

## PEOPLE WE SUPPORT WITH SUSPECTED OR CONFIRMED CORONAVIRUS (COVID-19)

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7	17.06.20	Lindsay Fraser	Shielding section updated to reflect changes to People We Support tracker
6	25.05.20	Lindsay Fraser	Updated guidance on hand washing
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3	04.05.20	Lindsay Fraser	Updates to following sections: <ul style="list-style-type: none"> <li>• Introduction</li> <li>• Health Protection Scotland</li> <li>• Visors sessional usage</li> </ul>

			<ul style="list-style-type: none"> <li>• Reference to PRO-HS-108 PPE Usage</li> <li>• Staff clothing including scrub bags</li> <li>• Visiting support - importance of robust communication to risk assess support arrangements</li> <li>• Care Inspectorate notification requirements in respect of Covid 19 pertaining to operations practice</li> </ul>
2	15.04.20	Lindsay Fraser	<p>New section added to cover people we support who are shielding</p> <p>Update to Risk Assessment section</p>
1	30.03.20	Lindsay Fraser	Added to DMS

<b>Associated Documents</b>		
<b>Ref</b>	<b>Document Type</b>	<b>Title</b>
PP-OP-32	Policy and Procedure	Emergency
PP-HS-87	Policy and Procedure	Infection Control
PRO-HS-108	Procedure	PPE Usage
FRM-HS-03	Form	General Risk Assessment
FRM-HS-11	Form	Infection Control Cleaning Schedule
FRM-HS-32	Form	Risk Profiling and Assessment for People We Support
FRM-HS-347	Form	Daily Kitchen Cleaning Schedule
FRM-HS-348	Form	Weekly Kitchen Cleaning Schedule
FRM-HS-349	Form	Monthly Kitchen Cleaning Schedule
FRM-OP-38	Form	Coronavirus Notification Checklist
FRM-OP-69	Form	Service Contingency Response and Continuity Plan

## Contents

Introduction .....	4
Health Protection Scotland Guidance.....	4
People We Support with Suspected or Confirmed Coronavirus (Covid 19).....	4
Coronavirus (Covid19) Testing .....	6
Risk Assessment .....	6
Isolation .....	6
During the Isolation Period .....	6
The Isolated Person .....	7
Staff Working in Dedicated Teams .....	8
Infection Control.....	8
Personal Protective Equipment (PPE).....	8
Safe usage of PPE .....	9
Cleaning and Waste Disposal .....	9
Laundry .....	10
Staff Clothing.....	10
Environmental Challenges .....	11
Visiting Support.....	11
Coronavirus – People We Support Tracking.....	12
Coronavirus Notification Checklist FRM-OP-38 .....	12
Emergency Situations .....	13
Shielding due to increased risks if coronavirus is contracted.....	13

## **Introduction**

This procedure outlines the essential measures to be adhered to in relation to a case of suspected or confirmed coronavirus and where a person we support is shielding. This includes operational practice guidance and obligations to ensure compliance with the expectations and requirements of our stakeholders including regulators. Adherence to the practices outlined aims to minimise exposure and optimise the safety of people we support staff and relevant others for the duration of the current pandemic. This procedure is aligned to national guidance primarily that which is issued by Health Protection Scotland.

## **Health Protection Scotland Guidance**

Health Protection Scotland guidance continues to be evolve as the coronavirus pandemic progresses and professional guidance is revised. In relation to health and social care guiding documents are:

<https://www.hps.scot.nhs.uk/a-to-z-of-topics/wuhan-novel-coronavirus/>

- COVID-19 Information and Guidance for Care Home Settings
- Incident or outbreak control tool for social or community care or residential settings
- Incident or outbreak control tool for social or community care or residential settings - editable version
- Advice for Social or Community Care and Residential Settings Staff
- Interim guidance on COVID-19 PCR testing in care homes and the management of COVID-19 PCR test positive residents and staff

## **People We Support with Suspected or Confirmed Coronavirus (Covid 19)**

This procedure should be implemented immediately when a person we support shows symptoms that may be indicative of Covid19 infection.

