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

Version 1.7

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# Version history

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
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<tr>
<td>V1.0</td>
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| V1.1    | 18/03/2020 | Updated to incorporate COVID-19 Guidance for infection prevention and control in healthcare settings. Version 1.0  
New isolation guidance |
| V1.2    | 20/03/2020 | FFP3 for AGPS                                                                      |
| V1.3    | 23/03/2020 | Shielding advice / pregnant workers / contacting GPs                                |
| V1.5    | 26/03/2020 | Admissions to social or community care & residential settings                       |
| V1.6    | 02/04/2020 | Revision of PPE                                                                    |
| V1.7    | 17/04/2020 | Decontamination and cleaning processes for facilities with possible or confirmed cases of COVID-19 amended  
Added section on caring for someone depending on their COVID-19 status within a facility.  
External links updated.  
Testing |
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Scope of the guidance

This guidance is to support those working in social or community care and residential settings (SCCR) to give advice to their staff and users of their services about COVID-19.

Social or community and residential care (SCCR) is taken to include:

- long-term conditions services
- prison residential settings
- rehabilitation settings
- community health and care settings
- community-based settings for people with mental health needs
- community-based settings for people with a learning disability
- community social care (domiciliary care services including those provided for children) settings
- community-based settings for people who misuse substances
- local authority social work fieldwork services
- residential children’s homes, including secure children’s homes
- care home settings with or without nursing.

It is also relevant for people being supported in their own homes, either from a service or from staff directly employed by a service provider.

This document does not cover advice for unpaid carers, including family members who provide care in the home. They should refer to the advice on NHS Inform.

This guidance covers:

- What COVID-19 is and how it is spread.
- Advice on how to prevent spread of all respiratory infections including COVID-19.
- Advice on what to do if someone is ill in a workplace or a SCCR setting.
- Advice on what will happen if an individual is being investigated as a possible case or is confirmed as a case of COVID-19.

Where relevant, additional setting-specific information and advice is also included in, or is linked to from, this guidance. This guidance is based on what is currently known about the Coronavirus Disease (COVID-19). Health Protection Scotland (HPS) will update this guidance as needed and as additional information becomes available.
Information and guidance for social or community care and residential settings

1.1 Background

What is Coronavirus (COVID-19)?

A coronavirus is a type of virus. As a group, coronaviruses are common across the world. COVID-19 is a new strain of this, first identified in Wuhan City, China in December 2019.

The incubation period of COVID-19 is currently believed to be between 2 to 14 days. The incubation period is the time between someone being exposed to an infection and developing symptoms. This means that if a person remains well 14 days after contact with someone with COVID-19 they are unlikely to have been infected.

What are the typical signs and symptoms of COVID-19?

Common symptoms include:

- high temperature or fever
- new continuous cough

People with these symptoms are advised to self-isolate for seven days from the start of the symptoms even if the symptoms are mild. COVID-19 testing is not usually required in the community setting though there are some exceptions (e.g. to support health and social care workers in household isolation to return to work OR to test a symptomatic patient in a care home where clinically appropriate).

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 and chronic heart or lung disease. Some of these higher risk groups may not show the typical signs and symptoms described above. See NHS Inform for more details.

What should I do if I have symptoms?

People who are unwell and worried about COVID-19 should consult NHS inform and phone NHS 24 (call 111) as the first point of contact, not their GP. As of 23 March 2020, NHS Inform and NHS 24 are the first point of contact for all COVID-19 related symptoms during both in and out of hours. NHS Inform have developed posters which can be printed and shared. These can be found at the NHS Inform website - Advice for professionals under communication toolkits.
Calls are now being triaged through NHS24 to a local (non-patient facing) hub staffed with clinicians drawn from across both primary and secondary care. People who need to be seen will be offered appointments at dedicated local assessment centres, staffed and equipped to deal with COVID-19 related presentations.

NHS 24 (111) should be contacted if your symptoms:

- are severe or you have shortness of breath
- worsen during home isolation
- have not improved after 7 days
- are of concern and you need further advice.

In addition, it is now recommended that all individuals living in the same household as a symptomatic person should self-isolate for 14 days (household isolation) and “stay at home.”

Advice for people who are self-isolating and their households, can be found on NHS Inform.

What should I do if my symptoms are worsening?

Seek prompt medical attention if your illness is worsening. If it is not an emergency, contact NHS 24 (111). If it is an emergency and you need to call an ambulance, dial 999 and inform the call handler or operator that you may have coronavirus (COVID-19).

How is COVID-19 spread?

From what we know about other coronaviruses, transmission of COVID-19 is most likely to happen when there is close contact (within 2 metres or less) with an infected person. Respiratory secretions, from the coughs and sneezes of an infected person, are the main route of transmission.

There are two routes by which COVID-19 can be spread:

**Directly:** from close contact with an infected person (within 2 metres) where respiratory secretions can enter the eyes, mouth, nose or airways. This risk increases the longer someone has close contact with an infected person who has symptoms.

**Indirectly:** by touching a surface, object or the hand of an infected person that has been contaminated with respiratory secretions and then touching own mouth, nose, or eyes.
Health Protection Scotland

How long can the virus survive on environmental surfaces?
Under most circumstances, even without cleaning or disinfection, the amount of infectious virus on any contaminated surfaces is likely to have decreased significantly by 72 hours.

We know that similar viruses, are transferred to and by people’s hands and therefore frequent hand hygiene and regular decontamination of frequently touched environmental and equipment surfaces will help to reduce the risk of infection transmission.

1.2 Measures to prevent spread of COVID-19 and protect people at increased risk of severe illness and who fall within shielding category

There is currently no vaccine to prevent COVID-19.

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

**Good hand hygiene** must be followed at all times.

“**Stay at home**” guidance for households with possible COVID-19 should be followed by people with symptoms and anyone living in the same household to reduce the community spread of COVID-19. Advice is available on [NHS Inform](https://www.nhsinform.scot/).  

**Social distancing** measures should be followed by everyone, including children, in line with the government advice to “stay at home”. The aim of social distancing measures is to slow the transmission of COVID-19. Social distancing should be followed particularly strictly by those at increased risk of severe illness. Further information is on [NHS Inform](https://www.nhsinform.scot/). Note that shielding advice should be followed by a sub-group of these individuals at very high risk of severe infection.

**Shielding** is a measure to protect people, including children, who are extremely vulnerable to severe illness from COVID-19 because of certain underlying health conditions. The aim of shielding is to minimise interaction between these individuals and others to protect them from coming into contact with the virus that causes COVID-19. People with these serious underlying health conditions are strongly advised to rigorously follow shielding measures in order to keep themselves safe. Further information, including the list of underlying health conditions that make people extremely vulnerable, is available on the [NHS Inform](https://www.nhsinform.scot/) website.

