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Dear Colleague,

Coronavirus (COVID-19) social care response

I am writing to provide an update on recent discussions around Coronavirus and the social care sector.

As I write this, you will be aware that Scotland has seen 85 confirmed cases of Coronavirus (COVID-19). We understand that these patients are currently well and are receiving appropriate care.

We do not underestimate the challenges COVID-19 presents for us, but Scotland is well equipped to deal with infections of this kind. The Scottish Government, local government and NHS Scotland have a proven track record for responding to disease outbreaks and follow tried and tested procedures. These follow the highest safety standards possible, for the protection of our staff, people accessing health and social care support, and the wider public.

Health Protection Scotland (HPS) has developed specific guidance for social or community care and residential settings on COVID-19 to support those working in the social care sector. It is based on the National Infection Prevention & Control Manual and includes advice on how to prevent spread of all respiratory infections including COVID-19 with setting-specific information and advice.

In addition to the HPS guidance, the Chief Medical Officer (CMO) has developed targeted clinical advice for nursing home and residential care residents and COVID-19. This is attached here at Annex 1. It will also shortly be published on the Scottish Care, Care Inspectorate, and SSSC websites, and linked to from the HPS guidance. It is recognised that

those who are in care homes are often frail with complex needs. Based on the current emerging picture around COVID-19, CMO advice **suggests that long term care facilities should be subject to 'social distancing',** to reduce the risk of infecting residents and their carers in this vulnerable group. This should operate at 2 levels:

1) reducing visits to care homes to essential visits; and
2) social isolation in rooms.

The long term care and residential care sector is vital to the wider health and social care system. It is essential that it continues to function in an effective way so that people and communities are supported in the right way. It also in some cases provides a safe alternative to more acute settings, including hospital care. It is therefore imperative that care homes continue to take admissions if it is clinically safe to do so.

Further practical guidance for use in different social care settings will be issued in the coming days to support local arrangements.

I understand that the COSLA National Social Care Contingency Planning Group (NCPG) met this week and a number of actions are being taken forward by national and local partners to support the social care sector. These include actions on:

- Changes to regulatory scrutiny
- Changes to local authority duties to assess
- Changes to workforce registration requirements
- Redeployment of staff
- Steps to ensure access to supplies for social care providers
- Workforce terms and conditions
- Commissioning and procurement
- Processes for monitoring the situation

I know that all of you across our health and social care system will be working collectively in this rapidly evolving situation. I want to thank you for all your hard work in preparing for and responding to COVID-19.

JEANE FREEMAN

Annex 1

Clinical Guidance for Nursing Home and Residential Care Residents and COVID-19

This guidance is targeted at providing clinical advice for adults in long term care such as residents of nursing home and residential care settings. It is recognised that those who are in care are often vulnerable or frail with complex needs and varying levels of dependence. Current estimates are that there are over 40,000 residents in care homes across Scotland. The average age is estimated to be 84 years. 50% of residents have a formal diagnosis of dementia although the real numbers may be far higher. Ordinarily mortality rates for these residents is between 13 and 17% illustrating the vulnerability of the group. The long term care/residential care sector is vital to the wider health and care system and it is essential that it continues to function in a safe and effective way as it provides a safe and appropriate alternative in some cases to more acute settings such as hospital care. It is therefore imperative that care homes continue to take admissions if it is clinically safe to do so.

Measures to prevent and prepare for infection in residents

1. It is recommended that long term care facilities be subject to **'social distancing'** to reduce the risk of infecting residents and their carers and most significantly aims to reduce the mortality in this group. This needs to operate at two levels:
Reducing visitors to the home apart from essential visits. This should seek to reduce external visitors by 75% as with other guidance. This might need to consider visits from appropriate health and care staff as essential. Thought should be given to having a named relative as contact. There may need to be consideration given to a named relative as an essential visitor, but the frequency and duration of visiting will need to be reduced. Obviously there needs to be flexibility where appropriate such as in end of life settings. Where residents are affected it will be appropriate for visitors to don PPE in order to be able to spend time with them. It would also be reasonable to ask visitors for symptoms on arrival and to ask symptomatic people to stay away. As with previous experiences it may be wise to exclude visits from children as potential carriers of infection.
Social isolation in rooms. There is a high risk within a long term care facility that infections are spread between residents through communal areas such as lounges and dining areas. Residents should be isolated within their rooms as much as is practical and ideally reducing time in communal areas by 75% also. Meals should be served in residents rooms where possible and communal sitting areas avoided. It may be practical to stagger meal times to allow staff to manage this and to allow adequate time for cleaning. If communal areas do have to be used it is advised that the distance between residents should be two metres where possible.

