

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 PARP inhibitors; 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

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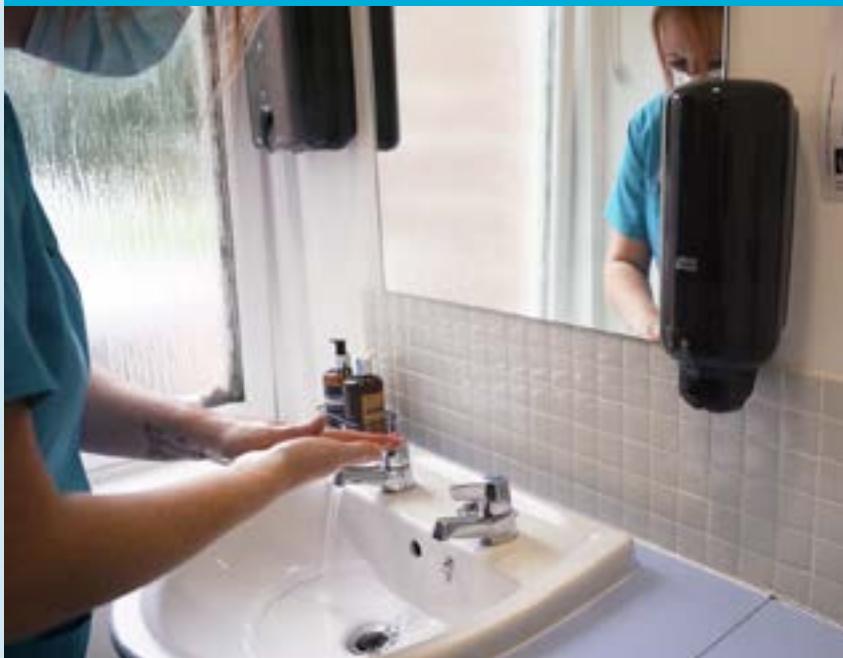
Cleaning/Infection Prevention & Control

(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)

