Public Health Scotland

COVID-19: Information and Guidance for Care Home Settings (Adults and Older People)

Version 2.2

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NHS National Services Scotland

Version history

An archive of all previously published versions of this guidance and supporting resources that relate to COVID-19 is available on the **HPS website**. This includes resources that have been retired from the website because they have been superseded or are no longer required. A complete summary of changes up to version 2.2 of this guidance is available in the **archive**.

Version	Date	Summary of changes
V2.2	09/06/2021	Relevant links to the COVID-19 Scottish Care Home IPC addendum have been added throughout the guidance. IPC advice has been removed from this guidance where necessary following the publication of the COVID-19 Scottish Care Home IPC addendum. Removal of former sections 9, 10, 11, 12 and 13 that were in v2.1 of this guidance. Removal of appendices 6 and 7 (PPE tables) Addition of close contact testing information added to various sections where relevant Introduction: general background updated 1 Measures to prevent spread of COVID-19: shielding section and ventilation section updated 1.1 Vaccination programme: advice updated (including information on vaccination use during outbreaks) 1.2 IPC measures; removal of previous advice and signposting to relevant sections within the Scottish IPC Care Home Addendum. 1.3 Spread of COVID-19 in the care home: information updated based on more recent evidence. 2 Symptoms of COVID-19 in care home settings: additional atypical and non-specific symptoms noted 3 Providing care for residents during COVID-19 pandemic: outbreak management advice updated and Lateral Flow Device (LFD) testing considerations added. 4 Testing in the care home: testing not mandatory noted, updated 90 day retesting exemption considerations following laboratory confirmed COVID-19, sampling testing advice updated, advice for staff arranging testing amended to reflect Regional Hubs and COVID testing portal. 6 Measures for residents exposed to a case of COVID-19: addition of self-isolation advice for residents who may be identified as a close contact during an outward visit from the care home. 7 Admission of individuals to the care home: section has been updated with changes to testing and self-isolation in certain circumstances. 7.3 Admissions from the community: protection level advice added in relation to self-isolation requirements upon admission. 7.4 Residents who temporarily leave the care home: added advice and external guidance links for residents leaving the care home for social and leisure purposes. 8.1 Minimise external staff: advice updated

Version	Date	Summary of changes
		8.2 Enabling staff to follow key measures described in this guidance to prevent viral spread: note added re self-isolation of staff if a returning traveller from non-exempt country and note on car sharing added. 8.6 Staff testing: addition of LFD testing information and details for testing of professional staff visiting the care home. Updated information for how staff arrange testing. 8.8 New staff in the care home: updated advice around delays in testing new staff. 11 Visiting care homes: addition of Scottish Government Open with Care guidance links on visiting arrangements to the care home and outwith, international travel self-isolation considerations added, advice updated for visiting following an outbreak. Appendix 2: amendments to self-isolation periods for cases and contacts - returning travellers
V2.1	31/12/2020	Section 1: vaccination information updated
V2.0	19/12/2020	Restructuring of the guidance including merging of Care Home Testing Guidance: numbering of sections has been adjusted and some sections have been combined External links updated throughout guidance. Introduction: link to Scottish Government Care Home Christmas guidance 1 Measures to prevent spread of COVID-19: general advice updated; addition of vaccination information; information on natural ventilation added. 2 Symptoms of COVID-19 in care home settings: difficulty breathing noted as important symptom. 3 Measures to protect those in the shielding category: advice for staff updated. 4 Providing care for residents during COVID-19 pandemic: addition of sub-section 4.1 to improve structure and minor clarifications. 5 Testing in the care home: added 90-day exemption to re-testing following positive test for all. 6 Management of symptomatic or PCR test positive residents: Table 1 added; addition of 'considerations for symptomatic PCR test negative residents'. 8 Admission of individuals to the care home: residents who temporarily leave the care home advice updated and admissions to standalone residential respite care settings for residential facilities for adults advice updated. 11 Environmental decontamination: link to extended face mask guidance added 15.2 Minimise external staff: advice updated 15.3 Enabling staff to follow key measures: advice updated 15.5 Staff testing; 15.6 Management of PCR test positive staff through weekly screening programme and 15.9 New staff in the care home:

Version	Date	Summary of changes
		information added from withdrawn HPS Care Home PCR testing guidance 15.8 Staff who have been identified as a close contact: sub-section added 16 Personal work or travel and physical distancing: physical distancing at work advice added and links to external webpages added. 17 Visiting care homes: external links added relating to Scottish Government advice re travel restrictions and testing of visitors. Visiting suspension reduced from 28 to 14 days following an outbreak in the care home. Annex 1: advice updated Appendix 1: contact details updated Appendix 4: additional details added Appendix 8 added: details of self-isolation period for contacts and cases
V1.9	13/10/2020	Title amended to refer to 'adults and older people' Scope of the guidance: amended to reflect changes to Social and Residential settings. 6 Admission of individuals to care home: arrangements for stand-alone residential respite facilities for adults (settings registered as care homes) added.

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Scope of the guidance

This guidance is to support those working in care home settings and users of their services about COVID-19. It should be used for care homes for adults and older people, that is, all care homes registered with the Care Inspectorate, excluding those for children and young people.

- The Cabinet Secretary for Health and Sport and the Minister for Children and Young People have **confirmed in a letter dated 23 September 2020** that dedicated stand-alone residential respite facilities for children (including those registered as care homes) should now follow the guidance set out in **COVID-19: Information and Guidance for Social, Community and Residential Care Settings (excluding Adult and Older People Care Home settings).**
- All other registered care homes for adults and older people should continue to follow this guidance COVID-19 Guidance and Information for Care Home Settings **which now includes guidance on testing in care homes** (previous guidance titled: Guidance on COVID-19 PCR testing in care homes and the management of COVID-19 PCR test positive residents and staff has been archived). **Scottish Government 'Open with Care'** also provides relevant guidance.
- Stand-alone residential respite facilities for adults (when registered as care homes) should continue to follow the COVID-19 Guidance and Information for Care Home Settings (this guidance), with particular arrangements for respite admissions to these settings as described in the **23 September letter**.
- Guidance for community respite services not registered as care homes should refer to **COVID-19: guidance for social, community and residential care settings**.
- **For Infection Prevention and Control guidance for Care Home Settings,** see the **Scottish COVID-19 Care Home Infection Prevention and Control Addendum**, produced by ARHAI, our partner organisation for **IPC** matters.

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.

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. Death is an important outcome, especially in older age groups. COVID-19 was declared a pandemic by the World Health Organization on 12 March 2020.

The first cases in the UK were detected on 31 January 2020.

A range of measures are being used to control transmission of COVID-19, including vaccination, physical distancing, hand hygiene, environmental cleaning and ventilation, specific personal protective equipment (PPE) for health and social care settings, face coverings, testing and contact tracing and a selection of societal restrictions, as appropriate. Contact tracing is being undertaken for cases confirmed by a positive polymerase chain reaction (PCR) test and more recently for lateral flow device (LFD) testing. In Scotland, the programme of community testing, contact tracing, isolation and support is known as '**Test and Protect**'.

Details and arrangements for the COVID-19 vaccination programme currently in place in Scotland can be found in **section 1.1**.

Further details on COVID-19 can be found on the Scottish Government **website** and **NHS inform**.

This guidance is relevant to all services registered with the Care Inspectorate as **care homes for adults and older people.** Other residential care services should use the **COVID-19: guidance for social, community and residential care settings**. When in doubt, advice on which guidance to use for specific circumstances is available from the local Health Protection Team (HPT).

1. Measures to prevent spread of COVID-19

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

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. The standard advised distance for physical distancing is 2 metres.

Physical distancing by staff of 2 metres should be followed in all areas of the workplace, including non-clinical areas as a control measure alongside additional measures detailed in this section. A local review of existing practice may need to be considered to introduce measures, such as staggered staff breaks, to limit the density of staff in specific areas. Other measures

such as use of Perspex (or similar) screens may be considered to reduce risk in non-clinical encounters. Particular attention must be given to staff break times, car-sharing and other non-clinical/work interactions when implementing 2 metre physical distancing in relation to workplaces including care homes.