**Staff (such as health and care workers)** with underlying health conditions that put them at increased risk of severe illness from COVID-19, including those who are immunosuppressed, should not provide direct care to individuals with possible or confirmed COVID-19. Please note that this group is wider than those that require shielding and details can be found on [NHS Inform](https://www.nhsinform.scot/). Staff who think they may be at increased risk or who are pregnant should seek advice from their line manager or local Occupational Health service. Information for at risk or pregnant health and social care workers can be found in [Guidance for Staff and Managers on Coronavirus](https://www.nhsinform.scot/). Staff who fall into the shielding category should follow the specific advice for that group.
1.3 Preventing spread of infection

There are general principles that facilities and individuals can follow to prevent the spread of respiratory viruses, including COVID-19.

**Individuals should:**

- Wash hands regularly.
- Wash hands with soap and water before eating and drinking, and after coughing, sneezing or going to the toilet; or use alcohol-based hand rub (ABHR) where soap and water are not available.
- Avoid touching your eyes, nose and mouth with unwashed hands.
- Wherever possible, avoid direct contact with people that have a respiratory illness and avoid using their personal items, such as their mobile phone.
- Follow the “stay at home” guidance if you or someone in your household has symptoms of COVID-19.
- Cover your nose and mouth with a disposable tissue when sneezing, coughing, wiping or blowing your nose. Dispose of all used tissues promptly into a waste bin, then wash your hands. If facilities are not available, use alcohol-based hand rub (ABHR). If there are no tissues available, cough and sneeze into the crook of your elbow.

**Social or community and residential facilities should:**

- Ensure routine cleaning and disinfection is undertaken of frequently touched objects and surfaces (e.g. hand rails, tables, the arms of chairs, telephones, keyboards, door handles, desks and tables).
- Ensure regular and thorough environmental cleaning is done.
- Promote hand hygiene by making sure that all individuals including staff, contractors, and visitors have access to hand washing facilities and where available ABHR in prominent places, where it is safe to do so.
- Ensure any crockery and cutlery in shared kitchen areas is cleaned with warm water and general purpose detergent and dried thoroughly before being stored for re-use.
- Keep areas clutter-free and avoid leaving food stuffs exposed and open for communal sharing.
- Restrict sharing of personal devices (e.g. mobility devices, books and electronic gadgets) between individuals.
What else can be done to prevent spread of COVID-19?

In addition to the measures above, facilities should:

- Review their visiting policy, by asking no one to visit who has suspected COVID-19 or is generally unwell, and emphasising good hand hygiene for visitors. The review should take into consideration advice for the whole population to practice social distancing and remain in their house. The review should take particular care when considering those in the shielding category. Further information is provided in the visitors section of this guidance.
- The use of bank or agency staff should be minimised. Staff working across different facilities must be carefully considered and is possible avoided.
- Contractors on site should be kept to a minimum.
- 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.
- Provide ‘warn and inform’ letters to individuals, visitors and staff if there is a suspected case of COVID-19 in the home.

Where can I find further information on COVID-19 and how to reduce the risk of infection?

Additional information can be found on the COVID-19 pages of the NHS Inform website and on the Health Protection Scotland website. A COVID-19 communication toolkit is also available on NHS Inform and contains posters, video and social media posts for organisations to print, use and share.

People who want more general information on COVID-19 can phone the free helpline on 0800 028 2816 (NHS 24). The helpline is open from 8.00am to 10.00pm each day.

1.4 Staff who have contact with a case of COVID-19

Asymptomatic staff living in the same household as a possible case of COVID-19 should follow ‘stay at home: household isolation’ advice on NHS Inform. This means you should remain at home for 14 days from the date symptoms started in your household member. In order to facilitate a quick return to work for health and social care staff who themselves are asymptomatic, testing of the affected household member can be arranged. For more information see here.

In the workplace, staff who come into contact with a COVID-19 individual while not wearing PPE, can remain at work, using PPE appropriately. This is because in most instances this will be a short-lived exposure, unlike exposure in a household setting that is ongoing. These are guiding principles and there should be an individual risk assessment based on staff circumstances.
1.5 What action needs to be taken if a case of COVID-19 has recently attended your facility?

A risk assessment of the setting is usually not required but under certain circumstances may be undertaken by the local Health Protection Team (HPT) with the lead responsible person. Contact details for HPTs can be found in Appendix 1. Advice on cleaning of areas is set out in section 1.7 below.

1.6 Actions to take if someone who may have COVID-19 becomes unwell whilst in the facility.

In preparation, make sure that all staff and individuals in the facility know to inform a member of staff or responsible person if they feel unwell. The following guidance may need to be locally adapted to ensure a responsible person is there to support the individual where required.

If the person lives in the facility:

- Return the individual to their room.
- Seek prompt medical attention if their illness is worsening. If it is not an emergency, contact NHS 24 (111).
- 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).
- Follow the advice in Section 1.9: ‘Caring for someone with a possible or confirmed case of COVID-19’.

If the person does not live in the facility

If they have mild symptoms they should go home as soon as symptoms start and self-isolate. Where possible they should minimise contact with others, i.e. use a private vehicle to go home. If it is not possible to use private transport, they should be advised to return quickly and directly home. If using public transport, they should practice social distancing measures with other people and catch coughs and sneezes in a tissue. If you don’t have any tissues available, they should cough and sneeze into the crook of their elbow.

If they are so unwell that they require an ambulance, phone 999 and let the call handler know you are concerned about COVID-19. Whilst you wait for advice or an ambulance to arrive, try to find somewhere safe for the unwell person to socially distance themselves by sitting at least 2 metres away from other people. If possible find a room or area where they can be isolated behind a closed door, such as a staff office or meeting room.

In common waiting areas or during transportation, e.g. for urgent hospital care, symptomatic individuals may wear a surgical face mask if this can be tolerated, to minimise the dispersal of respiratory secretions and reduce environmental contamination.
If it is possible to open a window, do so for ventilation. The individual should avoid touching people, surfaces and objects and be advised to cover their mouth and nose with a disposable tissue when they cough or sneeze, and then put the tissue in the bin. If no bin is available, put the tissue in a bag or pocket for disposing in a bin later. If you don’t have any tissues available, they should cough and sneeze into the crook of their elbow.

1.7 Environmental decontamination (cleaning and disinfection) after a possible case has left the facility

Cleaning and Disinfection

Once a symptomatic individual has left the facility, the immediate area, e.g. hard surfaces, bed, sink and toilet, should be cleaned with detergent and disinfectant. This should include any potentially contaminated high contact areas such as door handles, telephones, grab-rails. Once this process has been completed, the area can be used again. Any public areas where a symptomatic individual has only passed through (spent minimal time in), e.g. corridors, not visibly contaminated with any body fluids, do not need to be further decontaminated beyond routine cleaning processes.

