

# COVID-19: Guidance for Domiciliary Care

Version 1.41

Publication date: 20 August 2020

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Before use check the [HPS COVID-19 page](#) to verify this is the latest publication.

## Version history

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V1.0	04/05/2020	Creation of document
V1.1	20/05/2020	Case definition updated
V1.2	21/05/2020	<p>1 Measures to prevent spread of COVID-19: staff physical distancing advice added.</p> <p>2 PPE: added external link to AGP list</p> <p>10 Laundry: updated</p> <p>12 Staff health and wellbeing: added external link to testing information</p>
V1.3.2	10/07/2020	<p>Update to section 2:</p> <ul style="list-style-type: none"> <li>• Test and Protect</li> <li>• Face coverings</li> <li>• Physical distancing at organisational level</li> </ul> <p>Update to section 3: PPE advice</p> <p>Update to section 5: Providing care to someone who has symptoms advice amended. Added NHS24 free phone number for testing</p> <p>Update to section 6: hand hygiene</p> <p>Update to section 7: respiratory and cough hygiene</p> <p>Update to section 13:</p> <ul style="list-style-type: none"> <li>• Staff who have contact with a case of COVID-19 at work: advice update</li> <li>• Testing for COVID: advice updated</li> <li>• Staff who have recovered from COVID-19: addition of the first paragraph re persistent cough and loss of/ change in taste and smell</li> </ul> <p>Addition of section 14: Personal or work travel and physical distancing</p> <p>Appendix 1: advice updated</p>
V1.4	19/08/2020	<p>People who were shielding are now referred to as being “at extremely high risk of severe illness” in line with the wording used on NHS Inform. This has been updated across the guidance</p> <p>Section 1: Introduction updated in line with other HPS guidance</p> <p>Section 2: All links to SG updated with Phase 3 links. Shielding, face coverings and physical distancing sections updated. Physical distancing at organisational level section re worded for clarity. Advice for staff who were shielding has been updated</p> <p>Section 3: Acronyms COSLA and SJC expanded</p> <p>Section 4: Physical distancing section updated. All links to SG updated with Phase 3 links. Link to SG guidance on providing care at home added</p> <p>Section 4.1: Section reworded for clarity</p>

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Domiciliary care staff provide personal care (and sometimes other nursing and medical support) to people living in their own homes. The delivery of care can be provided to a wide range of people of all ages, including children, some of whom may be at extremely high risk of severe illness.

- For **care home** settings, there is separate **COVID-19 Guidance and Information for Care Home Settings** that should be followed.
- For **social, community and residential care settings** other than care homes, there is separate **COVID-19: Information and Guidance for Social, Community and Residential Care** that should be followed.
- For **primary care** settings, there is separate **Novel coronavirus (COVID-19) Guidance for primary care Management of patients in primary care Including general medical practice, general dental practice, optometry and pharmacy**

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

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

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

### 1. Introduction

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

The first cases in the UK were detected on 31 January 2020, and on 23 March 2020 the UK entered lockdown.

As part of the gradual relaxation of lockdown measures, effective and timely contact tracing needs to be implemented to allow a sustained reduction in new cases, outbreaks and to reduce spread of the virus. In Scotland, this is being achieved through a programme of community testing, contact tracing and isolation (known as '**Test and Protect**'). Contact tracing is being undertaken for cases confirmed by a positive test.

Further details can be found on the Scottish Government [website](#) and [NHS Inform](#).

#### Symptoms of COVID-19

Common symptoms include:

- New continuous cough
- or
- Fever
- or
- Loss of/ change in sense of smell or taste.