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 the **highest risk of severe illness** from COVID-19 because of certain underlying health conditions. Further information on shielding is available on the Scottish Government **website** and **NHS inform**. The Scottish Government provide information on what this means depending on the **local protection level in your area**.

There can be additional advice for individuals in the shielding category, particularly at **'lockdown' levels of restriction** - see the **extra advice for people at highest risk from coronavirus**.

Shielding arrangements differ for individuals living in care homes, where specific guidance for that setting should continue to be followed: **COVID-19: adult care homes visiting guidance**. Further information including exceptions can be found on the **Scottish Government** website.

Staff (such as health care workers) with underlying health conditions that place them at increased risk of severe illness from COVID-19, should discuss this with their line manager or local Occupational Health service. **The COVID-19 Occupational Risk Assessment Guidance** should be used to support managers to undertake an individual occupational risk assessment. Pregnant staff should also seek advice from their line manager or local Occupational Health service. Further information for at-risk or pregnant healthcare workers can be found in **Guidance for NHS Scotland workforce Staff and Managers on Coronavirus**.

Stay at home guidance for households with possible or confirmed COVID-19 should be followed by people with symptoms or a COVID-19 diagnosis and their contacts to reduce the community spread of COVID-19. This is also known as self-isolation. 'Stay at home' advice can be found on **NHS inform**.

Contact tracing 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 infection they are less likely to transmit to it to others. The **Test and Protect** initiative supports this approach. Individuals who are identified as close contacts should arrange to be tested - see **here**. Further details on contact tracing can be found on the Scottish Government **website** and **NHS inform**.

Commented [LC1]: SG policy – this change in policy noted throughout.

Improving ventilation in the care home can also reduce spread of COVID-19 infection. Consideration should be given to regularly opening windows to introduce fresh air in to rooms,

particularly if the residents and staff feel too warm or if the room feels stuffy. However, it is important that the thermal comfort of residents and staff be maintained by ensuring adequate room temperatures in the care home. Such measures are generally sufficient to enable good ventilation - see **COVID-19: ventilation guidance** for more information.

In the situation that a resident in their own private room still feels too warm after the heating has been turned off and the windows have been opened, then a fan may be used provided the fan is clean, directed away from the door and well maintained. In an outbreak situation or if the resident is on a high risk pathway, fans are permitted in a resident's own room but windows should remain open when in use.

Commented [LC2]: New wording around use of fans in residents private rooms for clarification following request from SG
Also provided advice about the use of fans in communal areas of the CH as increasingly receiving more enquiries about the use of fans.

However, the use of fans in communal areas of the care home (outside the residents' private room) must only be used following a thorough risk assessment and during exceptionally warm weather. Care home staff should turn off the heating and open windows and doors (if possible) to reduce the temperature in the care home before using a fan, as fan use should be as an exception and not routine. Fans must not be in use where care homes have COVID-19 cases or an ongoing outbreak of COVID-19 or any other infectious pathogen. If the risk assessment results in use of fans, it is essential that fans are cleaned regularly (including the blades) and are not pointed directly at residents. The surrounding environment should also be kept clean to prevent dispersal of infectious pathogens. Windows should remain open in communal areas where fans are being used.

Face coverings: everyone needs to be aware of and follow the **Scottish Government guidance** on face coverings. Note that face coverings are not considered clinical PPE.

1.1 Vaccination programme

The COVID-19 vaccination programme commenced in the UK in December 2020. Evidence of vaccine effeciveness across adult age groups is increasingly available and showing reduced symptomatic disease, hospitalisation and mortality for all vaccines licensed for use in the UK. Reduced transmission effects are also being monitored and the safety profile for COVID vaccination is good. It is important to note that **vaccination does not change the need to continue all current COVID-19 mitigation measures** (for both vaccinated and unvaccinated individuals) until more evidence of effectiveness of the programme has been established. In particular:

- A person's vaccine status does **NOT** change the need for IPC measures, public health actions or interventions (including isolation) at this time
- Vaccinated people should continue to comply with **ALL** testing regimes as per unvaccinated people
- It is unlikely that the currently approved vaccines for use in the UK will affect PCR test results for COVID-19. This may not be the case for other vaccines with different structures.

The Joint Committee for Vaccines and Immunisation (JCVI) provides details on the **groups that are to be prioritised for vaccination**. The JCVI has recommended that the second dose of both vaccines should be routinely scheduled from between four and twelve weeks after the first dose. This will allow more people to benefit from the protection provided by the first dose during the rollout phase. Longer term protection will then be provided by the second dose.

The **Green Book (Immunisation against infectious diseases**) provides information on COVID-19 vaccines in the UK, the vaccine schedule for the UK and recommendations for use of the vaccine. It is advisable that for residents who have had a current diagnosis of COVID-19, vaccination is deferred for four weeks.

For information on COVID-19 vaccination when there are suspected or confirmed cases of COVID-19 in the care home - see Scottish Government guidance. Vaccination is not as yet used as a tool in managing outbreaks, where the risks and benefits of a vaccination session during an outbreak must be carefully considered, in particular the ability to vaccinate whilst maintaining IPC measures. The lack of a firm evidence base on this means that the local HPT can be contacted to undertake a risk assessment in order to determine the appropriate next steps in this developing area.

Additional sources of information for the COVID-19 vaccination are available:

- More information on the vaccination programme is available in the **COVID-19: guidance for Health Protection Teams (HPTs)**
- Workforce education materials are available on the **Turas Learn site**
- Leaflets explaining why the coronavirus (COVID-19) vaccine is being offered and how, when and where it will be given, are available on **NHS inform**
- Resources from Public Health Scotland are available to promote the COVID-19 immunisation programme to **frontline healthcare worker staff** and to **social care worker staff**
- Answers to FAQs available in **COVID-19 vaccination guidance for health and social care professionals**
- More information on the COVID-19 vaccine is available on **NHS inform** and a helpline for the public has been set up on 0800 030 8013

1.2 Infection Prevention and Control (IPC)

Commented [LC3]: PAC: whole section new and based on ARHAI CH addendum which has already been acknowledged by SG.

The Antimicrobial and Healthcare Associated Infections (ARHAI) Scotland, **National Infection Prevention and Control Manual** (NIPCM), is a practical guide for use in Scotland, which can help reduce the risk of Healthcare Associated Infection (HAI) and ensure the safety of those being cared for, staff and visitors in the care environment. Contained within the NIPCM is the newly launched National Infection Prevention and Control Manual: Infection Prevention

and Control Manual for older people and adult care homes. It is the Scottish Government expectation that the NIPCM is adopted and implemented as best practice in all care homes.

Also found within the NIPCM is the **Scottish COVID-19 Care Home IPC addendum** developed in collaboration with stakeholders to provide a Scottish context to the UK COVID-19 IPC remobilisation guidance specifically for the care home setting. The purpose of this addendum is to provide COVID-19 specific IPC guidance for Care Home settings on a single website platform to improve accessibility for users. The information within this addendum is in line with the UK IPC remobilisation guidance; however, some deviations for NHS Scotland exist. It supports the prevention and control of spread of COVID-19. The content of the addendum will be reviewed and updated in real time as evidence emerges, it is therefore important that users access the online version in order to ensure that they obtain the most up to date information and advice.

Information included in the **Scottish COVID-19 Care Home IPC addendum** includes:

- **COVID-19 case definitions and triage**
- **Resident placement/assessment of risk**
- **Hand hygiene**
- **Respiratory and cough hygiene**
- **Personal Protective Equipment (PPE)**
- **Safe management of care equipment**
- **Safe management of the care environment** (formerly referred to as, environmental cleaning and decontamination, when previously included in this guidance)
- **Safe management of linen**
- **Safe management of blood and body fluid spillages**
- **Safe disposal of waste** (including sharps)
- **Occupational safety**
- **Car/vehicle sharing for staff**
- **Caring for someone who has died**
- **Visiting**
- **Physical distancing**
- **Resources and tools**

1.3 Spread of COVID-19 in care homes

The **evidence** suggests that transmission of SARS-CoV-2 occurs mainly through close contact with an infectious individual.

Commented [LC4]: Health protection advice updated based on WHO guidance and systematic review. (hyperlinks direct to sources for this text).

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.
- **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.

