



## Remember **FACTS** for a safer Scotland

- |          |   |   |
|----------|---|---|
| <b>F</b> | Face coverings                                    |    |
| <b>A</b> | Avoid crowded places                              |    |
| <b>C</b> | Clean your hands regularly                        |    |
| <b>T</b> | Two metre distance                                |    |
| <b>S</b> | Self isolate and book a test if you have symptoms |  |

[nhsinform.scot/coronavirus](https://nhs.uk/inform-scot/coronavirus)  
#WeAreScotland



## February 2021

### Covid Flexible Response Team



# Housekeeping



**care**  
inspectorate

# Aims of the session

To share key points about COVID in context.

To update on current guidance that :

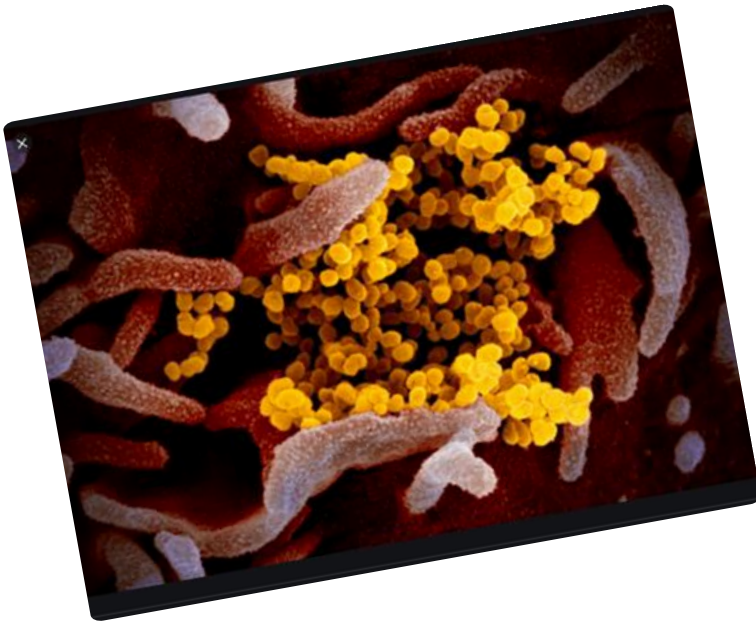
- Helps you stay safe
- Supports your ongoing learning/CPD such as:
- Care Home Addendum
- SIPC's
- Vaccine
- Testing
- Share agreed agency working principles

# COVID in Context – Sustained Transmission Phase

Scottish numbers: 22 February 2021

## Summary

- 715 new cases of COVID-19 reported
- 12,359 new tests for COVID-19 that reported results – 6.6% of these were positive
- 0 new reported death(s) of people who have tested positive (noting that Register Offices are now generally closed at weekends)
- 99 people were in intensive care yesterday with recently confirmed COVID-19
- 1,141 people were in hospital yesterday with recently confirmed COVID-19
- 1,445,488 people have received the first dose of the Covid vaccination and 37,342 have received their second dose



- Data from SG can be found [here](#)
- Public Health Interactive Dashboard can be found [here](#)