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

#### Spread of COVID-19

COVID-19 is spread through respiratory droplets produced when an infected person coughs or sneezes. The evidence to date continues to point towards transmission mainly occurring via contact with symptomatic cases. This can occur through respiratory droplets, by direct contact with infected persons, or by contact via contaminated objects and surfaces. Shedding of SARS-CoV-2 is highest early in the course of the disease, particularly within the first 3 days from onset of symptoms. However, there is also some evidence that transmission to others may be possible 1-3 days prior to symptom onset (pre-symptomatic phase) or in individuals that develop infection but don't develop symptoms (asymptomatic) however the evidence for this is still emerging and is very limited. The risk of transmission is highest when there is close contact with an infected person who is symptomatic and this risk increases the longer the contact lasts.<sup>1</sup>

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

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

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:

**Stay at home guidance for households with possible COVID-19** should be followed by people with symptoms or a COVID-19 diagnosis (whether or not they have symptoms) and their household contacts to reduce the community spread of COVID-19. This means that anyone who has symptoms of COVID-19 or a COVID-19 diagnosis (whether or not they have symptoms) and anyone else living in the same household should follow the guidance for households with coronavirus infection on [NHS Inform](#).

**Test and Protect** is a public health measure designed to break chains of transmission of COVID-19 in the community. This approach operates by identifying cases of COVID-19, tracing the people who may have become infected by spending time in close contact with them, and then supporting those close contacts to self-isolate, so that if they have the disease they are less likely to transmit it to others. Further details can be found on the Scottish Government [website](#) and [NHS Inform](#).

**Physical distancing** measures should be followed by everyone in line with the Scottish Government advice to [stay safe \(physical distancing\)](#). Guidelines vary by age group – for up to date information see the [Scottish Government website](#). The aim of physical distancing measures is to reduce the transmission of COVID-19. People who are at increased risk of severe illness from coronavirus should strictly follow physical distancing measures (this includes those with certain medical conditions, pregnant or aged 70 or older). Up to date information can be found on the [NHS Inform](#) website. This also includes additional detail on how to adapt physical distancing for those with additional needs.

**Shielding** is a measure to protect people, including children, who are at extremely high risk of severe illness from COVID-19 because of certain underlying health conditions.

[Scottish Government](#) advise:

“People who have been advised to shield because of COVID-19, will no longer have to do so from 1 August and will be asked to follow general safety guidance, as well as follow stringent physical distancing and hygiene measures.”

This does not apply to anyone living in a residential care or nursing home. Further information including exceptions can be found on the [Scottish Government](#) website.

**Face coverings:** The Scottish Government announced that people aged 5 years and over must wear a face covering in a wide range of indoor public places including shops, cinemas, galleries, museums and banks; on public transport and in public transport premises. There

are some exemptions to this requirement, further information can be found on the [Scottish Government website](#).

Members of the **public visiting an adult hospital** (including to attend an appointment) or a **care home for the elderly** are also asked to wear a face covering where it is not always possible to maintain a 2 metre distance from other people. Further information is available [here](#).

### Physical distancing at an organisational level

Physical distancing must be adhered to by everyone where possible. Additionally guidance on [face coverings](#) and [PPE](#) must be followed.

A local review of existing practice should be considered to ensure that measures are introduced to support physical distancing where this is possible and measures to minimise risk where it is not. Ensure that good hygiene practices and all **infection prevention and control measures** are implemented fully.

A risk assessment should be conducted that considers the following aspects and the outcome should be documented:

- Is the task/activity being done essential?
- Can the task/activity be done in a different way so that 2m distance can be maintained?
  - **Yes** – do this and document a justification that describes why the process has changed from usual practice, making sure your usual Health and Safety considerations are applied (if relevant).
  - **No** – then adapt the task to ensure physical distancing is adhered to as far as possible and document this.
    - **Minimise the time** spent at less than 2m
    - **Maintain 2m distance** for breaks and lunch
    - **Maximise the distance**, where the 2m distance cannot be kept, always ensure the greatest distance between people is maintained
  - Apply **environmental changes** to minimise contact such as physical barriers, markings or changing placement of equipment or seating.

Staff who think they may be at increased risk of severe illness should seek advice from their line manager or local Occupational Health Service. Staff who are shielding should follow current shielding advice. Pregnant staff should also seek advice from their line manager or local Occupational Health Service. Information for at risk or pregnant health and care workers can be found in [Guidance for NHS Scotland workforce Staff and Managers on Coronavirus](#).