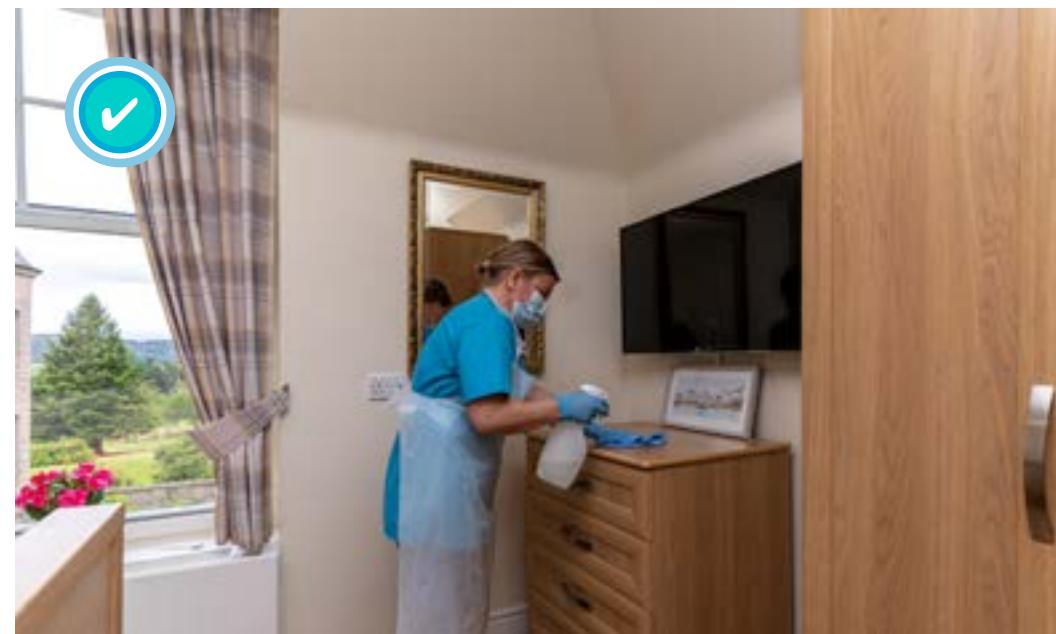


1 Isolated and non-isolated areas

- 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



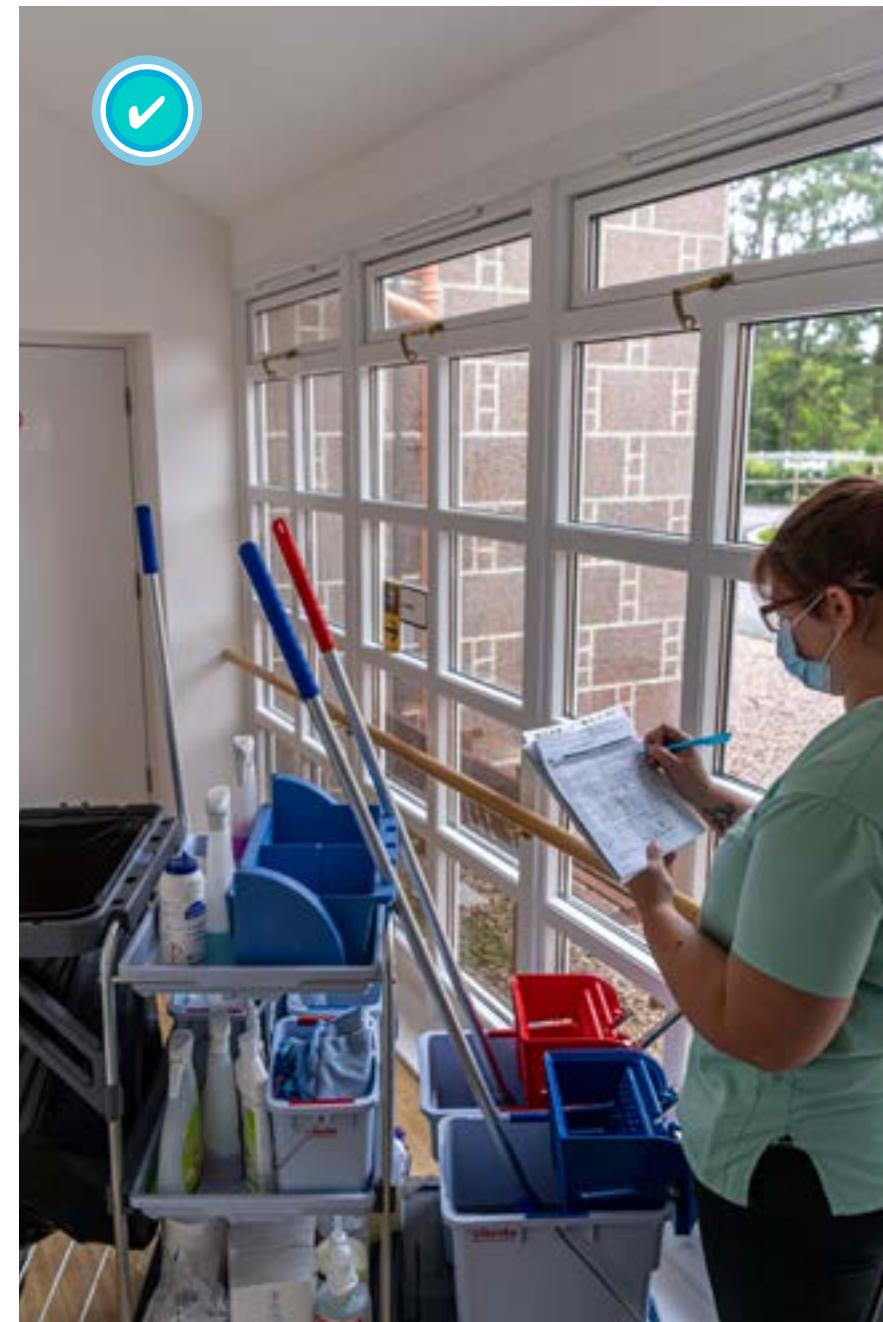
- Isolation areas should be free of clutter with items such as books and ornaments removed from shelves. Where possible, store items in plastic storage boxes with lids which are easy to clean.
- There should be a clinical waste bin for all items that have come into contact with bodily fluids: tissues 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 liner bag 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** 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*:**
Where available Oxivir should be used for cleaning for whole room (where there is possibility of blood spillage then Titan should be used)
 - Alternatives which are also COVID-19 effective:
 - **Suma D10 (disinfectant)** – Pale pink in colour – can be used anywhere including food surfaces
 - **Titan (chlorination/ bleach replacement)** – for toilets and high risk contamination such as blood, direct contact areas such as light switches and door handles
 - **Sani des (disinfectant)** - pink in colour – for all bathroom surfaces or surfaces that are contaminated (**NOT TO BE USED ON FOOD SURFACES**)