An Aerosol Generating Procedure (AGP) is a medical procedure that can result in the release of airborne particles from the respiratory tract when treating someone who is suspected or known to be suffering from an infectious agent transmitted wholly or partly by the airborne or droplet route. AGPs are rarely undertaken in care home settings but if so, guidance within the **Scottish COVID-19 Care Home IPC addendum** should be followed.

Asymptomatic transmission is estimated to occur in a fifth of cases. Studies have demonstrated shedding of SARS-CoV-2 is highest in the upper respiratory tract (URT) (nose and throat) early in the course of the disease, within the first 3 days from onset of symptoms.

The incubation period for COVID-19, which is the time between exposure to the virus (becoming infected) and symptom onset (becoming ill), is, on average, 5–7 days, but ranges from 2 to 14 days. During this period, also known as the "pre-symptomatic" period, some infected persons can be contagious, from 1–3 days before symptom onset and are able to infect others. It is important to recognise that pre-symptomatic transmission still requires the virus to be spread via infectious droplets or by direct or indirect contact with bodily fluids from an infected person.

Further PHS guidance for other settings, including **Social, Community and Residential Care**, is available on the **HPS website**.

2. Symptoms of COVID-19 for residents in care home settings

The cardinal symptoms of COVID-19 are:

- new continuous cough or
- fever or
- loss of/ change in sense of smell or taste

It is also useful to note that older or immune-compromised residents may present with atypical or non-specific symptoms. which can include:

Commented [LC5]: No PAC – HP advice.

- increased confusion,
- reduced appetite (and sometimes vomiting and diarrhoea),
- headache,
- shortness of breath,
- falls,
- dehydration and,
- delirium or excessive sleepiness.

Difficulty breathing is also an important symptom to be aware of in older adults, but can be late in appearing (around day 9). See Scottish Government's **COVID-19: clinical guidance for nursing home and residential care residents** for more details on clinical presentation and the Scottish Government symptom checker infographic.

3. Providing care for residents during COVID-19 pandemic

It is useful to acknowledge that for care home residents, many of whom can be frail, this setting is their own home and guidance is evolving gradually towards a situation of normalisation, keeping in place safeguards as required.

Commented [LC6]: No PAC required: Section is not SG policy related.

Care homes are advised to ensure daily monitoring of all residents for COVID-19 symptoms, or other signs of illness. This generally involves being alert to the above symptoms and changes in health or behaviour. Residents with cognitive impairment may be less able to report symptoms. See the the Scottish Government symptom checker infographic for more details.

Contact the GP for clinical advice on further management if a resident becomes unwell. If urgent ambulance or hospital care is required, dial 999 and inform the call handler or operator that the unwell person may have COVID-19.

3.1 Outbreak management in a care home

A COVID-19 outbreak is defined as two or more linked cases of disease within a defined setting over a period of 14 days. For care homes specifically, with respect to COVID-19, an outbreak should be suspected, though not yet declared, when there is a single new case with symptoms consistent with COVID-19 infection arising in the care home, likely to be due to spread of the virus within that setting. This suspicion should trigger an immediate review of all residents'

health status to ascertain whether there may be other suspected COVID-19 cases. Vigilance for symptoms in staff is also, as always, necessary.

Assessment of resident cases when considering any potential outbreak should also include both suspected or confirmed cases who have either been transferred from the care home to hospital or a suspected or confirmed COVID-19 individual who has died within the same time period.

On identification of a new suspected or confirmed COVID-19 case, the care home must immediately contact the local HPT who will undertake an assessment of the situation including the adequacy of IPC measures and will advise on the need for testing of residents and staff. Based on a risk assessment of the case and the care home circumstances, whole home testing of all residents and staff may be advised at this point. See **section 4: testing in the care home** for additional information.

There is discretion for local HPTs to assess whether whole home testing is appropriate where, for example, a weak PCR positive result turns out to be negative upon re-testing or there is a false positive result for another reason. If for whatever reason the HPT decide not to go ahead with whole home testing after one case only (e.g. a false positive test), this must be re-considered if a second case arises.

These criteria may apply to other residential settings if there are groups of clinically vulnerable individuals or extremely vulnerable individuals living in group settings. This will need to be considered on an individual service basis.

An outbreak will be declared by the local HPT following identification of two linked cases, at least one of which has been laboratory-confirmed. At this point, if whole home testing of all residents and staff has not already been carried out, it must be actively re-considered. A number of other measures are also key to progress, as guided by the HPT, including regular monitoring of physical distancing, appropriate PPE usage, enhanced cleaning and restrictions on resident transfer and visiting. See the **guidance published in April 2021 on the return of visiting professionals**. The use of LFD (lateral flow device) tests on symptomatic individuals or on residents during an outbreak in a care home, where symptoms can be indistinct, is **not advised** due to the relatively low sensitivity of such tests, which carry an important risk of false negativity, i.e. cases may be missed. PCR testing is more useful and reliable in such circumstances, where limited movement of residents, visitors and staff and other infection control measures will already have been reinforced.

Transfers of residents in and out of the care home during an outbreak must be considered carefully and undertaken with support of the local HPT managing the outbreak. Any receiving service (e.g. hospital ward or ambulance) must be advised of the IPC measures in place for each resident they support.

Commented [MR7]: No PAC required: health protection guidance

To declare an outbreak over, there should be no new symptomatic or confirmed COVID-19 cases for a minimum period of at least 14 days from last possible exposure to a case, whether in a resident or staff. The HPT must also be satisfied that existing cases have been isolated/cohorted effectively and symptoms should be resolving and that IPC guidance is being

applied appropriately. There should be sufficient staff to enable the care home to operate safely using PPE appropriately. See the Scottish COVID-19 Care Home IPC addendum for information on cohorting of residents.

The **COVID-19 care home outbreak checklist** can be used as a supplementary tool when managing an outbreak in a care home setting.

Care homes are expected to report all incidents and outbreaks to their regulator, Care Inspectorate, as well as to their local HPT.

All care in care home settings aims to bring dignity to residents' lives, whilst also ensuring safeguarding of this vulnerable group during this period of pandemic risk. The vaccination of older people and in particular care home residents and staff, has enabled progress to be made towards easing some of the control measures that were previously placed on care homes to protect residents and staff at previous stages of the pandemic. However, care home residents are still a vulnerable population and communal living arrangements present additional risks. Further easing of measures in care homes will be possible when more evidence is available to support this as a fine balance must be struck such that person-centredness must work in combination with measures to protect residents, staff and the wider population. IPC measures detailed in section 1.3 should continue to be followed.

Commented [MR8]: PAC required: health protection

Commented [HF(9R8]: PAC required - Cabinet Secretary and Minister to confirm they are content

4. Testing in the care home

All care home residents who develop symptoms suggesting possible COVID-19 infection should be tested by PCR as part of clinical assessment. **Section 5** should be followed for advice.

Commented [LC10]: Clarification

Any staff presenting with suspected COVID-19 symptoms should be sent home immediately and advised to be tested by PCR. Similarly, if they report illness from home, they are advised to self-isolate and arrange to be tested as soon as possible, ideally within 3 days of symptom onset. See **section 8.5 staff testing** for further information.

Testing is not mandatory for residents or staff and must be done with consent or provision for those without capacity made otherwise.

Commented [LC11]: Clarification.

If either residents or staff have previously had a laboratory-confirmed diagnosis of COVID-19 and are within 90 days of this, they only require re-testing if new symptoms of COVID-19 develop. The 90 day period should start from the date of COVID-19 (cardinal) symptom onset or the first positive test, if asymptomatic or other symptoms. As always, care should be taken for more subtle symptoms in the older resident population, which can mask SARS-CoV-2 infection. See section 3.1 for when an outbreak is suspected.

Commented [MR12]: No PAC rquired: health protection clarification

Further to this, any care home that has employed staff including agency staff linked with another facility where an outbreak has been declared, must also be assessed for wider testing as part of the heath protection response.

The previous requirement to undertake sampling testing of residents has now evolved and each HPT should assess whether such 'sampling screening' is required of residents on a regular basis or not.

PCR testing in the care home is now achieved using Regional Hubs (the UK Government social care testing portal was used previously). Care home staff should now use the COVID testing portal - see www.covidtestingportal.scot for both PCR and LFD testing. Should care home staff have any queries, they are able to contact the COVID Testing Support Service Helpline (0800 008 6587 - available 08:00 to 20:00 every day) or use the 'Support' button from within the COVID testing portal for any IT related portal queries.

