Scottish Care
Voice of the independent care sector

CORONAVIRUS (COVID-19)

INFORMATION FOR SCOTTISH CARE MEMBERS

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CORONAVIRUS (COVID-19) INFORMATION FOR SCOTTISH CARE MEMBERS

Members will be increasingly aware of the global spread of Coronavirus (COVID-19). The following briefing paper has been prepared with the most up to date advice. You will appreciate that this is a continually moving issues and members should keep up to date with all public information. The primary site for such information, notification and guidance is https://www.hps.scot.nhs.uk/a-to-z-of-topics/wuhan-novel-coronavirus/ . This paper is based on published UK and Scottish Government advice.

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BACKGROUND

WHAT IS THE VIRUS?

A coronavirus is a type of virus. As a group, coronaviruses are common across the world. Typical symptoms of coronavirus include fever and a cough that may progress to a severe pneumonia causing shortness of breath and breathing difficulties.

Generally, coronavirus can cause more severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic lung disease. This clearly includes many individuals who live in care homes or who are being supported to live at home. The older population is therefore a particular community of concern.

Novel coronavirus (COVID-19) is a new strain of coronavirus. It is also called Coronavirus.

Currently, there is no vaccine and no specific treatment for infection with the virus.

WHERE DID IT COME FROM?

In late December 2019, the People's Republic of China reported an outbreak of pneumonia due to unknown cause in Wuhan City, Hubei Province.

In early January 2020, the cause of the outbreak was identified as a new coronavirus. While early cases were likely infected by an animal source in a 'wet market' in Wuhan, ongoing human-to-human transmission is now occurring.

On the 30 January 2020 the World Health Organization declared that the outbreak constitutes a Public Health Emergency of International Concern.

As of 23 February, a total of 6,324 people have been tested in the UK, of which 6,315 were confirmed negative and 9 positive. These figures do not yet include the confirmed cases from the Diamond Princess cruise ship.

GENERAL INFORMATION

TRAVEL

The Government has published advice in relation to those who have recently travelled to or from identified infected areas. At the current time these areas are stated as **mainland China, Thailand, Japan, Republic of Korea, Hong Kong, Taiwan, Singapore, Malaysia or Macao**. Travellers to or from these areas within the last 14 days should visit the NHS Inform website for the most up-to-date information and advice.

Care home providers may wish to seriously think about whether it would be appropriate to accept a resident who falls within the above travel areas.

The Risk Areas as of the 6th February are identified at
https://www.hps.scot.nhs.uk/web-resources-container/covid-19-risk-areas/

However, given the spread of the virus, especially in mainland Europe, in recent days this may be subject to alteration and change.

RISK DEFINITIONS AND CASE IDENTIFICATION

There is Guidance for both primary and secondary clinical settings available at
https://www.hps.scot.nhs.uk/a-to-z-of-topics/wuhan-novel coronavirus/#publications

The main current analysis is the following:

If the patient satisfies epidemiological and clinical criteria, they are classified as a ***possible case.***

Epidemiological criteria

In the 14 days before the onset of illness:

- Travel to a risk area. This includes transit through a risk area, of any length of time. Up-to-date risk areas can be found at 2019-nCoV risk areas

OR

- Contact * with a confirmed case of 2019-nCoV (see definition below).

Clinical criteria

- severe acute respiratory infection requiring admission to hospital with clinical or radiological evidence of pneumonia or acute respiratory distress syndrome

OR

- acute respiratory infection of any degree of severity, including at least one of shortness of breath or cough (with or without fever)

OR

- fever with no other symptoms

***Contact with a case is defined as:**

- living in the same household

OR

- direct contact with the case or their body fluids or their laboratory specimens

OR

- in the same room of a healthcare setting when an aerosol generating procedure is undertaken on the case

OR

- direct or face to face contact with a case, for any length of time

OR

- being within 2 metres of the case for any other exposure not listed above, for longer than 15 minutes

OR

- being otherwise advised by a public health agency that contact with a confirmed case has occurred.

INFORMATION FOR SOCIAL CARE PROVIDERS

It will be self-evident that good infection control and immunological practice is paramount at this time and providers should ensure themselves that all staff both those with direct care roles and others should be aware of best practice. This is especially in relation to hand and personal hygiene.

- Providers should consider the development of a SOP (Standard Operating Practice) to prevent the spread of COVID-19.

