

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

Version	Issue Date	Last Review	Next Review	Approved By
17	09.06.21	21.05.21	09.06.23	Lindsay Fraser
Document Status			Approved	

Version	Date	Author	Review Details
17	09.06.21	Lindsay Fraser	Addition of FRM-HS-129 COVID-19 Admission or Return to Service Checklist Checklist Reference added to Admissions from the Community
16	21.05.21	Lindsay Fraser	Reference added to PP-HS-87 Infection Control Policy and Procedure.
15	21.04.21	Lindsay Fraser	Update to all details of mask and gloves usage
14	21.01.21	Jenny McWilliam	Additional Infection Control forms added
13	14.01.21	Lindsay Fraser	Shielding information updated to reflect government guidelines
12	24.12.20	Lindsay Fraser	Additional information added for 10 day isolation period
11	21.12.20	Lindsay Fraser	New 10 day isolation period (previously 14) advised by the Scottish Government as effective from 14.12.20 New section on hospital admission and discharge
10	16.11.20	Lindsay Fraser	Update to Associated Forms. Lower threshold for People We Support symptoms issued by NHS Grampian

9	26.10.20	Lindsay Fraser	Changes to Shielding advice based on new Tier system
8	22.09.20	Lindsay Fraser	Section on Cleaning & Waste disposal updated to reflect changes to cleaning schedule
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
5	20.05.20	Lindsay Fraser	Additional symptom added to be aware of
4	18.05.20	Lindsay Fraser	Details added on Testing and Isolation
3	04.05.20	Lindsay Fraser	<p>Updates to following sections:</p> <ul style="list-style-type: none"> • Introduction • Health Protection Scotland • Visors sessional usage • Reference to PRO-HS-108 PPE Usage • Staff clothing including scrub bags • Visiting support - importance of robust communication to risk assess support arrangements • Care Inspectorate notification requirements in respect of Covid 19 pertaining to operations practice
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

Associated Documents		
Ref	Document Type	Title
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-129	Form	COVID-19 Admission or Return to Service Checklist Checklist
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-HS-350	Form	Infection Control Bathroom and Shower Room Enhanced Cleaning Schedule
FRM-HS-351	Form	Infection Control PPE Station Enhanced Cleaning Schedule
FRM-OP-38	Form	Coronavirus Notification Checklist
FRM-OP-69	Form	Service Contingency Response and Continuity Plan

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

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

From 14 December 2020 the required isolation period for a person displaying symptoms of coronavirus or in receipt of a positive test result for the general population was reduced to 14 days. However, the Cabinet Secretary for Health and Sport has approved the following recommendations with revised guidance to be published in due course by Public Health Scotland:

- For residents in care homes, isolation for 14 days is recommended.
- For staff who work in a social care setting, 10 days is recommended.

For the most part the people supported by Inspire will fall into the category of a 14 day isolation requirement. The 10 day period will apply to those supported in the community by the Community Living Project. For any other person supported including all people living in our St James's Court service should there a query on an isolation period below 14 days advice must be sought from Public Health Grampian. On a person displaying symptoms or receiving a positive test result they should immediately be supported to go to their room/flat and remain there in isolation for 14 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 14 day isolation from first onset 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 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-11 Infection Control Cleaning Schedule
- FRM-HS-347 Daily Kitchen Cleaning Schedule,
- FRM-HS-348 Weekly Kitchen Cleaning Schedule
- FRM-HS-349 Monthly Kitchen Cleaning Schedule.
- FRM-HS-350 Infection Control Bathroom Shower and Room Enhanced Cleaning Schedule
- FRM-HS-351 PPE Station Enhanced Cleaning Schedule

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

PPE consists of gloves, an apron and a fluid resistant surgical mask where there are no suspected or confirmed cases of coronavirus staff must wear a surgical mask when supporting people at all times.

Aprons and gloves should be worn when staff are carrying out personal care tasks where there is a risk of exposure to bodily-fluids. PPE 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 aprons, gloves, and a fluid repellent surgical mask and 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

Reference must be made to PP-HS-87 Infection Control Policy and Procedure.