Environmental cleaning and disinfection should be undertaken using disposable cloths and mop heads with standard household detergent and disinfectant that are active against viruses and bacteria. Follow manufacturer’s instructions for dilution, application and contact times for all detergents and disinfectants. Waste bags should be used for disposal of cloths and mop heads, as outlined below. The person responsible for undertaking the cleaning with detergent and disinfectant should be familiar with these processes and procedures.

In the event of a blood or body fluid spillage, keep people away from the area. Use a spill-kit if available, with the PPE within the kit or PPE provided by the employer/organisation and follow the instructions provided with the spill-kit. If no spill-kit is available, place paper towels over the spill, and seek further advice from the local Health Protection Team (see Appendix 1: Contact details for local Health Protection Teams).
1.8. Admission of individuals to the facility

COVID-19 testing is not a requirement upon admission to a facility.

On the day of admission to a facility and before their arrival, the individual (or their carer or the hospital or facility they have come from) should be asked about symptoms of high fever or persistent cough. Anyone with such symptoms should be isolated upon arrival. If this is not possible to do, admission to the facility will need to be re-considered.

As part of the national effort, the health and care sector plays a vital role in accepting individuals who have COVID-19. Such individuals can be safely cared for in a health and care facility, if this guidance is followed.

Individuals who have been confirmed as having had COVID-19 but no longer have symptoms and have completed their isolation period prior to arrival, whilst still in hospital, home or another facility, can have care provided as normal.

The period of isolation for individuals with suspected or confirmed COVID-19 infection is

- 14 days from their first positive COVID-19 test for those who are immune-compromised OR who required critical care (or ITU care) while in hospital, with at least 48 hours with no fever
- 7 days from onset of symptoms for those who did not require hospitalisation OR who in hospital did not require critical care (or ITU care), with at least 48 hours of no fever

For specific guidance on step-down of IPC and discharge from hospital, please follow this [LINK](#).

Negative tests are not required prior to transfers / admissions into the facility.

In all instances, the discharging hospital or facility or carer should provide you with the following information on arrival if the individual:

- The date and results of any COVID-19 test.
- The date of the onset of symptoms.
- A care plan for completion of the isolation period.

1.9. Caring for someone with possible or confirmed COVID-19

Staff caring for individuals in isolation should implement full infection prevention and control measures from their arrival.

Anyone presenting with new symptoms of COVID-19 should be promptly isolated in a single room with a separate bathroom, where possible. Contact the NHS 111 COVID-19 service for advice on assessment and testing. If symptoms worsen during isolation or are no better after 7 days, further contact should be made with NHS24 (111) for further advice on management or possible escalation and to ensure person-centred decision-making is followed. For a medical emergency dial 999.
Patients should continue to be isolated for a minimum of 14 days from symptom onset (or first positive test if symptoms onset is not known) and absence of fever for 48 hours (without the use of antipyretics). Once these criteria have been met, Infection Prevention and Control measures can be discontinued. However, before doing so, you must consider whether additional control measures are necessary for any other reason, such as loose stools.

**Social distancing** measures should be followed for everyone in the facility, wherever possible.

**Shielding** guidance for extremely vulnerable individuals should be implemented in residential facilities.

Ensure daily monitoring of all individuals for COVID-19 symptoms, such as a new continuous cough and/or high temperature. Immediately report individuals with fever or respiratory symptoms to NHS 111, as outlined in the section below.

Staff should note that people with dementia and cognitive impairment may be less able to report symptoms because of communication difficulties, and therefore staff should be alert to the presence of signs as well as symptoms of the virus. This could include delirium, which people with dementia are more prone to suffer from if they develop an infection.

**Transfer from the facility to hospital**

If a transfer from the facility to hospital is required, the ambulance service should be informed if the individual is a suspected or confirmed COVID-19. Staff in the receiving ward/department should be notified of this in advance of any transfer.

**Testing individuals in the facility**

The current testing approach:

- **Single** symptomatic individual: testing may be offered after discussion with NHS 111 or according to local protocol for swabbing and testing.
- More than one symptomatic individual:
- An outbreak is defined as two or more clinical or laboratory confirmed cases of COVID-19 where nosocomial infection and ongoing transmission is suspected to have staff occurred within a 14 day period. If you suspect an outbreak please inform the local Health Protection Team (HPT).
- This outbreak definition should also include symptomatic cases who have either been transferred from the facility to hospital as a result of infection or an individual who has died this same time period.
- Care homes: Outbreak guidance states that the first 5 symptomatic residents in a care home setting should be tested to provide confirmation of an outbreak of COVID-19. On 15 April 2020 the Scottish Government announced the expansion of testing to include all care home residents who develop symptoms. Therefore, Scotland will move to a system where any symptomatic patient in a care home will be clinically assessed and, where appropriate, offered testing for COVID-19.
Reporting of COVID-19 cases

Please inform the local Health Protection Team (HPT) as soon as possible of two or more possible or confirmed cases within the facility. They will provide advice and support in the management of the outbreak. The Care Inspectorate should also be informed by the Facility.

If the local HPT confirm an outbreak within the facility, local staff must implement all outbreak control measures advised by the HPT.

A control measure tool for the control of incidents and outbreaks in Social or Community Care & Residential Settings, specific for COVID-19, is available [here](#).

The outbreak can be declared over once there have been no new cases with symptom onset for a 14 day period. Existing cases who remain symptomatic should continue to be isolated/cohorted until well and they have been afebrile for 48 hours, without anti-pyretics.

Infection Prevention and Control

Staff must always comply with all infection prevention and control (IPC) procedures as set out in this guidance and outlined in the *National Infection Prevention and Control Manual* (NIPCM) which is best practice for all health and care settings.

Isolation

All symptomatic individuals in the facility should be immediately isolated for 14 days from onset of symptoms. The local HPT should be contacted to seek advice where required. The individual should be placed in a single room with en-suite facilities, where possible. If this is not available, try to designate a toilet facility that only that individual will use if possible. If the individual must use a communal toilet, ensure it is cleaned after every use using a combined detergent disinfectant solution at a dilution of 1000 parts per million available chlorine (ppm available chlorine (av.cl.)) or a detergent clean followed by disinfection (1000 av.cl.). Room door(s) should be kept closed where possible and safe to do so. Where this is not possible, ensure the bed is moved to the furthest safe point in the room to try and achieve a 2 metre social distance to the open door.

