

COVID-19

Employee Handbook

A Guide to Cleaning & Infection
Prevention Control, Visitation,
Self-isolation and Testing



Balhousie Care Group
sharing your care

Introduction

The COVID-19 outbreak has led to strict new protocols and best practice for Balhousie Care Group and its staff, and a stepping up of our already successful infection prevention and control procedures.

It is our duty to ensure that our care facilities are even more safe and secure now for residents, visitors and staff. This handbook serves to summarise all the protocols affecting Balhousie Care Group staff: cleaning and infection prevention control; visitation; self-isolation; and testing. It is designed to be updated and added to as needed.

We understand that each of our care facilities are unique in layout, age and environment. If you have any specific queries not covered in this handbook, or have any additional questions, please see your home manager and/or operations manager.

This handbook includes our own in-house guidance plus information from Scottish Government, NHS Scotland and Public Health Scotland.

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September 2020



INSPIRING



PASSIONATE



RESPONSIVE



TRUSTED

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What is Coronavirus?



Coronavirus (COVID-19) is the illness caused by a new strain of coronavirus first identified in Wuhan city, China. It can cause a new continuous cough, fever or loss of, or change in, sense of smell or taste (anosmia).

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 is a rapidly changing situation which is being monitored carefully.

Those with higher risks of severe illness

Some people are at higher risk of developing severe illness with coronavirus.

The higher-risk group includes:

- those aged 70 or older (regardless of medical conditions).
- those with: chronic (long-term) respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis; chronic heart disease, such as heart failure; chronic kidney disease; chronic liver disease, such as hepatitis; chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy; diabetes; a BMI of 40 or above who are seriously overweight.

The extremely high-risk group includes:

- those with: cancer and who are receiving active chemotherapy; severe chest conditions such as cystic fibrosis, severe asthma, severe COPD, severe bronchiectasis and pulmonary hypertension; significant heart disease (congenital or acquired).

- those that have had: solid organ transplants; bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs.
- those receiving: immunotherapy or other continuing antibody treatments for cancer; other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARPinhibitors; immunosuppression therapies that significantly increase the risk of infection; renal dialysis treatment.

What are the symptoms?

The most common symptoms are new:

- continuous cough.
- fever/high temperature (37.8C or greater).
- loss of, or change in, sense of smell or taste (anosmia).

How is the virus spread?

Because it's a new illness, we don't know exactly how the virus spreads from person to person.

It is thought people can become infected when droplets land directly on them or they touch contaminated objects and surfaces. That is why good respiratory hygiene and hand washing are so important.

The virus might also spread by people two days before developing symptoms or by those who don't develop significant symptoms at all.

Source: [nhsinform.scot](https://nhs.uk/news/2020/03/26/coronavirus-spread/)

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Cleaning/Infection Prevention & Control

(i) Step-by-step tips for each area of the care home



BEFORE YOU START!

Wash your hands with soap and water for at least 20 seconds



Put on your PPE
(face mask, apron, nitrile gloves)



1 Isolated and non-isolated areas

- Any objects or pieces of equipment handled by or used by a resident must be cleaned after use/contact.
- Isolated areas are to be cleaned at least twice a day. This should be allocated to the domestic and/or care staff at the commencement of shift. Where possible and to limit movement of staff in/out of isolation areas, this should be the task of care staff providing care to the isolated resident(s).
- Two cleaning trolleys will be required to be set up, clearly identifying for which use: one for use for non-isolated or non-suspected COVID-19 areas; and a second for isolated/suspected/confirmed COVID-19 areas. This reduces the risk of transfer from possible contaminated areas to non-contaminated areas.
- Where isolated/suspected/confirmed COVID-19 areas are living in the same areas as non-isolated residents and if there is no possibility to have care staff specifically allocated to the isolated residents then:
 - clean non-isolated areas with no suspected/confirmed COVID-19 first using the trolley identified for that use.
 - only then should isolated/suspected/confirmed areas be cleaned using the trolley identified for this purpose.
 - any cleaning equipment brought into a suspected contaminated area should be cleaned down before exiting the area.



2 Organising an isolated bedroom



- Isolation areas should be free of clutter with items such as books and ornaments removed from shelves. Where possible, store items in plastic storage boxes with lids which are easy to clean.
- There should be a clinical waste bin for all items that have come into contact with bodily fluids: tissues used for wiping mouth and nose, disposable plastic bottles that have been drank from, disposable cups, also staff PPE.
- There should be a separate general waste bin.
- There should be a single red lining trolley or bin with red linen sack lined with dissolvable red bag. There should also be a red sweeping brush.
- PPE should be disposed of into a pedal operated bin, lined with a yellow and black stripe clinical waste bag (also known as tiger stripe).

3 Preparation of trolleys for COVID areas

Make sure your trolley contains the following:

- **Red** colour code cloths (at least two per room)
- **Red** coded cloth bucket
- **Red** mop and bucket
- **Red** mop heads (at least 3 per room)
- **Red** coded laundry bag (for used mop heads and cloths)
- **Red** dust pan only (no brush)
- Thick **Red**/pink Marigold gloves
- Toilet roll, paper towels, hand soap for dispenser
- Screwdriver - for removing trap cover to allow cleaning of trap and underside of trap lid
- **Black** general waste bags
- Pedal bin liners
- Light bulbs for lamps and wall lights

Correctly labelled bottles of chemicals as follows*:

- Titan should be used for cleaning the whole room.
- Oxivir may be used for soft furnishings, such as chairs and curtains.

All chemicals above are effective against COVID-19 and require at least 5 minutes contact time.

* For full details on chemicals see Appendices A and B



4 Cleaning an isolated resident's bedroom

Undertake hand hygiene and put on PPE before entering the room. This should consist of face mask, visor, apron and nitrile gloves.

Adhoc cleaning on visiting room

- Door handles of bedroom door inside and out after each exit from room by all staff.
- If used while in the room, door handles to ensuite inside and out and light switches.

Daily tasks

- Bedrooms twice daily at least by ancillary or care staff.
- On entering the room close the door and open the window to improve airflow and ventilation whilst using cleaning chemicals.
- Spray table used for food with Titan. Clean all other surfaces such as door handles, handrails, paper dispensers, soap dispenser, units, drawers bedside cabinet, top of bed bumpers (touch points), sink, toilet seat and outside of toilet, shelving, armchair, picture frames and any other surfaces with appropriate chemicals in bedroom and en-suite bathroom. Leave for at least 5 minutes before wiping (5 minutes is the contact time required to give full effectiveness at killing bacteria and viruses).
- Light switches and electrical sockets should be wiped with chemical dampened cloth and not directly sprayed onto. Leave for 5 minutes contact time.
- Place titan inside toilet (leave to dissolve).
- While you are giving the chemical contact time, sweep the floor with the red brush located in the resident's room.
- Empty general rubbish bins only. Lift bag from bin, tie off and place into black rubbish bag on trolley. (If there is any clinical waste such as used tissues place in clinical waste bin located in resident's bathroom. These bins will be emptied by care staff). Replace liner in bin with fresh bag.
- Remove any dead flowers or replace water if required.
- Check hand soap dispenser and replace soap if required.
- Check paper towel dispenser and refill if necessary.
- Starting in the bedroom, wipe down all surfaces with clean damp red coded cloth starting with the food table, then all other surfaces in the bedroom including door handles and light switches.
- Move then into bathroom and wipe all surfaces such as door handles, handrails, dispensers, ledge, sink, taps, shower unit and hose.
- The toilet should be cleaned last, the inside using the toilet brush located by the side of the toilet and the outside of toilet with red cloth. (It is best practice to use one cloth for the toilet and a different cloth for all other surfaces in the bathroom area - where this might not be possible then the toilet should be cleaned last and the cloth then placed in the red laundry bag on trolley for washing).
- Using a fresh red mop head, mop bedroom floor (if non carpet) taking in the skirting boards then mop bathroom floor. Once a mop has been used it should not be placed back in the clean solution. If the mop runs dry and more solution is required, the mop head should be replaced with a clean head and then used. Contact time of 5 minutes required.
- Mop floor with water only and then dry mop floor to prevent slipping.
- Used mop heads should be removed from handle and deposited in the red laundry bag on the trolley.
- Put up wet floor sign.
- Clean down mop handles and place on trolley.
- Remove PPE.
- Wash hands.

4 Cleaning communal toilets and bathrooms



These should be cleaned twice daily
by ancillary or care staff

Twice daily tasks

- Spray all surfaces such as door handles, handrails, dispensers, ledge, sink, taps, shower unit and hose, bath, hoist including under seat, shower walls outside of toilet) with Titan. (It is best practice to use one cloth for the toilet and a different cloth for all other surfaces in the bathroom area. Where this might not be possible then the toilet should be cleaned last and the cloth then placed in laundry bag for washing or disposed of if disposable cloths are being used.)
- Place Titan inside toilet (leave to dissolve).
- Replace paper towels, toilet roll, soap.
- Mop floor with red mop head using Titan. Contact time of 5 minutes required.
- Use toilet brush to clean inside of toilet and flush.