# Key Areas from Inspection



**IPC/PPE Practice**

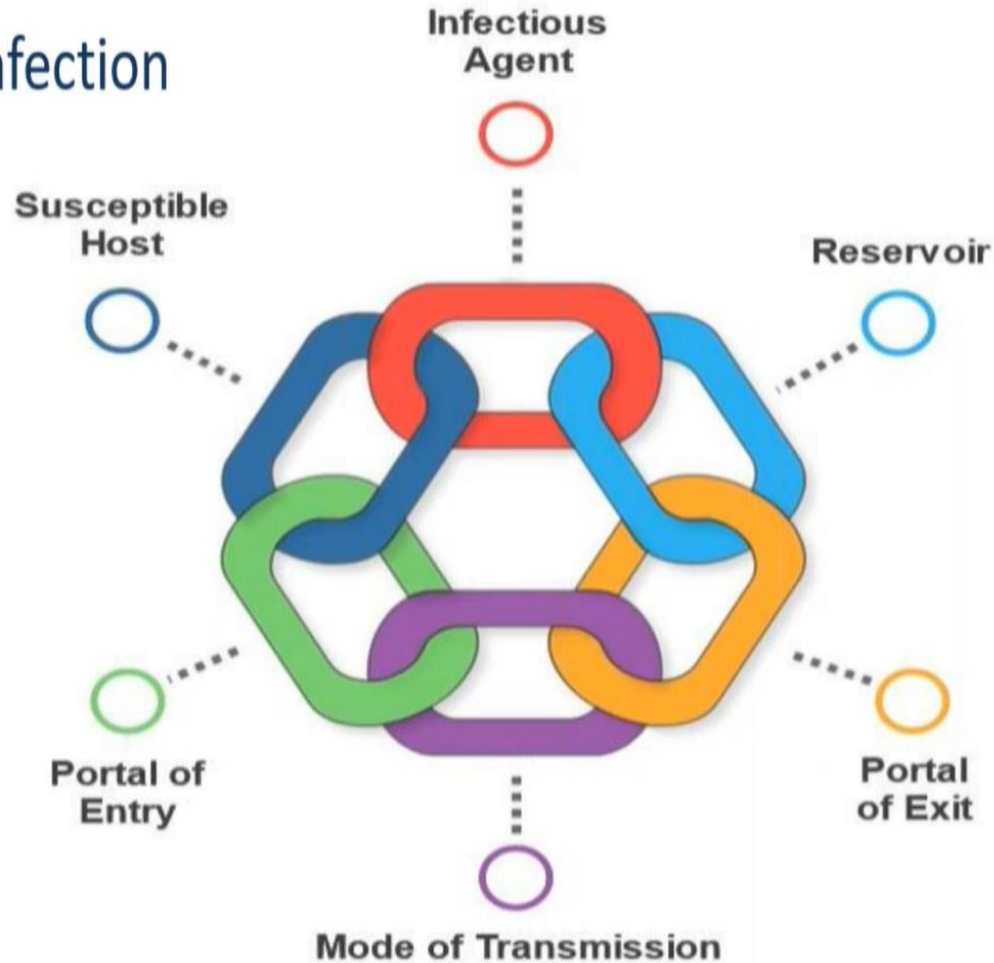
**Environment**

**Laundry both service  
and personal**

**Personal Safety**

# Spread of Infection

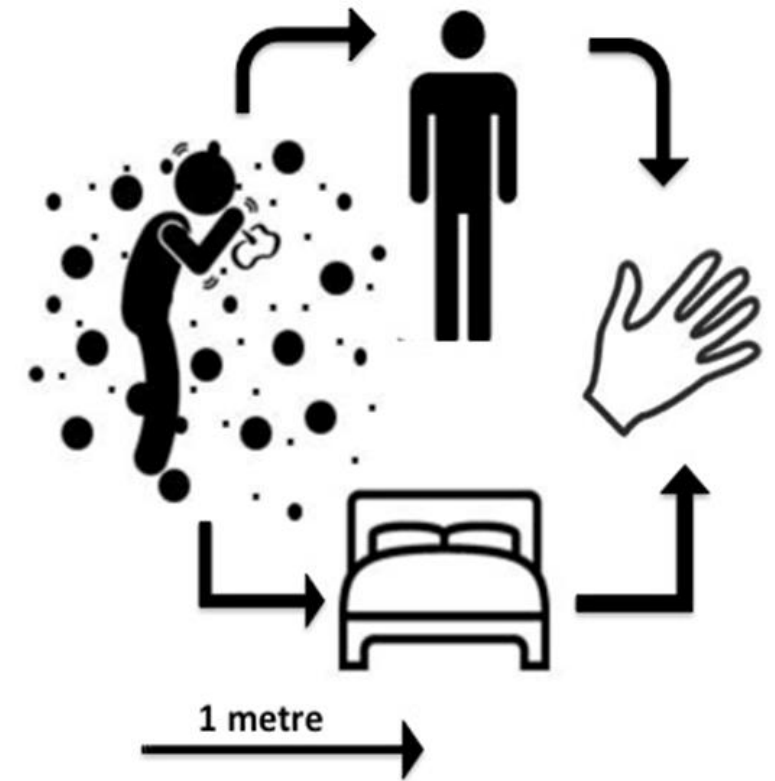
## Chain of Infection



It is not all about COVID:  
There are other bugs which  
can effect you...

# How COVID is spread

- Exposure to **respiratory droplets**
  - Coughing / sneezing droplets onto mouth, nose, eyes
  - Requires close contact (within 2m)
- Contact with **respiratory secretions**
  - Hands
  - Contaminated surfaces, tissues
  - Transferred by touching nose, mouth, eyes with contaminated hands





# How Can You Help?


[NIPCM Index](#)
[Resources](#)
[Literature Reviews](#)
[Search](#)
[Contact us](#)


National Infection Prevention and Control Manual

## Scottish COVID-19 Care Home Infection Prevention and Control Addendum

[Home](#) > [Scottish COVID-19 Care Home Infection Prevention and Control Addendum](#) >

The purpose of this addendum is to provide COVID-19 specific infection and prevention control (IPC) guidance for care home staff and providers on a single platform to improve accessibility.

### Important

Whilst guidance contained within this addendum is specific to COVID-19, clinicians must consider the possibility of infection associated with other respiratory pathogens spread by the droplet or airborne route. Therefore Transmission Based Precautions (TBPs) should not be automatically discontinued where COVID-19 has been excluded.

Any resident who has a coinfection with COVID-19 must not be cohorted with other COVID-19 patients.

### Version control

**16 December 2020**

Version 1.0

First publication.

**25 January 2020**

Version 1.1

Inclusion of new section 6.2.4 'Discontinuing IPC precautions in care homes for residents who are COVID-19 positive'

### Content

- [6.1 COVID-19 case definitions and triage](#)
- [6.2 Resident placement/assessment of risk](#)
- [6.3 Hand hygiene](#)
- [6.4 Respiratory and cough hygiene](#)
- [6.5 Personal Protective Equipment \(PPE\)](#)
- [6.6 Safe management of Care Equipment](#)
- [6.7 Safe Management of the Care Environment](#)
- [6.8 Safe Management of Linen](#)
- [6.9 Safe Management of Blood and Body Fluid Spillages](#)
- [6.10 Safe Disposal of waste \(including sharps\)](#)
- [6.11 Occupational Safety](#)
- [6.11.1 Car/Vehicle sharing for staff](#)
- [6.12 Caring for someone who has died](#)
- [6.13 Visiting](#)
- [6.14 Physical distancing](#)
- [6.15 Resources and tools](#)
- [6.16 COVID-19 Compendium](#)





## Standard Infection Control Precautions (SICPs)

- Must be used by ALL staff in ALL care settings
- Must be used by ALL residents (regardless of infection or not)
- Must be used where there is possible contact with blood or bodily fluids such as
  - Blood
  - All other body fluids and substances (except sweat)
  - Non intact skin
  - Mucous membranes
  - Equipment in the care environment

# Standard Infection Control Precautions

Assessment the person for infection risk and ensure they are cared for in a safe place

Hand hygiene: 5 moments for hand hygiene (WHO)

Cover the nose and mouth when coughing or sneezing

Personal protective equipment (PPE)