Only essential staff should enter the individuals room, wearing appropriate PPE as described in the PPE section of this guidance. Further details can be found in [COVID-19: Infection Prevention and Control Guidance](#). Display signage to reduce unnecessary entry into the isolation room. Confidentiality must be maintained.

All necessary procedures and care should be carried out within the individual’s room. The minimum number of required staff only should be present. Entry and exit from the room should be minimised during care, specifically when these care procedures produce aerosols or respiratory droplets.
More than one case - Cohorting of all symptomatic individuals:

Where it is not possible to isolate an individual in a single room, cohorting symptomatic individuals together in multi-occupancy rooms can be considered. Individuals with suspected COVID-19 should be cohorting only with other individuals with suspected COVID-19. Individuals with confirmed COVID-19 should only be cohorting with other individuals with confirmed COVID-19.

Wherever possible, individuals who are shielding, extremely vulnerable or have underlying health conditions should be prioritised for single room isolation and not placed in cohorts.

When transferring symptomatic individuals between rooms, the individual should wear a surgical face mask.

Clearly sign the rooms by placing IPC signs, indicating droplet and contact precautions, at the entrance of the room.

Isolation and cohorting:

Where an individual has developed symptoms within a shared facility an assessment of risk should be undertaken to establish the nature and duration of exposure and contact to others. It may be necessary to isolate or cohort exposed individuals within the facility for a period of 14 days. This should be discussed with your HPT.

Where possible, isolate contacts individually in single rooms for 14 days after last exposure to a possible or confirmed case. This should be the preferred option whenever possible. Cohorting of exposed and unexposed residents is another less ideal but an acceptable option. Consider this option if isolation in single rooms is not possible due to shortage of single rooms when large numbers of exposed contacts are involved.

These contacts should be carefully monitored for any symptoms of COVID-19 during the 14 day period as described earlier.

Protective cohorting of unexposed individuals who have not had any exposure to the symptomatic case can be cohorting separately in another unit within the home away from the cases and exposed contacts.

Staff Cohorting (working in dedicated teams)

Assigning a dedicated team of staff to care for individuals in isolation 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 (so as not to have negative impact on non-affected individual care).

Where possible, staff who have had confirmed COVID-19 and have since recovered, should care for COVID-19 individuals (see NHS Inform for guidance on self-isolating and ending self-isolation). Such staff must continue to follow the IPC measures, including appropriate PPE as detailed in PPE Section below.
Hand Hygiene
This is essential before and after all contact with the individual being cared for, after removal of PPE and after cleaning of equipment and the environment.

Wash hands with soap and water following Appendix 2 - Best Practice How to Hand Wash. Alcohol-based hand rub (ABHR) can be used if hands are not visibly dirty or soiled. **Alcohol based hand rub stocks should not be stock-piled.** Washing effectively with soap and water is sufficient.

Encourage individuals to keep hands away from their eyes, mouth and nose.

Respiratory and Cough Hygiene – ‘Catch it, bin it, kill it’
Disposable single use tissues should be used to cover the nose and mouth when sneezing, coughing or wiping and blowing the nose. Used tissue should be disposed of promptly in the nearest waste bin.

Some people may need assistance with containment of respiratory secretions, those who are immobile will need a container at hand for immediate disposal of the tissue such as a bag.

In common waiting areas or during transportation, e.g. for urgent hospital care, symptomatic individuals may wear a surgical face mask, if this can be tolerated, to minimise the dispersal of respiratory secretions and reduce environmental contamination.

Personal Protective Equipment (PPE)
A PPE statement was issued by the Scottish Government with COSLA and SJC Unions – it can be accessed [here](#). Health and care staff can wear appropriate PPE as below.

Table 2 is contained within the COVID-19 – Infection Prevention and Control guidance and describes the PPE applicable to the facilities described in this guidance – also available in Appendix 6. **Appendix 3** describes the procedures for putting on and removing PPE. All staff must be trained on how to use PPE appropriate for their role to limit the spread of COVID-19.

Table 4 provides additional PPE considerations where there is sustained transmission of COVID-19, taking into account individual risk assessment for this new and emerging pathogen – it can be accessed [here](#) and in **Appendix 7** of this guidance.

**PPE used for sessional use**
A single session refers to a period of time where health and care staff are undertaking duties in a specific setting within the facility e.g. providing direct care for individuals. A session ends when the health and care worker leaves the specific setting within the facility.

Sessional use should always be risk assessed and considered where there are high rates of cases. PPE should be disposed of after each session or earlier if damaged, soiled, or uncomfortable. See table 1-4 for information on sessional usage of PPE.
Table 2 also describes the additional PPE required if undertaking an Aerosol Generating Procedure (AGP) – Table 2 can be accessed here. The local Health Protection Team can advise on this. AGPs should be avoided where possible.

The following procedures are considered AGPs:

- Intubation, extubation and related procedures e.g. manual ventilation and open succioning of the respiratory tract (including the upper respiratory tract)*
- Tracheotomy/tracheostomy procedures (insertion/open succioning/removal)
- Bronchoscopy and upper ENT airway procedures that involve succioning
- Upper Gastro-intestinal Endoscopy where there is open succioning of the upper respiratory tract
- Surgery and post-mortem procedures involving high-speed devices
- Some dental procedures (e.g. high-speed drilling)
- Non-invasive ventilation (NIV) e.g. Bi-level Positive Airway Pressure Ventilation
- (BiPAP) and Continuous Positive Airway Pressure Ventilation (CPAP) **
- High Frequency Oscillatory Ventilation (HFOV)
- Induction of sputum
- High Flow Nasal Oxygen (HFNO)

* Chest compressions and defibrillation (as part of resuscitation) are not considered AGPs; first responders can commence chest compressions and defibrillation without the need for AGP PPE while awaiting the arrival of other personnel who will undertake airway manoeuvres. On arrival of the team, the first responders should leave the scene before any airway procedures are carried out and only return if needed and if wearing AGP PPE.

** CPAP and BiPAP are considered Aerosol Generating Procedures (AGPs). Long Term Oxygen Therapy is not.

For individuals with suspected/confirmed COVID-19, any of these potentially infectious AGPs should only be carried out when essential. The required PPE should be worn by those undertaking the procedure and those in the room, as detailed above. Where possible, these procedures should be carried out in a single room with the doors shut. Only those staff who are needed to undertake the procedure should be present.

Certain other procedures/equipment may generate an aerosol from material other than an individual’s secretions but are not considered to represent a significant infection risk. Procedures in this category include:

- administration of pressurised humidified oxygen;
- administration of medication via nebulisation.
Note: During nebulisation, the aerosol derives from a non-patient source (the fluid in the nebuliser chamber) and does not carry patient-derived viral particles. If a particle in the aerosol coalesces with a contaminated mucous membrane, it will cease to be airborne and therefore will not be part of an aerosol. Staff should use appropriate hand hygiene when helping patients to remove nebulisers and oxygen masks.