* For full details on chemicals see Appendices A and B



4 Cleaning an isolated resident's bedroom

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 Suma 10. 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



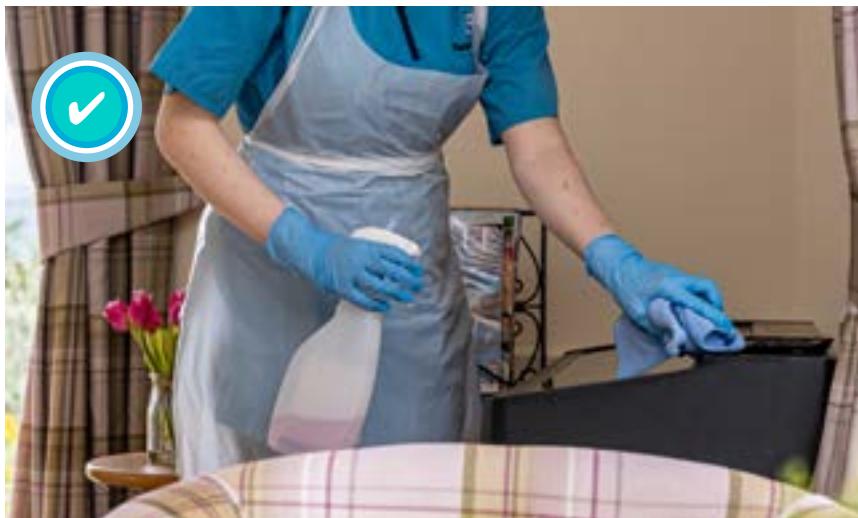
These should be cleaned twice daily by ancillary or care staff

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 appropriate COVID-19 effective chemical. (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 COVID-19 effective chemicals. 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 Suma D10 and leave for 5 minutes.
- All cutlery used must be placed in buckets with Suma D10.
- All drinking cups and tumblers must be collected wearing apron and gloves and sprayed or applied to the rim with Suma D10.
- 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 with Suma D10. ONLY use Suma D10 for all cleaning in this area.
- 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 COVID-19 effective products. 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 COVID-19 effective chemicals. 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

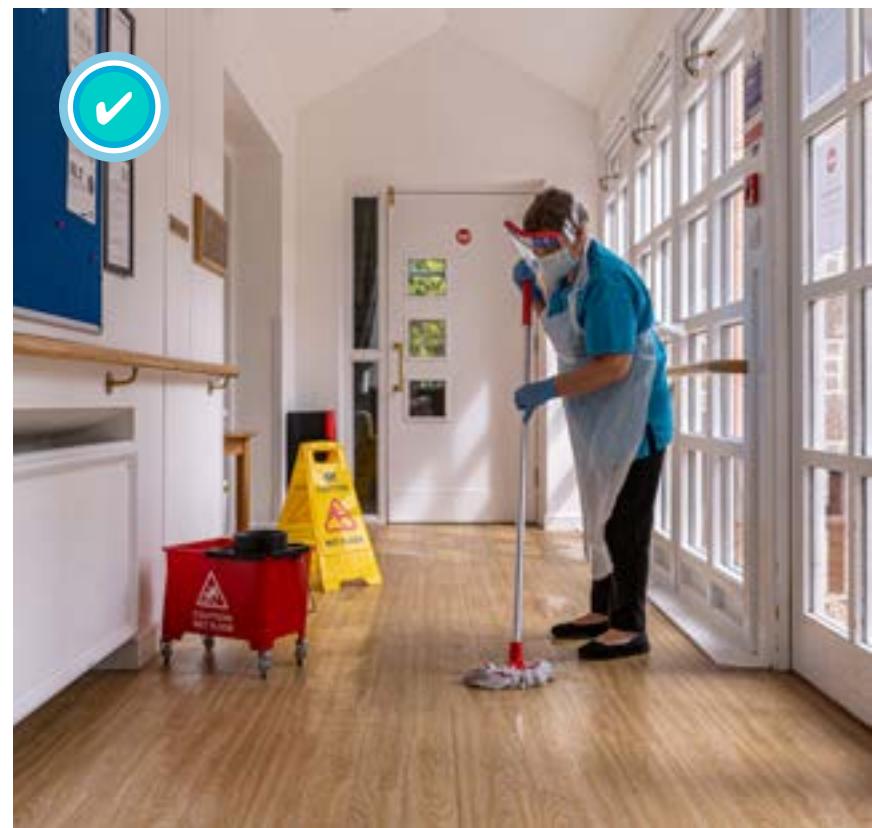
- Spray surfaces and door handles including cupboards and fridge(s), down touch points, surfaces and handles.
- Sweep and mop floor using fresh red mop and bucket with COVID-19 effective chemicals.
- Allow 5 minutes contact time and then mop with water only to rinse.
- Empty general waste bin.
- Mop 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 COVID-19 effective chemicals.
- 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 COVID-19 effective chemicals or clean cloth dampened with COVID-19 effective chemicals 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 COVID-19 effective chemicals. 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 Suma D10. No dishes should be washed in the sink, all should be washed via dishwasher. Staff should clean the dining table after using Suma D10.