Safe management of reusable care equipment

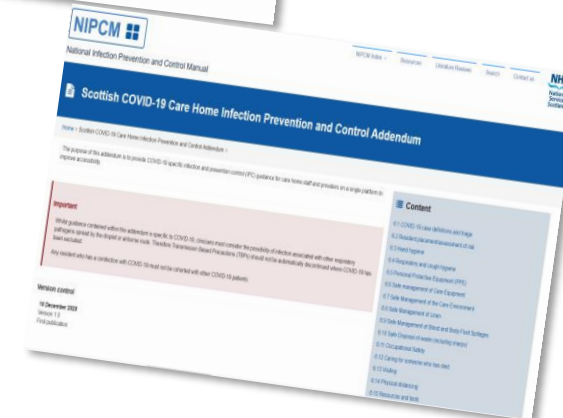
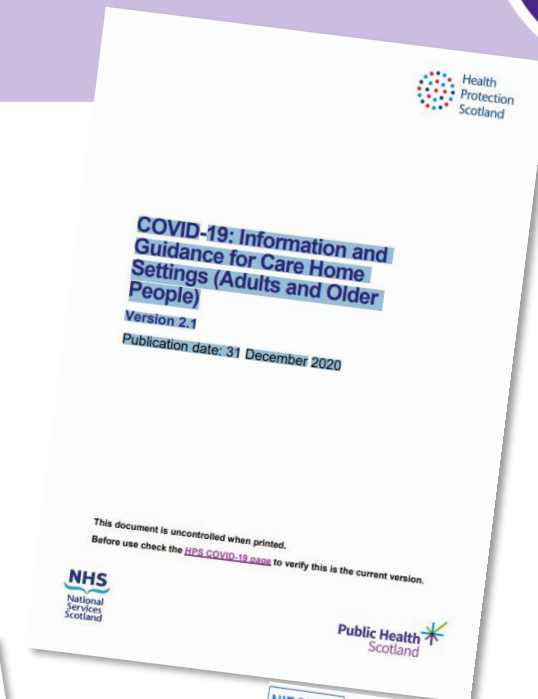
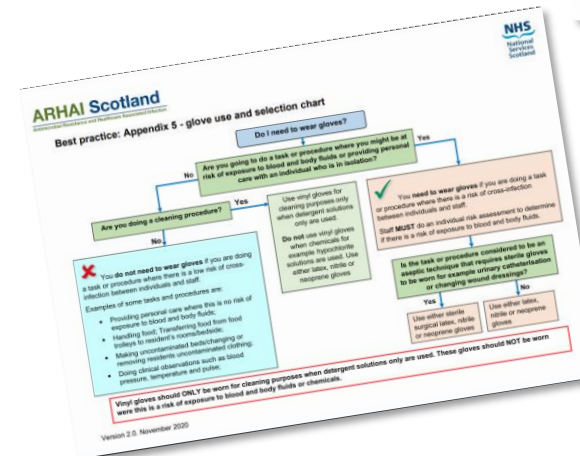
Safe management of the care environment

Safe management of laundry

Safe management of blood or body fluids

Safe disposal of waste (including sharps)

Occupational safety: prevention and take action if exposed or injured (eg: sharps)



## 11. Maintaining social physical distancing

## SIPCs 1: Resident placement/assessment of risk

### Resident Screening:

- Aims to identify potential infection risk either before or at the time of admission
- Put in place appropriate measures to safeguard everyone across the care home

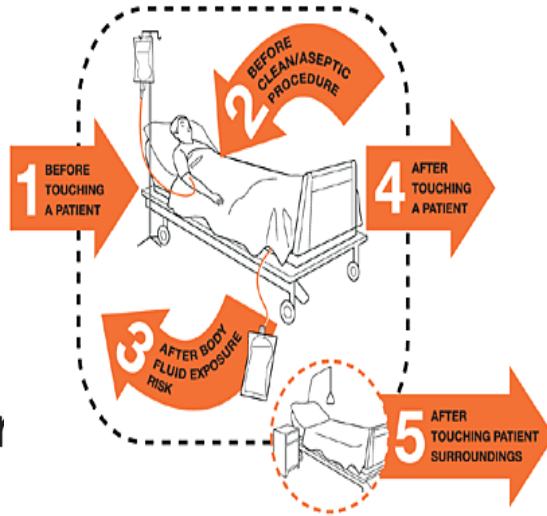
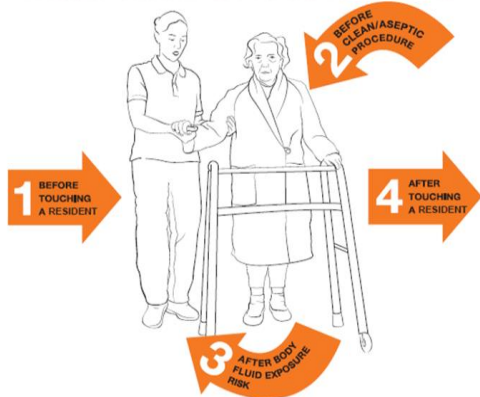


# SICPs 2: Hand Hygiene 4 & 5 moments



## Your Moments for Hand Hygiene

Health care in a residential home



## TOP TIPS

- Washing hands with soap and water is 'Gold Standard'
- Frequent hand hygiene is the most effective method for preventing the spread of infection.
- Bare Below the elbows
- Remove jewellery
- No nail varnish/false nails
- Gloves not a substitute for hand washing
- Alcohol based hand rub (ABHR) where soap & water is not possible – only on visibly clean hands

# SICPs 3: Respiratory & cough hygiene

## TOP TIPS



- Cover mouth and nose with disposable tissue rather than hands
- Provide residents with hand hygiene facilities
- Dispose of quickly
- Don't touch your eyes, nose or mouth
- Wash your hands after disposing of tissue or offer the resident to wash their hand

### CATCH IT

Germs spread easily. Always carry tissues and use them to catch your cough or sneeze.