For further information on testing in the care home, see COVID-19: Care Home Guidance for use of Lateral Flow Device testing (designated visitors, enhanced staff testing, outbreak management). A Frequently Asked Questions (FAQs) document is also available here as a supplementary resource to this guidance.

- See **section 3.1** of this guidance for testing during an outbreak.
- See **section 8.5** of this guidance for details of staff testing in the care home. This section also includes information in relation to the testing of professional visitors to the care home.
- See **section 9** of this guidance for information on testing of visitors to the care home.

5. Management of symptomatic or PCR test positive care home residents

All symptomatic or COVID-19 diagnosed residents in the care home should be isolated immediately for 14 days from the date of symptom onset (or date of first positive test if asymptomatic). See **Table 1** for further information.

Table 1. Summary of actions in response to PCR test positive in care home residents

Symptom status at time of testing	Action
Symptomatic at time of testing	Isolate for 14 days from date of symptom onset Isolation can be discontinued after both completion of 14 days of isolation and if the individual has been apyrexial for 48 hrs (without use of anti-pyretics). No further testing is required.
Asymptomatic at time of testing and remains asymptomatic	Isolate for 14 days from date of PCR positive test.

Commented [LC13]: For PAC purposes: SG colleagues requested this change to advice and DPH colleagues content with this.

Commented [HF(14R13]: PAC required - Cabinet Secretary and Minister to confirm they are content

Symptom status at time of testing	Action
	Isolation can be discontinued after both completion of 14 days of isolation and if the individual has been apyrexial for 48 hrs (without the use of anti-pyrexials). No further testing is required. N.B. All new admissions to care homes must also isolate for 14 days regardless of COVID-19 test results, when appropriate. Families and residents should be made aware of scope to have essential visits where these are helpful or necessary.
Asymptomatic at time of testing and becomes symptomatic	Isolate for 14 days from date of PCR positive test. If symptoms develop during this isolation period, then a further 14 days of isolation must commence from symptom onset date. Isolation can be discontinued after both completion of 14 days' isolation including any extension of this and if the individual has been apyrexial for 48 hrs (without the use of anti-pyretics). No further testing is required.

Commented [LC15]: Clarification – no PAC required

Self-isolation requires the resident to be placed in a single room with en-suite facilities, where possible. The door should be kept closed. Where this is not possible, ensure the bed is moved to the furthest safe point in the room to achieve a 2 metre physical distance to the open door. Clearly signpost the rooms by placing IPC signs, indicating droplet precautions, at the entrance of the room or area. Confidentiality must be maintained. See the Scottish COVID-19 Care Home IPC addendum for information on cohorting of residents. Additional support may be required for residents who experience difficulty remaining in their room when following self-isolation advice, e.g. residents who walk with purpose, experience confusion or distress.

Commented [MR16]: No PAC required: general health protection

Where en-suite facilities are not available, designate a commode that only that resident will use if possible. If a commode is used and cannot be dedicated to the resident, ensure it is cleaned as per the **Scottish COVID-19 Care Home IPC addendum** guidance. Where en-suite facilities are not available, staff should ensure residents are assisted with hand hygiene after using the commode, with either a basin of warm water and soap applied to the hands or hand cleansing wipes, ABHR should be applied afterwards.

Only essential staff should enter the resident's room, wearing appropriate PPE. See **Scottish COVID-19 Care Home IPC addendum** for further details on PPE. All necessary procedures and care should be carried out within the resident's room. Entry and exit from the room should be minimised during care, especially when care procedures produce aerosols or respiratory droplets.

Isolation can be discontinued as per the advice in **Table 1**.

Before IPC measures are stepped down, consider any additional ongoing IPC measures which may be required for loose stools or any other infectious organisms, see **Scottish COVID-19 Care Home IPC addendum: discontinuing IPC precautions in care homes for residents who are COVID-19 positive** for more information.

If a transfer to hospital is required, the ambulance service and the receiving ward/department should be informed if the resident is a suspected or confirmed COVID-19 case and of the requirement for isolation on arrival.

The environment must be cleaned as detailed in the **Scottish COVID-19 Care Home IPC addendum: Safe Management of the Care Environment** section before any other residents use the facilities.

Considerations for symptomatic PCR test negative residents

In the event a symptomatic resident's test is negative to PCR testing, consideration should be given to further clinical assessment of the symptoms, or repeat testing in case this a false negative or was taken too early.

Commented [LC17]: No PAC - health protection advice.

Residents can be released before their 14 day self-isolation ends, with a negative result if:

- the sampler was adequately trained and the sample was not deemed unsatisfactory
- the resident has not been otherwise identified as a close contact of another resident, staff or other individual within the previous 14 days
- the resident is not under quarantine for travel reasons nor completing 14 days isolation following hospital discharge
- the resident has been well and apyrexial for 48 hrs (without the use of anti-pyrexials); discussion with the GP may be helpful to confirm clinical management.

6. Measures for residents exposed to a case of COVID-19

Where a resident has developed symptoms or has been diagnosed with COVID-19 (whether they have symptoms or not) within a care home, an assessment of risk should be undertaken to establish the nature and duration of exposure and contact with others, known as contact tracing. This should be discussed with the local HPT.

Residents who are identified as close contacts should be isolated individually in single rooms for 14 days after last exposure to a suspected or confirmed case. This should be the preferred option whenever possible. Where all single occupancy rooms are occupied, cohorting of exposed residents may be considered. Residents who are undergoing shielding should not be

placed in a cohort. Cohorting of residents should be discussed with the local HPT. See the Scottish COVID-19 Care Home IPC addendum for more information on cohorting of residents.

If a resident leaves the care home for personal or social purposes, and it is subsequently identified that the resident was in close contact with a case during this time, then the resident should self-isolate for 14 days after last exposure to the case as per the above advice. This is expected for all care home residents identified as close contacts.

Commented [LC18]: PAC agreement: standard health protection advice.

Commented [HF(19R18]: PAC required - Cabinet Secretary and Minister to confirm they are content but note std HP advice

As in the community, all identified contacts of a case should be offered contact testing even if they are asymptomatic.

Residents should continue to be carefully monitored for any symptoms of COVID-19 during the 14 day period from last exposure. If symptoms or signs consistent with COVID-19 occur in that period, relevant diagnostic tests, including for SARS-CoV-2, should be performed, even if the resident previously tested negative during the current self-isolation period as a contact. If the PCR test is positive and they have been cohorted with other residents, the other residents' follow-up period recommences from the date of last exposure. Ensure that residents who have had no contact with COVID-19 cases are separated from residents with symptoms or a diagnosis of COVID-19.

7. Admission of individuals to the care home

The 14 day self-isolation requirement for admissions to care homes now depends on which setting a resident is transferring from and a local **Protection Level** approach as set out by the Scottish Government. Additional information can be found in the relevant sections of this guidance.

The Cabinet Secretary's statement on 21st April 2020 stated that the following groups should be screened:

- all COVID-19 patients in hospital who are to be admitted to a care home (See **section 7.1**)
- all other admissions to care homes

The presumption should be that residents being admitted to a care home should have a consented PCR test before or on admission unless it is in the clinical interests of the person to be moved and a risk assessment can support this; local HPTs can advise in more complex situations.

For residents without the capacity to consent to a test, see Adults with Incapacity (Scotland) Act 2000: principles for further information.

PCR screening of residents only provides partial reassurance since infection may still develop at any time during the incubation period.

In addition, interpretation of PCR results can be challenging for this group of older vulnerable individuals, who may be affected by a degree of immuno-compromise. PCR positivity generally indicates RNA remnant (or dead virus) if testing occurs after 14 days of symptom onset (or test positivity, if asymptomatic), hence testing after this period is not generally advised and rarely useful, especially in the absence of symptoms.

Commented [MR20]: Health protection advice

7.1 Admission of COVID-19 recovered residents from hospital

Commented [LC21]: PAC: these changes are SG policy decision in agreement with PHS and DPH rep.