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 Suma D10.
- 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 COVID-19 effective chemical. 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 COVID-19 effective chemical, 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 COVID-19 effective chemicals. 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 Suma D10 and leave for 5 minutes.
- Once trolleys have been clear of dishes, all surfaces of the trolley are to be cleaned with Suma D10. 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.

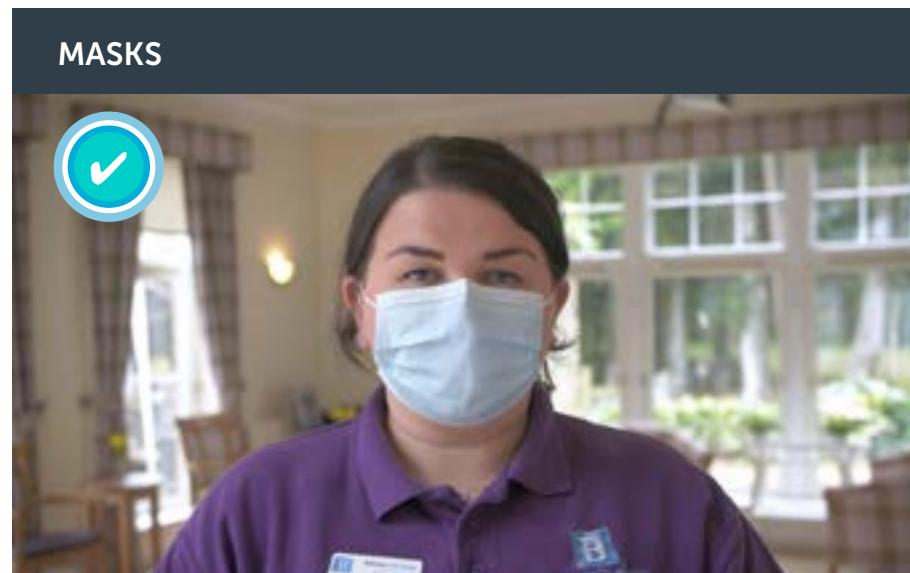
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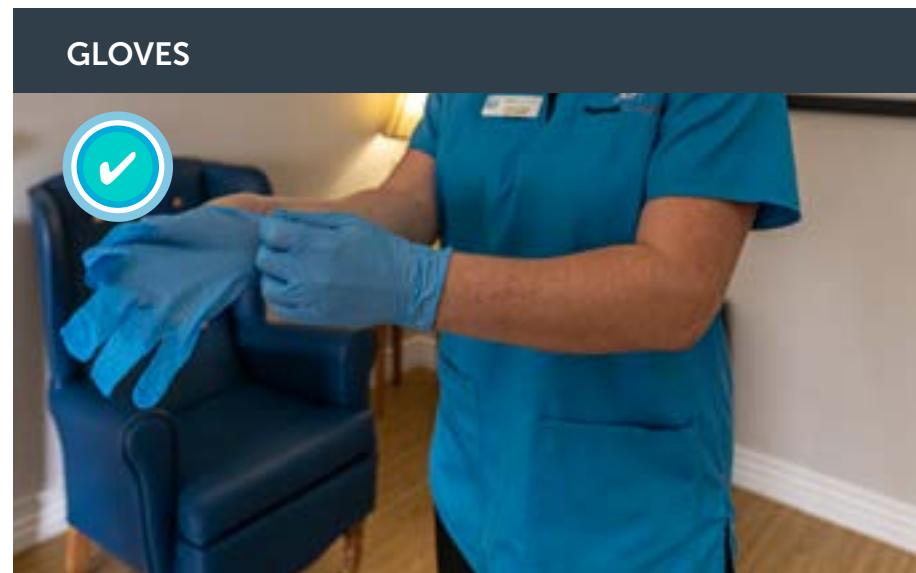
Handling COVID-19 cases in your home

(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 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 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 (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 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.