### BIN IT

Germs can live for several hours on tissues. Dispose of your tissue as soon as possible.



### KILL IT

Hands can transfer germs to every surface you touch. Clean your hands as soon as possible.



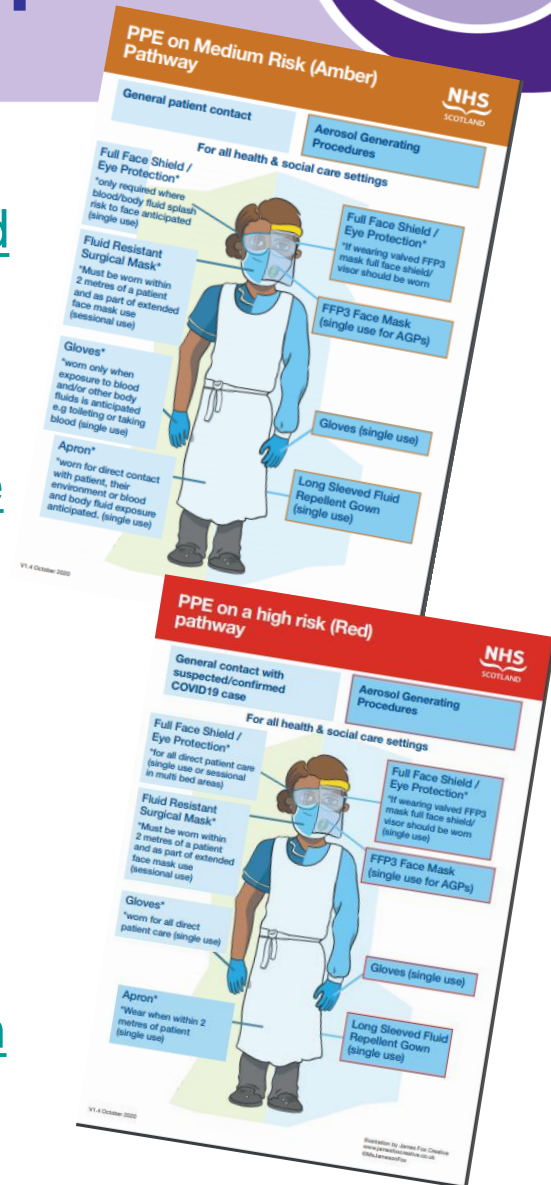


# SICPs 4: Personal Protective Equipment

## TOP TIPS



- All staff must be trained in donning and doffing PPE
- PPE not stored in residents rooms
- All staff to wear FRSM – Extended use of face masks
- Aprons and gloves are single use only: Refer to choosing the right glove information
- Know how to safely dispose of PPE
- Remember residents should wear a mask too when receiving care or within 2m of another person (if tolerated)



# What PPE and When

**Table 1: PPE for direct resident care determined by risk category**

PPE used	Medium-risk category	High-risk category
<b>Gloves</b>	If contact with BBF is anticipated, then single-use.	Worn for all direct care.  Single use.
<b>Apron or gown</b>	If direct contact with resident, their environment or BBF is anticipated, (Gown if splashing spraying anticipated), then Single use.	Always within 2 metres of resident (Gown if splashing spraying anticipated).  Single-use.
<b>Face mask</b>	Always within 2 metres of a resident - Type IIR fluid resistant surgical face mask	Always within 2 metres of a resident - Type IIR fluid resistant surgical face mask
<b>Eye and face protection</b>	If splashing or spraying with BBF anticipated. Single-use or reusable.	Always within 2 metres of a resident  Single-use, sessional or reusable following decontamination.



# SICPs 5: Decontamination of Equipment

## TOP TIPS

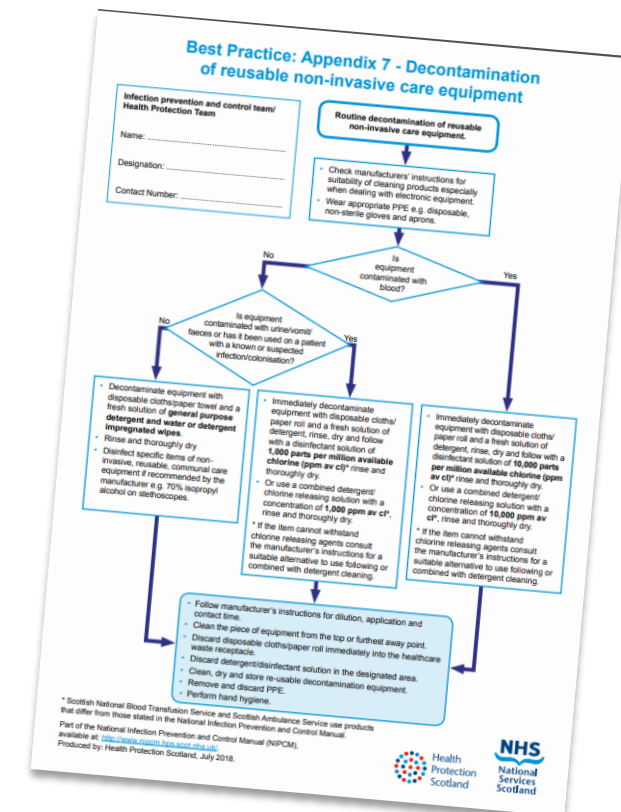
All communal equipment used for care should be decontaminated:

- After use
- If contaminated
- As part of regular cleaning
- Before repair
- Follow [decontamination guidance](#)
- Follow manufacturer instruction to make up solution



Table 4: Equipment cleaning determined by pathway

Pathway	Product
Medium-risk pathway (amber)	Combined detergent/disinfectant solution at a dilution of 1000 ppm av chlorine or general purpose neutral detergent in a solution of warm water followed by a disinfectant solution of 1000ppm av chlorine.
High-risk pathway (red)	Combined detergent/disinfectant solution at a dilution of 1000 ppm av chlorine or general purpose neutral detergent in a solution of warm water followed by a disinfectant solution of 1000ppm av chlorine.