- Providers should consider the development of an SOP for dealing with a suspected or confirmed case of COVID-19 whether in a care home or if a staff member comes into contact with an individual during a home visit. Such a protocol should include instructions on Personal Protective Equipment; the potential creation and use of isolation rooms in the care home; key contact and notification information; procedures in relation to laundry, decontamination of environment, conduct around food dispensing.

- Providers should identify what resources they have available in terms of PPE equipment. It is important to note that there should be as wide a selection as possible in order to meet all staffing needs. So, for instance, there should be an audit to ensure that there are sufficient disposable gloves of the right size. Using gloves which are not the right size can result in either these falling off or breaking if used. PPE equipment should also include FFP3 and surgical masks, although there is some pressure upon their availability.

- Providers should consider providing residents and service users with information in relation to hygiene and transmission. Together with what actions the organisation may need to take in the event of an instruction to self-isolate or any other escalation of the disease.

- Providers need to, as a matter of some urgency, develop their own operational resilience planning. This will relate closely to plans which should already be in case in relation to any major incident. The distinction being that there may be factors limiting the ability of staff to travel to work if there is any instruction to self-isolate.

- At a time of real uncertainty and growing public concern it will be important for providers to communicate regularly and supportively with staff and to do so using the most up to date guidance and advice. It is important that individuals are reassured as much as possible and that there is no sense of false alarm. More harm may result from unnecessary panic and alarm than from the virus itself.

- Providers should inform the Care Inspectorate of their resilience plans and procedures.

SPECIFIC GUIDANCE IF YOU ARE IN CONTACT WITH OR ARE REQUIRED TO ASSIST SOMEONE WHO IS SYMPTOMATIC AND SUSPECTED OF HAVING COVID-19

1. Providing assistance:

If you do need to provide assistance to an individual who is symptomatic and identified as a possible case, wherever possible, place the person in a place away from others. If there is no physically separate room, ask others who are not involved in providing assistance to stay at least 2 metres away from the individual. If barriers or screens are available, these may be used.

2. Personal Protective Equipment (PPE)

Use and dispose of all PPE according to the instructions and training previously provided by your employer or organisation. Disposable gloves and fluid repellent surgical face masks are recommended and, if available, disposable plastic aprons and disposable eye protection (such as face visors or goggles) should be worn. Wash your hands thoroughly with soap and water before putting on and after taking off PPE.

3. Cardiopulmonary resuscitation

If you are required to perform cardiopulmonary resuscitation (CPR), you should conduct a risk assessment and adopt appropriate precautions for infection control.

Where possible, it is recommended that you do not perform rescue breaths or mouth-to-mouth ventilation; perform chest compressions only. Resuscitation Council (UK) Guidelines 2010 for Basic Life Support state that studies have shown that compression-only CPR may be as effective as combined ventilation and compression in the first few minutes after non-asphyxial arrest (cardiac arrest due to lack of oxygen).

If a decision is made to perform mouth-to-mouth ventilation in asphyxial arrest, use a resuscitation face shield where available.

4. Hand hygiene

After contact with the individual, wash your hands thoroughly with soap and water at the earliest opportunity. Alcohol hand gel is recommended if soap and water is not available. Avoid touching your mouth, eyes and/or nose, unless you have recently cleaned your hands after having contact with the individual.

5. Cleaning the area where assistance was provided

Cleaning will depend on where assistance was provided. If within premises or a public building and cleaners are available, they should be asked to undertake the cleaning in line with the advice provided for cleaning of aircraft. If the area can be cordoned off until a negative test result is available, then cleaning staff could use their normal protocols after this.

6. If there has been a blood or body-fluid spill

Keep people away from the area. Use a spill-kit if available, using the PPE in the kit or PPE provided by your employer/organisation and following the instructions provided with the spill-kit. If no spill-kit is available, place paper towels/roll onto the spill, and seek further advice from emergency services when they arrive.

7. Contacts of the unwell person

If anyone had direct contact with the individual and makes themselves known to you, ask them to call NHS 111 and explain what has happened.

8. What to do if you become unwell following contact with someone who may be at risk of COVID-19

If you have already been given specific advice from your employer or Health Protection Scotland about who to call if you become unwell, follow that advice.

Otherwise, if you develop fever, cough or difficulty breathing within 14 days of assisting someone unwell and at risk of COVID-19, call NHS 111 (or 999 if it is a medical emergency) and explain that you recently provided assistance.

(Taken from Public Health England)

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If you have any questions relating to this guidance document, please contact Scottish Care:

25 Barns St
Ayr
KA7 1XB

01292 270240

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