NHS National Services Scotland

Appendix 22 - Community Infection Prevention and Control COVID-19 Pandemic

When an organisation adopts practices that differ from those recommended/stated in this national guidance published by ARHAI Scotland, that individual organisation is responsible for ensuring safe systems of work, including the completion of a risk assessment(s) approved through local governance procedures.

For the purposes of this appendix the term ‘service user’ used throughout applies to all individuals receiving community health and care support in the settings specified in this appendix.

For the purposes of this appendix the term 'facility' used throughout applies to the setting where health and care is delivered including an individual's own home

This appendix should be read in conjunction with Public Health Scotland supporting guidance and public health information for health and social care.

ARHAI Scotland
Antimicrobial Resistance and Healthcare Associated Infection

Version history

Version	Date	Summary of changes
1.0	29 June 2022	First publication – Marks transition from Winter Respiratory Infection IPC Addendum to a Community COVID-19 Pandemic Appendix.
1.1	28 July 2022	GP surgeries included in this this appendix and removed from Appendix 21 – COVID-19 acute settings

Contents

Enquiries

Enquiries regarding the transition process should be directed to:

NSS.ARHAIinfectioncontrol@nhs.scot

Introduction

To reflect the current phase of the COVID-19 pandemic, ARHAI Scotland have commenced a transition away from the Winter Respiratory Infections Infection Prevention and Control (IPC) Addendum to the main National Infection Prevention and Control Manual (NIPCM) and the Care Home Infection Prevention and Control Manual (CH IPCM).

There has been unanimous agreement amongst IPC stakeholder groups that a move from pandemic specific guidance back to a more 'business as usual' approach via the use of the national IPC guidance is both necessary and timely. This decision also aligns with the UK plan to remove guidance for Infection Prevention and Control for Seasonal Respiratory Infections in Health and Care settings (including SARS-CoV-2) for Winter 2021 to 2022 and for each nation to return to their own nationally developed guidance.

The transition back to national IPC guidance sees a move back to service user placement based on an assessment of risk alongside application of routine Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs) in line with pre pandemic IPC practices. Some pandemic measures do however remain, and these are outlined in the new Community IPC Pandemic Appendix (detailed below).

ARHAI Scotland completed a mapping exercise to review the content within the Winter Respiratory Infections IPC addendum and considered each in the context of 3 categories:

- Content requiring transfer to the NIPCM/CHIPCM as Business as Usual (BAU) going forward
- Content which could be removed all together reflecting the current phase of the COVID-19 pandemic
- Content still required in response to the COVID-19 pandemic

The Winter Respiratory Infections IPC addendum will remain live until Monday 11th July 2022 allowing health and care organisations time to implement the transition at which point it will then be archived.

Content has been endorsed by the Scottish Government Clinical and Professional Advisory Groups (CPAG) for Adult Social Care and Justice sectors. This appendix development process deviates from the NIPCM and CHIPCM governance process for guidance production and sign

off due to the urgent nature for the requirements for national IPC guidance during the COVID-19 pandemic.

Please also note that the information below relates to community health and care settings as detailed in section below:

- Care homes
- Hospice settings
- Community Optometry
- Community Pharmacy
- Health and social care services provided in peoples own homes
- Community based health and care settings
- GP surgeries
- Supported accommodation settings
- Rehabilitation services
- Residential children's homes
- Stand-alone residential respite for adults (settings not registered as a care home)
- Stand-alone residential respite/short break services for children
- Sheltered housing
- Residential prison and residential detention settings

Physical distancing

Physical distancing will cease and is no longer required for staff, service users or visitors. However, where services wish to continue physical distancing, they may choose to do so, particularly in settings where staff remove their Type IIR Fluid Resistant Surgical Mask (FRSM), and a COVID-19 exposure event could result in high staff isolation numbers, illness and significant service impact.