### 3. Personal protective equipment (PPE)

A PPE statement was issued by the Scottish Government with the Convention of Scottish Local Authorities (COSLA) and the Scottish Joint Council (SJC) unions – it can be accessed [here](#). This states that social and home workers can wear a fluid resistant surgical mask (FRSM) along with other appropriate PPE where the person they are visiting, or otherwise attending to, is neither confirmed nor suspected of having COVID-19, if they consider doing so is necessary to their own and the individual's safety. Please refer to **Table 4 (Appendix 4)** for further information on PPE.

**Table 2 (Appendix 3)** describes the PPE applicable to the home (domiciliary care) setting when staff are providing care for suspected or confirmed cases, or for individuals who are at extremely high risk of severe illness with COVID-19.

All staff must be trained in how to put on and remove PPE safely. **Appendix 1** describes the procedure for putting on and removing PPE.

PPE should be put on in a safe area either inside the premise, such as a porch or a separate room, or, if there is no available area then the mask can be put on immediately prior to entering the home, and gloves and apron when in the home.

PPE should be removed before leaving the home or care setting and should not be worn out with the home or to the next visit. If caring for more than one individual in the same house, then only the mask/eye protection can be considered sessional use until completion of the tasks/care. Hand hygiene must be carried on immediately after removing PPE. PPE should be disposed as detailed in **section 10**.

Staff should avoid visiting suspected or confirmed cases of COVID-19 who are on Continuous Positive Airway Pressure Ventilation (CPAP) or Bi-level Positive Airway Pressure Ventilation (BiPAP) at home as these are considered aerosol generating procedures (AGPs) – see list of **AGPs**. Consider phone/digital consultations in the first instance to assess whether the individual requires a home visit. If it is safe to postpone the visit, then do so.

If a home visit cannot be avoided;

- Find out what time the individual is on CPAP/BiPAP and plan to visit at least an hour or more after the CPAP or BiPAP has been switched off
- Ask the individual to move to another room in the property and close the door to the room where the CPAP or BiPAP is undertaken.
- If the visit must take place when the patient is on the CPAP/BiPAP or if the above measures cannot be followed, the member of staff must wear AGP PPE in line with **Table 2/ Table 4**: performing an AGP. It is the responsibility of care providers to ensure that all staff have been fit tested for FFP3 respirators where appropriate.

### 3.1. 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.

The following contact details will direct providers to the NHS NSS triage centre for social care PPE:

Email: [support@socialcare-nhs.info](mailto:support@socialcare-nhs.info).

Phone: 0300 303 3020. The helpline will be open (8am - 8pm) 7 days a week.

NHS staff should continue to obtain PPE through their health board.

## 4. Providing care to individuals in their own home

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

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

Scottish Government guidance on providing care at home can be found [here](#).

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

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

## **5. Providing care to someone who develops symptoms of COVID-19.**

As part of the "Test and Protect" approach, everyone with symptoms is encouraged to get tested. If anyone being cared for by a home care provider reports developing COVID-19 symptoms (see [section 1](#)) they should be advised to visit the [NHS Inform](#) website to arrange testing. If the individual or home care provider is unable to access the website, then call NHS24 free on 0800 028 2816 or [NHS 111](#). If the individual is unwell and requires clinical assessment then seek advice on [NHS Inform](#) and contact [NHS 111](#) via telephone, or online. If they are unable to call [NHS 111](#) themselves then the home care provider should call on their behalf. In an emergency, they should dial 999.

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

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

### **5.1. Providing care to individuals when their household member has symptoms or a diagnosis of COVID-19 or has been told to self-isolate following travel or contact**

Advise the person to leave the room where the patient is and isolate themselves prior to the visit. They can return when the care is complete and the staff member has left the property. Refer to [Table 2](#) for advice on appropriate PPE.

### **5.2. Providing care to individuals discharged from hospital with COVID-19 who require home care**

Some individuals who no longer require medical care will be discharged home to fully recover. These people may still have COVID-19 and can be safely cared for at home if this guidance is followed. The hospital will provide information to the organisation or local authority on the results and a date of any testing and a plan for stepping down infection prevention and control measures.