If you do not anticipate the need for FFP respirators and are not caring for anyone currently receiving AGPs such as CPAP, these should not be ordered or stockpiled and any surplus stock should be returned.

Access to personal protective equipment (PPE)

All services who are registered with the Care Inspectorate that are providing health and care support and have an urgent need for PPE after having fully explored local supply routes/discussions with NHS Board colleagues, can contact a triage centre run by NHS National Services for Scotland (NHS NSS).

Please note that in the first instance, this helpline is to be used only in cases where there is an urgent supply shortage after “business as usual” routes have been exhausted and a suspected or confirmed case of COVID-19 has been identified.

The following contact details will direct providers to the NHS NSS triage centre for social care PPE: Email: support@socialcare-nhs.info Phone: 0300 303 3020. The helpline will be open (8am - 8pm) 7 days a week.

Care Equipment

Where possible use single-use equipment and dispose of as healthcare waste inside the room.

Where single use is not possible, use dedicated care equipment in the individual’s room. This should not be shared with other individuals receiving care. If it is not possible to dedicate pieces of equipment to the individual, such as commodes or moving aides, these must be decontaminated immediately after use and before use on any other individual following the guidance in Appendix 4.

Do not use fans that re-circulate the air and open windows for ventilation if it is safe to do so.

Try to keep the room clutter-free and avoid storing any unnecessary equipment or soft furnishings in individuals’ own rooms to prevent unnecessary contamination of items.

All dishes, drinking glasses, cups, eating utensils, should be cleaned in a dishwasher, if possible, or hot soapy water, after each use, and dried.
Environmental Decontamination

It is possible that these viruses can survive in the environment with the amount of virus contamination on surfaces likely to have decreased significantly by 72 hours, so environmental cleaning is vital.

PPE must be worn as indicated in PPE section, prior to entering the individual’s room. Those carrying out the cleaning must be familiar with the required environmental decontamination processes and have been trained in these accordingly. People responsible for cleaning should be advised to clean the isolation room(s) after all other unaffected areas of the facility have been cleaned.

Ideally, isolation room cleaning should be undertaken by staff who are also providing care in the isolation room. All shared spaces should be cleaned with detergent and disinfectant in accordance with this section.

Decontaminate all surfaces in the isolation room, including all potentially contaminated high contact areas such as door handles, tables, grab-rails and bathrooms.

Coronaviruses are readily inactivated by commonly available disinfectants such as alcohol (70% ethanol) and chlorine-releasing agents (sodium hypochlorite at 1,000 ppm av. cl.). Therefore, decontamination of equipment and the environment should be performed as per Chapter 2 (section 2.3) of the NIPCM, i.e. using either:

- A combined detergent disinfectant solution at a dilution of 1000 parts per million available chlorine (ppm available chlorine (av.cl.));
- A detergent clean followed by disinfection (1000ppm av.cl.).

In the event of a blood or body fluid spillage, keep people away from the area. Use a spill-kit if available, using the PPE within the kit or PPE provided by the employer/organisation and follow the instructions provided with the spill-kit. If no spill-kit is available, place paper towels over the spill, and seek further advice from the local Health Protection Team.

Decontamination of soft furnishings may require to be discussed with the local Health Protection Team. If the furnishing is heavily contaminated, you may have to discard it. If it is safe to clean with standard detergent and disinfectant alone then follow appropriate procedure. If it is not safe to clean the item should be discarded.

Please find further details in Appendix 5.
Staff Uniforms

If possible, laundry services should be used to launder staff uniforms. If this is not available uniforms should be transported home in a disposable plastic bag. Uniforms should be laundered daily, and:

- separately from other household linen
- in a load not more than half the machine capacity
- at the maximum temperature the fabric can tolerate, then ironed or tumble dried.

Safe Management of Linen

Any, towels or other laundry used by the individual should be treated as infectious and placed in a bag before removing from the isolation room and placing directly into the laundry hamper/bag. Take the laundry hamper as close to the point of use as possible, do not take inside the isolation room. When handling linen do not:

- Rinse, shake or sort linen on removal from beds
- Place used/infectious linen on the floor or any other surface e.g. table top
- Re-handle used/infectious linen when bagged
- Overfill laundry receptacles; or
- Place inappropriate items in the laundry receptacle.

Laundry must be tagged with care area and dated, stored in a designated, safe lockable area whilst awaiting uplift or laundering. Items should then be laundered in line with local policy for infectious linen.

Waste

All consumable waste items that have been in contact with the individual, including used tissues, should be put in a plastic rubbish bag and tied. This should be put in a secure location awaiting uplift in line with local policies for contaminated waste.

Waste such as urine or faeces from individuals with possible or confirmed COVID-19 does not require special treatment and can be discharged into the sewage system. If available, the individual can use their en-suite WC. Communal facilities should be avoided.

Visitors

Social distancing should now be followed by everyone. The guidance outlined on NHS Inform on social distancing, shielding and household isolation must be followed by visitors both with respect to their own health and that of the facilities.
This advice will significantly limit face-to-face interaction with friends and family in residential settings. Visitors should be restricted to essential visitors only. All visitors must be informed of and adhere to IPC measures in place. Local risk assessment should be considered, ensuring a pragmatic and proportionate response, including the consideration of whether there is a requirement for visitors to wear PPE. These visitors must not visit any other care areas or facilities and should stay within the resident’s own room for the duration of the visit. A log of all visitors should be kept. Visiting may be suspended if considered appropriate by the facility. Consider alternative measures of communication including phoning or face-time.

Admissions, discharges and transfers in facilities

Facilities should consider the following information prior to individual admissions in order to ensure that individuals across the entire facility are managed appropriately and safely.

Prior to admissions from home to the facility:

- Source information on NHS Inform for current symptom and isolation advice, using the symptom and isolation checker.
- Discuss with local senior facility healthcare staff and or a designated senior decision maker in the community prior to planned admission, including consideration of current isolation advice for that individual or the household from which they are being admitted. Refer to guidance on HUB model for further information.

People being admitted from home / the community do not need to be tested for COVID-19 and should be managed based on symptoms.

Caring for someone who has died

The IPC measures described in this document and the NIPCM continue to apply whilst the individual who has died remains in the care environment. This is due to the ongoing risk of infectious transmission via contact although the risk is usually lower than for living individuals. Where the deceased was known or suspected to have been infected with COVID-19, there is no requirement for a body bag, and viewing, hygienic preparations, post-mortem and embalming are all permitted. Body bags may be used for other practical reasons such as maintaining dignity or preventing leakage.