These are:

- A fever i.e. a high temperature of over 37.8°C this means the person will feel hot to touch on their chest or back.
- A new and persistent cough. This means the person will be coughing a lot for more than an hour, or have three or more coughing episodes in 24 hours.
- A loss of smell or taste

In addition NHS Grampian have issued a lower threshold in relation to symptoms as applicable to people supported in care settings in addition to the symptoms above these are:

- Chills
- Dry or productive cough
- Sore throat
- Runny nose
- Shortness of breath
- General weakness
- Muscle pain

The virus is understood to enter the body through the respiratory system via the eyes, mouth, nose or mouth.

The person should immediately be supported to go to their room/flat and remain there in isolation for 10 days wherever possible or until confirmation of a negative test. Where a person has the capacity to understand, the reasons should be explained to them. Easy read and pictorial information is available to assist.

If the person is supported within a group living setting (household) then other people supported should isolate for 14 days, should they develop symptoms a 10 day isolation from first onset applies.

Some people will have more serious symptoms, including pneumonia or difficulty breathing, which might require admission to hospital. Generally, COVID-19 infections can cause more severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer, downs syndrome and chronic heart or lung disease.

Should symptoms give serious cause for concern or worsen to a concerning extent during the isolation period NHS 111 should be called for advice, 999 should only be called if the person's life is at immediate risk. The call handlers should be advised that the person has suspected/confirmed coronavirus.

## **Coronavirus (Covid19) Testing**

Should a person we support be displaying any symptom which may be related to Covid 19 including those in the lower threshold category then staff should contact either the persons GP or NHS 111 and request that a test is accessed.

Health Protection Scotland has published: *Interim guidance on COVID-19 PCR testing in care homes and the management of COVID-19 PCR test positive residents and staff*

<https://www.hps.scot.nhs.uk/a-to-z-of-topics/wuhan-novel-coronavirus/>

This guidance outlines intentions relating to the testing of people supported in care homes. **In relation to this where a person supported by Inspire has a suspected case of coronavirus staff must request that a test is carried out.**

## **Risk Assessment**

Where a person we support has a suspected or confirmed case of Covid 19 in order to optimise their health and wellbeing as well as the safety of other people supported in the service and staff the guidance within their individual *FRM-HS-32 Risk Profiling and Assessment for People We Support - Coronavirus* must be adhered to.

Further information should be obtained by referring to the other service specific emergency arrangements and the possible non-isolation tracking form sections of *FRM-OP-69 Service Contingency Response and Continuity Plan*.

In addition *FRM-HS-03 General Risk Assessment – Coronavirus Service Risk Assessment* should be adhered to as the overall plan to mitigate the spread of the infection at a service. This ensures the best possible safety measures are in place for the infected person, others with whom they live and staff.

## **Isolation**

### **During the Isolation Period**

In a communal living situation all of the other people we support who live together are required to remain in isolation for 14 days. Where there is an exclusive garden area it is permissible for people to access this for exercise and recreation.

However, should they also become symptomatic then a 14 day isolation period from the time the symptoms were first noticed applies.

Inspire Support Managers are required to record all instances of suspected/confirmed Covid 19, self-isolation and communal household isolation on a Coronavirus people we support tracking sheet enabling us both to have organisational data and keep track of isolation start and end dates.

## **The Isolated Person**

Wherever possible the person we support should be isolated behind a closed door, a window should be opened to provide ventilation, wherever possible the person should be advised not to touch hard surfaces and provided with disposable tissues to use if they cough or sneeze and encouraged to put in a bag within a bin for disposal later.

If an en-suite facility is not available then wherever possible a toilet facility should be isolated for the dedicated use for the individual. If the individual must use a communal toilet, staff must ensure it is cleaned after every use.

Flat/room door(s) should be kept closed where possible and safe to do so. Where this is not possible a person's bed should be moved to the furthest safe point in the room to try and achieve a two metres social distance to the open door.

Signage should be displayed to reduce unnecessary entry into the isolation room. Confidentiality must be maintained.