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 14 days. If they start to display symptoms during those 14 days 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 will be entitled to full pay under the Social Care Support Fund until September 30, 2020.
- 8** Staff are required to make daily contact with the Home Manager whilst in self-isolation in regards to their ongoing health and wellbeing.
- 9** The Home Manager should record the staff absence on Cold Harbour using the following codes for the reason of absence.
 - Suspected Case: COVID-19 Suspected
 - Confirmed Case: COVID-19 Confirmed

- 10** The Home Manager should complete an eForm to the Care Inspectorate website for either a suspected or a confirmed case of COVID-19.
- 11** 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.
- 12** The Home Manager should advise the relevant Public Health Scotland (NHS), Health and Social Care Partnership and Operations Manager/Head of Operations.
- 13** The Home Manager should update the relevant in-house spreadsheet with the necessary information.
- 14** The Home Manager should complete the TURAS app daily.

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.scld.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

Self-isolation procedures for staff



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.

[Social Care Staff Support Fund](#)

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, but all other household members who remain well must stay at home and not leave the house for 14 days. The 14-day period starts from the day when the first person in the house became ill.

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 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 7 days from when the symptoms appeared, regardless of what day they are on in the original 14 day isolation period.

They can get an isolation note to give to their Manager.

If they live with someone who has symptoms of COVID-19, they can get an isolation note to send as proof they need to stay off work.

They do not need to get a note from a GP.

<https://111.nhs.uk/isolation-note/>

3 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.

4 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.

Some people are at higher risk of developing severe illness with coronavirus. Unless an employee has been advised to follow specific advice from their GP or your clinician, they should strictly follow [physical distancing measures](#).

Their household and other contacts should also strictly follow [physical distancing advice](#).

Sources: NHS Inform; NHS Scotland

5 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.

6 Employees with vulnerable children who require care

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, ie 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 if required.)

6

Testing

Testing

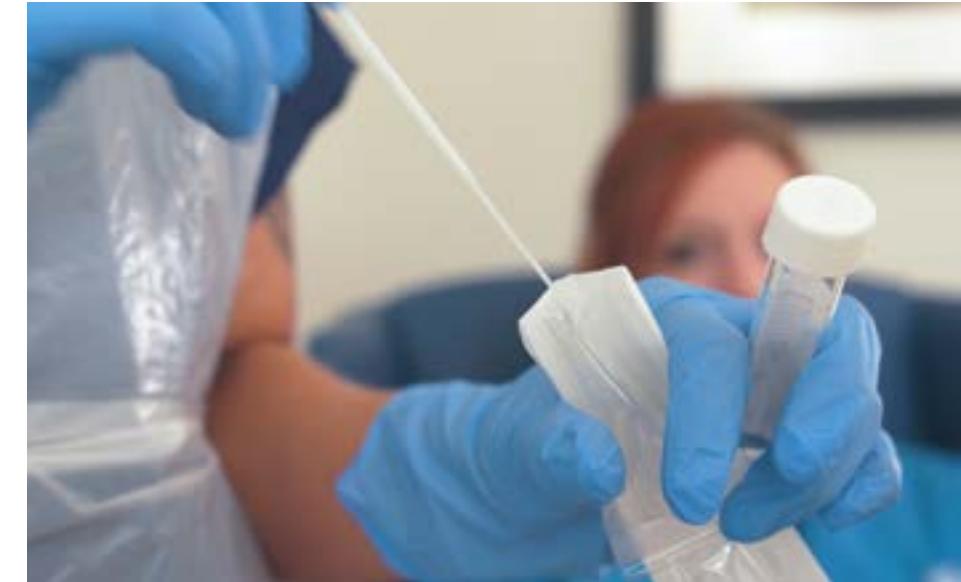
Testing for COVID-19 can be carried out by Public Health Scotland or, with the permission of health authorities, our own staff.