5 Dining/lounge areas in isolated/COVID suspected or confirmed areas



Adhoc after each meal service (including snacks)

- Spray all dining tables and dining chairs after each meal sitting with Titan and leave for 5 minutes.
- All cutlery used must be placed in buckets with Titan (diluted as per guidance).
- All drinking cups and tumblers must be collected wearing apron and gloves and sprayed or applied to the rim with Titan.
- No washing of used dishes should take place on the unit. Instead, take all dishes, cutlery and crockery to kitchen for cleaning using the correct chemicals and the dishwasher.

Scheduled cleaning

- Spray all surface tables, armchairs, dining chairs, work tops, cupboard door handles, kettle, toaster, fridge using Titan for all cleaning in this area (soft furnishings can be cleaned with Oxivir).
- Empty general waste bin.

- Sweep with green brush that should be located in this area.
- Wipe down all surfaces with clean damp green cloth.
- Place used cloth into red laundry bag.
- Mop floor with clean mop head. Do not place used mop head back in bucket - use additional fresh one if required.
- Place used mop heads in red laundry bag. Display wet floor sign.

6 Office spaces in isolated areas where COVID-19 is suspected or confirmed

Adhoc cleaning

Clean all used equipment after use by dampening clean red cloth with COVID-19 effective chemicals and wiping down equipment. This includes keyboard, mouse, telephone, touchscreens, control pad of photocopier, armrest of chairs, desk, stapler, hole punch and any other items used.

At least once per shift (by the staff using the spaces)

- Clean surfaces after use including keyboards and phones using Titan. Spray and damp a clean cloth with product, wipe item and leave for 5 minutes.
- Empty bin.
- Sweep floor with red brush specifically for the office and, if hard flooring, mop floor with clean red mop head and Titan. Give 5 minutes contact time.
- Using clean water, dampen a cloth and wipe chemical off the cleaned equipment.
- Mop with water to rinse floor and then dry mop to reduce risk of slipping.
- Place used cloths and mop head in to red laundry bag for laundering.

7 Treatment room in isolated areas where COVID-19 is suspected or confirmed

These areas will be cleaned by nursing or senior care staff at least once per shift

- Spray surfaces and door handles including cupboards and fridge(s), down touch points, surfaces and handles.
- Sweep and mop floor using fresh red mop and bucket with COVID-19 effective chemicals.
- Allow 5 minutes contact time and then mop with water only to rinse.
- Empty general waste bin.
- Mop floor with water only and then dry mop to reduce risk of slipping.
- Place cloths and mop heads into red laundry bag for laundering and put up wet floor sign.

8 Sluice Room

- Use red colour coded cloths and equipment specifically for sluice use only.
- Spray all surfaces, door handles, taps, bin lids with Titan.
- With red brush for sluice sweep floor then using clean red mop head, mop floor with COVID-19 effective chemicals. Put up wet floor sign.
- Empty general waste bin.
- Place used mop heads and cloths in red linen bag for laundering.

9 Corridors

- All hand rails, door handles and door checks should be sprayed with Titan or clean cloth dampened with Titan and then the area wiped down. Contact time of at least 5 minutes is required.
- Sweep floor with red brush and clean red mop with Titan. If mop runs dry then remove and replace. DO NOT place the mop back in to the chemicals. If there are any contamination/body fluids then use Titan solution at the correct dilution. Contact time of 5 minutes required.
- Once mopping and contact time is complete the area should be mopped with water only and then dry mopped to reduce the risk of slipping and wet floor sign displayed.



10 Staff Room

Adhoc

- All dishes should be rinsed, stacked on trolley and spray cups or tumblers cleaned around the rim with Titan. No dishes should be washed in the sink, all should be washed via dishwasher. Staff should clean the dining table after using Titan.

Scheduled

- Wipe down all surfaces, door handles including cupboards, fridge, microwave, kettle, toaster or other equipment handled by staff.
- Sweep and mop the floor with Titan.
- Empty bin.

11 Domestic Service Room

- At the end of the day sweep and mop floor.
- Clean down trolley.
- Empty and clean out all buckets used.
- Take laundry bag of used cloths and standard/flat mop heads to Laundry.

11 Foggers

All Balhousie Care Homes have been issued with fogging machines. The fogging machines work by spraying a mist into the air that falls onto exposed surfaces and objects and the accompanying user guides should always be utilised when fogging.

The following instructions should be used as a guide. Any additional fogging frequency will be at the Home Managers discretion:

- Residents and staff should vacate the area being fogged for up to 1 hour.
- Communal lounge, dining, staff room and changing room areas each night.
- Resident bedrooms when vacated due to discharge or death.
- Designated indoor visiting area immediately following cleaning after the last visit of the day.
- Any toilet a visitor may needed to have used in an emergency, immediately after use.
- Any isolated COVID-19 areas where residents are not residing (unit sealed off corridors, lounges, toilets etc.) daily.
- Any bedroom of a resident on the day of completed isolation period or confirmed negative after a positive testing

12 Laundry

This room will be cleaned by the laundry attendant.

- Each wash cycle, front surface/door and handle to be cleaned after loading washing into machine by spraying with Titan. Leave for 5 minutes contact and wipe clean with clean damp red cloth.
- Surfaces and door handles to be cleaned on arrival, mid-shift and at end-of-shift. Spray with Titan, leave for 5 minutes contact time then wipe with clean water and dampened red cloth.
- Floor cleaning to be done mid-shift and end-of-shift. Sweep with red brush and mop with clean red mop using Titan. Place up wet floor sign.

13 Kitchen dealing with crockery and cutlery returning from infected areas

- Spray all areas of trolleys returning from the unit outside the kitchen with Titan and leave for 5 minutes.
- Once trolleys have been clear of dishes, all surfaces of the trolley are to be cleaned with Titan. Then leave 5 minutes contact time before wiping over with water-dampened cloth.

(ii) Instructions for laundering

In the event of a resident or residents being suspected or confirmed as being infected OR in the event of a staffing reduction which compromises the ability to deliver an appropriate laundry service:

- Treat all linen and clothing as soiled/contaminated.
- Follow Infection Prevention and Control Policy.
- Wear appropriate PPE.
- Encourage the wearing of easycare clothing.
- Try to reduce wearing of woollen items and those requiring specialist care.
- Reduce changes of residents' linen and clothing.
- Infected linen must take priority.
- Staff seconded within the home to assist the laundry or domestic team will be trained to identify hazards and infection control methods.
- In the event of a prolonged loss of service, all staff may be required to assist with domestic duties. Emergency linen or services would be transferred to a nominated supplier.

3

COVID-19

Supermarket



Donning/ Doffing

Hand washing/ alcohol gel

Handling COVID-19 cases in your home

(i) Correct use of PPE

The proper use of PPE is the cornerstone of our infection prevention and control protocols. Please refer to the following guidelines on correct usage and wearing of Personal Protective Equipment (PPE). See Appendix B for additional PPE advice from NHS Scotland.

MASKS



- Masks must be worn at all times by all care home staff.
- Masks can be single use or sessional use.
- It is imperative that masks are worn correctly, covering nose and mouth at all times. **DO NOT** pull mask down/uncover nose or mouth/remove while in the care home environment.
- Please change masks after breaks.

GLOVES



- Gloves must be single-use nitrile gloves only. **DO NOT** wear heavy duty plastic or vinyl gloves.
- Gloves must be worn when carrying out personal care and when there is exposure to blood and/or other bodily fluids.
- Gloves must be worn in an area where there is suspected/confirmed COVID-19.
- Change gloves immediately after dealing with a resident/performing a procedure or task, or if a perforation or puncture is suspected.
- Make sure gloves are well-fitting.