All necessary support should be carried out within the individual's room. This involves:

- The consumption of all food and drinks in the isolated person's flat/room.
- Separate towels from everyone else in the household should be used with disposable paper towels used to dry hands wherever possible.
- Separate bedding from everyone else in the household should be used.
- The isolated person having their own crockery (plates, glasses, cups) and utensils washed separately in a dishwasher or if this is not possible, with hot water and liquid detergent. Crockery and utensils should be thoroughly dried and stored separately after washing.

Only essential staff should enter the individual's room, wearing appropriate Personal Protective Equipment (PPE) which constitutes gloves, apron, a surgical mask and eye protection/visor.

The minimum number of required staff should be present and entry and exit from the room should be minimised during support.

## **Staff Working in Dedicated Teams**

In larger services assigning a dedicated team of staff to support an isolated individual should be considered to prevent the onward spread of the infection. This should be implemented whenever there are sufficient levels of staff available so as not to have a negative impact on non-affected people we support.

Where permanent staff work across more than one Inspire service, wherever possible, where there is a suspected or confirmed case staff should be assigned to one service exclusively. Where used, relief or agency staff should only work for one service where possible. If this cannot be guaranteed their usage should be minimised.

## **Infection Control**

Enhanced Infection control measures must be instigated. Communal areas should be kept clutter free and food stuffs should not be exposed and open for communal sharing. A process of continuous cleaning as you go must be implemented, particularly the sanitisation of hard surfaces.

Reference should be made to:

- Infection Control Policy and Procedure – PP-HS-87

The following cleaning schedules below must be adhered to:

- FRM-HS-347 Daily Kitchen Cleaning Schedule,
- FRM-HS-348 Weekly Kitchen Cleaning Schedule
- FRM-HS-349 Monthly Kitchen Cleaning Schedule.
- Infection Control Cleaning Schedule FRM-HS-11

All staff should already be practicing stringent hand hygiene. In addition staff must cover all cuts or abrasions with waterproof dressing, e.g. waterproof plasters.

Much of the support delivered in care homes and residential housing support services, requires close personal contact. This also applies to some care at home support. Where a person we support is showing symptoms consistent with COVID-19, steps should be taken to minimise the risk of transmission through safe working procedures.

## **Personal Protective Equipment (PPE)**

This constitutes:

- Disposable gloves



- A disposable plastic apron
- A fluid resistant surgical mask
- A visor providing eye/face protection (only for a suspected or confirmed case)

PPE supplies are available from geographical hubs across Inspires operating area.

### *Safe usage of PPE*

Staff must use PPE when supporting people at all times. Within a service this consists of gloves, an apron and a fluid resistant surgical mask. When supporting a person in the community a surgical mask must be worn.

Aprons and gloves should be changed following an activity where handwashing would apply i.e. personal care. Masks can be used sessionally but must be replaced on touching or following removal i.e. after eating or drinking

Further detailed information regarding the safe usage of PPE can be obtained by referring to *PRO-HS-108 PPE Usage*.

Photos of staff members without PPE, available to the person supported may help the person feel more comfortable

### *PPE usage in suspected or confirmed cases*

Where there is a suspected or confirmed case of coronavirus in addition to aprons gloves, and fluid repellent surgical masks eye protection/visor must be worn.

Should there be a suspected or confirmed case of coronavirus and visors are required these can be worn for a full shift. It is essential that all used PPE is stored securely within disposable rubbish bags. These bags should be placed into another bag, tied securely and kept separate from other waste within a room/flat. This should be put aside for at least 72 hours before being disposed of as normal. Services generally have well established processes for waste management.

## **Cleaning and Waste Disposal**

*FRM-HS-11 Infection Control – Cleaning Schedule* outlines the cleaning tasks to be undertaken within services. Where there is a suspected or confirmed case of coronavirus relating to a person we support the enhanced cleaning measures within the schedule must be implemented to ensure additional infection control.