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.

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 uniforms on arrival at work. For the duration of a shift clothes should be stored in a scrub bag within a dedicated cupboard, drawer or locker.
- Further guidance should be sought from PR0-OP-116 Outbreak Management

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'

Hospital Admissions and Discharge

If a person we support is **admitted** to hospital they require to have 2 negative tests before discharge from hospital. Tests should be taken at least 24 hours apart and preferably within 48 hours of discharge.

In addition, Health Protection Scotland 'Covid-19: Information and Guidance for Care Home Settings (Adults and Older People)' states: 'All residents being discharged from hospital should be isolated for 14 days from or including the date of discharge from hospital'. In conjunction with the discharge team the person we support's FRM-HS-32 Risk Profiling and Assessment for People we Support - Coronavirus should reflect an assessment as to whether this is suitable and if it is not possible any agreed additional precautions e.g. enhanced cleaning should be identified and documented as control measures.

Testing prior to discharge does not apply where a person we support attends a planned hospital appointment in A&E, out-patients or as a day case.

Admissions from the Community

New admissions to care homes from the community require to have at least one test performed before or on admission and be isolated for 14 days from other people we support. Where there are issues with either testing or isolation the situation must be referred to the HSCP Clinical Oversight team for review and Inspire must be satisfied with the associated risk assessment and safety mitigations for the admission to go ahead.

In respect of all other admissions to housing support and care at home services. COVID-19 Information and Guidance for Social, Community and Residential Care Settings states: 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.

'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.'

As for care home services all admission decisions will be informed by the HSCP Clinical Oversight group where required and Inspire must be satisfied with the associated risk assessment and safety mitigations for the admission to go ahead.

For all new admissions the responsible person for the individual's current residence e.g. a parent if the person lives at home, the manager of a service where the person currently resides, will be required to complete *FRM-HS-129 COVID-19 Admission or Return to Service Checklist Checklist*. This form is a health screening questionnaire whereby the person completing requires to confirm that all COVID-19 related health and safety mitigations are in place. Should there be any related concerns these will be escalated to an Inspire Senior Manager/Public Health Grampian/Public Health Tayside/HSCP Clinical Oversight Teams as appropriate.

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

From 2 November 2020 Scotland has a new five tier framework of restrictions. Local authorities across the country will be placed into levels of restrictions. Each level of restrictions applicable has additional guidance for those who are in the shielding category. This category now includes all people with Down syndrome. Guidance pertaining to shielding should be incorporated into each person's individual FRM-HS-32 Risk Profiling and Assessment for People We Support – Coronavirus and the service risk assessment FRM-HS-03 General Risk Assessment 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.

Level 4 Restrictions and Shielding

Level four is the highest of Scotland's five tier system of anti-virus levels. Level four is the closest level to a full 'Lockdown' of the type that the UK entered into at the end of March 2020.

People in the shielding category are those at the highest risk in relation to severe illness as a result of coronavirus therefore this level requires additional precautions.

Support Managers should discuss shielding with the families/carers and health professionals involved with those effected and where possible the person we support themselves. Support staff who are supporting people who are shielding should be advised and adhere to the associated risk assessments to ensure shielding measures are strictly followed.

To ensure the person shielding is protected a face mask should be worn at all times. Aprons and gloves should be worn when staff are carrying out personal care tasks where there is a risk of exposure to bodily-fluids. Gloves and aprons are single use and should be disposed following each task. Masks can be sessional enabling a staff member to wear the same mask when working with a person we support throughout a shift. This mask must be double bagged and safely disposed.

Wherever possible the number of staff who work with a shielded person should be minimised, strategies to support this could be ensuring as small a team as possible to support the person or where there is one shielded person within a service having a small core team or staff who are designated for that person. The more that can be done to minimise contacts for a shielded person the better. Shielded people are extremely vulnerable in relation to contracting coronavirus and the implications and we must always be mindful of this in relation to contacts as all interactions constitute risk especially when these interactions involve close contact (i.e. in respect of personal care). We may not always be able to meet all stipulations e.g. the complete isolation of a shielded individual but we must be seen to implement all safety measures possible.