For further information, please see the following guidance produced by Scottish Government - Coronavirus (COVID-19): guidance on preparation for burial or cremation for religious organisations, faith and cultural groups.
1.10. Additional advice for Home Visits/Care at Home

If an individual is in self-isolation, health and care staff should ascertain if the individual has symptoms prior to their visit. It may become necessary to temporarily defer some home visits and alternative arrangements must be put in place to maintain contact (e.g. telephone liaison). Health and care staff performing non-deferrable essential visits (for example, personal or nursing care) to households where there is an individual self-isolating, should follow the guidance below:

If during a domiciliary visit it is thought that the individual has COVID-19 then staff should follow the advice within this section and use gloves, apron and a fluid-resistant surgical mask when 2 metre distance cannot be maintained. Staff should also advise the individual of the 'stay at home' advice on NHS Inform.

Staff

Staff must comply with all IPC procedures as set out in this guidance and the National Infection Prevention and Control Manual which is best practice for all health and care settings.

Staff attending to care for someone who has symptoms consistent with COVID-19, where possible, should arrange the visit for the end of their case load that day.

Assigning a dedicated team of staff to care for a case load of individuals in isolation 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 and will not have a negative impact on non-affected patients care.

Only essential staff should enter the home, wearing PPE as outlined in the PPE section of this guidance.

Staff with underlying health conditions that put them at increased risk of severe illness from COVID-19, including those who fall into the shielding category, should follow the advice in Guidance for Staff and Managers on Coronavirus.

Important information for all staff – responsibilities to prevent spread of COVID-19, measures to protect them and further advice – is available here.

Hand Hygiene

This is essential before and after all contact with the individual being cared for, following removal of PPE and cleaning of equipment and the environment.

Wash hands with soap and water following Best Practice How to Hand Wash Appendix 2. Alcohol-based hand rub can be used if hands are not visibly dirty or soiled. Alcohol based hand rub stocks will be prioritised for acute care settings and these should not be stock piled. Washing effectively with soap and water is sufficient. Use disposable paper towels to dry hands and place in waste.
Personal Protective Equipment (PPE)

PPE should be worn as detailed in the PPE section of this guidance and put on in the hallway or reception area of the home. Advice for putting on PPE is detailed in Appendix 3. There are additional PPE requirements if undertaking an Aerosol Generating Procedure (AGP) – see PPE section for further information. The local Health Protection Team can also advise on this however, AGPs should be avoided where possible.

Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP) are considered to be Aerosol Generating Procedures (AGPs). If you must carry out a home visit, phone ahead and establish what times of the day the individual is on their CPAP/BiPAP. Staff should ensure they visit at least 1 hour after the CPAP/BiPAP was switched off to provide adequate time for the aerosols to dissipate.

If the clinical condition is such that the CPAP/BiPAP cannot be turned off for a full hour before the visit then the individual should, if possible, move to another room before the staff member enters their home and the door of the room where the CPAP/BiPAP takes place should be closed. The staff member can then enter the home to assess the individual’s condition.

If visiting whilst the individual is on CPAP or BiPAP cannot be avoided, staff will need to wear PPE as described above for ‘Performing an aerosol generating procedure’. Table 4 provides additional PPE considerations where there is sustained transmission of COVID-19, taking into account individual risk assessment for this new and emerging pathogen – it can be accessed here and in Appendix 7 of this guidance.

Removal of PPE

Remove PPE in the hall reception area following the guidance in Appendix 3 and place in a waste bag. Waste disposal is described in the section below. Hands should be washed after all PPE has been removed. Do not re-enter the care area or go within 2 meters of the person receiving care.

Waste

Dispose of PPE and personal waste (e.g. used tissues and disposable cleaning cloths) securely within disposable bags. When full, the disposable bags should then be placed in a second bin bag and tied. These bags should be stored for 72 hours before being put out for collection with other household waste. Other household waste can be disposed of as normal.

Laundry

If staff support the individual at home with laundering, laundry that has been in contact with an unwell person where possible, should be laundered separately. Do not shake dirty laundry, this minimises the possibility of dispersing virus through the air.
If the individual does not have a washing machine at home, bag the laundry and wait 72 hours before taking to a launderette. After handling dirty laundry ensure hand hygiene is carried out.

Visiting a person who is “shielding”
Staff who provide essential support such as health and care and personal support with daily needs should continue to make home visits to people who are shielding, but staff must stay away if they have any of the symptoms of COVID-19.

Table 2 also includes the PPE requirements for staff visiting an individual at home where they, or a member of the household is within the extremely vulnerable group and undergoing shielding.

Hand washing with soap and water for at least 20 seconds on arrival and at frequent intervals during the visit is essential. Staff should rigorously follow IPC measures and relevant advice outlined in 1.2 Preventing spread of infection.

Individuals may need help in making a list of alternative people who can help with their care needs if the main carer becomes unwell. See NHS Inform for further information.

If there is a symptomatic household member in self-isolation
- If the household member is self-isolating, they should be advised that prior to the arrival of the carer, they should move to another room within the house and remain there for the duration of the home visit.
- If any other household members fall within the shielding category or have respiratory symptoms they should be advised to look at the advice provided on NHS Inform.

Reporting to Local Health Protection Team
- The local Health Protection Team (HPT) should be informed of any suspected cluster or outbreak in a facility.

1.11. Occupational Exposure
All staff should be vigilant for respiratory symptoms during the incubation period following exposure which can be up to 14 days following last exposure to a possible/confirmed case of COVID-19 and should not come to work if they have a fever or continuous cough. If staff develop symptoms they should stay at home and seek advice from NHS Inform or occupational health department as per the local policy. During this period, symptomatic staff and their household members should follow the ‘stay at home’ advice on NHS Inform.
### Appendix 1 - Contact details for local Health Protection Teams

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Office Hours Telephone Number</th>
<th>Out of Hours Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayrshire and Arran</td>
<td>01292 885 858</td>
<td>01563 521 133</td>
</tr>
<tr>
<td>Borders</td>
<td>01896 825 560</td>
<td>01896 826 000</td>
</tr>
<tr>
<td>Dumfries and Galloway</td>
<td>01387 272 724</td>
<td>01387 246 246</td>
</tr>
<tr>
<td>Fife</td>
<td>01592 226 435/798</td>
<td>01383 623 623</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>01786 457 283</td>
<td>01324 566 000</td>
</tr>
<tr>
<td>Grampian</td>
<td>01224 558 520</td>
<td>0345 456 6000</td>
</tr>
<tr>
<td>Greater Glasgow &amp; Clyde</td>
<td>0141 201 4917</td>
<td>0141 211 3600</td>
</tr>
<tr>
<td>Highland</td>
<td>01463 704 886</td>
<td>01463 704 000</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>01698 858 232/228</td>
<td>01236 748 748</td>
</tr>
<tr>
<td>Lothian</td>
<td>0131 465 5420/5422</td>
<td>0131 242 1000</td>
</tr>
<tr>
<td>Orkney</td>
<td>01856 888 034</td>
<td>01856 888 000</td>
</tr>
<tr>
<td>Shetland</td>
<td>01595 743 340</td>
<td>01595 743 000</td>
</tr>
<tr>
<td>Tayside</td>
<td>01382 596 976/987</td>
<td>01382 660111</td>
</tr>
<tr>
<td>Western Isles</td>
<td>01851 708 033</td>
<td>01851 704 704</td>
</tr>
</tbody>
</table>
Appendix 2 - Best Practice How to Hand Wash

Steps 3-8 should take at least 15 seconds.

