated isolation period:

- a case has not recovered (e.g. is still not well and has not had a fever-free period for 48 hours without anti-pyretics)
- a close contact develops symptoms or has a positive COVID test result
  - A case who tested positive whilst asymptomatic who then develops symptoms within the isolation period
  - A returned traveller develops symptoms during the quarantine period

Please see **COVID-19: guidance for Health Protection Teams for further details about quarantine exemptions and defensible reasons for breaching quarantine regulations. Further information can also be found in **COVID-19: international travel and managed isolation (quarantine) guidance**.