REMEMBER:

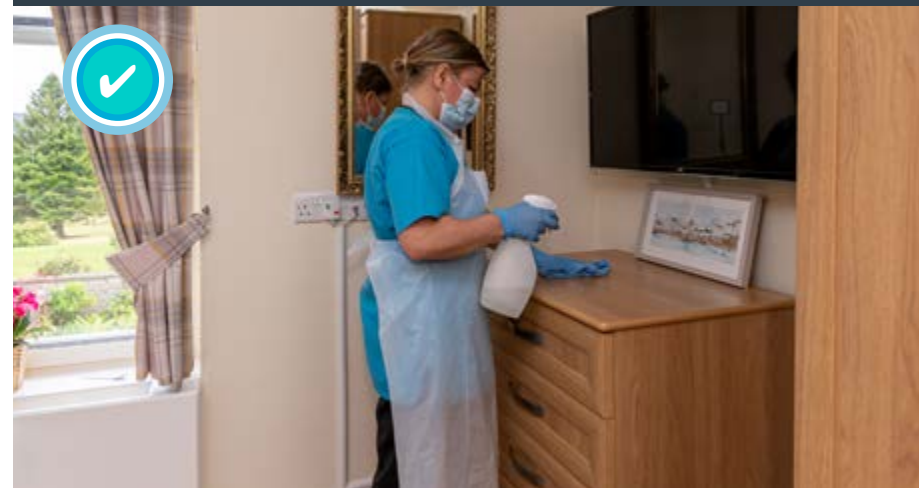
PERFORM PROPER HAND HYGIENE AFTER YOU REMOVE OR DISPOSE OF PPE AND DISPOSE OF USED PPE IN THE PROPER BIN(S)

VISORS/FACE SHIELDS



- Visors/face shields can be single or sessional use.
- Visors must be worn in an area where there is suspected/confirmed COVID-19 and/or when you have general contact with a COVID-19 case.
- Visors must be worn by a staff member carrying out COVID-19 tests.

DISPOSABLE APRONS



- Single-use aprons can be single or sessional use and are worn on top of uniform.
- Use aprons when contamination is anticipated/likely, eg. during assisted washing.
- Aprons must be worn when there is general contact with a COVID-19 case and/or in any area where there is suspected/confirmed COVID-19.

(ii) Dealing with a resident who is positive



The following steps must be put in place immediately after a case of COVID-19 is suspected or confirmed.

- 1** The resident will need to be quarantined in their own room for a minimum of 14 days or longer for shielding residents.
- 2** Resident confidentiality is of utmost importance and at no time should a staff member discuss the resident's health and wellbeing with any unauthorised persons.
- 3** Thorough hand washing should take place prior to entering the room and upon entering the room. Please follow the Infection Prevention and Control Policy in this regard.
- 4** Personal Protective Equipment (PPE) must be worn on entering the room and should include a disposable apron, gloves and face mask. Staff who suffer from Asthma or other respiratory conditions should access the hypoallergenic filtration masks. These items should be removed and placed in a clinical waste bag (yellow) before coming out of the room and disposed of in accordance with our Infection Prevention and Control Policy. For cohort caring of residents sessional PPE use should be adopted.



- 5** COVID-19 effective chemical spray should be used to sanitise internal and external door handles, the light switch in the room, the taps at the wash hand basin and all other hard surfaces the staff member has touched. This must be done each time staff members enter the room.
- 6** Hand gel must be used before and after each activity and includes handling of utensils for fluid intake. The resident should have their own cutlery and crockery and, once used, the dishes should be washed separately to all other crockery in the home and **MUST** be placed in the dishwasher and washed above 80 degrees. Gloves must be worn when handling crockery and at all times whilst in the resident's room.
- 7** All bedding or personal clothing belonging to the resident needs to be securely placed in red bag and taken straight to laundry and washed separately at 90 degrees centigrade.
- 8** Staff should remove their uniform at the end of each shift and place securely in red bag, take it straight to the laundry and wash separately at 90 degree centigrade.



- 9** All residents in the home should be monitored for symptoms of COVID-19. The monitoring guidelines are available on XDrive entitled: Coronavirus Monitoring – PCS Statement.
- 10** Staff should try to keep the room clutter-free and avoid any unnecessary equipment or soft furnishings in an individual's own room to prevent unnecessary contamination of items.
- 11** COVID-19 affected areas should be cleaned twice per day paying particular attention to common touch areas such as door handles and bed rails. Staff should complete all domestic duties for the resident in their room and all rubbish should be bagged separately and disposed of in accordance with the Infection Prevention and Control Policy. Cleaning equipment including cloths and mops must be utilised as single use items. The mop head should be removed following the cleaning of a room, secured in a red bag for laundering purposes and replaced with a new, clean mop head. Mop heads and cloths should be laundered separately from the main home laundry items.
- 12** Staff caring for residents in isolation should be kept to a minimum to reduce the risk of cross infection.
- 13** Staff should ensure rigorous hand hygiene regimes.
- 14** The Home Manager should complete an eForm to the Care Inspectorate for either a suspected or confirmed case of COVID-19.
- 15** The Home Manager should advise the relevant Health and Social Care Partnership, Care Manager, next of kin or guardian and Operations Manager/Head of Operations. An initial telephone call to the next of kin or guardian should be followed up by an email or letter utilising the COVID-19 email notification template available on XDrive.

(iii) Dealing with admission or return of residents from hospital and admission from the community to a Balhousie Care Group care home.

The following steps must be put in place prior to the admission of a resident into a Balhousie Care Group care home or for a current resident who is returning from hospital or an admission from the community.

The Health Secretary's statement on 21 April 2020 stated that the following groups should be tested:

- All COVID-19 patients in hospital who are to be admitted to a care home.
- All other admissions to care homes.

Admission of COVID-19 recovered patients from hospital

Patients should always be isolated for a minimum of 14 days from symptom onset (or first positive test if symptoms onset undetermined) and absence of fever for 48 hours (without use of drugs known to reduce temperature such as paracetamol). They also require two negative tests before discharge from hospital (testing can be commenced on day 8). Tests should have been taken at least 24 hours apart and preferably within 48 hours of discharge.

Where testing is not possible (e.g. patient doesn't consent or it would cause distress) and if discharged to the care home within the 14 day isolation period then there must be an agreed care plan for the remaining period of isolation up to 14 days.

Further details can be found in Guidance for stepdown of infection control precautions and discharging COVID-19 patients from hospital to residential settings.

Admission of non-COVID-19 patients from hospital

Testing should be done within 48 hours prior to discharge from hospital. A single test is sufficient. The patient may be discharged to the care home prior to the test result being available. The patient should be isolated for 14 days from the date of discharge from hospital. A risk assessment prior to discharge from hospital should be undertaken in conjunction with the care home. Note: an admission to hospital is considered to include only those patients who are admitted to a ward. An attendance at A&E that didn't result in an admission would not constitute an admission.

Admissions from the community

All other admissions from the community should have at least one test performed before or on admission, and be isolated 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 patient's care.

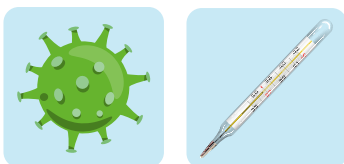
(iv) Coronavirus Monitoring on PCS

The following icons must be used to monitor the potential development of COVID-19 symptoms for our residents:

Coronavirus symptom check for **ALL** residents.
ALSO use **TEMP** icon to record findings.

Use this icon for **ALL** residents and place on plan care day for a **DAILY** check. Ideally at 8am in the morning to ensure any further assessments or actions can be organised quickly e.g. Doctor or testing.

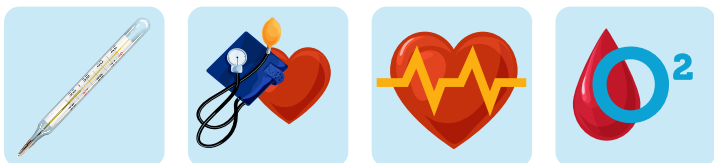
The action should state: Check temperature, signs of cough or sore throat, any aches or pains or change in condition and inform person in charge. In addition, you need to record findings.



Coronavirus symptom check for all residents who are **suspected or confirmed** with COVID-19.

Use this icon for relevant residents and place on plan care day for a minimum of 4 hourly check.

The action should state: Check temperature, BP, oxygen saturation (O₂ sats), pulse and respirations and inform person in charge of any deterioration or improvement. In addition, you need to record findings using **TEMP, BP, Pulse and O₂ sats icons**.



In addition

These relevant residents should also have **FLUID WATCH** icon used and set up for hourly fluids on plan care day.

The action should state: Offer a minimum of 100mls hourly and record intake (check first if the resident is on restricted fluids due to renal impairment).

All plan care day entries should have **MUST DO** indicated to ensure flags are raised.

(v) Resuscitation and life support guidance during COVID-19

As of 22 March 2020, the Resuscitation Council UK advised the following:

Persons known or suspected to have COVID-19

- 1 If you find a person who has collapsed, make sure the area is safe for you to offer help. Ask anyone who is not involved to stay at least two metres away.
- 2 Recognise cardiac arrest* by looking at a distance for the absence of signs of life and the absence of normal breathing or shake to assess responsiveness at the person's waist while keeping your face away from the person's.
- 3 **Do not** listen or feel for breathing by placing your ear and cheek close to the patient's mouth.
- 4 Either shout for help and ask the person(s) to call 999 for an ambulance stating this is an adult arrest with COVID-19 or leave the person to phone 999 for an ambulance and then return to the person.
- 5 Ask someone to bring you PPE (apron, mask and gloves as a minimum and preferably eye protection) or get it yourself, whichever is faster.
- 6 Put on PPE.
- 7 **Do not** check to clear the airway.
- 8 **Do not** give two rescue breaths.
- 9 Place a cloth/towel over the person's mouth and nose but do not use anything that could damage the face or obstruct the mouth.