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

Suma D10 J-FLEX SYSTEM COVID 19 EFFECTIVE

Type: one step cleaner and disinfectant for all areas including food areas. COVID-19 EFFECTIVE

Use: Can be used in all areas and must be used in food preparation, storage and serving areas – fridges, dining tables, coffee tables, bedroom tables, all kitchen areas.

Dilution: Spray cleaning - Rotate selector to BOTTLE icon and fill spray bottle with water (bottle must be labelled with Suma D10).

A made up spray bottle of product will be active for up to seven days. Rinse and dry bottle before refilling.

Bucket cleaning: Rotate selector to bucket icon and fill bucket. Apply the solution with a cloth/ sponge or mop, Leave for at least 5 minutes, Rinse with clean water and allow too dry.

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

Directions: Remove gross soiling, Spray onto surfaces, Leave for at least 5 minutes, Rinse food contact surfaces thoroughly with clean water and allow to air dry.



Suma D10 SMART DOSE SYSTEM COVID-19 EFFECTIVE

Available in 5 litre/ j-flex and smart dose. Please check what format your home is using and follow the dilution guidance.

Type: one step cleaner and disinfectant for all areas including food areas. COVID-19 EFFECTIVE

Use: Can be used in all areas and must be used in food preparation, storage and serving areas – fridges, dining tables, coffee tables, bedroom tables, all kitchen areas.

Dilution: Spray cleaning -

1. Fill spray bottle with 750 ml water
2. Turn yellow head to bottle position: pull head up, then push down to dispense chemical.
Shake bottle gently before use

A made up spray bottle of product will be active for up to seven days. Rinse and dry bottle before refilling.

Bucket cleaning:

1. Start filling bucket with water
2. Turn yellow head to bucket position: pull head up, then push down whilst filling bucket to 7L
3. Remove excess soil from surface. Apply solution with cloth or mop
4. For disinfection leave for 5 minutes and wipe surface clean. (General cleaning leave for 30 seconds)
5. Rinse with clean water and allow to air dry (all food surfaces must be rinsed thoroughly)

Directions: Remove gross soiling, Spray onto surfaces, Leave for at least 5 minutes, Rinse food contact surfaces thoroughly with clean water and allow to air dry.



Suma D10 5 litre Bottles COVID-19 EFFECTIVE

Alternative formats in use during COVID-19 SMART dose or j-flex. Always refer to the manufacture dilution guidance.

Type: one step cleaner and disinfectant for all areas including food areas. COVID-19 EFFECTIVE

Use: Can be used in all areas and must be used in food preparation, storage and serving areas – fridges, dining tables, coffee tables, bedroom tables, all kitchen areas.

Dilution: Spray cleaning - Fill spray bottle with 650 ml water and add 10ml of Suma D10 Shake bottle gently before use.

A made up spray bottle of product will be active for up to 7 days. Rinse and dry bottle before refilling.

Bucket cleaning:

1. Dilution ratio 30ml to 2 litre dilution.
2. Fill bucket and add solution calculated for water amount
3. Remove excess soil from surface. Apply solution with cloth or mop
4. For disinfection leave for 5 minutes and wipe surface clean
5. Rinse with clean water and allow to air dry (all food surfaces must be rinsed thoroughly)

Directions: Remove gross soiling, Spray onto surfaces, Leave for at least 5 minutes, Rinse food contact surfaces thoroughly with clean water and allow to air dry.



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).

Taski Sani Des J-flex System COVID-19 EFFECTIVE

Type: Disinfectant & cleaner (NOT FOOD SAFE)

Use: For all washroom areas – sinks, baths, toilet seat and toilet exterior, shower, wetwall, tile wall, floors, bathroom doors and handles.

Dilutions:

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

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 - Spray onto damp cloth or surface, leave in contact with surface for at least 5 minutes before rinsing or wiping with clean water and cloth then leave to dry.

Bucket cleaning - Apply the solution with a cloth/sponge or mop, Leave for at least 5 minutes, Rinse with clean water and allow to dry.

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.

Jontec 300 Floor Cleaner NOT COVID-19 EFFECTIVE

Type: Low foaming neutral cleaner for protected floors (Neutrafresh technology) removes malodours and leaves a pleasant, fresh and long lasting fragrance. Use: for water resistant hard floors (ie vinyl) (not suitable for non-sealed wood or cork floors).