Since PCR testing can take several weeks to revert back to negative due to persistence of non-viable viral RNA remnants, repeat PCR testing within 90 days of a COVID diagnosis in preparation for discharge must be considered carefully. COVID recovered residents in hospital can be discharged to the care home after 14 days from symptom onset (or first positive test, if asymptomatic) without further testing. In such instances, discharge at 14 days providing the person is afebrile for 48 hours without anti-pyretics and clinically stable, is based on clinical judgment of fitness for discharge. This decision should be made in collaboration with the receiving care home manager who needs to agree to patient transfer before this occurs. If COVID recovered patients have completed their 14 days of isolation in hospital, no further isolation should be required on return to the care home.

Commented [LC22]: No PAC required: added following CPAG discussion 17.06.21

If a COVID recovered resident is to be discharged before their 14 day isolation period has ended, they should have two negative PCR tests before discharge from hospital. Tests should be taken at least 24 hours apart. In addition, if they have not completed their 14 days isolation then they can do so in the care home, and do not require to start a new period of isolation, nor do they require further testing.

Commented [LC23]: PAC: this is policy decision since ongoing test positivity is likely at this stage and can be managed with excellent IPC.

Commented [LC24]: For PAC purposes: the testing timeframes are less stringent as these residents have already recovered from COVID-19; it no longer advises both tests wthin 48 hours of discharge as reports of this being very impractical.

Where it is in the clinical interest of the resident and negative testing is not feasible (e.g. resident does not consent, detrimental consequences or it would cause distress) a risk assessment and a care plan for the remaining period of isolation up to 14 days in the care home must be agreed.

Commented [HF(25R24]: PAC required - Cabinet Secretary and Minister to confirm they are content

Commented [HF(26]: PAC required - Cabinet Secretary and Minister to confirm they are content

For further details, see the **Scottish COVID-19 Care Home IPC addendum: discontinuing IPC precautions in care homes for residents who are COVID-19 positive**, which also includes advice for residents discharged from hospital.

7.2 Admission of non COVID-19 residents from hospital

All non-COVID-19 residents being discharged from hospital should be isolated for 14 days from or including the date of discharge from hospital.

Risk assessment prior to hospital discharge for residents with a non-COVID-19 diagnosis should be undertaken in conjunction with the care home. A single negative result should be available preferably within 48 hours prior to discharge from hospital. The exception is where a resident is considered to suffer detrimental clinical consequence or distress if they were not able to be discharged to a care home. In these cases, the resident may be discharged to the care

home prior to the test result being available, whether the result is positive or negative, but the 14 days of isolation must be completed regardless in the care home.

7.3 Admissions from the community

The 14 day self-isolation requirement for residents on admission to the care home from the community follows a Protection Level approach as set out by the Scottish Government. This removes the blanket approach for self-isolation on admission to a care home from the community. In Protection Levels 0-2, a risk assessment should be agreed on a case by case basis by the care home manager to determine whether the resident should isolate for 14 days on admission to the care home. Given the diversity of settings covered by this guidance, there may be some residential settings where a 14 day period of isolation is more appropriate (e.g. settings with older or clinically vulnerable residents, and communal areas where residents mix); the decision on this is at the care home manager's discretion subject to local risk assessment as guided by the local oversight group.

In Protection Levels 3-4, the resident will need to isolate on admission for 14 days.

A risk assessment prior to admission should be undertaken to ensure that appropriate isolation facilities are available, taking into account requirements for the resident's care. Risk assessment can include factors such as presence of COVID-related symptoms, COVID status of household they have come from, resident travel history, resident vaccination status, care home staff vaccination uptake rate, general IPC and PPE training/supplies/usage in the care home.

All admissions from the community, irrespective of Protection Level, should have one negative PCR test within 3 days of their admission date. In exceptional circumstances where testing is not possible before admission then testing on admission to the care home is acceptable and should be considred. Where it is in the clinical interest of the resident and negative testing is not feasible (e.g. resident does not consent, detrimental consequences or it would cause distress), an agreed care plan for admission to the care home will document this. Advice on this process is available from the local Health Protection Team, if needed.

7.4 Residents who temporarily leave the care home

Residents who temporarily leave the care home to attend essential personal business, e.g. attending a funeral, attendance at hospital A&E, planned out-patients or as a day case, do not require the same control measures as a new admission upon their return i.e. testing and self-isolation.

For non-essential visits, the Scottish Government have produced **Open with Care: Additional advice and guidance for activities and outings away from the care home**. This guidance is in relation to personal and social outings for residents, including day visits to public and private

Commented [LC27]: For PAC agreement: change to this advice was requested by SG colleagues and agreed with PHS and DPH rep.

Commented [HF(28R27]: PAC required - Cabinet Secretary and Minister to confirm they are content with approach

Commented [LC29]: Local HPT input not necessary however, advice can be sought if needed (the exception rather than the norm) - agreed by DPH rep

Commented [LC30]: PAC: added following CPAG discussion 17.06.21

Commented [HF(31R30]: PAC required - Cabinet Secretary and Minister to confirm they are content with the testing approach pre admission including for those not self isolating

Commented [LC32]: PAC: changes here consistent with publication of the SG outward visiting guidance for care home residents

Commented [HF(33R32]: PAC required - Cabinet Secretary and Minister to confirm they are content. Reflects guidance CMO approved

spaces and also overnight stays. The physical distancing and face covering guidance on **NHS Inform** must be followed during outings outside of the care home, as for the general public.

Self-isolation and testing of residents is not routinely recommended on return from day visits away from the care home in Levels 0-4 or overnight visits which are permitted in Levels 0-2. Only exceptionally will residents self-isolate on return from outings where Health Protection Teams indicate this is necessary on the basis of COVID-19 clinical concerns or if isolation is required as a close contact of a suspected or confirmed case or as a returning traveller. The advice included in the **Open with Care: Additional advice and guidance for activities and outings away from the care home** should be followed on the resident's return to the care home. Please note there is no requirement for residents or staff to wear PPE (other than general guidance on face coverings) during their visits away from the care home or to change their clothing on return. However, if staff are providing direct care to a resident and are within 2 metres of the resident whilst out of the care home, then they should use a Fluid Resistant Surgical Mask (FRSM) and any other necessary PPE, as per the PPE guidance contained within the **Scottish COVID-19 Care Home IPC addendum**.

Any concerns about potential exposure to COVID-19 during a visit outside of the care home will require an individual risk assessment to determine whether additional measures are needed; this includes unplanned visits to hospital services whether they involve an overnight stay or not.

Should a resident be unfortunate enough to be identified as a close contact whilst on an outing or to become symptomatic or COVID positive, provision must have been made through the planning process prior to leaving the care home, that they can choose to return to their 'home' and self-isolate as required, or remain away provided the need for self-isolation is understood by them or their carers - see Open with Care: Additional advice and guidance for activities and outings away from the care home for more details.

Commented [LC34]: No PAC required: This detail was specifically requested by SG following a number of queries around this.

Commented [MR35]: PAC: agreed by SG, PHS and DPH rep - resident cannot remain homeless

Commented [HF(36R35]: PAC required - Cabinet Secretary and Minister to confirm they are content

7.5 Admissions to stand-alone residential respite care facilities for adults (settings registered as care homes)

Stand-alone residential respite facilities for adults (settings registered as care homes) should continue to follow this guidance, COVID-19 Guidance and Information for Care Home Settings. Arrangements for respite admissions to these settings are described in the **23 September letter**.

The arrangements for admission to stand-alone residential respite care allows a risk assessment approach to inform reasonably less restrictive conditions than otherwise required in a registered care home:

> "admission arrangements will be adjusted in the relevant guidance to remove the blanket requirement for respite guests to remain in their rooms and enable a more proportionate approach to breaks in these lower risk settings. The key changes will be:

- a similar requirement for testing before admission but with the need for a negative result prior to arrival;
- physical distancing between residents should be maintained (except residents from the same household);
- a similar requirement for risk assessment to be undertaken prior to admission, with this to determine whether the individual's care needs mean they should be isolated for the duration of their stay (or for 14 days from admission) or not; and whether any specific enhanced infection prevention and control measures are needed."

This assessment must be documented by the service prior to transfer.

Individuals accessing respite to a registered care home not considered a stand-alone residential respite service should adhere to the usual conditions for admission to care homes, which acknowledge protection levels, as outlined previously in the admissions section.

Commented [LC37]: PAC: this change requested by SG colleagues.