# SICPs 6: Decontamination of the Environment

## TOP TIPS



- It's everybody's business
- Clutter Free environment
- Training for domestic Housekeeping staff
- Storage and cleaning of equipment
- Good Ventilation
- Cleaning schedules that covers hard and soft furnishings
- High risk touch surfaces as a minimum should include door handles/push pads, taps, light switches, lift buttons. Resident areas should include the bedroom and treatment areas and staff rest areas.
- Decontamination of soft furnishings may require to be discussed with the local HPT/ICT. If the soft 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.

Table 5: Environmental cleaning determined by pathway

	Medium risk pathway (amber)	High risk pathway (red)
<b>First daily clean</b>	Full clean	Full clean
<b>Second daily clean</b>	High Risk Touch Surfaces* within clinical inpatient areas	High Risk Touch Surfaces within clinical inpatient areas
<b>Product</b>	Combined detergent/disinfectant solution at a dilution of 1000 ppm av chlorine or general-purpose neutral detergent in a solution of warm water followed by a disinfectant solution of 1000ppm av chlorine.	Combined detergent/disinfectant solution at a dilution of 1000 ppm av chlorine or general-purpose neutral detergent in a solution of warm water followed by a disinfectant solution of 1000ppm av chlorine.

Do you know how to do this?  
Are you expected to make  
solutions up or are they ready  
made?



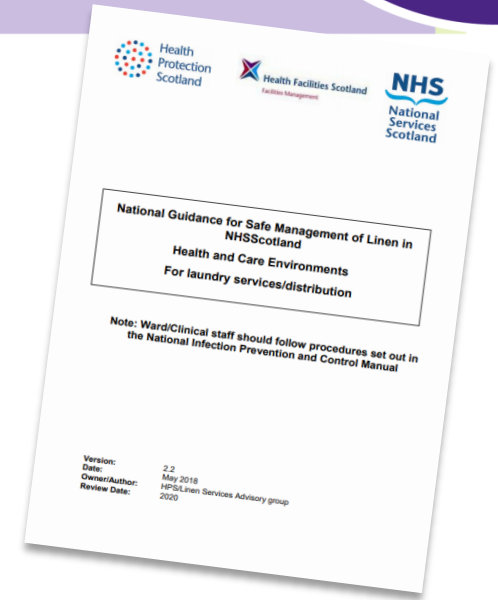
# SICPs 7: Safe management of linen

## TOP TIPS



During COVID 19 outbreak – all linen used to be treated as infectious

- Keep all staff up to date with any changes in the service re: Outbreaks
- Use red alginate bag for suspected or confirmed cases of COVID
- **Do not:**
  - re-open bags once tied
  - take linen skip/buggy into resident's room
  - shake or sort linen on removal from beds
  - place used/infectious linen on the floor or any other surface, eg a table top
  - re-handle used/infectious linen when bagged
  - overfill laundry receptacles
  - place inappropriate items in the laundry receptacle



Wash (used and infectious) – thermal disinfection

- The washing process for both used and infectious linen should include a disinfection cycle where the temperature should be maintained at:
  - 65c for not less than 10 minutes or, preferably,
  - 71c for not less than 3 minutes.
- To ensure adequate mixing and heat distribution: National Guidance for Safe Management of Linen in [NHS Scotland](#), Health and Care Environments. For laundry services/distribution HPS. Version 2.2. May 2018 page 10 of 17
  - Up to 4 minutes should be added to the above times when using machines with low (less than 0.056kg/L) degrees of loading.
  - Up to 8 minutes should be added to the above times when using machines with high (more than 0.056kg/L) degrees of loading.

# SICPs 7: Safe management of linen – staff uniforms

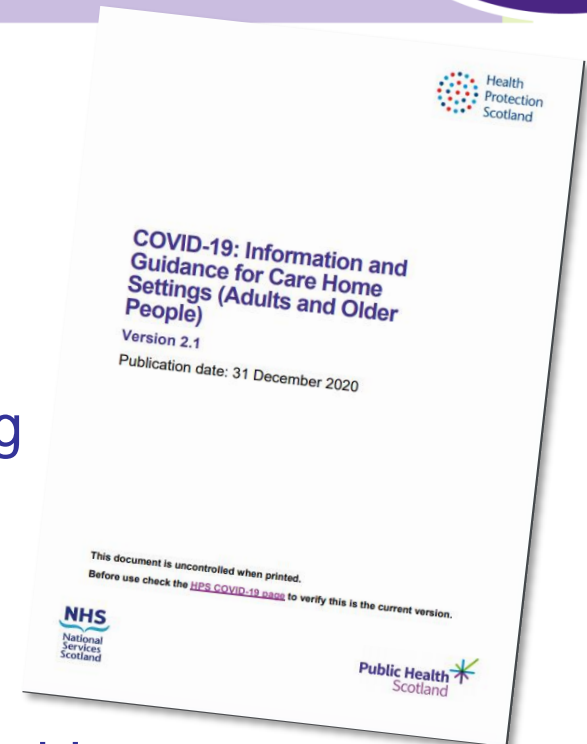
## TOP TIPS



- Do not travel to your work in uniform always change into and out of uniform at work
- Take to work in a clean plastic bag
- Take worn linen home in a sealed plastic bag

When home your uniform should be washed:

- Separately from other household items
- In a load no more than half your washing machine capacity
- At the maximum temperature your uniform will tolerate



## SICPs 8: Safe management of body fluids

### TOP TIPS



- Training for all staff
- Blood and body fluid spillages must be cleaned up safely and without delay
- Use BBF kits if available/Spill kits
- Know and follow local procedures and SICPs
- PPE
- Dispose of safely

Never use chlorine directly on urine/vomit spills as this may cause a chemical reaction resulting in the release of chlorine vapour which is a toxic fume.