Please see the [COVID-19: Guidance for stepdown of Infection Control Precautions and discharging COVID-19 patients from hospital to residential settings](#) for further information.



## 6. Hand hygiene

Performing regular and thorough hand hygiene is essential to reduce the transmission of any infection, including COVID-19, in any care setting. Staff should wash their hands with soap and water in the individual's home for at least 20 seconds on arrival and when leaving. Where this is not practical, rubbing with alcohol based hand rub (ABHR) should be performed on arrival and when leaving areas. See **Appendix 2: Best practice how to wash hands**.

Hand hygiene must be performed immediately before every episode of direct care and after any activity or contact that potentially results in hands becoming contaminated, including the removal of personal protective equipment (PPE), equipment decontamination and waste handling.

Before performing hand hygiene:

- expose forearms (bare below the elbows)
- remove all hand and wrist jewellery (a single, plain metal finger ring is permitted but should be removed (or moved up) during hand hygiene)
- ensure finger nails are clean, short and that artificial nails or nail products are not worn
- cover all cuts or abrasions with a waterproof dressing

If there has been recognised or possible exposure of forearms to respiratory secretions (for example cough droplets) or other body fluids, hand washing should be extended to include both forearms. Wash the forearms first and then wash the hands.

## 7. Respiratory and cough hygiene – ‘Catch it, bin it, kill it’

The aim is to minimise potential COVID-19 transmission through good respiratory hygiene measures which are outlined below.

- Disposable, single-use tissues should be used to cover the nose and mouth when sneezing, coughing or wiping and blowing the nose – used tissues should be disposed of promptly in the nearest waste bin.
- Wash hands with non-antimicrobial liquid soap and warm water after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions.
- Where there is no running water available or hand hygiene facilities are lacking, staff may use hand wipes followed by ABHR and should wash their hands at the first available opportunity.
- Encourage individuals to keep hands away from the eyes, mouth and nose.
- Some individuals (such as the elderly and children) may need assistance with containment of respiratory secretions; those who are immobile will need a container (for example a plastic bag) readily at hand for immediate disposal of tissues.

## **8. Care Equipment**

Any equipment used during the visit, such as mobile aids, should be cleaned using a detergent or disinfectant and stored safely in the home. See [section 9](#) below.

Reusable care equipment such as stethoscopes, syringe drivers and pumps should be decontaminated prior to removal from a patient's home. Where this is not possible, they should be handled using gloves and double bagged before being transported to base for decontamination. Further guidance on the safe management of care equipment can be found in the [NIPCM](#).

## **9. Environmental Decontamination (cleaning and disinfection)**

Coronaviruses are easily deactivated by common home cleaning disinfectant products. These can be used for regular daily cleaning of frequently touched surfaces e.g. door handles and counter tops.

## **10. Waste**

Whilst in the home, any waste generated due to personal care (including PPE) should be bagged as normal. If the person has COVID-19 this should be double bagged and held in the home for 72 hours before disposal into the normal household waste stream for collection. The bag should be marked for storage for 72 hours (add date and time to the bag).

If the household/ individual has a special waste uplift for personal care items, PPE should be bagged and placed in the receptacle.

## **11. Laundry**

If the person has symptoms of COVID-19 or a COVID-19 diagnosis, any laundry should be washed at the highest temperature possible for the fabric as soon as possible. Shaking linen should be avoided to prevent dispersal of viral particles. Items heavily soiled with body fluids, for example, vomit or diarrhoea, or items that cannot be washed, should be disposed of, with the owner's consent.

If the individual does not have a washing machine, wait a further 72 hours after the isolation period has ended. The laundry can then be taken to a public launderette.

## **12. Staff Uniforms**

It is safe to launder uniforms at home. If the uniform is changed before leaving work, then transport this home in a disposable plastic bag. If wearing a uniform to and from work, then change as soon as possible when returning home.