Commented [HF(38R37]: PAC required - Cabinet Secretary and Minister to confirm they are content with proposal for respite admissions to care homes.

The respite advice included in the COVID-19: information and guidance for social, community and residential settings should be followed for:

- Individuals accessing respite in settings that are not a registered care home
- Residential respite facilities for children (including those registered as care homes)

If a facility does not fall into these categories or is unsure about which guidance applies, they should approach their local HPT who will advise based on the characteristics of the home.

8. Staff Information

8.1 Minimise external staff

- As outlined in the **guidance published in April 2021 on the return of visiting professionals**, regular testing of visiting staff should be undertaken using LFD tests - see **Testing of professional visiting staff to the care home** section for more information.

Commented [LC39]: No PAC - just linking to guidance for the detail

- Visiting clinical staff must be able to attend for essential clinical assessments and treatment of residents, though methods such as telephone and telemedicine can be used wherever feasible. They do not require SARS-CoV-2 (coronavirus) PCR screening though LFD testing is in place.
- The use of bank or agency staff or clinical staff from other care homes or healthcare services as replacement staff should be minimised, especially during outbreaks when they should only work for one care home at a time. Measures should be taken to support this wherever possible, to reduce the risk of transmission between care homes. Any new

staff starting work in the care home are also subject to SARS-CoV-2 (coronavirus) PCR screening. See **section 8.8** for further details.

- The deployment of clinical staff from other care homes or healthcare services to replace ill or self-isolating staff must be carefully considered, at the discretion of the local HPT leading the outbreak management response.
- Visits by health and social care, holistic and spiritual care professionals, and other external visiting workers – such as site contractors, maintenance and health and safety personnel, should adhere to **guidance** for visiting professionals and are expected to follow all control measures.
- Non-clinical visiting services are permitted under conditions outlined in care home risk assessments. See Scottish Government **COVID-19: adult care homes visiting guidance** for further details.

8.2 Enabling staff to follow key measures described in this guidance to prevent viral spread

Ensure that all staff in the care home are aware of the requirement to follow guidance for COVID-19 and are supported to do so including for:

- Self-isolation if they or their household members develop symptoms or are diagnosed with COVID-19 – see **NHS Inform**.
- Test and Protect - see **NHS Inform**.
- Physical distancing advice - see **Scottish COVID-19 Care Home IPC addendum**.
- Staff should avoid car sharing wherever possible - see the car sharing advice in the **Scottish COVID-19 Care Home IPC addendum**.
- Quarantine if they are a returning international traveller and are required to self-isolate for 10 days – see **COVID-19: international travel and managed isolation (quarantine)** for more details.
- Scottish Government **COVID-19: social care staff support fund guidance** aims to ensure social care workers do not experience financial hardship if they are ill or self-isolating due to COVID-19 and their employer terms and conditions mean a reduction in income.
- See the **Scottish Government restrictions** regarding non-work settings.

Consider the additional demands that will be placed on staffing requirements and plan ahead (resilience planning) to support this. Additional demands may occur due to:

Commented [LC40]: No PAC required: More clarity around this was requested by SG colleagues

Commented [LC41]: No PAC - linking to guidance

Commented [LC42]: No PAC - linking to guidance

- staff self-isolating as a case or as a contact
- time required for weekly staff screening
- additional time required to facilitate good **IPC measures** (including PPE use and **staff cohorting**), **training** and general guidance review.

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

Staff who come into contact with a COVID-19 resident, another staff member or any individual suspected of having COVID-19 while not following appropriate **infection prevention and control measures**, e.g. practising good hand hygiene, asymptomatic, wearing personal protective equipment (PPE), physical distancing whenever possible, should follow the advice in the **management of exposed staff and patients in health and social care settings guidance**. They may be excluded from work and advised to self-isolate, if identified as a close contact, following individual risk assessment.

Commented [LC43]: Clarification, no PAC

All staff should be vigilant for COVID-19 symptoms at all times, but particularly during the incubation period following exposure (up to 14 days) to someone infected. If staff develop symptoms they should stay at home and seek advice from **NHS inform** or occupational health department as per the local policy for symptomatic testing.

8.4 Staff who have been identified as a 'close contact'

Care home staff who have been identified as a close contact should adhere to the following direction from Test and Protect:

- They must remain off work and self-isolate for 10 days. Staff identified as close contacts should arrange to be tested - see **here** for further details. If a test is performed and the result is negative, the worker must continue to remain off work and complete their 10 days of self-isolation.
- If a staff member becomes symptomatic during their self-isolation period, they should arrange for a PCR test as soon as possible, even if they recently tested negative during the current self-isolation period. If the staff member tests PCR positive, they should self-isolate for 10 days from the date of symptom onset and their household members should follow the **'stay at home'** advice and arrange to be tested.
- Care home staff must inform their manager if they have been identified as a household or close contact of a COVID-19 case outside of the workplace and remain off work and self-isolate for 10 days.

8.5 Staff Testing

Anyone in Scotland who has symptoms of COVID-19 is **eligible** for testing through UK Government Testing sites. However, testing pathways for symptomatic health and care staff can vary across health board areas - this can be discussed with the local HPT. It is usually possible to prioritise appointments for **key workers** and their household members. Further information is available on **NHS Inform**. If a symptomatic staff member has a positive PCR test – advise the local HPT and see information in **section 8.7** for further details.

Staff screening using PCR testing

Weekly care home staff PCR screening for COVID-19 remains in place. This weekly PCR testing is now achieved through Regional Hubs. Care home staff should now use the COVID testing portal - see www.covidtestingportal.scot to arrange this.

Staff who have previously tested positive for SARS-CoV-2 by PCR are exempt from being retested during these weekly cycles for a period of 90 days from the date of COVID-19 (cardinal) symptom onset or the initial positive test, if asymptomatic, unless they develop new COVID-19 related symptoms, in which case they may need to be retested and risk assessed for re-infection.

Commented [LC44]: Four nations approach, no PAC needed.

Staff screening using Lateral Flow Device (LFD) testing

Commented [LC45]: PAC: Whole section new and based on SG policy.

Enhanced testing of care home staff using Lateral Flow Device (LFD) tests (these may also be referred to as Lateral Flow Tests (LFTs)) has also been introduced, as set out in a **letter dated 24 December 2020** from the Director of Mental Health and Social Care:

> "As of 4 January care homes will have access to **twice weekly lateral flow tests (LFT) for staff members, to be used alongside the existing weekly PCR test** in line with the SAGE recommendations. The first LFT should be done on the same day as the PCR and if the LFT comes back positive the member of staff should self-isolate and await the PCR result to confirm. If this PCR test is negative they can return to work. If it is positive they must remain isolated. The second LFT can be used later in the week. If this later test is positive staff should self-isolate and seek a confirmatory PCR."

Symptomatic staff should not use LFD tests and must not attend work. This is because these tests have not been approved by the MHRA (the regulator) for this purpose, but for asymptomatic testing, and also due to an important false negative proportion, where someone with symptoms may obtain a negative result, and be falsely reassured, yet still be infectious. Symptomatic staff must access a PCR test as per usual symptomatic testing channels within their Board. On the occasion that a symptomatic staff member has used a LFD test and has returned a negative result, they should still self-isolate and arrange a PCR test.

Additionally, asymptomatic staff who are negative on LFD testing must not regard themselves as free from infection – the test could be a false negative – they may go on to develop the

infection in the period before the next test. They should remain vigilant to the development of symptoms that could be due to COVID-19 and existing **Infection Prevention and Control (IPC) measures** must be followed. This includes following physical distancing measures at all times in the workplace where possible.

Additional testing considerations

Commented [LC46]: This section is new but 90 day retesting exemption advice was already included in previous guidance for PCR, just added LFD to this too. The only new text that has been added to this new sub-section that wasn't in previous guidance is highlighted grey.

If an asymptomatic staff member is inadvertently re-tested within 90 days of a previous positive PCR result and tests positive by LFD or PCR, there is no need to do a confirmatory PCR, isolate or contact trace again, as long as the staff member with the repeat positive test:

- remains asymptomatic
- is not required to self-isolate as a contact of a confirmed case
- is not required to self-isolate having returned from travel to a non-exempt country

Commented [LC47]: No PAC needed: public health advice.