- 10 Attempt **compression only** CPR by placing the heel of your interlocked hands in the middle of the person's chest. Push hard and fast at approximately 100-120 compressions per minute. The Resuscitation Council suggests to push to the rhythm of "Staying Alive".
- 11 Keep using compression only resuscitation until the paramedics arrive and then follow their instructions.
- 12 After performing compression only CPR, all rescuers should wash their hands thoroughly with soap and water.

*If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives.



Emergency call

Persons known not to have COVID-19

- 1 If you find a person who has collapsed, make sure the area is safe for you to offer help. Ask anyone who is not involved to stay at least two metres away.
- 2 Recognise cardiac arrest* by shaking and shouting and feel the person's chest for signs of breathing.
- 3 **Do not** listen or feel for breathing by placing your ear and cheek close to the patient's mouth.
- 4 Either shout for help and ask the person(s) to call 999 for an ambulance stating this is an adult cardiac arrest or leave the person to phone 999 for an ambulance and then return to the person.
- 5 Ask someone to bring you PPE (apron, mask and gloves as a minimum) or get it yourself, whichever is faster.
- 6 Put on PPE.
- 7 **Do not** check to clear the airway.
- 8 **Do not** give two rescue breaths.
- 9 Attempt **compression only** CPR by placing the heel of your interlocked hands in the middle of the person's chest. Push hard and fast at approximately 100-120 compressions per minute. The Resuscitation Council suggests to push to the rhythm of "Staying Alive".
- 10 Keep using compression only resuscitation until the paramedics arrive and then follow their instructions.
- 11 After performing compression only CPR, all rescuers should wash their hands thoroughly with soap and water.

*If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives.

(v) Dealing with a staff member who is positive

The following steps must be put in place immediately after a case of COVID-19 is suspected or confirmed.

- 1 Staff confidentiality is imperative and therefore the details of the case should not be discussed with any unauthorised personnel.
- 2 The staff member should not enter the premises.
- 3 The staff member should go directly home and where possible not use public transport.
- 4 The staff member should not leave home for 10 days. If they are in a household with someone else who has symptoms, they should not leave home for 10 days. If they start to display symptoms they must not leave their home for 10 days from the date the symptoms began.
- 5 Staff member should register for COVID-19 testing either by Balhousie Care or self referral.
- 6 The staff member can call NHS24 (111) or NHS online for advice (www.nhsinform.scot/coronavirus).
- 7 Staff are required to make daily contact with the Home Manager whilst in self-isolation in regards to their ongoing health and wellbeing.
- 8 The Home Manager should record the staff absence on Atlas using the following codes for the reason of absence.
 - Suspected Case: COVID-19 Suspected
 - Confirmed Case: COVID-19 Confirmed

- 9 The Home Manager should complete an eForm to the Care Inspectorate website for either a suspected or a confirmed case of COVID-19.
- 10 The Home Manager should communicate via electronic means with the staff member to provide the necessary information from an employer's perspective as to how their absence will be treated and their return to work program.
- 11 The Home Manager should advise the relevant Public Health Scotland (NHS), Health and Social Care Partnership and Operations Manager/Head of Operations.
- 12 The Home Manager should update the relevant in-house spreadsheet with the necessary information.
- 13 The Home Manager should complete the TURAS app daily.

For more information on employees go to Section 5 of this handbook.

Useful resources:

Employee Assistance Program: 0800 107 6147

NHS Inform: www.nhsinform.scot/coronavirus-mental-wellbeing

Breathing Space: www.breathingspace.scot or 0800 83 85 87

Scottish Association for Mental Health: info@samh.org.uk
or 0344 800 0550

Samaritans Scotland Helpline: jo@samaritans.org or 116 123

Easy-read coronavirus guidance:
www.sclld.org.uk/information-on-coronavirus or 0141 248 3733

Social Care Staff Support Fund:
www.gov.scot/publications/coronavirus-covid-19-social-care-staff-support-fund-guidance/

4

Visitation procedures for relatives and friends

Visiting guidance to care homes is subject to change.

Please refer to the latest relatives' communication sent by Balhousie Care Group for more detailed information.

(i) General visits to residents

Visiting carries a risk to visitors, residents and staff. Therefore, careful attention to infection prevention and control measures must be in place to reduce such risk. These are:

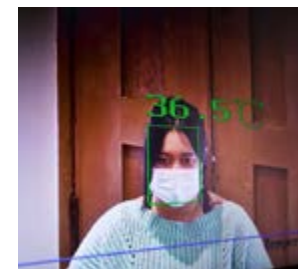
- Visitors should come to the front entrance of the home at their pre-booked time (or a little earlier if they are a new visitor and have not filled out necessary paperwork) where a staff member will greet them.



- Visitors, staff members and residents should maintain a 2-metre distance.
- Visitors are required to put on and remove visitor Personal Protective Equipment (PPE) consisting of face mask and designated visitor gown, both provided by BCG. A staff member should help them if necessary.

Visitors will be asked:

- Do you have a new/continuous cough?
- Have you had any sickness or diarrhoea within the last 48 hours?
Have you noticed a change in your temperature?
- Have you noticed a change to your normal sense of taste or smell?
- Have you been in contact with anyone suspected as having, or who was tested positive for, COVID-19, in the past 14 days?
- Visitors will be asked to complete and sign a visitor details form, to sign that they have received and understood the protocol, and to sign a consent and waiver form.
- Visitors must wash their hands or use hand-sanitising liquid on arrival and on departure.
- They will have their temperature taken and recorded via the thermal imaging camera in the home. If their temperature is 37.8 degrees centigrade or above, visitation will need to be rescheduled and a family member will be advised.



Visitors must NOT:

- Bring in food parcels, flowers, helium balloons and the like.
- It is important to maintain a 2-metre distance to protect your loved one, you as a visitor and our staff.
- Visitors should not use the toilet facilities within the home and therefore should, where practicable, ensure they have attended to their bathroom requirements prior to visiting.

(ii) End-of-life visits to residents

It must be recognised that visiting will carry a risk to visitors, particularly in care homes where there is an outbreak. Therefore an appropriate risk assessment should be carried out and PPE issued. Where families or friends are permitted to visit their loved one, the following steps must be followed:

- When a resident is approaching the end of their life, staff should talk to their family about how best to support them. This should include organising a member of the family to be with them. A resident's end of life wishes should be discussed and recorded on PCS.
- The resident at end of life should be asked, where possible, if they would like to receive a visit from family or a friend and this should be agreed as early as possible and recorded in the resident's care plan on PCS.
- Any visitor who is showing symptoms of Coronavirus* should not visit, even if these symptoms are mild or intermittent, due to the risk they pose to others.
- The number of visitors permitted for each resident at end of life is one family member. This one family member will be the only person permitted to visit for the full duration of the end of life care.
- Prior to the visitor entering the room and after they have left, a thorough cleaning of all surfaces, door handles, bed rails and bathroom taps should be conducted.
- Visitors must be informed of and agree to Infection Prevention and Control measures which will include wearing of appropriate PPE and follow any isolation or quarantine rules necessary.
- Visitors must sign a disclaimer that, to the best of their knowledge, they do not have any signs or symptoms of COVID-19 and a liability waiver in the event they contract COVID-19.
- The visitor's temperature must be taken and if 37.8 degrees centigrade or above, admission to the home must be refused.
- Visitors should visit the resident in their own room directly upon arrival and leave immediately after the visit.
- A log of all visitors should be kept and include name, date, time and duration of visit, visitor's temperature and any additional information that is relevant to the visit.
- Visitors are not permitted to bring into the home any food or items for the resident.
- Visitors must not visit any other rooms or shared areas and should stay within the resident's own room for the duration of the visit. Visitors must minimise contact with other residents and staff and respect social distancing rules.
- Visitors should be reminded to wash their hands for 20 seconds on entering and leaving the home and resident's room, and catch coughs and sneezes in tissues, which should be discarded immediately.
- Visitors should be supported to safely put on, remove and discard PPE in the resident's room.
- Visits will be arranged to ensure the ongoing safety and wellbeing of all residents and staff and to ensure the smooth running of the home.
- Visiting may be suspended if considered appropriate by the facility management.
- NB: A note for clarity purposes: no relatives who have visited a COVID-19 positive resident and has taken the precautions stated above requires to self-isolate after the visit.

***The most common symptoms are:**

- new continuous cough
- fever/high temperature (37.8C or greater)
- loss of, or change in, sense of smell or taste (anosmia)

Other symptoms may include:

- myalgia (muscle pain)
- fatigue
- dyspnoea (difficulty in breathing)
- loose bowel movements

5

Guidance for staff and managers

What is self-isolating and how long does it last?