**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.

### 13. Staff Health and Wellbeing

**Staff who have contact with a case of COVID-19 at work**

Staff who have been exposed to an individual who has either tested positive for COVID-19 or is suspected of having COVID-19, whilst not following the appropriate infection prevention and control measures, e.g. using PPE, or who have experienced a breach in PPE, may be required to isolate for 14 days following the contact tracing advice on NHS Inform. They should follow the guidance for management of exposed staff and patients in health and social care setting.

All staff should remain vigilant for symptoms of COVID-19. If staff develop symptoms they should self-isolate and seek advice from NHS Inform.

#### Testing for COVID-19

All care staff have access to testing and this can be done either by self-referral or referral from an employer or organisation. See NHS Inform for further information. Additionally, see Scottish Government guidance on coronavirus testing, including who is eligible for a test, how to get tested and the different types of test available.

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

Follow-up testing of staff for clearance is not generally recommended, but staff may require evidence of viral clearance prior to working in particularly high risk settings. This is subject to local policy. Staff and residents should adhere to the test and protect advice on NHS Inform.

#### Staff who have recovered from COVID-19

Staff with confirmed/suspected COVID-19 should only return to work when they are feeling clinically better, have been afebrile for 48 hours without the use of anti-pyretics and have completed their self-isolation period. Cough and loss of/ change in taste and smell may persist for several weeks and are not an indication of ongoing infection when other symptoms have resolved.

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

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

## 14. Personal or work travel and physical distancing

Physical distancing and staying safe advice is in place for all. You must not travel and should follow the 'stay at home' advice if you have COVID-19 symptoms, have been diagnosed with COVID-19 or are self-isolating (e.g. through household isolation or Test and Protect measures).

When using public transport (buses/trams/subways/trains) and private/commercial vehicles, aim to maintain a 2m physical distance whenever possible. Where people from different households are sharing a private vehicle (car, taxi, minibus, lorries) then consideration should be given to how physical distancing can be applied within the vehicle, where possible. If you can adhere to physical distancing whilst travelling, then do so. Where this is not possible and you are travelling with non-household members, limit the number of passengers and space out as much as possible.

The Scottish Government have the following advice for Phase 3:

"In enclosed spaces, where physical distancing is more difficult and where there is a risk of close contact with multiple people who are not members of your household, you should wear a face covering.

People must wear a face covering in shops and on public transport and public transport premises such as railway and bus stations and airports. This applies to open-air railway platforms, but not to bus stops.

There is no evidence to suggest there might be a benefit outdoors from wearing a face covering unless in a crowded situation.

Physical distancing, hand hygiene and respiratory hygiene are the most important and effective things we can all do to prevent the spread of coronavirus. The wearing of face coverings must not be used as an alternative to any of these other precautions."

See COVID-19: Staying safe and protecting others (physical distancing) for additional information, including specific exemptions.

Household members can travel together in larger numbers in a private vehicle. People who are in the higher risk category should consider carefully how they can apply the social distancing advice stringently.

The following general infection prevention and control measures should be followed:

- Hand hygiene - use handwashing facilities or, where available, alcohol based hand rub before and after journeys.
- Catch coughs and sneezes in tissues or cover mouth and nose with sleeve or elbow (not hands), dispose of the tissue into a bin and wash hands immediately.
- Practice physical distancing. For example, sit or stand approx. 2 metres from other passengers, travel in larger vehicles where possible or use vehicles with cab screens, if available.

- If using public transport, try to avoid busier times of travel to ensure you can practise physical distancing.
- Clean vehicles between different drivers or passengers as appropriate.
- See Transport Scotland's [advice on how to travel safely](#) for further information.

## **Appendix 1 - Putting on and removing Personal Protective Equipment (PPE)**

### **Putting on PPE**

Before putting on PPE:

- Check what the required PPE is for the task/visit (see PPE section)
- Select the correct size of PPE
- Perform hand hygiene

PPE should be put on before entering the room.

- The order for putting on is apron, surgical mask, eye protection (where required) and gloves.
- When putting on mask, position the upper straps on the crown of head and the lower strap at the nape of the neck. Mould the metal strap over the bridge of the nose using both hands.