In certain situations, for example, an outbreak, risk of reinfection with a new variant, specific clinical or travel risks, the HPT may conduct a risk assessment and recommend action such as self-isolation or whole genome sequencing of the specimen.

Repeat positive tests (asymptomatic or symptomatic) **after** 90 days should result in the usual public health action, i.e. self-isolation of the person with the positive test and contact tracing.

See **COVID-19: adult care home visitor testing guidance** for further information.

Testing of professional staff visiting the care home

Commented [LC48]: Section new. No policy interpretation - linking to guidance for policy details.

Professional visiting staff to care homes should undertake LFD testing. More information for testing of professional visiting staff can be accessed from the following resources:

- **COVID-19: adult care home lateral flow device testing**
- **COVID-19: adult care home testing guidance for visiting professionals**

Symptom vigilance, hand hygiene, respiratory hygiene, appropriate PPE, enhanced cleaning and physical distancing are the key and essential elements of good infection control and must be adhered to as advised by the Care Home by all visitors.

8.6 Management of PCR test positive staff through weekly screening programme

Staff who test PCR positive for COVID-19 through weekly screening should follow the actions detailed in **Table 2**. Initial PCR positive results in an asymptomatic staff member as a result of weekly screening should be risk asssed if there is low pre-test probability (e.g. asymptomatic,

no close contact status) and any clinical considerations taken account of as part of the HPT's assessment.

Table 2. Summary of actions in response to PCR test positive in care home staff

Response to PCR positive test result in care home staff
Staff may continue to work whilst awaiting test results providing they: • remain asymptomatic and • apply stringent IPC measures as per COVID-19 IPC guidance while working • self-isolate if LFD test has also been done and is positive, until PCR confirmatory test is available If the PCR test result is equivocal or unclear, the test must be repeated ASAP. If the repeat PCR test result is **negative**, the staff member can continue to work but, as always, must be hyper-vigilant for the development of any symptoms. If symptoms develop, they must be reported to the care home management immediately and the care worker must be excluded from work. Likewise, there should be a high index of suspicion for any illness in a member of the staff's own household. If the repeat PCR test result is **positive, treat as a positive symptomatic case**: Staff case: • The care worker must be excluded and self-isolate for 10 days from the date of the test. • If an excluded worker becomes **symptomatic** during their 10 day isolation period, they can return to work: ○ no earlier than 10 days from symptom onset, provided clinical improvement has occurred and they have been apyrexial for 48 hours (without use of anti-pyretics). ○ if the only persistent symptoms after 10 days are a cough (post-viral cough known to persist for several weeks in some cases) or a loss or change in normal sense of taste or smell, then provided they are otherwise medically fit, they can return to work. • No clearance or repeat testing is required. • Undertake appropriate contact tracing with HPT– see **here** for further information. Household contact of staff case: • In addition, household contacts of the care worker must follow 'stay at home' advice; i.e. isolation for 10 days from the date the care worker's test was taken and arrange to be tested themselves as a household contact - see here for more information. • If any household contact of a test positive worker becomes symptomatic they should isolate for 10 days from the onset of their symptoms, in line with the 'stay at home' guidance and arrange to be tested (even if they have recently tested negative) - see here for more information.

Commented [LC49]: PAC: advising of the new advice for close contact testing

Commented [HF(50R49]: PAC required - Cabinet Secretary and Minister to confirm they are content

Delayed exclusion of PCR test positive care home staff for those identified through weekly screening

There might be circumstances where there could be an unavoidable delay in replacing all test positive staff immediately. This could create an unacceptable risk to the safety of residents and the care being provided. If such a situation occurred, then any staff that had to continue working must only do so for the absolute minimum period (e.g. to complete a shift) pending their replacement. Such staff would only be permitted to work if they:

- remain asymptomatic and maintain vigilance for any COVID-19 symptoms and leave the workplace if they develop symptoms
- continue to maintain **IPC measures** (as they would have been doing in the days prior to their test result being known)
- only work with residents already known to be infected themselves
- maintain appropriate physical distancing when a mask has to be removed
- eat or drink in a separate room, either on their own or only in the company of other test positive staff
- avoid unnecessary casual contacts and observe appropriate physical distancing when heading home, avoiding if possible or limiting the use of public transport or car-sharing with people they do not live with.

Commented [LC51]: No PAC - clarification only

8.7 Staff who have recovered from COVID-19

Staff can return to work:

- after at least 10 days from symptom onset, provided clinical improvement has occurred and they have been apyrexial, without the use of antipyretics for 48 hours
- if the only persistent symptoms after 10 days are a cough (post-viral cough known to persist for several weeks in some cases) and/or a loss of or a change in sense of smell (anosmia) or taste
- PCR re-testing or clearance testing is not required.

Care home staff who have had confirmed COVID-19 and have since recovered must continue to maintain **IPC measures** but do not require routine weekly screening for a period of 90 days from the date of symptom onset or their first positive test relevant to that episode if asymptomatic. They will require further testing and clinical risk assessment if they have COVID-related symptoms within that 90 day period.

8.8 New staff in the care home (including replacement of excluded staff)

Any new or agency staff coming into a care home, must be screened for current symptoms consistent with COVID-19 infection and require a recent PCR negative test result, ideally before their planned start date **and** no longer than 48 hours before, whether the care home is affected by an outbreak or not.

If any new or agency staff assigned to the care home are PCR test positive, follow the details in **Table 2** on managing PCR test positive staff.

If a prospective new care home worker is **symptomatic** on pre-work screening, they must not start work at any care home. They must ensure their symptoms are investigated for COVID-19 and either have a negative PCR test or:

- self-isolate as per the standard **'stay at home'** guidance
- arrange for PCR testing, if possible within 3 days of symptom onset and before attempting to start work
- complete 10 days of isolation; if apyrexial for 48 hours without using antipyretics, they can start work – regardless of a positive or negative test result
- if they have a positive result during or immediately after their 10 days isolation and they are well, they do not need to re-isolate nor be re-tested before working.

Household or other close contacts of excluded symptomatic care home staff need to follow the relevant standard **'stay at home'** guidance and arrange to be tested.

Delays in testing new care home staff

If there is likely to be a significant delay in organising PCR testing and if there is a critical shortage of staff who are known to be test negative, then an **asymptomatic** new care home worker should take a LFD test. If the LFD test is negative, the staff member may be permitted to work at an outbreak affected care home, but only if they **remain asymptomatic**.

Commented [MR52]: No PAC: healh protection guidance

They must however be PCR tested **as soon as possible**. While working in the affected care home, the care worker awaiting the test result should minimise their direct contact with residents who are asymptomatic, whilst observing all standard **IPC precautions**.

If the LFD test is positive, the staff member must not start work in the care home and should return home immediately to self-isolate and arrange a confirmatory PCR test.

8.9 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.

Scottish Government uniform, dress code and laundering policy is available.

9. Visiting arrangements in care homes

The Scottish Government have published guidance, Open with Care: supporting meaningful contact in care homes, which supports meaningful contact to resume between care home residents and their loved ones. For additional information on visiting arrangements in adult care homes - see **COVID-19: adult care home guidance**. For additional information on outward visits from the care home - see the **Scottish Government Open with Care: Additional advice and guidance for activities and outings away from the care home.**

Commented [LC53]: No PAC needed as just linking to guidance

The offer of asymptomatic testing of visitors to adult care homes remains in place - see the Scottish Government COVID-19: adult care home lateral flow device testing for further information. This guidance also includes training materials for care home staff, useful resources (e.g. posters) and information for visitors.Information for visiting family and friends is also availble on **NHS inform**.

Commented [LC54]: Link amended.

Visitors must be informed of and adhere to IPC measures in place, including face coverings, hand hygiene, physical distancing whenever feasible and not attend with COVID-19 symptoms or before a period of self-isolation has ended, whether identified as a case of COVID-19 or as a contact. A log of all visitors must be kept, which may be used for **Test and Protect** purposes. Vaccination is encourged for all visitors but not obligatory.

Individuals who are self-isolating due to international travel requirements should not visit the care home during their self-isolation period. In addition, care home residents who are within their 14 day self-isolation period following international travel should not have visitors. However, essential visits can be supported in these situations, as exemptions to the travel regulations, if particular circumstances arise, such as when a resident is approaching end of life.