It is important to note that overcrowding in any area of a facility including communal, waiting, visitor and reception areas increases transmission risk for respiratory viruses including SARS-CoV-2 and it is important to remain mindful of the volume of people in a space at any one-time, taking account of staff, service users and visitors. Facilities should not return to pre pandemic practices which facilitated overcrowding and steps should be taken to prevent this.

Across **ALL** settings extended use of face masks guidance remains extant.

General Infection Prevention and Control Information

Controlling exposures to occupational hazards, including the risk of infection, is the fundamental method of protecting staff and users of a facility/workplace. The Hierarchy of Controls should also be considered in controlling exposures to occupational hazards which include infection risks. It details the most to the least effective hierarchy of controls and is applied across a wide range of occupational settings to ensure staff and service user safety. It should also be used within health and care settings to prevent the transmission of infection. The hierarchy of controls will help protect all users of the health and care facility and not just staff.

Standard Infection Control Precautions (SICPs)

SICPs are to be used by all staff, in all health and care settings, every time, for all service users whether infection is known to be present or not, to ensure the safety of those being cared for, staff and visitors in the health and care environment.

SICPs are the basic IPC measures necessary to reduce the risk of transmission of infectious agents from both recognised and unrecognised sources of infection.

Further information on SICPs can be found in Chapter 1 of the NIPCM.

1.1 Patient placement/assessment for risk

1.2 Hand hygiene

1.3 Respiratory and cough hygiene

1.4 Personal Protective Equipment (PPE)

1.5 Safe management of care equipment

1.6 Safe management of the care environment

1.7 Safe management of linen

1.8 Safe management of blood and body fluid spillages

1.9 Safe disposal of waste

1.10 Occupational safety: prevention and exposure management (including sharps)

Care home staff can find further information on SICPs specific to the care home in the Care Home IPCM (CHIPCM).

Transmission Based Precautions (TBPs)

At times, SICPs may be insufficient to prevent cross transmission of certain infectious agents. Therefore, additional Transmission Based Precautions (TBPs) are required to be used by staff when caring for service users with a known or suspected infection or colonisation.

Further information on TBPs can be found in Chapter 2 of the NIPCM.

Care home staff can find further information on TBPs specific to the care home in the Care Home IPCM (CHIPCM).

Additional TBPs required for different infectious pathogens vary depending on the route by which they are transmitted. Respiratory pathogens can be transmitted by the following:

- Contact transmission
- Droplet transmission
- Airborne transmission

The A-Z list of pathogens in Appendix 11 stipulates the mode of transmission for each pathogen. Please contact local Infection Prevention and Control Team (IPCT) or Health Protection Team (HPT) for support if required.

COVID-19 case definitions (confirmed and possible) and symptomology

COVID-19 case definitions can be found within Public Health Scotland HPT guidance. Case definitions for the purposes of public health management are set out in this guidance. In addition, COVID-19 and other respiratory infectious disease illness symptoms can be found within this document.

Staff should be particularly alert to the possibility of atypical and non-specific presentations in children, older people with frailty, those with pre-existing conditions and those who are immunocompromised. People with epidemiological links to COVID-19 outbreaks or clusters should also be considered with a high degree of suspicion.

Respiratory Symptom Assessment Questions

The process of respiratory symptom screening via respiratory assessment screening questions should be undertaken by telephone prior to an arranged arrival at the facility for all service users and any accompanying carers. If this is not possible, then these questions should be asked on arrival at reception. This will help inform the care team of service user respiratory status and potential associated risk before face-to-face consultation, should this be deemed appropriate.

If respiratory symptom screening is undertaken prior to arrival at the facility, and if the service user answers ‘no’ to all the respiratory screening questions, the service user should be reminded to inform a staff member should any symptoms develop prior to attendance at the facility.

The screening questions in Table 1 are to be used and apply to all service users and anyone accompanying the service user to the health and care facility e.g., parent, carer.