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

When wearing PPE:

- Keep hands away from face and PPE being worn.
- Change gloves when torn or heavily contaminated.
- Limit surfaces touched in the care environment.
- Always clean hands after removing gloves

### **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

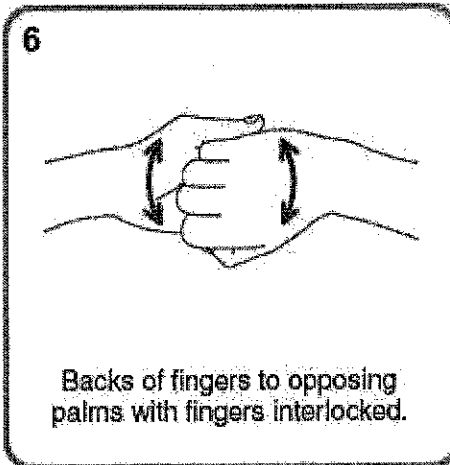
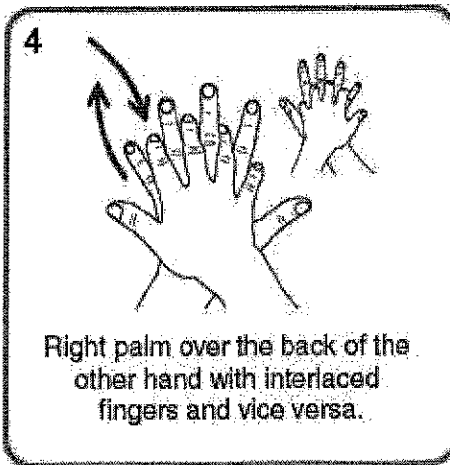
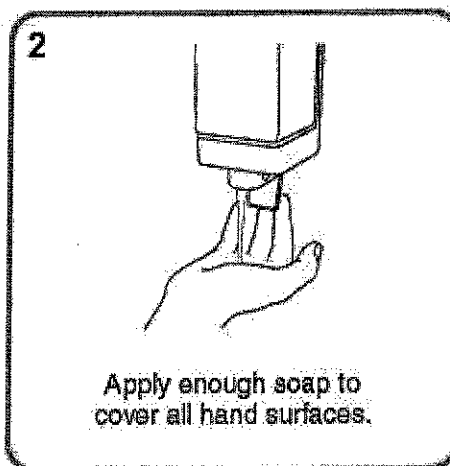
- Remove after leaving care area.
- Untie or break bottom ties, followed by top ties or elastic and remove by handling the ties only (as front of mask may be contaminated) and discard as clinical waste.
- For face masks with elastic, stretch both the elastic ear loops wide to remove and lean forward slightly. 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.

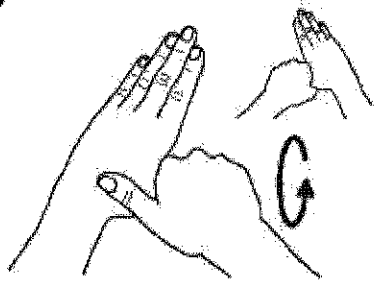
## Appendix 2 - Best Practice How to Hand Wash

Steps 3-8 should take at least 15 seconds.



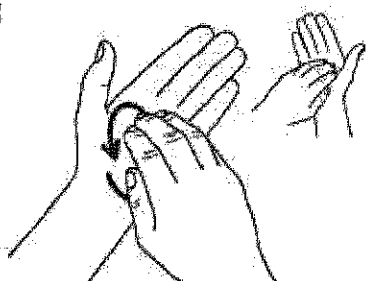


7



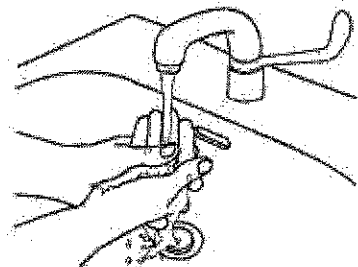
Rotational rubbing of left thumb clasped in right palm and vice versa.