## SICPs 9: Safe management of waste

### Safe Disposal of waste (including Sharps)

#### What you need to know:

- Red and amber categories (All waste belonging to the confirmed and suspected residents/individuals):
- Waste contract in place – dispose of as clinical waste
- No clinical waste contract – store bags in secure location for 72hrs before disposal (where there is an outbreak)
- Follow usual waste handling procedures
- Waste bins of appropriate size must be in place
- **Waste bags** must be no more than 3/4 full or more than 4 kgs in weight; and use a ratchet tag/or tape (for healthcare waste bags only) using a 'swan neck' to close with the point of origin and date of closure clearly marked on the tape/tag.



More Information can be accessed here - [Section 1.9 of SICPs](#)

# SICPs 10: Occupational Safety, Keeping you and others safe



## General

- Legal requirement
- Minimise sharps
- Staff training
- First aid, don't suck
- Investigation and follow up
- Incident reporting and recording

## COVID specific

- Do not attend work if you have symptoms (however mild), self-isolate and get tested (Do not attend care home for testing)
- If you have had a positive PCR test you will not be required to retest again for 90 days.
- Any new symptoms in this time seek advise
- Maintain social and physical distancing-particularly at break times, when gathering outside and if walking to work – Remember FACTS
- Avoid car sharing
- Do not travel to or from work in your Uniform
- Do not bring personal equipment into the workplace
- Always check the infection status of the CH you are being sent to
- Follow testing requirements
- Wear PPE
- Know outbreak procedures
- Drink plenty of fluids during your shift
- Vaccination



# SICPs 11: Social Distancing



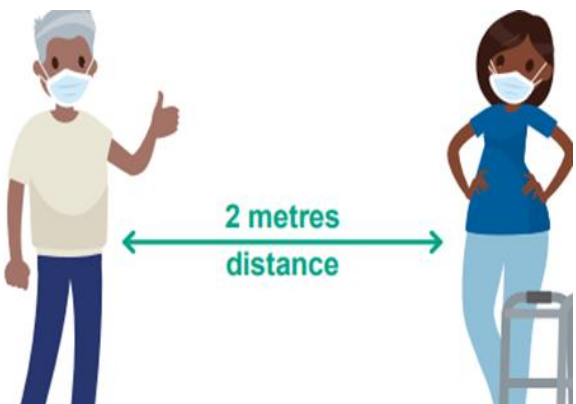
It is important to:

## Staff

- Maintain physical distancing of 2 metres wherever possible particularly when taking meal breaks and when in offices and abide by social distancing when out of work also e.g. walking to work with colleagues
- Employers are encouraged to plan breaks in such a way that allows 2 metre physical distancing and therefore staff not having to wear a face mask, with natural ventilation where possible.

## Resident

- Wherever possible consider serving resident in their own room but if communal areas are used 2m distancing and Ideally reduce time in these areas
- Isolate residents with symptoms or if cohorting ensure residents are physically separated from each other