1 If an employee lives alone and has symptoms, they should self-isolate

They will need to stay at home for 10 days from when their symptoms started and arrange to be tested as soon as possible. They should not go to their GP, pharmacy or hospital. The employee may receive full pay as per the [Social Care Staff Support Fund](#). Employees must provide evidence of a track and trace notification to their manager confirming that they have been advised to self-isolate. Otherwise, Sick pay should be paid in accordance with the employee's contract (SSP is now payable from day one) or it is possible to use holidays.

2 If an employee lives with someone who has symptoms, they should self-isolate

If the employee lives with others and they are the first in the household to have symptoms of COVID-19, then they must stay at home for 10 days from the day their symptoms started (and arrange to be tested), but all other household members who remain well must stay at home and not leave the house for 10 days. The 10-day period starts from the day when the first person in the house became ill.

The employee may be eligible to receive full pay as per the [Social Care Staff Support Fund](#). Employees must provide evidence of a track and trace notification to their manager confirming that they have been advised to self-isolate. Otherwise, sick pay will be paid in accordance with the employee's contract (SSP is payable from day 1). The employee may also use holidays.

For anyone else in the household who starts displaying symptoms, they need to stay at home for 10 days from when the symptoms appeared, regardless of what day they are on in the original 10 day isolation period.

3 Fever following COVID vaccination

If an employee develops fever following a vaccination, this would normally be within the first 48 hours after the time of vaccination and should usually go away within 48 hours from the start of their symptoms. It is quite common to have a fever after a vaccination. They should only self-isolate or book a test during this time if they also either:

- have other coronavirus symptoms (a new continuous cough or a loss of, or change in, sense of smell or taste)
- have been told by NHS Test and Protect that they are a close contact of someone who has tested positive for coronavirus
- live with someone who has recently tested positive for coronavirus
- live with someone who has symptoms of coronavirus
- If the fever starts beyond 48 hours from the time of vaccination, or persists beyond 48 hours, they should self-isolate and book a coronavirus test.

Each case should be assessed on individual merit and the Manager should liaise directly with their Ops Manager or People Services for advice.

4 Extremely Vulnerable Employees

From 1 August 2020, The Scottish Government has advised that most employees who were shielding should be able to return to their workplace, if required and if it is safe to do so. Employees should request a [workplace risk assessment tool](#) to review their individual risk when returning to work.

If the employee is considered to be at extremely high risk of severe illness, they should follow the advice given to the general population and strictly follow physical distancing and hygiene measures. Home working can also be considered where this is possible in specific roles.

Some clinicians have advised people to avoid doing certain things and this could include returning to work. This is because of their specific health condition or specific treatments. Employees should continue to follow any specific advice that their clinician provides. Examples include people who: are waiting on a solid organ transplant; are having treatment for cancer or have recently completed treatment.

5 Vulnerable Employees

Where a parent is advised to follow shielding measures, for extreme vulnerability, this is akin to self-isolation. Homeworking can also be considered where this is possible in specific role. The employee can be furloughed for up to 3 months and will receive 80% of their normal wages. If this is relevant, the employee should receive a letter from the NHS in this regard this week and should provide it to us. This should be forwarded to payroll and copied to People Services.

If an employee is a parent of a child with a vulnerability who does not exhibit COVID-19 symptoms, they are required to follow the guidance in the same manner as a vulnerable employee, i.e. strict social distancing. This must be supported by a letter or confirmation from a GP or hospital. There is currently no statutory provision for payment and leave would be unpaid. (They may use holidays).

6 Employees with childcare issues

As key workers, parents are encouraged to enquire with their local authority about childcare provisions. If an employee is a parent and is experiencing childcare issues, they are entitled to take time off (time off for dependants). This will be unpaid as there is currently no statutory provision for payment. (However, they may use holidays).

We can also consider the temporary provisions below to support employees to work around potential childcare issues, being mindful of operational needs:

- Shift changes
- Adjust hours – start /finish times to assist where possible
- Measured, reasonable use of annual leave – up to a maximum of two weeks
- Change of location to site nearer home (adhere to social distancing)
- Split shifts
- Redeployment to another role and hours commensurate with skillset/capability

Please note that a maximum of two weeks' holiday may be used by any employee.

7 Employees with vulnerable children who require care

Where a parent is advised to follow shielding measures, for extreme vulnerability, this is akin to self-isolation. Homeworking can also be considered where this is possible in specific role. The employee can be furloughed for up to 3 months and will receive 80% of their normal wages. If this is relevant, the employee should receive a letter from the NHS in this regard this week and should provide it to us. This should be forwarded to payroll and copied to People Services.

If an employee is a parent of a child with a vulnerability who does not exhibit COVID-19 symptoms, they are required to follow the guidance in the same manner as a vulnerable employee, i.e. strict social distancing. This must be supported by a letter or confirmation from a GP or hospital. There is currently no statutory provision for payment and leave would be unpaid. (They may use holidays).

8 Pregnant Employees

Pregnant employees in their first or second trimester, that is under 28 weeks' gestation, with no underlying health conditions, are advised to follow the guidance on social distancing in the same way as the general population and other colleagues.

At 28 weeks, or before if required, another risk assessment should be carried out and if there are any risks we must take reasonable action to remove the risks by either altering their working conditions or hours of work (including home working where possible) or by providing suitable alternative work on the same terms and conditions. If it is not possible to find suitable alternative work, the employee should be sent home on full pay. They will remain on full pay until 36 weeks when they will automatically transfer to maternity pay.

Each case should be assessed on individual merit and the Manager should liaise directly with People Services for advice.

9 Social Care Staff Support Fund

The [Social Care Staff Support Fund](#) has been created in order to ensure that employees do not experience financial hardship during these circumstances.

The Fund, which is currently available until 31st March 2021, will ensure that social care workers receive their expected income if they are:

- ill with confirmed or suspected coronavirus
- self-isolating in line with public health guidance

The Fund guarantees that any care worker who self-isolates, in line with the public health guidance, will receive their usual pay during that period.

Employees need to request for their pay to be topped up and must provide evidence of a track and trace notification to their manager confirming that they have been advised to self-isolate.

6

Testing

Testing

Testing for COVID-19 can be carried out by Public Health Scotland or, with the permission of health authorities, our own staff.

Before you start:

- Read the instructions and online guidance, watch the instructional video and complete a competency assessment before carrying out swabbing.
- Make sure you have consent from the person you are testing.

Important:

- Wash your hands and put on necessary Personal Protective Equipment (PPE) - mask, visor, gloves and apron.
- Ensure the test kit is being placed on clean surfaces.
- Change your apron and gloves each time you do a test. Throw these away in a closed bin.
- Follow the test instructions, taking care to:
 - Ask the person being tested to blow their nose and cough into a tissue to clear excess mucus.
 - Swab over both tonsils/back of throat and nostrils using same swab.
- Take care not to touch their tongue, teeth, or gums, or any other surfaces with the swab.
- If it is too difficult to do a throat swab take a swab from both nostrils instead, but only as a last resort.
- Use the swab in throat and rotate in nostril for 10-15 seconds each.
- Change your apron and gloves each time you do a test. Throw these away in a closed bin.
- Record the individual's information correctly on the test, then record and match them with their test barcode.



Appendices

A Chemicals and instructions

Titan COVID 19 EFFECTIVE

Type: Chlorine based concentrated detergent sanitiser powder. (Food safe when correct dilution and directions of use followed).

Use: Effective sanitising of equipment, hard surfaces, walls, floors and instruments. Can be used neat or as a solution depending on task.

Dilution and directions for use:

For general use; Dilute 10 g/litre with hot water. Apply with a mop, sponge, cloth or spray bottle. Allow 5 mins contact time before cleaning and rinsing with fresh water.

For cleaning and specific disinfection; Dilute 50g/litre with hot water = 1 scoop per litre (if you do not have a provided scoop a ¼ cup measuring scoop holds 50g). Apply with a mop, sponge, cloth or spray bottle. Allow 5 mins contact time before cleaning and rinsing with fresh water.

Product may also be applied undiluted for heavy duty cleaning such as chopping boards or work surfaces.

Sprinkle onto a clean moist cloth or sponge or directly onto the surface and wipe clean. Rinse thoroughly with clean water and allow to air dry.



Titan COVID-19 EFFECTIVE

MICROBIOLOGICAL

Titan Sanitiser has been formulated to give 100 ppm available chlorine when diluted at 5g per litre.

Generally accepted chlorine levels for common disinfecting tasks are as follows:

- General surfaces and equipment 200 - 500 ppm (10gram – 25gram per litre) ½ scoop or less general environmental disinfection (Hospitals) 1000 ppm (50gram per litre) = 1 scoop.
- High Risk Disinfection 2,500 ppm 175gram per litre) = 2 ½ scoops.
- Blood and Body Spillage 10,000 ppm (500gram per litre) = 1 x 500g tub to one litre.