8



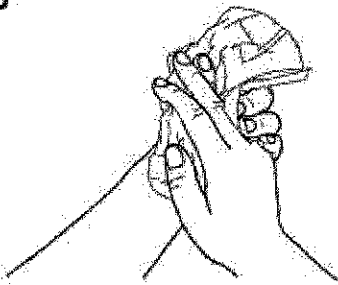
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.

9



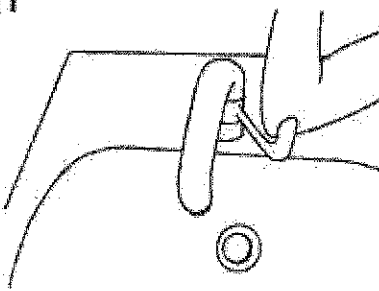
Rinse hands with water.

10



Dry thoroughly with towel.

11

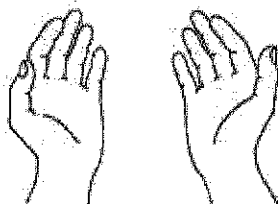


Use elbow to turn off tap.

12



Steps 3-8 should take at least 15 seconds.



...and your hands are safe\*.

# Appendix 3: PPE Table 2



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

Setting	Context	Disposable Gown	Disposable Plastic Apron	Disposable fluid-resistant overall/gown	Surgical mask	Fluid-resistant type IIR surgical mask	Filtering type P2 or P3 respirator	Eye/face protection
Any setting	Performing an aerosol-generating procedure <sup>1</sup> on a possible or confirmed case <sup>2</sup>	✓ single use <sup>3</sup>	×	✓ single use <sup>3</sup>	×	×	✓ single use <sup>3</sup>	✓ single use <sup>3</sup>
Primary care, ambulatory care, and other non-emergency outpatient and other clinical settings e.g. optometry, dental, maternity, mental health	Direct patient care <sup>4</sup> – possible or confirmed cases <sup>5</sup> (within 2 metres)	✓ single use <sup>3</sup>	✓ single use <sup>3</sup>	×	×	✓ single or seasonal use <sup>6</sup>	×	✓ single or seasonal use <sup>6</sup>
	Working in reception/communal area with possible or confirmed cases <sup>5</sup> and unable to maintain 2 metres social distance <sup>6</sup>	×	×	×	×	✓ seasonal use <sup>6</sup>	×	×
Individuals own home (outlet place of residence)	Direct care to any member of the household where any member of the household is a possible or confirmed case <sup>5</sup>	✓ single use <sup>3</sup>	✓ single use <sup>3</sup>	×	×	✓ single or seasonal use <sup>6</sup>	×	✓ risk assess single or seasonal use <sup>6</sup>
	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 <sup>6</sup>	✓ single use <sup>3</sup>	✓ single use <sup>3</sup>	×	✓ single use <sup>3</sup>	×	×	×
Community and social care, care home, mental health inpatients and other overnight care facilities e.g. learning disability, hospices, prison healthcare	Home birth where any member of the household is a possible or confirmed case <sup>5</sup>	✓ single use <sup>3</sup>	✓ single use <sup>3</sup>	✓ single use <sup>3</sup>	×	✓ single or seasonal use <sup>6</sup>	×	✓ single or seasonal use <sup>6</sup>
	Facility with possible or confirmed cases <sup>5</sup> – and direct resident care (within 2 metres)	✓ single use <sup>3</sup>	✓ single use <sup>3</sup>	×	×	✓ seasonal use <sup>6</sup>	×	risk assess seasonal use <sup>6</sup>
Any setting	Collection of nasopharyngeal swabs <sup>7</sup>	✓ single use <sup>3</sup>	✓ single or seasonal use <sup>6</sup>	×	×	✓ single or seasonal use <sup>6</sup>	×	✓ single or seasonal use <sup>6</sup>