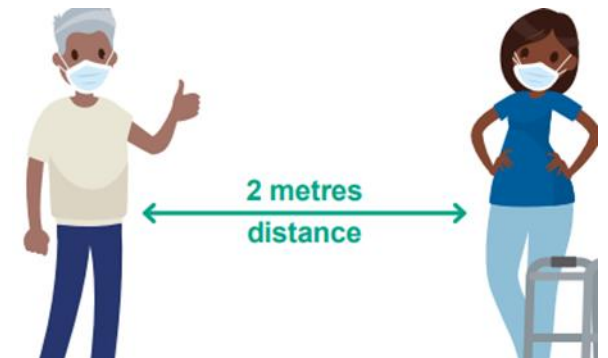


# Transmission Based Precautions (TBP)

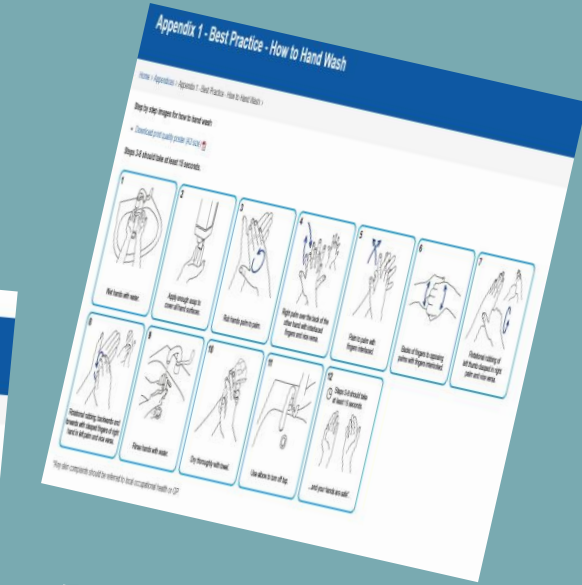
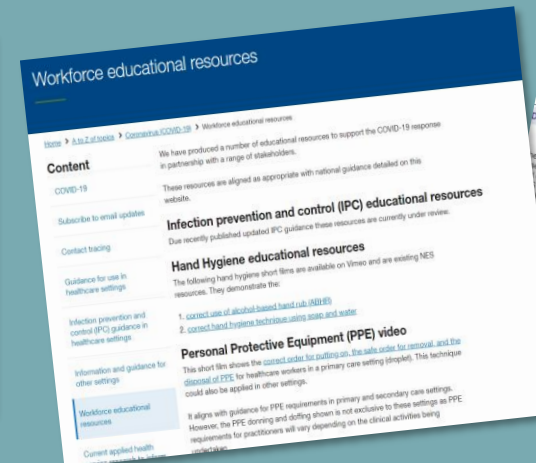
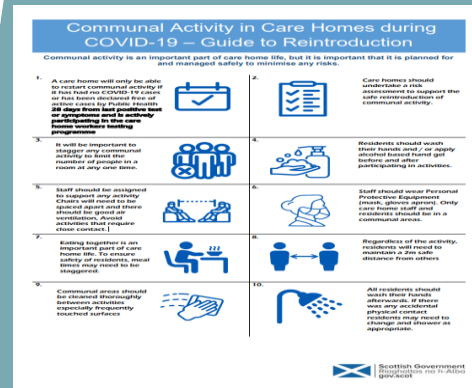
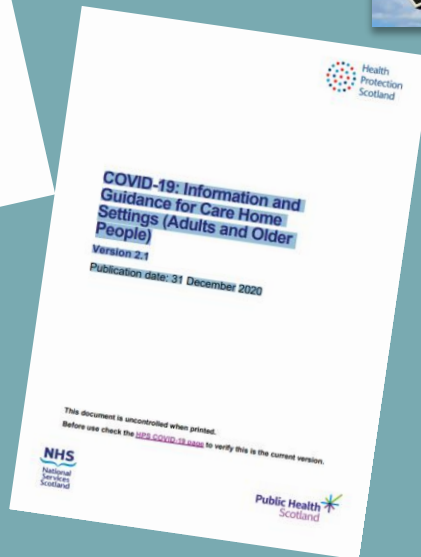
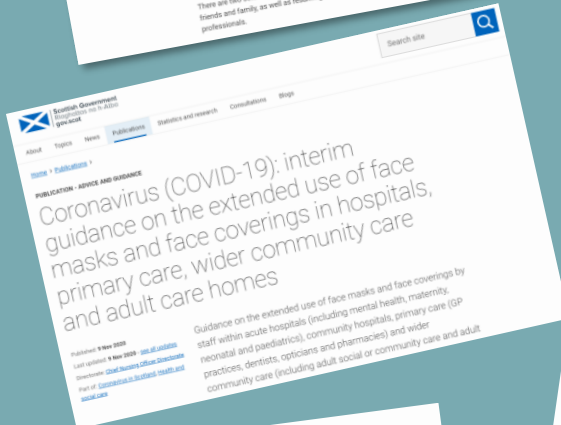
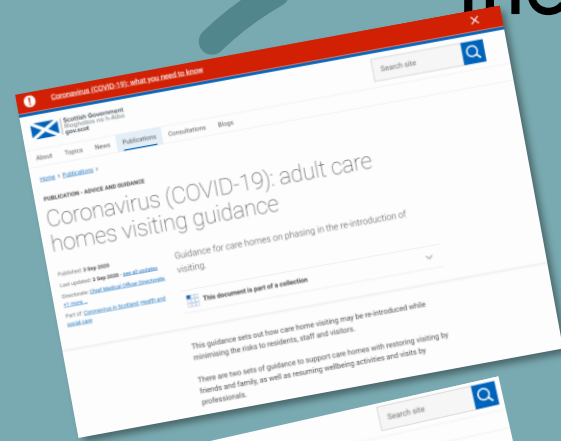
Enhanced level of measures to prevent infection. These can be found here:  
<http://www.nipcm.scot.nhs.uk/chapter-2-transmission-based-precautions-tbps/#a1090>

Covid is a droplet transmission: **Droplet precautions**

Used to prevent and control infections spread over short distances (at least 3 feet or 1 metre) via droplets from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual. Droplets penetrate the respiratory system



# Good Practice Guidance relevant to the service type – Regularly updated





# Care Inspectorate Covid Compendium



## Guide to Covid-19 Information (Updated 6 November 2020)

For library of guidance documents, please refer to Health Protection Scotland Compendium:

[https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2999/documents/1\\_covid-19-compendium.pdf](https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2999/documents/1_covid-19-compendium.pdf)

For where to look for information on key topics, see table below, categories:

Section	Topic	Page Number(s)
1	Care Home guidance	2-7
2	Guidance on social, community and non-care home residential settings	8-11
3	Children, young people and early years guidance	12-15
4	Infection prevention and control, including PPE guidance	16-17
5	Social distancing and shielding guidance, protection information for the general public	18-19
6	Testing guidance	20-21
7	Human Rights Issues	22
8	Policy and legislation	23

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## Coronavirus

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- Coronavirus
  - > COVID-19 FAQs
  - > COVID-19 notifications
  - > Inspection during COVID-19
  - > Personal Protective Equipment (PPE)
  - > Near Me video consulting
  - > Testing

### Care Inspectorate guidance for services

Visit our [COVID-19 FAQs](#) page for more information.

### Guide to Covid-19 information

The 'Guide to Covid-19 information' is a compendium of links to guidance and documents that will be a useful resource to regulated services during the Covid Pandemic. The compendium offers easy access to sector specific guidance alongside generic information. The compendium will be updated as guidance is developed and revised.

### Archived Updates

You can find older updates on the [Archived Updates](#) page.