Commented [LC55]: PAC requird: SG policy

Commented [HF(56R55]: PAC required - Cabinet Secretary and Minister to confirm they are content

Non-essential visiting can be suspended if an outbreak is declared by the local HPT. See **Scottish COVID-19 Care Home IPC addendum** for further IPC information in relation to visitors.

Guidance on visiting takes a precautionary approach in relation to care homes where there has been an outbreak and advises that 14 days must elapse from unprotected exposure to the last COVID-19 case. The Health Protection Team must be satisfied that infection prevention and control measures are in place and operating well before a care home can fully re-open to visiting and community restriction levels at that time. Support from Health Protection Teams should be sought on these matters, in particular during an outbreak. It is the Health Protection Team that declares an outbreak over.

Commented [MR57]: No PAC rquired : health protection advice

Regardless of outbreak status, efforts must continue to be made to allow visits of loved ones of a resident receiving end of life care. Other essential visits for consideration can include providing support to someone with a mental health issue, a learning disability or autism where not being present would cause the resident to be distressed.

10. Death Certification during COVID-19 pandemic

According to the CMO letter dated 20th May 2020 "Updated Guidance to Medical Practitioners for Death Certification during the COVID-19 Pandemic" from 21 May 2020, any death due to COVID-19 or presumed COVID-19 meeting the following conditions must be reported to the Procurator Fiscal under section 3(g) of the **Reporting Deaths to the Procurator Fiscal guidance**.

- where the deceased was resident in a care home (this includes residential homes for adults, the elderly and children) when the virus was contracted
- where to the best of the certifying doctor's knowledge, there are reasonable grounds to suspect that the deceased may have contracted the virus in the course of their employment or occupation

Death as a result of presumed COVID-19 disease in the community are not required to be reported to the local HPT.

The Death Certification Review Service (DCRS) will continue to provide advice via their enquiry line on 0300 123 1898 or **dcrs@nhs24.scot.nhs.uk** and authorise disposal of repatriations to Scotland.

Appendices

Appendices containing Infection Prevention and Control (IPC) information that were formerly included in this guidance can now be accessed in the **Scottish COVID-19 Care Home IPC addendum**.

Appendix 1 – Contact details for local Health Protection Teams

Health board	Office Hours Telephone Number	Out of Hours Telephone Number Ask for Public Health On Call	Health Protection Team Email
Ayrshire and Arran	01292 885 858	01563 521 133 Crosshouse Hospital switchboard	**hpteam@aapct.scot.nhs.uk**
Borders	01896 825 560	01896 826 000 Borders General switchboard	**Healthprotection@borders.scot.nhs.uk**
Dumfries and Galloway	01387 272 724	01387 246 246	**dg.hpt@nhs.scot**
Fife	01592 226 435	01592 643355 Victoria Hospital switchboard	**fife.hpt@nhs.scot**
Forth Valley	01786 457 283 Ask for CPHM on call	01324 566000 Ask for CPHM on call	**Fv.healthprotectionteam@nhs.scot**
Grampian	01224 558 520	0345 456 6000	**gram.healthprotection@nhs.scot**
Greater Glasgow & Clyde	0141 201 4917	0141 211 3600 Gartnavel switchboard	**phpu@ggc.scot.nhs.uk**
Highland	01463 704 886	01463 704 000 Raigmore switchboard	**hpt.highland@nhs.scot**
Lanarkshire	01698 858232 / 858228	01236 748 748 Monklands switchboard	**healthprotection@lanarkshire.scot.nhs.uk**
Lothian	0131 465 5420 / 5422	0131 242 1000 Edinburgh Royal switchboard	**health.protection@nhslothian.scot.nhs.uk**
Orkney	01856 888 034	01856 888 000 Balfour Hospital switchboard	**ORK.publichealth@nhs.scot**
Shetland	01595 743 340	01595 743000 Gilbert Bain switchboard	**shet.publichealthshetland@nhs.scot**

Health board	Office Hours Telephone Number	Out of Hours Telephone Number Ask for Public Health On Call	Health Protection Team Email
Tayside	01382 596 976 / 987	01382 660111 Ninewells switchboard	**tay.healthprotectionteam@nhs.scot**
Western Isles	01851 708 033	01851 704 704	**wi.healthprotection@nhs.scot**

Appendix 2 - Self-isolation period for cases and contacts

Table 1a: Self-isolation periods for cases and contacts - care home settings

Case or Contact	Staff or Residents	Self-isolation period (days) *
COVID-19 cases	Residents	14
COVID-19 cases	Staff	10
Close contacts of cases	Residents	14
Close contacts of cases	Staff	10

Table 1b: Self-isolation periods for cases and contacts - healthcare settings

Case or Contact	Staff or Residents	Self-isolation period (days) *
COVID-19 cases	In-patients (case) remaining in the hospital	14
COVID-19 cases	In-patients (case) discharged to older adult residential setting	14
COVID-19 cases	In-patients (case) discharged to residential setting other than older adult	14
COVID-19 cases	In-patients (case) discharged to own home	14
COVID-19 cases	Staff	10
Close contacts of cases	In-patients (contact) remaining in the hospital	14
Close contacts of cases	In-patients (contact) discharged to older adult residential setting	14
Close contacts of cases	In-patients (contact) discharged to residential setting other than older adult	Requires risk assessment with regards to 10 or 14 days
Close contacts of cases	In-patients (contact) discharged to own home	10
Close contacts of cases	Staff	10

Table 1c: Self-isolation periods for cases and contacts - prisons/custody settings

Case or Contact	Staff or Residents	Self-isolation period (days) *
COVID-19 cases	People in prisons/custody settings	10
COVID-19 cases	Staff in prisons/custody settings	10
Close contacts of cases	People in prisons/custody settings	10
Close contacts of cases	Staff in prisons/custody settings	10

Table 1d: Self-isolation periods for cases and contacts - general public

Case or Contact	Self-isolation period (days) *
COVID-19 cases	10
Close contacts of cases	10

Table 1e: Self-isolation periods for cases and contacts - returning travellers

Case or Contact	Self-isolation period (days) *
Traveller arriving in Scotland via air travel from outside the common travel area *	For Managed Quarantine (for travellers from red-listed countries): 10 days self-isolation counting Day 1 as the first full day after the traveller arrives in Scotland. Day 0 is considered day of arrival to Scotland For Home Isolation (for travellers from amber-listed countries and care home travellers from green-listed countries): 10 days self-isolation counting Day 1 as the first full day after the traveller departed from or transitted through an non-exempt country. Day 0 is considered day of departure from or transitted through the non exempt country*

Commented [LC58]: Table 1E and the notes section have been updated in line with SG changes in policy and regulations.

Notes:

1. For cases, Day 1 of isolation is the first day of symptoms (or the date that a positive test was taken, if asymptomatic)
2. For close contacts Day 1 of isolation is the last day exposure occurred (with a case)
3. Isolation ends at 23h59 on the 10th or 14th (as appropriate) day of isolation*
4. For travellers who are required to enter **isolation for quarantine** purposes:

a) where isolation is in a Managed Quarantine Facility (MQF) then Day 1 is established in Scottish regulations and relates to the day after arrival in Scotland, where the travellers has travelled in a non-exempt country in the previous 10 days

b) where isolation is at home then Day 1 is established in Scottish regulations and relates to the day after departure from a non-exempt country

In both cases, regulations require that for any postive test result, the traveller should remain in quarantine until the end of the 10th day after the test was taken. If the traveller's Day 2 test result is positive there is no requirement to submit a second test on Day 8.

*These are minimum isolation periods and should be extended in line with guidance if the following apply prior to the end of the stated isolation period:

- a case has not recovered (e.g. is still not well and has not had a fever-free period for 48 hours without anti-pyretics)
- a close contact develops symptoms or has a positive COVID test result
- a case who tested positive whilst asymptomatic who then develops symptoms within the isolation period
- a returned traveller develops symptoms during the quarantine period
- considerations made by an Incident Management Team in the course of an outbreak.

Please see **COVID-19: guidance for Health Protection Teams for further details about quarantine exemptions and defensible reasons for breaching quarantine regulations. Further information can also be found in **COVID-19: international travel and managed isolation (quarantine) guidance**.