The Department of Health advises the use of a disinfectant that claims "antiviral activity", meaning it can kill a virus (such as chlorine-based disinfectants e.g. Domestos Bleach Spray (this is not 'pure' bleach but should be used with caution).

This is different to an 'antibacterial cleaner'. Antibacterial cleaning products contain ingredients to eliminate germs and bacteria such as E. coli and salmonella. While these

products can be used to clean surfaces, the 'antibacterial' ingredients themselves will not eliminate COVID-19.

Using a disposable cloth, first clean hard surfaces with warm soapy water. Then disinfect these surfaces. Pay particular attention to frequently touched areas and surfaces, such as bathrooms, grab-rails in halls and stairwells/staircases and door handles.

Frequently touched surfaces should be cleaned regularly as a priority and all surfaces should then be cleaned as part of the daily cleaning schedules.

If an area has been heavily contaminated, such as with visible bodily fluids, from a person with confirmed or suspected COVID-19 a mask should be worn as well as gloves and an apron.

Hands should be washed regularly with soap and water for 20 seconds after removing gloves.

Personal waste (such as used tissues, continence pads and other items soiled with bodily fluids) and disposable cleaning cloths can be stored securely within disposable rubbish bags. These bags should be placed into another bag, tied securely and kept separate from other waste within the room. This should be put aside for at least 72 hours before being disposed of as normal. It is important to keep the building well ventilated throughout. Ventilation should involve opening windows only electric fans which recirculate existing air should not be used.

## Laundry

It is important not to shake dirty laundry before washing. This minimises the possibility of dispersing virus through the air. Wash items as appropriate in accordance with the manufacturer's instructions. Soiled laundry that has been in contact with an ill person should be washed separately at 60°C. Other laundry should be washed according to the manufacturer's instructions. Items should be placed directly into the washing machine and washed immediately and not stored within a laundry basket or within the machine for later washing.

Items heavily soiled with body fluids, such as vomit or diarrhoea, or items that cannot be washed, should be disposed of, with the owner's consent wherever possible.

## Staff Clothing

Where there is a suspected or confirmed case of coronavirus as an additional infection control measure staff should change into a clean new set of clothes on arrival at work separate from the clothing in which they have travelled to work. For the duration of a shift these clothes should be stored in a secured bag within a dedicated cupboard, drawer or locker. On taking off, clothes worn during a shift should be placed in a **scrub bag**, securely tied and transported to a staff member's home for laundering. These clothes should be:

- Washed separately from other household washing
- Placed in a load not more than half the washing machine capacity
- Washed at the maximum temperature the fabric can tolerate, then dried and ironed.

## **Environmental Challenges**

Where a person with a suspected/confirmed case of Covid 19 has no en-suite facility other people we support should be supported wherever possible to leave the access route before the person leaves their room. Cleaning standards for the access route should be implemented as described in Infection Control PP-HS-87.

Where a person we support with suspected or confirmed Covid 19 cannot comply with requests to stay in their room staff should try to isolate other people supported in their rooms and seek immediate advice from a senior manager. The same applies where a person/people we support will not leave the toilet access route when the affected person requires to use the facility.

The development of a strategy to manage this situation may require to be escalated to the local authority.

The Mental Welfare Commission (MWC) who monitor mental health and incapacity law acknowledge that the current pandemic is raising many questions, as practitioners face new challenges and dilemmas in a rapidly changing environment. The unprecedented circumstances and the risk to health mean that some individuals' human rights may be restricted, and it is important that any restriction is carefully considered, legal and ethical. The MWC have produced an Advice Note 'Covid 19 FAQ's for Practitioners' and can also be contacted to provide further advice.

<https://www.mwcscot.org.uk/node/1432>

## **Visiting Support**

In relation to visiting support services in order that Inspire staff have as full an awareness as possible as to whether a person has symptoms which indicate suspected coronavirus or has been tested as having confirmed coronavirus it is essential that robust communication mechanisms are in place internally between Inspire managers and where applicable the supported person, their family/carer and or other care and support providers. This information will enable managers to assess in conjunction with a person's care manager/other providers as to whether Inspires support is essential to maintain a person's

health and wellbeing or whether support can be suspended. Should support continue at this time robust communication should ensure that staff are both aware and can be protected by utilising PPE required.