Table 1: Respiratory Symptom Assessment Questions

COVID-19 Screening question	Yes	No
Have you had a confirmed diagnosis of COVID-19 in the last 10 days? Service users: • If the admission is deemed urgent/necessary, a risk assessment should be undertaken to assess the urgency and complexity of the admission. If the risk assessment deems the admission urgent/necessary, then the service user should be cared for on the respiratory pathway.		
Do you have any of the following *symptoms? • High temperature or fever? • New, continuous cough? • A loss or alteration to taste or smell? • Any other symptoms of a respiratory virus? Service users: • If the admission is deemed urgent/necessary, a risk assessment should be undertaken to assess the urgency and complexity of the admission. If the risk assessment deems the admission urgent/necessary, then the service user should be cared for on the respiratory pathway.		

*Information regarding additional COVID-19 symptoms can be found in the PHS HPT guidance.

Placement and management of a service user with respiratory symptoms

This section will cover:

- Staff cohorting
- Transfer of service users with respiratory symptoms/confirmed respiratory pathogen
- Service user requirements for overnight stays

The respiratory pathway is determined as a route to which service users symptomatic of respiratory infection should be directed. The pathway should be further split into appropriate cohorts determined by presenting symptoms and when available, test results to determine the causative pathogen.

For further guidance on COVID-19 testing please see PHS HPT Guidance.

Entrances to facilities should clearly display the requirement for all individuals entering the health and care facility to don a face covering and alcohol-based hand rub (ABHR) should be provided for use prior to entry for those who are able to do so.

Service user waiting/reception areas should be segregated with an area set aside for use by service users who may present with respiratory symptoms. Markers to identify segregation should be clear and service users must be advised not to circulate around waiting areas and remain seated. Cleaning within waiting areas segregated for respiratory service users should be undertaken as laid out in environmental cleaning section of NIPCM.

Any service user who answers yes to any of the respiratory symptom assessment questions should be placed in a single occupancy room until a full assessment can take place to determine the cause. Where all single room facilities are occupied and cohorting is unavoidable, then cohorting could be considered following a local risk assessment in conjunction with the local Health Protection Team (HPT) or Infection Prevention Control Team (IPCT).

Service users who are awaiting test results to confirm which pathogen is causing respiratory symptoms, should not be placed together in cohorts if possible.

Ensure a respiratory screen including COVID-19 has been undertaken ideally prior to entry into the cohort or at the earliest opportunity. Ensure service users are provided with a Type IIR FRSM to wear where appropriate and tolerated.

Further information for Care Home settings can be found in the PHS Care Home guidance.

Further information for Prison settings can be found in the PHS Prison Settings guidance

Further information for Social, Community and Residential Care settings can be found in the PHS Social, Community and Residential Care Settings guidance

Staff cohorting

Efforts should be made as far as reasonably practicable to dedicate assigned teams of staff to care for service users on the respiratory pathway where TBPs are applied. There should be as much consistency in staff allocation as possible, reducing movement of staff and the crossover between the respiratory pathway and all other service users.

Rotas should be planned wherever possible, to take account of the respiratory pathway and staff allocation. For staff groups who need to go between pathways, efforts should be made to see service users on the non-respiratory pathway first.

Further information for Care Home settings can be found in the PHS Care Home guidance.

Further information for Prison settings can be found in the PHS Prison Settings guidance.

Further information for Social, Community and Residential Care settings can be found in the PHS Social, Community and Residential Care Settings guidance

Transfer of service users with respiratory symptoms/confirmed respiratory pathogen

Wherever possible, service users with respiratory symptoms or a confirmed respiratory pathogen should remain on the respiratory pathway until they meet criteria for discontinuation of precautions.

There may however be instances where it is necessary to transfer a service user whilst TBPs are ongoing including:

- The service user requires escalation of care to a secondary care facility or other care facility.
- The service user requires urgent intervention, treatment or support and postponement would have a detrimental effect on the service user and the support cannot be provided in the facility they currently reside in.
- Communication with the receiving facility is vital to ensure appropriate IPC measures are continued during and after transfer. The service user must continue to be managed on the respiratory pathway until they meet criteria for discontinuation of precautions specific

to the care facility. Please refer to above links to PHS Care Home, Prison or Social, Community and Residential settings.