Where possible to reduce the risks associated with multiple interactions it is advised that the same staff member to support the individual throughout the shift. This assists in the

maintenance of PPE stock, ensures consistency and may reduce anxiety for the person we support and staff. Photos of staff members without PPE, available to the person supported may help the person feel more comfortable.

Where people we support are shielding there are two options to ensure that risks are minimised.

Option 1 – Self Isolation

People we support should be isolated in their bedrooms or individual flats this means that people should eat and drink in their bedroom/flat, they should solely use their en-suite facility or have a designated bathroom either exclusively for their use or with minimal use and cleaning before and after use in respect of all users. The person can go out for walks but this would be alone with a staff member with wherever possible no contact on exiting or entering the service with the other people we support. Enhanced cleaning should be implemented and good ventilation ensured i.e. windows opened where possible to enable the flow of fresh air.

In shared living services when there is a need for a person to leave their bedroom for example to visit the bathroom the following guidance applies dependent on living arrangements:

- Services should be well ventilated
- The person shielding should be assisted wherever possible to keep 2 metres (approximately 3 steps) away from people they live with
- The person shielding should use a separate toilet/ bathroom from the rest of the household wherever possible.
- If the person shielding shares a toilet/bathroom with others, it's important that it is cleaned after each use. Disinfecting all surfaces where contact has been made.
- Consider drawing up a rota for bathing/showering, with the person who is shielding using the facilities first

Option 2 – Shielding Household

The whole household should be isolated together as a 'shielding household'. People in the household may all be or some may be in the shielding category but all can eat meals together, go out walking together and spend time in communal living rooms etc. Enhanced cleaning should be implemented and good ventilation ensured i.e. windows opened where possible to enable the flow of fresh air. Please note this option is **only possible** where a whole household agrees to adhere to the additional restrictions applicable to shielding no visiting of shops, minimising contact with people outwith the household, not using public transport.

As applicable to all people supported, each individual should use separate towel, both for drying after bathing and for hand hygiene purposes. Disposable towels should be used for handwashing wherever possible.

Where possible a dishwasher should be used to wash and dry crockery and cutlery. Where a dishwasher is available dishes should be washed in hot water using washing up liquid and dried immediately. A clean tea towel should be used each time where drying is required.

Shielding people or shielding households can leave their houses/flats to visit a garden, if they have access to this and they can go for a walk. However, they must only be outside alone with a staff member or with others in a shielding household and a staff member/s, Staff must wear masks and remain with the person/people we support at all times. Spending time outside the house/flat should form part of the shielded person/households FRM-HS-32 People we Support – Coronavirus risk assessment in order to ensure that the activity does not confuse or cause stress for the person supported. For individual people we support who are shielding within a non-shielding household If the person is to go to the garden/for a walk, they must use the route identified in their risk assessment FRM-HS-32, with staff cleaning all handrails and door handles prior to them leaving their room/flat. For people in shared living accommodation, they must be encouraged to use hand sanitiser at the front door until they can get to a sink to wash hands, before returning to their room, following the same route as identified in their risk assessment.

Where required, further specific guidance should be obtained from those health professionals involved with the individual.

Summary of Key Measures to be Implemented in relation to Level 4 and People We Support in the Shielding Category

- All shielding people we support FRM-HS-32 risk assessments - coronavirus require to be reviewed to reflect Level 4 and the applicable control measures related to shielding.
- Do not assume that because a person shielding received health professional approval not to adhere to the constraints advised at the March lockdown that this still applies. The virus has a new more infectious variant and any relaxation of the advice must be approved and signed by a suitably qualified health professional. This is imperative due to both the legal and insurance connotations of not doing so.
- Wherever possible staff working with people shielding and particularly those who will be in close contact should work in cohorts (i.e. in the smallest teams possible)
- Enhanced cleaning must be implemented in all settings where there is a person shielding (refer to cleaning schedule)