2. **Handwashing between contacts** should be maximised and the regular use of liquid soap and paper towels.

3. **Appropriate PPE** should be used for positive cases and long term facilities should ensure that they have access to adequate stock and that they know where to access additional supplies if needed. Advice on what PPE to use, how to obtain equipment and dispose of it is available through HPS. All staff (of any grade) must be made aware of the guidance. https://www.hps.scot.nhs.uk/a-to-z-of-topics/wuhan-novel-coronavirus/#publications

4. **Anticipatory Care Plans** should be in place for as many residents as possible (and ideally all residents) in these settings. Clear documentation of 'What matters to me' is helpful in the event of changing circumstances. In many cases the staff in the Residential or

Nursing Home settings are able to start these conversations. Healthcare Improvement Scotland are adapting ACP documentation to a 1-2 page summary tailored to dealing with the current situation. Do Not Resuscitate paperwork should be in place where appropriate and communicated appropriately with patients or carers. It may be judicious to ensure that just-in-case medication is prescribed for high risk residents. Similarly verification of death paperwork for appropriate ill patients may help staff to anticipate and manage death and minimise clinician contacts.

5. **NHS Near Me** technology to provide access to GPs and community teams may help to reduce the number of visits whilst providing access to support and occasional clinical opinions.

6. **Cleaning** of communal areas, particularly hard surfaces and rooms should be a priority to reduce the risks of transmission.

7. **Staffing levels** need to be considered in relation to higher dependency of residents and care provision in the isolation of their own room coupled with higher staff sickness levels. This will need to be considered in the context of business continuity planning of NHS Board's and Health and Social Care Partnerships where staff may be deployed to support care homes.

Mitigating factors to consider while caring for residents in long term care.

Implementing these measures including social distancing may have adverse effects that need to be considered. These could include:

- Increased immobility and higher falls risk for particular patients.
- Low mood from social isolation
- Boredom
- Loss of contact with families.

These factors may be more marked for residents with dementia. Deploying measures to address and mitigate these factors will be important. This may be best addressed using volunteers or third sector charitable organisations to support the work of activity coordinators adapting to engaging with individuals and to be seen as part of essential contacts. It is of course crucial that they are trained in the correct hygiene precautions. Access to spiritual care may be also be helpful. Use of video technology for accessing relatives and others (some homes are supplying iPads to residents to allow face time) or 'playlist for life' music.

Transitions from hospital.

There are situations where long term care facilities have expressed concern about the risk of admissions from a hospital setting. In the early stages where the priority is maximising hospital capacity, steps should be taken to ensure that patients are screened clinically to ensure that people at risk are not transferred inappropriately but also that flows out from acute hospital are not hindered and where appropriate are expedited.

Managing COVID-19 cases in long term care settings.

Patients suspected of having symptoms of COVID-19 should be managed in line with other HPS guidance and specifically should be isolated in their own room. PPE equipment should be used as in line with other guidance for droplet spread precautions. Handwashing should continue rigorously in line with guidance elsewhere.

It is not advised that residents in long term care are admitted to hospital for ongoing management but are managed within their current setting.

Where a long term care facility is affected we should aim to deploy in-reach to bring care to residents. That may mean members of the community such as district nursing AHPs, GPs or where appropriate hospital at home. This will be considered in the context of business continuity planning of NHS Board's and Health and Social Care Partnerships where staff may be deployed to support care homes.

Where a long term care facility has a resident who has tested positive for coronavirus, further admissions should be halted.

In relation to dealing with a death it is crucial to abide by guidance on the preparation of the body and transportation in line with existing guidelines.