Staff transfer communications must include:

- Service user symptom onset date
- Service user positive test date (if confirmed/required)
- Causative pathogen if known
- Date when service user may discontinue TBPs
- Current symptom status and any test results still awaited
- Any service user details which prevent or impact on the TBPs required i.e., falls risk requiring door to remain open, cannot tolerate wearing a mask, service user does not adhere to isolation.
- Staff should confirm if local IPCT (or HPT where appropriate) has been informed of transfer.
- Staff should also ensure that the transferring ambulance or portering/escorting staff are advised of the necessary precautions required for IPC including PPE and decontamination of transfer equipment.

Overnight Stay

Service users who leave the facility for an overnight stay should be assessed using the respiratory symptom assessment questions in advance of their immediate return to the facility and again on arrival at the facility, to determine any known or potential exposure whilst out of the facility and subsequently which pathway they should be placed on.

COVID-19 screening and testing requirements

Further information for Care Home settings can be found in the PHS Care Home guidance.

Further information for Prison settings can be found in the PHS Prison Settings guidance.

Further information for Social, Community and Residential Care settings can be found in the PHS Social, Community and Residential Care Settings guidance.

Management of Contacts of COVID-19

Contact tracing will not be routinely undertaken in the community health and care settings and any requirement for this will be determined by the HPT/IMT.

Further information for Care Home settings can be found in the PHS Care Home guidance.

Further information for Prison settings can be found in the PHS Prison Settings guidance.

Further information for Social, Community and Residential Care settings can be found in the PHS Social, Community and Residential Care Settings guidance.

COVID-19 testing for Healthcare Workers (HCWs)

COVID-19 testing continues in some health and care settings. Detailed information on respiratory testing for HCWs can be found on the Scottish Government website. There is no requirement for any other respiratory pathogen beyond COVID-19 testing amongst HCWs unless recommended by an Incident Management Team, HPT, or occupational health.

Information on COVID-19 testing amongst care home workers can be found in the PHS COVID-19: Information and Guidance for Care Home settings for older adults.

Care home staff should use the COVID testing portal to arrange this.

Information on COVID-19 testing for social care and community-based settings can be found here in the Coronavirus (COVID-19: social care and community based testing guidance.

Service user facing HSCWs Isolation and Exemption

Guidance for HSC staff who develop symptoms of respiratory infection; those with a positive test for COVID-19; and those who have a household member or overnight contact who has tested positive for COVID-19 should follow advice laid out in the 'Managing Health and Social care Staff with Symptoms of a respiratory infection, or a positive COVID-19 test, as part of the test and protect transition plan' DL (2022)12.

Duration of transmission-based precautions for COVID-19

Table 2 sets out the requirements for the number of self-isolation days required, the clinical requirements for discontinuing TBPs and any testing regimes required for individuals being discharged from hospital to a care home. It is important to note that service users with COVID-19 deemed clinically fit for discharge can and should be discharged before resolution of symptoms.

Table 2: *Stepdown requirements for COVID-19 inpatients being discharged from hospital to a care home setting for older people.

Discharging service users	Number of isolation days required	Does isolation need to be completed in hospital?	COVID-19 Clinical requirement for stepdown	Testing required for stepdown
Patient discharging to care homes for older people.	10 days from symptom onset (or first positive test if symptom onset undetermined). If COVID recovered patients have completed the 10-day isolation in hospital, no further isolation should be required on return/admission to the care home setting.	No.	Clinically stable with at least some respiratory recovery. Absence of fever for 48 hours without use of antipyretics.	If a COVID-19 recovered patient is discharged to a care home for older people setting before 10-day isolation has ended, then 1 negative PCR test or LFD test is advised preferably within 48 hours prior to discharge. No further testing is required once isolation is completed.