COVID-19 DILUTIONS

- Contamination with urine/vomit/faeces = General environmental disinfection (Hospitals) 1000 ppm (50gram per litre) = 1 scoop.
- Spray bottles 500ml = 25g, Spray bottle 750ml = 37.5g.
- Contamination with blood = 10,000 ppm (500gram per litre) = 1 x 500g tub to one litre.
- Spray bottles 500ml = 250g (1/2 500g container), Spray bottle 750ml = 375g (3/4 500g container).



Oxivir COVID-19 EFFECTIVE

Type: Broad Spectrum Cleaner & Disinfectant,
Effective against a wide spectrum of micro-organisms
including bacteria, viruses, fungi and yeasts.

Use: all water-resistant hard surfaces and some soft
furnishings in times of virus outbreak, isolation areas
with known c-diff, MRSA etc.

Dilutions:

Spray - Rotate to selector BOTTLE on j-flex system
and fill the spray bottle that has the correct oxivir
label with COLD WATER ONLY.

Bucket - Rotate to selector BUCKET on j-flex system
and fill bucket with COLD WATER only.

Alternative formats in use during Covid-19 SMART
dose or 5 litre bottles refer to the manufacture
dilution guidance on the bottle.

Directions:

Spray cleaning and disinfection:

1. Remove loose dirt
2. Spray onto surfaces
3. Clean with clean cloth, pre-wetted with product
4. Spray again for at least 5 minutes and wipe to dry.

Bucket cleaning and disinfection:

1. Remove loose dirt
2. Apply solution with mop/cloth
3. Leave surface wet for at least 5 minutes
4. Allow floors to air dry, touch surfaces can be
wiped dry. Important: Do not use warm water.
Do not mix with other products. Do not use on
water- or acid sensitive surfaces.



Titan Sanitizer Description

Chlorine based concentrated detergent sanitizer powder.

Key properties

Chlorine based detergent.

Fast dissolving powder.

Benefits

Effective sanitising of equipment, hard surfaces, walls, floors and instruments.

Can be used neat or as a solution depending on task.

Use instructions

For general use. Dilute 10 g/litre with hot water (1 scoop = 50 grams in 5 litres).

Apply with a mop, sponge, cloth or spray bottle. Allow 5 minutes contact time before cleaning and rinsing with fresh water.

For cleaning and specific disinfection. Dilute 50 g/l with hot water (1 scoop per litre). Apply with a mop, sponge, cloth or spray bottle. Allow 5 minutes contact time before cleaning and rinsing with fresh water.

Product may also be applied undiluted for heavy duty cleaning such as chopping boards or work surfaces.

Sprinkle onto a clean moist cloth or sponge or directly onto the surface and wipe clean. Rinse thoroughly with clean water and allow to air dry

Technical data

Description: Blue, free flowing powder

pH (1% solution) 9.0 - 10.0

The above data is typical of normal production and should not be taken as a specification.

Safe handling and storage information

Avoid contact with skin and eyes. Rinse and dry hands after use, for prolonged contact protection of the hands may be necessary. Do not mix with any other chemicals other than as advised by your Diversey representative.

Store upright in original closed containers in a cool place.

Full guidance on the handling and disposal of this product is provided in a separate Material Safety Data Sheet.

For Professional Use Only.

























Microbiological data

Titan Sanitizer has been formulated to give 100 ppm available chlorine when diluted at 5 g per litre.

Generally accepted chlorine levels for common disinfecting tasks are as follows:

- General surfaces and equipment 200-500 ppm
- General environmental disinfection (Hospitals) 1000 ppm
- High Risk Disinfection 2,500 ppm
- Blood and Body Spillage 10,000 ppm

B Cleaning Material Guidance Poster

Colour coding	Area		Common chemical used
RED	Contaminated areas – toilets, sinks, baths, laundry, sluice, areas with known or probably bodily fluid/faecal spillage or contamination. Isolated / outbreak areas COVID-19, norovirus, flu, c-diff etc	     	COVID-19 effective chemical <ul style="list-style-type: none"> • Titan Sanitizer (chlorine based follow directions for dilution) • Oxivir (specialist disinfectant only to be used on soft furnishings e.g upholstery and curtains)
BLUE	General areas – Offices, corridors, resident rooms, lounges	     	COVID-19 effective chemical <ul style="list-style-type: none"> • Titan Sanitizer (chlorine based follow directions for dilution) • Oxivir (specialist disinfectant only to be used on soft furnishings e.g upholstery and curtains)
GREEN	General food and food service areas – Resident and staff servery, kitchenette, dining rooms	     	COVID-19 effective Chemical <ul style="list-style-type: none"> • Titan Sanitizer (chlorine based - follow directions for dilution) • Oxivir (specialist disinfectant only to be used on soft furnishings e.g upholstery and curtains)
YELLOW	Kitchen areas - in BCG this colour is used in the homes Main Kitchen	     	COVID-19 effective Chemical <ul style="list-style-type: none"> • Titan Sanitizer (chlorine based - follow directions for dilution)

C Cleaning Checklist

Use the guidance below to evidence that areas have been cleaned using appropriate products as per cleaning protocol issued 06/01/2021.

All areas below to be cleaned 4 times per day. Please initial the box once completed. THIS DOCUMENT IS FOR ALL STAFF.

This is in addition to the normal cleaning regime and record book.

Date..... Unit.....

Day staff (domestics and care)

Area to be cleaned	8-11am	11-2pm	2-8pm	8pm-8am
All handrails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All door handles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All door hand plates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All taps in units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All bathroom/ toilet areas including en-suites & commodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All light switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All keyboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone handset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All remote controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile care devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hard surfaces e.g. kitchen work tops, shelves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tops and handles of medicine trolleys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual handling equipment e.g. hoists, slide boards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedside cabinets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buzzers (handsets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking aids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All dining and occasional tables and chairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All lounge chairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All wheelchairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Manual handling equipment e.g. hoists, slide boards etc. MUST be cleaned before and after use and this must be recorded on the cleaning register for the specific piece of equipment.

Manager sign off..... spot check completed Yes/No

D Protocol for suspected or confirmed Coronavirus (COVID-19) cases within your care home (resident)

The resident should be **quarantined** in their room for:
14 days following admission to the home; Any residents presenting with **symptoms** require to be isolated for **14 days**

Respect confidentiality and do not discuss the resident's health with any unauthorised person

Entering the resident's room:

- Make sure you have **everything you need** before entering
- Remove long sleeved clothing
- **Wash hands** with soap and hot water
- **Put on PPE according to risk-assessment**
- **Close the door** behind you

Inside the resident's room:

- **COVID-19 effective chemical to sanitise** handles, light switches, taps and hard surfaces used
- **Avoid entering and leaving** the room unnecessarily
- **Transfer** food, drinks etc to staff inside the room
- **Securely bag** laundry & rubbish for collection
- Keep the **door closed**

Leaving the resident's room:

- **Check comfort and safety** of the resident
- **Remove PPE**
- Place used PPE in a **yellow clinical waste bag** (tie securely if being removed)
- **Wash hands** with soap and hot water
- **Close the door** behind you

Staff who are providing 1:1 care for a resident(s) in isolation should not enter any other residents' rooms to provide any level of care

Infected Laundry

- All bedding and resident clothing to be securely bagged in **red soluble bags**
- Transfer infected linen directly to the laundry and **wash at 80° centigrade**
- **Staff** caring for residents during COVID-19 should **treat their uniforms as infected laundry**: Tunics - remove, bag, transfer and wash as above after each shift. Trousers - home launder as above

General cleaning

- **Cutlery and crockery** from isolated residents to be collected last
- All resident and staff crockery and cutlery to have an **80° centigrade** dishwasher cycle. Staff should try to organise cleaning to **clean non-isolated areas** first and designated person to clean the residents room
- **Risk assess** whether cleaning equipment can be kept in an isolated resident's room. Any bagged material e.g. laundry or rubbish should **never be stored outside** the room.

Home Manager

Completes an **e-Form to the Care Inspectorate** for either a suspected or confirmed case of Coronavirus
Advises the relevant:
Health & Social Care Partnership and Care Manager
Next of Kin and/or Power of Attorney and/or Guardian
Operations Manager and/or Head of Operations

These steps must be put in place immediately after a case of coronavirus is suspected or confirmed

E Checklist for residents diagnosed or suspected as having Covid 19

Resident: Date:.....