Table 2

1. The need to argue or handle likely to produce aerosols is detailed in section 8.1 of the HPA guidance on aerosol-generating procedures (AGPs).  
2. The list of aerosol-generating procedures (AGPs) is detailed in section 8.1 of the HPA guidance on aerosol-generating procedures (AGPs).  
3. Single use refers to a period of time where a single use PPE item is used for a single patient and then discarded. It does not mean that the item is used for a single patient and then discarded. It means that the item is used for a single patient and then discarded. It means that the item is used for a single patient and then discarded.  
4. A single session refers to a period of time where a single session PPE item is used for a single patient and then discarded. It does not mean that the item is used for a single patient and then discarded. It means that the item is used for a single patient and then discarded.  
5. A single session refers to a period of time where a single session PPE item is used for a single patient and then discarded. It does not mean that the item is used for a single patient and then discarded. It means that the item is used for a single patient and then discarded.  
6. A single session refers to a period of time where a single session PPE item is used for a single patient and then discarded. It does not mean that the item is used for a single patient and then discarded. It means that the item is used for a single patient and then discarded.  
7. A single session refers to a period of time where a single session PPE item is used for a single patient and then discarded. It does not mean that the item is used for a single patient and then discarded. It means that the item is used for a single patient and then discarded.

## Appendix 4: 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

Setting	Context	Disposable gloves	Disposable Plastic Apron	Disposable fluid- repellent coverall/ gown	Surgical mask	Fluid-resistant (Type II) surgical mask	Filtering face piece respirator	Eye/face protection
Any setting	Direct patient/resident care assessing an individual that is not currently a possible or confirmed case <sup>1</sup> (within 2 metres)	✓ single use <sup>2</sup>	✓ single use <sup>3</sup>	✓ single use <sup>4</sup>	✓ single use <sup>5</sup>	✓ risk assess seasonal use <sup>6</sup>	✓ single use <sup>7</sup>	✓ risk assess seasonal use <sup>8</sup>
Any setting	Performing an aerosol generating procedure <sup>9</sup> on an individual that is not currently a possible or confirmed case	✓ single use <sup>2</sup>	✓ single use <sup>3</sup>	✓ single use <sup>4</sup>	✓ single use <sup>5</sup>	✓ single use <sup>6</sup>	✓ single use <sup>7</sup>	✓ single use <sup>8</sup>
Any setting	Patient transport service driver conveying any individual to essential healthcare appointment that is not currently a possible or confirmed case in vehicle without a bulkhead, no direct patient care and within 2 metres	✓ single use <sup>2</sup>	✓ single use <sup>3</sup>	✓ single use <sup>4</sup>	✓ single use <sup>5</sup>	✓ single use <sup>6</sup>	✓ single use <sup>7</sup>	✓ single use <sup>8</sup>

Table 4

- This may be single or reusable face/eye protection/full face visor or goggles.
- A case is any individual meeting case definition for a possible or confirmed case: <https://www.gov.uk/guidance/coronavirus-2019-ncov-symptoms-and-signs>
- Single use refers to disposal of PPE or decontamination of reusable items (e.g. eye protection or respirator, after each patient and/or following completion of a procedure, task, or session; dispose or decontaminate reusable items after each patient contact as per Standard Infection Control Procedures (SICPs)).
- Risk assess refers to utilising PPE when there is an anticipated/likely risk of contamination with splashes, droplets of blood or body fluids. **Where staff consider there is a risk to themselves or the individuals they are caring for they should wear a fluid repellent surgical mask with or without eye protection as determined by the individual staff member for the care episode/single session.**
- A single session refers to a period of time where a health care worker is undertaking duties in a specific care setting/exposure environment (e.g. on a ward round providing ongoing care for inpatients). A session ends when the health care worker leaves the care setting/exposure environment. Seasonal use should always be risk assessed and consider the risk of infection to and from patients, residents and health and care workers where COVID-19 is circulating in the community and hospitals. PPE should be disposed of after each session or earlier if damaged, soiled, or uncomfortable.
- The list of aerosol generating procedures (AGPs) is included in section 8.1 at: [www.hpa.org.uk/about-us/about-us-at-a-glance](http://www.hpa.org.uk/about-us/about-us-at-a-glance)
- Ambulance staff conveying patients are not required to change or upgrade PPE for the purposes of patient handover.