*Please see below for setting specific admissions information:

- Further information for Prison settings can be found in the PHS Prison Settings guidance.
- Further information for Social, Community and Residential Care settings can be found in the PHS Social, Community and Residential Care Settings guidance.

Personal Protective Equipment (PPE)

The hierarchy of controls details the most to the least effective controls and is applied across a wide range of occupational settings to ensure staff and service user safety. They should be used within health and care settings to prevent the transmission of infection. Health and care

facilities should first employ the most effective method of control which inherently results in safer control systems. Where that is not possible, all others must be considered in sequence.

It should be noted that Personal Protective Equipment (PPE) is the last in the hierarchy of controls and other mitigation measures contained within the hierarchy of controls should be implemented and adhered to wherever possible.

PPE exists to provide the wearer with protection against any risks associated with the care task being undertaken.

As part of SICPs, all staff undertaking in a procedure, should assess any likely exposure and ensure PPE is worn that provides adequate protection against the risks associated with the procedure or task being undertaken.

When caring for a service user who has respiratory symptoms, PPE should be selected to protect against droplet or in some circumstances, airborne spread.

PPE must not be used inappropriately. It is of paramount importance that PPE is worn at the appropriate times, selected appropriately, and donned and doffed properly to prevent transmission of infection.

More information on PPE for HCWs when providing direct care, including donning and doffing resources can be found in Appendix 16 of the NIPCM.

Care home settings: Care Home staff can find more general information on PPE for use in care homes including donning and doffing resources in the CH IPCM.

PPE worn when caring for service users

Table 3 details the PPE which should be worn when providing direct care for service users.

Type IIR FRSM should be worn for all direct care delivery regardless of whether the service user is on the respiratory pathway or not.

Type IIR FRSMs can be worn sessionally when going between service users on the respiratory pathway. A session ends when leaving the health and care setting or exposure environment. Type IIR FRSMs should be changed if wet, damaged, soiled, or uncomfortable and must be

changed after having provided care for a service user isolated with any other suspected or known infectious pathogens and when leaving respiratory pathway areas.

It is recommended that Type IIR FRSMs should be well fitting and fit for purpose, covering the mouth and nose to prevent venting (exhaled air 'escaping' at the sides of the mask).

Transparent face masks may be used to aide communication with patients in some settings.

Transparent face masks must:

- meet the specification standards of the Transparent face mask technical specification (Department of Health and Social Care - November 2021, updated February 2022)
- have been approved by the UK Transparent Mask review group for use within health and social care settings
- only be worn in areas where Fluid Resistant Type IIR surgical face masks are used as personal protective equipment.

Further information can be found in:

- aerosol generating procedures literature review
- surgical face masks literature review
- section 2.4 of the NIPCM
- appendix 11 of the NIPCM

Staff moving between different settings throughout the course of their working day must ensure they first clarify with the person in charge or named health and care worker what pathway the service user they are attending to is on and what PPE is required.

Table 3 PPE worn for SICPs and TBPs

PPE item	Non-Respiratory pathway (SICPs)*	Respiratory pathway (TBPs)
Gloves	To be worn when exposure to blood, body fluids, (including but not limited to secretions and/or excretions), non-intact skin, lesions and/or vesicles, mucous membranes, hazardous drugs and chemicals, e.g., cleaning agents is anticipated/likely. Gloves are a single-use item and should be changed immediately after each use or upon completion of a task. They should never be worn inappropriately in situations such as; to go between patients, move around a care area, work at IT workstations. Gloves should be changed if a perforation or puncture is suspected or identified. Gloves should not be worn as a substitute to hand hygiene.	Worn for all direct care delivery. Single use.
Apron or gown	Risk assessment - wear apron if direct contact with service user, their environment or BBF is anticipated. (Gown if extensive splashing anticipated). Single use.	Apron to be worn for all direct care delivery (Gown if extensive splashing anticipated or when performing AGPs on a patient on the respiratory pathway). Single use.