COVID Compendium can be found [here](#)

# FACTS

Follow this and it will  
keep you and others  
safe

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[nhsinform.scot/coronavirus](https://nhs.uk/inform.scot/coronavirus)  
#WeAreScotland





## Principles of practice for Agencies

- Existing regulatory frameworks continue to apply to agencies and the staff who they employ. As such agencies must continue to ensure that staff deployed by them are fit to practice outlined in professional codes of practice. This will include compliance with the SSSC Code of Practice for Employers of Social Service Workers; Code of Practice for Social Service Workers and the Nursing Midwifery Code of Practice 'The Code'. These codes of practice hold individuals as well as employers accountable in upholding standards as part of providing the quality and safety expected by people using services and regulators. **This includes ensuring staff have the skills and competencies to meet the expectation of the role to which they are deployed. Ensuring staff are skilled and knowledgeable in infection prevention and control procedures and practices will be of particular importance prior to deployment into care homes during the Covid-19 pandemic.**
- This additional guidance has been developed to support safe deployment of agency staff to care homes during the Covid-19 pandemic.



## Principles of practice for Agencies

1. All eligible agency staff must be tested weekly. No exceptions to this as it puts the whole care home sector at risk. It should be noted that where staff have previously tested positive to Covid-19 they do not require to be tested weekly for 90 days unless they experience symptoms in which case testing would take place through population symptomatic testing routes.
2. Care homes should ensure they ask for proof of testing to protect residents, their own staff and other agency staff.
3. Agency staff should be block booked by care homes to enable staff to remain at the same home or client group wherever possible.
4. Agency staff should not normally work across different care homes unless in very exceptional circumstances. To support this staff working for more than one agency must declare if they have worked in other health or social care settings when working for other agencies or employers.
5. Agency staff should not travel to and from work in uniforms but change on premises and ensure uniform is washed at appropriate temperature
6. The agency should carry out health risk assessments on staff including BAME and keep on file to support health and wellbeing of staff deployed to care homes
7. The agency should keep a record of where staff have been deployed, test results and any requirement to isolate by the agency
8. Staff must not work contemporaneously across more than one care setting where there is an outbreak / active positive cases.
9. Agencies must clarify the covid-19 status within any care setting at the time of booking staff for deployment.

The principles and accompanying letter can be found [here](#)





## Testing: Scottish Local Hubs/UK Portal



The purpose of staff testing is to help protect residents and staff, and is an important part of our national effort to tackle coronavirus. Guidance has been developed to ensure that all staff deployed to care homes for adults and older people from staffing agencies are tested for COVID-19 prior to deployment.

- The Scottish Government has set out a testing priority matrix which explains which key workers will be tested. More information can be found in relation to the Test and Protect scheme [here](#).
- It is required that agency staff deployed to work in care homes undertake testing within the care home. - Current testing requirements in care homes: 2x LFD testing and 1x PCR. More Information can be found [here](#).
- Agencies who provide staff to care homes should utilise the UK Government employee referral portal to proactively ensure that a cohort of staff have been tested who can then be deployed in to care homes at short notice as required. You may also be tested onsite. Staff testing programme. More information can be found [here](#).
- Agency staff who work in care homes on longer term contracts can access testing through testing in the care homes using the UK social care portal in the same way as substantive staff are tested in the care home. All things testing for care homes can be found [here](#)



# Vaccination and immunisation



- Vaccination is important to protect yourself and others
- COVID19 Vaccination Programme Information can be found [here](#)
- Local Boards are implementing their vaccination programme and you will find info on the Board website
- The SG vaccination website have useful resource materials for staff. More info can be found [here](#)
- Covid-19 Vaccination Programme: Bringing Forward Priority Cohorts – More information can be found [here](#).
- General enquiries contact [vaccinationsdelivery@gov.scot](mailto:vaccinationsdelivery@gov.scot)
- If you get the COVID19 vaccine you will need to continue to follow SICPs, local IPC guidance and Local Protection level directives, comply with PPE

# Summary of Useful Resource Links

Useful  
resources



- NHS Education Scotland, National Infection Prevention and Control manual can be found [here](#)
- HPS Care Home guidance sets out what care homes should be aware of: The guidance can be found [here](#)
- HPS Incident or outbreak tool. This tool will help inform your thinking as to how well the service is managing an outbreak; The tool can be found [here](#)
- General advice and guidance for staff working in social care. The guidance can be found [here](#)
- HPS Safe practice in care homes poster can be downloaded [here](#)
- HPS guidance for stepdown of infection control precautions and discharging COVID19 patients from hospital to residential settings can be found [here](#)
- Testing in Care Homes: HPS Interim guidance re: Testing in care homes can be downloaded [here](#)
- Interim guidance on the use of face masks and face coverings can be found [here](#) and CNO letter dated 18 September can be found [here](#). FAQs are also available [here](#)
- Safe Management of Linen can be found [here](#)
- Coronavirus (COVID-19): guidance on travel and transport can be found [here](#)
- Care Inspectorate Hub – Resources can be found [here](#)
- Care Inspectorate COVID Information and Guidance can be found [here](#)
- SSSC Coronavirus Infection Prevention and Control information can be found [here](#)

# Finally– what do you need to ask your employer to work safely in your role?

## What do I need to ask:

- What preparations have been made for me in response to the pandemic, including training on infection prevention and control and, PPE use? – What do I need to know for my role?
- What is considered before I'm deployed to a care service?
- What is the local protection level of the area I am being deployed to ?
- What is the COVID status of the service I am being sent to
- If PPE is required who will supply it?
- What testing do I need and where do I get it?
- Who keeps a record of my test results?
- If I test positive who should be notified, particularly in relation to services worked in over the previous 14 days? How do I do this?
- What isolation period applies
- How will you keep me up to date with changes in guidance?
- If I have concerns about a service I am sent to who should I raise these with?







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# Any questions for the Covid Flexible Response Team