1. Wet hands with water.
2. Apply enough soap to cover all hand surfaces.
3. Rub hands palm to palm.
4. Right palm over the back of the other hand with interlaced fingers and vice versa.
5. Palm to palm with fingers interlaced.
6. Backs of fingers to opposing palms with fingers interlocked.
Rotational rubbing of left thumb clasped in right palm and vice versa.

Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.

Rinse hands with water.

Dry thoroughly with towel.

Use elbow to turn off tap.

Steps 3-8 should take at least 15 seconds.

...and your hands are safe.
Appendix 3 - Putting on and removing Personal Protective Equipment (PPE)

Putting on PPE

PPE should be put on before entering the room.

- Keep hands away from face and PPE being worn
- Change gloves when torn or heavily contaminated
- The order for putting on is apron, surgical mask, eye protection (where required)

The order given above is a practical one; the order for putting on is less critical than the order of removal given below.

Removal of PPE

PPE should be removed in an order that minimises the potential for cross-contamination.

Gloves

- Grasp the outside of the glove with the opposite gloved hand; peel off.
- Hold the removed glove in gloved hand.
- Slide the fingers of the un-gloved hand under the remaining glove at the wrist.
- Peel the glove off and discard appropriately.

Gown

- Unfasten or break ties.
- Pull gown away from the neck and shoulders, touching the inside of the gown only.
- Turn the gown inside out, fold or roll into a bundle and discard.

Eye Protection

- To remove, handle by headband or earpieces and discard appropriately.

Fluid Resistant Surgical facemask

- Remove after leaving care area.
- Untie or break bottom ties, followed by top ties or elastic and remove by handling the ties only and discard as clinical waste.

To minimise cross-contamination, the order outlined above should be applied even if not all items of PPE have been used.

Perform hand hygiene immediately after removing all PPE.
Appendix 4 - Routine decontamination of reusable non-invasive patient care equipment

- Check manufacturer’s instructions for suitability of cleaning products especially when dealing with electronic equipment.
- Wear appropriate PPE e.g. disposable, non-sterile gloves and aprons.

- Is equipment contaminated with blood?
  - No
    - Is equipment contaminated with urine/vomit/faeces or has it been used on a patient with a known or suspected infection/colonisation?
      - No
        - Decontaminate equipment with disposable cloths/paper towel and a fresh solution of general-purpose detergent and water or detergent impregnated wipes.
        - Rinse and thoroughly dry.
        - Disinfect specific items of non-invasive, reusable, communal care equipment if recommended by the manufacturer e.g. 70% isopropyl alcohol on stethoscopes.
      - Yes
        - Immediately decontaminate equipment with disposable cloths/paper roll and a fresh solution of detergent, rinse, dry and follow with a disinfectant solution of 10,000 parts per million available chlorine (ppm av cl)*, rinse and thoroughly dry.
        - Or use a combined detergent/chlorine releasing solution with a concentration of 10,000 ppm av cl*, rinse and thoroughly dry.
        - If the item cannot withstand chlorine releasing agents consult the manufacturer’s instructions for a suitable alternative to use following or combined with detergent cleaning.

- Yes
  - Immediately decontaminate equipment with disposable cloths/paper roll and a fresh solution of detergent, rinse, dry and follow with a disinfectant solution of 10,000 parts per million available chlorine (ppm av cl)*, rinse and thoroughly dry.
  - Or use a combined detergent/chlorine releasing solution with a concentration of 10,000 ppm av cl*, rinse and thoroughly dry.
  - If the item cannot withstand chlorine releasing agents consult the manufacturer’s instructions for a suitable alternative to use following or combined with detergent cleaning.

- Follow manufacturer’s instructions for dilution, application and contact time.
- Clean the piece of equipment from the top or furthest away point
- Discard disposable cloths/paper roll immediately into the healthcare waste receptacle
- Discard detergent/disinfectant solution in the designated area
- Clean, dry and store re-usable decontamination equipment
- Remove and discard PPE
- Perform hand hygiene

* Scottish National Blood Transfusion service and Scottish Ambulance Service use products different from those stated in the National Infection Prevention and Control Manual.
Appendix 5: Decontamination and cleaning processes for facilities with possible or confirmed cases of COVID-19

a. In preparation
- Collect any cleaning equipment and waste bags required before entering the room.
- Any cloths and mop heads used must be disposed of as single use items.
- Before entering the room, perform hand hygiene then put on a FRSM, disposable plastic apron and gloves.

b. On entering the room
- Keep the door closed with windows open to improve airflow and ventilation whilst using detergent and disinfection products.
- Bag any disposable items that have been used for the care of the patient as clinical waste.

c. Cleaning process
- Use disposable cloths/paper roll/disposable mop heads, to clean and disinfect all hard surfaces/floor/chairs/door handles/reusable non-invasive care equipment/sanitary fittings in the room, following one of the 2 options below:
  - Use either a combined detergent disinfectant solution at a dilution of 1000 parts per million (ppm) available chlorine (av.cl.)
  - or
  - A neutral purpose detergent followed by disinfection (1000 ppm av.cl.).
- Follow manufacturer’s instructions for dilution, application and contact times for all detergents and disinfectants.
- Any cloths and mop heads used must be disposed of as single use items.

Cleaning and disinfection of reusable equipment
- Clean and disinfect any reusable non-invasive care equipment, such as blood pressure monitors, digital thermometers, glucometers, that are in the room prior to their removal.
- Clean all reusable equipment systematically from the top or furthest away point.