1	Inform the resident.	<input type="checkbox"/>
2	Commence isolation of resident; poster on bedroom door, PPE station (including visors) outside resident bedroom and red laundry waste bin and clinical waste bin within resident bedroom.	<input type="checkbox"/>
3	If LFT test was positive organise a PCR test via public health.	<input type="checkbox"/>
4	Allocate staff to care for the individual (barrier nursing).	<input type="checkbox"/>
5	Cancel any visitation advising relatives the home is closed. Email operations manager to have the online site suspended.	<input type="checkbox"/>
6	Inform next of kin.	<input type="checkbox"/>
7	Update care plans to indicate resident has Covid 19 and is isolating.	<input type="checkbox"/>
8	Commence resident on fluid watch where fluids are offered each hour. Offer a minimum of 100mls hourly and record intake (check first if the resident is on restricted fluids due to renal impairment). Ensure all 'flags' are set as must do's.	<input type="checkbox"/>
9	Coronavirus symptom check icon to be in place on plan care day for a minimum of 4 hourly check. The action should state: Check temperature, BP, oxygen saturation (O ² sats), pulse and respirations and inform person in charge of any deterioration or improvement. In addition, you need to record findings using TEMP, BP, Pulse and O ² sats icons. Ensure all 'flags' are set as must do's.	<input type="checkbox"/>
10	Commence an infection care plan and ensure the 'additional precaution' box is selected.	<input type="checkbox"/>
11	Inform social work department.	<input type="checkbox"/>
12	Inform care inspectorate.	<input type="checkbox"/>
13	Update Turas.	<input type="checkbox"/>
14	Update Microsoft Teams spreadsheets (council and COVID - residents).	<input type="checkbox"/>

Please scan to residents PCS profile upon completion.

F NHS Scotland PPE Guidelines



**FOR ALL HEALTH & SOCIAL
CARE SETTINGS**

**General contact with a suspected
or confirmed COVID-19 case**

Full Face Shield / Eye Protection
can be single or sessional use

Fluid Resistant Surgical Mask
can be single or sessional use

Gloves - single use

Disposable Apron - single use

**Aerosol Generating Procedures
for Nurse/Clinical**

Full Face Shield / Eye Protection can
be single or sessional use*

* If wearing valved FFP mask full face shield/visor should be worn.

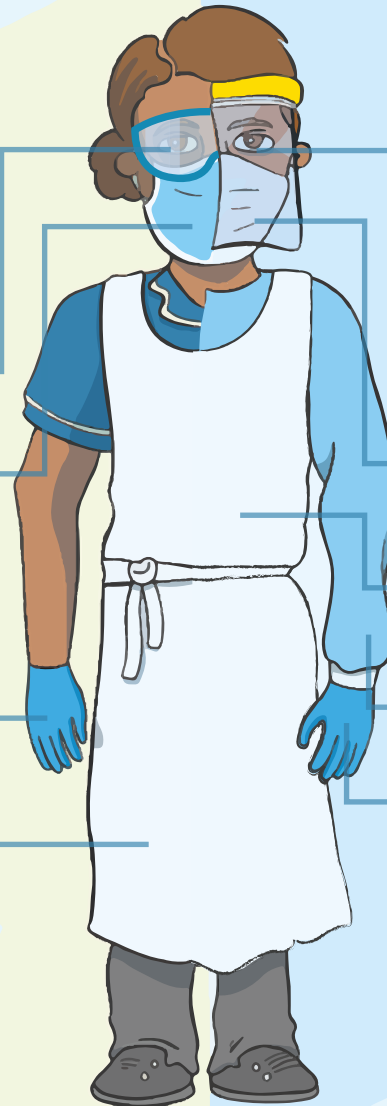
FFP Face Mask can be single
or sessional use

Use single use disposable apron
on top of gown between patients

Long Sleeved Fluid Repellent Gown
can be single or sessional use

Gloves - single use

Please refer to the full UK COVID-19
guidance for Infection Prevention
and Control on the HPS
COVID-19 web page





NORMAL WEAR PERSONAL CARE

Hand hygiene

Wash your hands with non-antimicrobial liquid soap and water if:

- visibly soiled or dirty;
- caring for an individual with a suspected or known gastro-intestinal infection e.g. norovirus or a spore forming organism i.e. C.difficile
- Immediately after removal of PPE.

In all other circumstances alcohol based hand rub can be used as an alternative to hand washing with liquid soap and water

Aprons must be:

- worn to protect uniform or clothes when contamination is anticipated/likely e.g. when undertaking direct care e.g. assisted wash or aseptic/clean task
- changed between individuals and/or following completion of a procedure or task.

Remember to perform hand hygiene following removal/disposal of PPE.



RISK ASSESS

Eye Protection / Visor*

*self assessment of risk for eye protection session or single use

Fluid Resistant Surgical Mask*

*self assessment of risk for mask session or single use

Gloves must be:

- worn when exposure to blood and/or other body fluids is anticipated/likely e.g. toileting or taking blood;
- changed immediately after each patient and/or following completion of a procedure or task;
- changed if a perforation or puncture is suspected;
- appropriate for use, fit for purpose and well-fitting.

Please refer to the full UK COVID-19 guidance for Infection Prevention and Control on the HPS COVID-19 web page

G Testing instructions

Obtaining a COVID–19 Diagnostic Swab Test in Care Homes



You must know the steps to follow before performing a diagnostic swab test and read the instructions that come with the swab testing kit. Ensure you are familiar with your local laboratory guidance. Any specimen samples that arrive at the laboratory without the appropriate paperwork **will not be tested**.



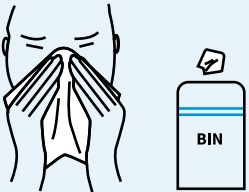


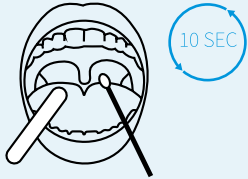
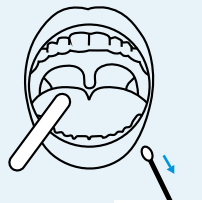


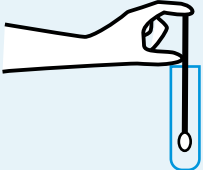


The procedures described below are designed to be carried out **with one resident at a time**.



Further information on Coronavirus (COVID-19) can be found at:
<https://www.hps.scot.nhs.uk/a-to-z-of-topics/covid-19/>

Before performing the swab test, you must:

1. Explain to your resident you are going to take a sample from their nose and throat, and gain consent if possible. Explain that performing the test may cause them a little discomfort. Have a colleague to assist you if possible.
2. Wash hands with soap and water or alcohol-based hand rub. Put on Personal Protective Equipment (PPE). This includes fluid resistant surgical face mask, disposable plastic apron, disposable nitrile gloves, and visor or eye protection. **Always change your apron and gloves prior to starting the testing of another resident.**

<p>1</p>  <p>On a clean dry surface lay out the components of the kit and ensure complete and intact.</p>	<p>2</p>  <p>Check the resident's identity against the pre-printed labels and request form.</p>	<p>3</p>  <p>Ask the resident to gently blow their nose and cough into a tissue. Dispose immediately in a bin.</p>	<p>4</p>  <p>Remove swab from package, holding it at the end of the stick. Do not touch the tip of the swab to avoid contamination.</p>
<p>5</p>  <p>To obtain a throat swab, gently tilt their head slightly back and open their mouth wide to expose the tonsils and back of the throat.</p>	<p>6</p>  <p>Do not to touch the tongue, teeth, or gums with the swab. Place swab right at the back of the mouth, and rotate it along the back of the throat and tonsils for 10 seconds.</p>	<p>7</p>  <p>Remove the swab from the person's mouth being careful not to touch the tongue, teeth, or gums.</p>	<p>8</p>  <p>Gently insert the same swab, along the floor of the nasal passage about one inch (2.5cm) into the nostril until gentle resistance is felt.</p>
<p>9</p>  <p>Rotate the swab gently against the mucosa for 10-15 seconds. If the person complains of pain or becomes distressed, you must stop and remove the swab.</p>	<p>10</p>  <p>Remove the swab from the nose carefully without touching the external nasal skin or face. Place the tip of the swab into the viral medium.</p>	<p>11</p>  <p>Use the pre-printed labels and request form. Do not put request forms in the bag with the sample container. Place them in a separate section of the specimen collection bag. Wipe down sample bag with an antibacterial wipe.</p>	<p>12</p>  <p>Package the sample as per national guidelines. Remove your PPE and perform hand hygiene. Send the specimens to your nominated NHS laboratory. Record that a Covid-19 diagnostic swab sample has been obtained in your resident's records.</p>

H SARS-CoV-2 Antigen Rapid Qualitative Test

Instructions for Use

Please read these instructions completely before beginning testing of specimens.

Intended use

The SARS-CoV-2 Antigen Rapid Qualitative Test is a colloidal gold immunochromatography intended for the qualitative detection of nucleocapsid antigens from SARS-CoV-2 in human nasal swabs, throat swabs, and sputum samples from individuals who are suspected of COVID-19 by their healthcare provider within the first five days of the onset of symptoms.