PPE item	Non-Respiratory pathway (SICPs)*	Respiratory pathway (TBPs)
Face mask (FRSM)/FFP3 respirator	Always within 2 metres of a service user- Type IIR FRSM. (Wearing a Type IIR FRSM as part of SICPs would normally only be worn when splash/spray is anticipated. Use of FRSM for all service user direct care and exists as an ongoing COVID-19 pandemic measure). Single use or Sessional use.	Always within 2 metres of a service user - Type IIR FRSM. FFP3 respirator required when caring for service user with a known or suspected pathogen transmitted by the airborne route e.g., pulmonary TB. Single use or Sessional use.
Eye & face protection	Risk assessment - wear if splashing or spraying with BBF including coughing/sneezing anticipated. Single-use or reusable following decontamination.	Worn for all direct care delivery provided to service users with respiratory symptoms. Single-use, sessional or reusable following decontamination.

Aerosol Generating Procedures (AGPs)

An Aerosol Generating Procedure (AGP) is a medical procedure that can result in the release of airborne particles from the respiratory tract and is associated with an increased risk of transmission 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. It is also possible for asymptomatic and pre-symptomatic carriers of SARS-CoV-2 to transmit the infection during AGPs.

A full list of AGPs can be found in Appendix 17 of the NIPCM and further information on IPC precautions required for AGPs is available.

Extended use of Facemasks

The extended use of facemasks policy is designed to protect staff and service users as part of the COVID-19 pandemic. This is because SARS-CoV-2 may be transmitted by individuals who

are not displaying any symptoms of the illness (asymptomatic or pre-symptomatic). In Scotland, staff are provided with Type IIR FRSM for use as part of the extended wearing of facemasks.

View further Scottish Government guidance and associated FAQs.

Further information on use of face masks in social care settings is available.

COVID-19 adult care homes visitors guidance

Please see below for setting specific visitor information:

- Care home visiting PHS Care Home guidance.
- Scottish Government Open with Care.

- Prison visiting PHS Prison Settings guidance.

- Social, Community and Residential Care visiting PHS Social, Community and Residential Care Settings guidance.

PPE for Visitors

PPE for visitors reflects the guidance as laid out in the National Infection Prevention and Control Manual (NIPCM).

Appendix 1 – Poster - Wearing a non-medical face mask/face covering

Wearing a Non-Medical Face Mask/ Face Covering

NHS National Services Scotland

Key Points

- A face covering protects others around you.
- Do not visit or attend appointments if you have symptoms of infection e.g. temperature or new continuous cough or if you are currently self-isolating.
- When attending hospital (to visit or for an appointment) bring a face covering with you.
- Alcohol based hand rub (ABHR) should be provided at entrance. If not please ask a member of staff.
- Clean your hands with ABHR or soap and water before and after using a face covering.
- Ensure physical distancing of 2M is maintained where possible.

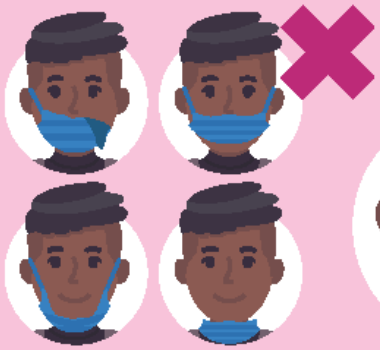
Do

Ensure the face covering covers your mouth, nose and chin.

Once in place, avoid touching or readjusting the face covering even when communicating.

Wash the face covering in water and detergent and iron following use.

Don't



Do not wear a face covering that is loose or leaves your mouth and nose uncovered.

Do not wear a face covering that is difficult to breathe through.

Do not wear a dirty or wet face covering.

Do not share your face covering with others.

v1.0 September 2020