Carpeted flooring and soft furnishings
- For carpeted floors/items that cannot withstand chlorine-releasing agents, consult the manufacturer’s instructions for a suitable alternative to use following, or combined with, detergent cleaning.
d. On leaving the room

- Discard detergent/disinfectant solutions safely at disposal point.
- Dispose of all waste as clinical waste.
- Clean, dry and store re-usable parts of cleaning equipment, such as mop handles.
- Remove and discard PPE as clinical waste as per local policy.
- Perform hand hygiene.
# Appendix 6: PPE Table 2

## Recommended PPE for primary, outpatient and community care by setting, NHS and independent sector

<table>
<thead>
<tr>
<th>Setting</th>
<th>Context</th>
<th>Disposable Gloves</th>
<th>Disposable Plastic Apron</th>
<th>Disposable Fluid-resistant Disposable Clothing (Gown)</th>
<th>Surgical Mask</th>
<th>Fluid-resistant (Type IIR) Respirator</th>
<th>Fitting Face piece respirator</th>
<th>Eye/face protection†</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Any setting</strong></td>
<td>Performing an aerosol generating procedure on a possible or confirmed case†</td>
<td>✓ single use†</td>
<td>×</td>
<td>✓ single use†</td>
<td>×</td>
<td>✓ single use†</td>
<td></td>
<td>✓ single use†</td>
</tr>
<tr>
<td><strong>Primary care, ambulatory care, and other non-emergency outpatient and other clinical settings e.g. dermatology, dental, obstetrics, midwifery</strong></td>
<td>Direct patient care – possible or confirmed case† (within 2 metres)</td>
<td>✓ single use†</td>
<td>✓ single use†</td>
<td></td>
<td>×</td>
<td>✓ single use†</td>
<td>✓ single use†</td>
<td>✓ single use†</td>
</tr>
<tr>
<td></td>
<td>Working in reception/communal area with possible or confirmed cases† and unable to maintain 2 metres social distance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Individuals own home (owner/pee of residence)</strong></td>
<td>Direct care to any member of the household where any member of the household is a possible or confirmed case†</td>
<td>✓ single use†</td>
<td>✓ single use†</td>
<td></td>
<td>×</td>
<td>✓ single use†</td>
<td>✓ single use†</td>
<td>✓ single use†</td>
</tr>
<tr>
<td></td>
<td>Direct care or visit to any individuals in the extremely vulnerable group or where a member of the household is within the extremely vulnerable group undergoing shielding</td>
<td>✓ single use†</td>
<td>✓ single use†</td>
<td></td>
<td>×</td>
<td>✓ single use†</td>
<td>✓ single use†</td>
<td>✓ single use†</td>
</tr>
<tr>
<td></td>
<td>Home birth where any member of the household is a possible or confirmed case†</td>
<td>✓ single use†</td>
<td>✓ single use†</td>
<td></td>
<td>×</td>
<td>✓ single use†</td>
<td>✓ single use†</td>
<td>✓ single use†</td>
</tr>
<tr>
<td><strong>Community-care home, mental health inpatient and other overnight care settings e.g. learning disability, hospices, prison healthcare</strong></td>
<td>Facility with possible or confirmed cases† – and direct resident care (within 2 metres)</td>
<td>✓ single use†</td>
<td>✓ single use†</td>
<td></td>
<td>×</td>
<td>✓ single use†</td>
<td>✓ single use†</td>
<td>✓ single use†</td>
</tr>
<tr>
<td><strong>Any setting</strong></td>
<td>Contact or nosocomial spread</td>
<td>✓ single use†</td>
<td>✓ single use†</td>
<td></td>
<td>×</td>
<td>✓ single use†</td>
<td>✓ single use†</td>
<td>✓ single use†</td>
</tr>
</tbody>
</table>

---

1. This may be single or reusable: Follow local guidance for the use of masks.
2. The HPA recommend generating procedures that are undertaken where there is a high risk of transmission of infection. These should be undertaken where there is a high risk of disease transmission.
3. A single use refers to disposal or decomposition of reusable items, e.g. protective equipment, disposable items that have been used to contain or remove clinical waste.
4. Where several PPE items are used, the duration of use for each item is multiplied by the number of items used.
5. Local risk assessment should be undertaken to ensure that these recommendations are appropriate for the setting.
6. For individuals who are in close contact with people who are symptomatic or infectious, the use of PPE should be considered in addition to the use of masks.
7. Eye/face protection is the use of any device that protects the eyes, nose, or mouth from the direct or indirect spread of infectious agents. This includes face shields, goggles, and surgical masks.
Appendix 7: PPE Table 4

Additional considerations, in addition to standard infection prevention and control precautions,

where there is sustained transmission of COVID-19, taking into account individual risk assessment for this new and emerging pathogen, NHS and independent sector

<table>
<thead>
<tr>
<th>Setting</th>
<th>Context</th>
<th>Disposable Gloves</th>
<th>Disposable Plastic Apron</th>
<th>Disposable Fluid-resistant coveralls or gowns</th>
<th>Surgical mask</th>
<th>Fluid-resistant (Type III) surgical mask</th>
<th>Filtering face piece respirator</th>
<th>Eye/face protection*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any setting</td>
<td>Direct patient/resident care assessing an individual that is not currently a possible or confirmed case (within 2 metres)</td>
<td>✓ single use9</td>
<td>✓ single use9</td>
<td>x</td>
<td>x</td>
<td>✓ risk assessed sessional use10</td>
<td>x</td>
<td>✓ risk assessed sessional use10</td>
</tr>
<tr>
<td>Any setting</td>
<td>Performing an aerosol generating procedure9 on an individual that is not currently a possible or confirmed case2</td>
<td>✓ single use9</td>
<td>x</td>
<td>✓ single use1</td>
<td>x</td>
<td>x</td>
<td>✓ single use1</td>
<td>✓ single use1</td>
</tr>
</tbody>
</table>

Table 4

1. This may be single use or reusable face/eye protection, full face visor or goggles.
2. A case is any individual meeting case definition for a possible or confirmed case. https://www.gov.uk/government/publications/covid-19-case-definition-uk
3. Single use refers to disposal of PPE or decontamination of reusable items e.g. eye protection or respirator, after each patient contact or following completion of a procedure, task, or session; disposal or decontamination reusable items after each patient contact as per Standard Infection Control Precautions (SICPs).
4. Risk assessed refers to utilising PPE when an anticipated high risk of contamination with pathogens droplets of blood or bodily fluids. Where staff consider there is a risk to themselves or the individuals they are caring for they should wear a fluid resistant surgical mask with or without eye protection as determined by the individual staff member for the care episode/session.
5. A session refers to a period of time where a health care worker is undertaking duties in a specific care setting/exposure environment e.g., a ward round, providing direct care to patients. In session work, all the health care worker needs in the care setting/exposure environment. Sessional use should always be risk assessed and declared to the risk of infection to and from patients, residents and health care workers, and should be stopped if there is a suspected or confirmed case of COVID-19 in the environment or hospital.
6. The list of aerosol generating procedures (AGPs) is within the COVID guidance from NPIs are undergoing a further review of protocol.

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