Results are for the identification of SARS-CoV-2 nucleocapsid antigen. Antigen is generally detectable in upper respiratory samples or lower respiratory samples during the acute phase of infection. Positive results indicate the presence of viral antigens, but clinical correlation with patient history and other diagnostic information is necessary to determine infection status. Positive results do not rule out bacterial infection or coinfection with other viruses. The agent detected may not be the definite cause of disease.

Negative results do not rule out SARS-CoV-2 infection and should not be used as the sole basis for treatment or patient management decisions, including infection control decisions. Negative results should be considered in the context of a patient's recent exposures, history and the presence of clinical signs and symptoms consistent with COVID-19, and confirmed with a molecular assay, if necessary for patient management.

The SARS-CoV-2 Antigen Rapid Qualitative Test is intended for use by trained clinical laboratory personnel specifically instructed and trained in the techniques of in vitro diagnostic procedures, and proper infection control procedures and individuals similarly trained in point of care settings.

Summary

SARS-CoV-2 belongs to the broad family of viruses known as coronaviruses. It is a positive-sense single-stranded RNA (+ssRNA) virus. Other coronaviruses are capable of causing illnesses ranging from the common cold to more severe diseases such as Middle East respiratory syndrome (MERS). It is the seventh known coronavirus to infect people, after 229E, NL63, OC43, HKU1, MERS-CoV, and the original SARS-CoV. Protein modelling experiments on the spike (S) protein of the

virus suggest that it has sufficient affinity to the angiotensin converting enzyme 2 (ACE2) receptors of human cells to use them as a mechanism of cell entry. Studies have shown that SARS-CoV-2 has a higher affinity to human ACE2 than the original SARS virus strain.

SARS-CoV-2 infections cause COVID-19 disease. People who have confirmed COVID-19 have a range of symptoms, from people with little to no symptoms to people being severely sick and dying. Symptoms can include: fever, tiredness, and dry cough. Some patients may have aches and pains, nasal congestion, runny nose, sore throat or diarrhoea. These symptoms are usually mild and begin gradually. Some people become infected but don't develop any symptoms and don't feel unwell. Most people (about 80%) recover from the disease without needing special treatment. Around 1 out of every 6 people who gets COVID-19 becomes seriously ill and develops difficulty breathing. Older people, and those with underlying medical problems like high blood pressure, heart problems or diabetes, are more likely to develop serious illness. About 2% of people with the disease have died. People with fever, cough and difficulty breathing should seek medical attention.

Human-to-human transmission of the virus has been confirmed and occurs primarily via respiratory droplets from coughs and sneezes within a range of about 6 feet (1.8m). Viral RNA has also been found in stool specimens from infected patients. It is possible that the virus can be infectious even during the incubation period, but this has not been proven, and the WHO stated on 1 February 2020 that "transmission from asymptomatic cases is likely not a major driver of transmission" at this time. The median incubation time is estimated to be approximately 5 days with symptoms estimated to be present within 12 days of infection. The symptoms of COVID-19 are similar to other viral respiratory diseases and include fever, cough, shortness of breath.

Principles of the procedure

This reagent is based on colloidal gold immunochromatography assay. During the test, sample extracts are applied to the test cartridges. If there were SARS-CoV-2 antigen in the extract, the antigen will bind to the SARS-CoV-2 monoclonal antibody. During lateral flow. The complex will move along the nitrocellulose membrane toward the end of the absorbent paper. When passing the

test line (line T, coated with another SARS-CoV-2 monoclonal antibody) the complex is captured by SARS-CoV-2 antibody on test line resulting in colouring on line T; when passing the line C, colloidal gold-labeled goat anti-rabbit IgG is captured by control line (line C, coated with rabbit IgG) resulting in colouring on line C.

Reagents

The following components are included in the SARS-CoV-2 Antigen Rapid Qualitative Test for rapid detection of SARS-CoV-2.

Component			
Specification	10Tests/Kit	25Tests/Kit	Note
SARS-CoV-2 Antigen Test Cartridge	10	25	Materials Provided
Extraction Tube	10	25	Materials Provided
Extraction Solution	1 bottle/kit	2 bottles/kit	Materials Provided
Instructions for Use	1 copy/kit	1 copy/kit	Materials Provided
Qualification Certificate	1 copy/kit	1 copy/kit	Materials Provided
Throat Swab	10	25	Optional Materials (Scheme A)
Nasal Swab	10	25	Optional Materials (Scheme B)
Screw-cap Collection	10	25	Optional Materials
Transfer Pipette	10	25	(Scheme C)

Note: Our customers and agents can choose one of the three schemes mentioned above respectively.

Materials required but not provided:

1. Timer
2. Tube rack for specimens
3. Any necessary personal protective equipment
4. External control set

Warnings and precautions

1. For in vitro diagnostic use only.
2. This test has been authorized only for the detection of proteins from SARS-CoV-2, not for any other viruses or pathogens.
3. Do not use this kit beyond the expiration date printed on the outside carton.
4. Do not use the kit to evaluate patient specimens if either the positive control or negative control fail to give expected results.
5. Test results are meant to be visually determined.
6. To avoid erroneous results, specimens must be processed as indicated in the assay procedure section.
7. Do not reuse any kit components.
8. When collecting a nasal swab sample, use the nasal swab supplied in the kit. Use of alternative swabs may result in false negative results.
9. Proper sample collection, storage and transport are critical to the performance of this test.
10. Specific training or guidance is recommended if operators are not experienced with specimen collection and handling procedures. Wear protective clothing such as laboratory coats, disposable gloves, and eye protection when specimens are collected and evaluated. Pathogenic micro-organisms, including hepatitis viruses and Human Immunodeficiency Virus, may be present in clinical specimens. Standard precautions and institutional guidelines should always be followed in handling, storing, and disposing of all specimens and all items contaminated with blood or other body fluids.
11. The SARS-CoV-2 external positive control have been prepared from recombinant viral proteins and do not contain infectious material.
12. Dispose of used test kits as biohazardous waste in accordance with local requirements.
13. Wear suitable protective clothing, gloves, and eye/face protection when handling the contents of this kit.

Storage conditions & period of validity

1. Store extraction solution at 2-30 °C, the shelf life is 24 months tentatively.
2. Store the test cartridge at 2-30 °C, the shelf life is 24 months tentatively.
3. Test Cartridge should be used right after opening the pouch.
4. Reagents and devices must be at room temperature (15-30 °C) when used for testing.

Specimen collection and banding

Specimen collection and preparation

Throat swab specimen collection:

Let the patient's head tilt slightly, mouth open, and make "ah" sounds, exposing the pharyngeal tonsils on both sides. Hold the swab and wipe the pharyngeal tonsils on both sides of the patient with moderate force back and forth for at least 3 times.



Nasal Swab Specimen Collection:

1. Insert the swab into one nostril of the patient. The swab tip should be inserted up to 2.5 cm (1 inch) from the edge of the nostril.
2. Roll the swab 5 times along the mucosa inside the nostril to ensure that both mucus and cells are collected.
3. Using the same swab, repeat this process for the other nostril to ensure that an adequate sample is collected from both nasal cavities. Withdraw the swab from the nasal cavity.



Sputum Specimen Collection:

Rinse the mouth with water.

Expectorate deep cough sputum directly into a sterile, leak-proof, screw-cap collection cup.

Specimen Transport and Storage:

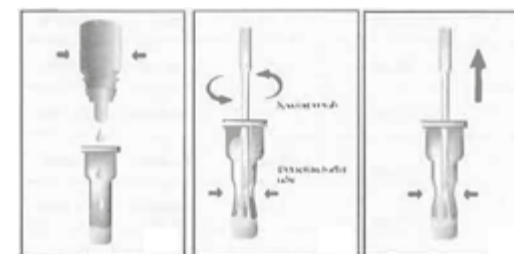
Samples should be tested as soon as possible after collection. Specimens are stable for up to 24 hours at room temperature or 2°C to 8°C.

Test methods

The test should be operated at room temperature (15-30°C)

For Nasal Swab Specimen/ Throat Swab Specimen

1. Place the extraction tube with opening facing up. Press the extraction solution bottle to drip 6 drops of extraction solution into the extraction tube without touching the edge of the tube.
2. The extraction of specimen: Put the swab that had collected specimen into the extraction tube, hold and press the swab head against the wall of tube with force while rotating the swab for about 10 seconds to release the antigen into the extraction solution from the swab head.
3. Removing swab: Squeeze the swab head while removing the swab in order to remove as much liquid as possible from the swab. Dispose of swabs according to biohazard waste disposal regulations.
4. Install the nozzle cap onto the extraction tube.
5. Loading: drip 2 drops of extraction solution into the sample well of the test cartridge, and start the timer.
6. Read the results at 20-30 minutes. If positive signal appears after 30 minutes, it should not be reported as positive.





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