Where people we support receive visiting support and are not currently accessing the service they receive from Inspire either due to self-isolation, household isolation or a decision made by them or their family to not engage our support at this time managers must develop protocols and develop associated risk assessments FRM-HS-32 Coronavirus to ensure contact is in place and the person is maintaining their physical and mental wellbeing i.e. has adequate food supplies, is accessing healthcare if required, bill payment arrangements have been made.

For the most part contact is made with the person we support or their family by telephone with video conferencing also an option. These arrangements have been introduced with agreement from Local Authority Commissioning Managers.

## **Coronavirus – People We Support Tracking**

In order to track those people we support with suspected and confirmed cases of coronavirus Covid 19, those shielding and those for whom the shielding period has ended as advised by the GP, a google sheet has been created to which all Support Managers and Regional Managers have access by invitation. This is accessed by clicking on the google apps icon within google mail and selecting Sheets.

This sheet must be completed where there is a suspected or confirmed case in a service. It includes the symptomatic person as well as other people we support living in the same household who are duly obliged to adhere to a 14 day household isolation period. There is a separate tab within the sheet to record those people we support who are shielding and those for whom the shielding period has ended. The tracking document provides 'live' organisational information which is essential to inform assessment and management strategies.

## **Coronavirus Notification Checklist FRM-OP-38**

The Coronavirus Notification Checklist FRM-OP-38 must be completed in addition to the Coronavirus- People We Support Tracking form. This checklist must be completed following a suspected or confirmed case of coronavirus in order that applicable stakeholders and notifiable bodies are advised. Notifications relate both to regulatory requirements and organisational obligations. Notifications required relate to notifiable bodies and applicable persons. Namely, staff who work at the service, agency suppliers, Staffing Coordinators,

other relevant Inspire staff, the Care Inspectorate, Public Health, visiting NHS professionals, landlords and insurers.

In relation to the Care Inspectorate there are a number of specific notifications in respect of a suspected or confirmed case of coronavirus. Notifications required including a notification regarding the end of an outbreak should be confirmed by referring to:

*'Care Inspectorate Records that all registered care services except childminding) must keep and guidance on notification reporting'*

## **Emergency Situations**

Inspire's Emergency Policy and Procedure PP-OP-32 outlines our response to pandemic situations, this includes collaboration with stakeholders and adherence to national guidance.

Inspire are committed to working with all our stakeholders to take every precaution and action available to us to minimise the potentially severe consequences of coronavirus on the people we support for whom we have primary responsibility and our staff.

The Service Contingency Response and Continuity Plan FRM-OP-69 provides vital information in the event of an emergency. This plan includes the minimum staffing level a service can sustain should there be an acute staff shortage for example, in the event of pandemic. All On-Call and Escalated On-Call Managers are able to access these plans.

## **Shielding due to increased risks if coronavirus is contracted**

People who have been shielding are now advised to follow the same advice as all other people in Scotland. For the most part, in relation to the people we support this means that they should be supported in the same way as all other individuals supported by Inspire.

From 2 November 2020 Scotland has a new five tier framework of restrictions. Local authorities across the country will be placed into different tiers. Those shielding will continue to be advised to follow the guidance provided to the general population but each level of restrictions will have additional guidance for those who were previously shielding. This guidance should be incorporated into each person's individual FRM-HS-32 Risk Profiling and Assessment for People We Support – Coronavirus.

Those affected will receive a letter from Scotland's Chief Medical Officer. Further information can be obtained from the Scottish Government's publications:

- Coronavirus (Covid-19): Shielding advice and support



- Covid 19 Scotland's Strategic Framework (5. Supporting broader health (iii) Protecting people at risk.

People we support should only continue shielding or resume shielding again if they are advised to do so by their GP or healthcare provider. In these instances, should further support be required this should be accessed via the relevant Health and Social Care Partnership's multi-disciplinary team assigned to the individual.