Directions:

Manual Cleaning

Rotate selector valve to bucket high dosage (Icon of bucket with three drops inside) and fill bucket with solution.

Damp mop floor using figure-of-8 motion.

For heavy soilage wet floor and agitate with a machine or deck brush before removing solution and rinsing with clean water.

Machine Cleaning

Rotate selector valve to bucket low dosage (Icon of bucket with one drop inside) and fill machine/scrubber tank with solution (where tank is not detachable fill bucket and then fill tank).

Using the machine apply the solution to the floor, using scrub pads or brushes on machine and remove the soiled solution.

For heavy soilage use the j-flex set to high dosage, apply solution with scrubbing action and squeegee blade up, allow contact time before scrubbing for a second time with squeegee blade down to remove the solution. Rinse with clean water if necessary.

Sprint Flower NOT COVID-19 EFFECTIVE

Type: Highly perfumed cleaner.

Use: For water-resistant hard surfaces. e.g. natural and artificial stone, ceramic tile, synthetic surfaces, mirrors, porcelain and enamel.

Dilution:

Spray bottle - Turn dial to spray bottle icon lift plunger, place empty spray bottle under nozzle and push plunger once and then fill spray bottle. (Bottle must be labelled with Sprint Flower).

Bottle - Turn dial to bucket icon lift plunger, place nozzle into bucket and push plunger down once then fill bucket.

Directions:

Spray method:

- Spray the solution on a damp cloth and wipe
- Use a sponge pad to remove stubborn soil
- Rinse or replace the cloth regularly

Bucket method:

- Apply the solution with a cloth/sponge or mop and wipe
- Use a sponge pad to remove stubborn soil

Wet mopping method:

Apply the solution with a mop and remove soiled solution.



Sprint Glass NOT COVID-19 EFFECTIVE

Type: Glass and multi purpose cleaner.

Use: Glass, mirrors and other high gloss surfaces. e.g. glazed ceramic as well as plastic surfaces.

Dilution: Spray cleaning - rotate selector to BOTTLE icon and fill spray bottle with water (bottle must be labelled with Sprint Glass).

Directions:

Spray method:

- Spray the solution on a damp cloth and wipe
- Use a sponge pad to remove stubborn soil
- Rinse or replace the cloth regularly



Bucket method:

- Apply the solution with a cloth/sponge or mop and wipe
- Use a sponge pad to remove stubborn soil

Good Sense Breakdown NOT COVID-19 EFFECTIVE

Type: Odour eliminator formulated with natural bacterial cultures, odour counteractants and with a pleasant fresh fragrance.

Use: drains, garbage areas, carpets and grouted washroom tiles, (short term use for particular issue hard floors, toilets).

Dilution: Minimum dosage: 1.5% or 1:64 (15ml chemical in 1 litre water).

Washroom application: 1:20 (50ml in 1 litre) to 1:10 (100ml to 1 litre).

Carpet application: 1:50 (20ml in 1 litre) to 1:10 (100ml in 1 litre) plumbing pipes and grease traps. Use neat.

Directions:

Carpets: Always test for colour fastness before use.

Spot and stain removal: Dilute 1:10 (100ml in 1 litre) in a trigger bottle (bottle must be labelled Good Sense Breakdown), spray onto stain, blot area to remove stain, rinse with water, blot and allow to dry. For difficult stains use neat, cover with a clean white towel or cloth and leave for as long as possible ideally overnight.

Then blot and rinse with water, blot and allow to dry.

Extraction cleaning: Ensure carpet is vacuumed and any stains treated prior to extraction cleaning. Dilute at 1:10 (100ml in 1 litre) in a trigger spray, pre-spray the carpet and allow 5 minutes contact time. Make up a solution in the extraction machine at 1:50 (20ml in 1 litre) dilution, clean the carpet as per usual extraction cleaning techniques. Allow to dry.

Bins/garbage disposal areas: Dilute product 1:10 (100ml in 1 litre) in a bucket and apply product with cloth or mop, allow contact time and scrub with brush or cloth.

Plumbing pipes: Pour product undiluted into pipes twice weekly when drain flow is lowest.

Grease traps: Pour product undiluted daily into drain depending on build up.

Drains: For difficult areas where odour is an issue pour neat product down the drain, allow contact time.

Hard floors: Dilute at 1:20 (50ml in 1 litre) in a bucket, apply with mop, cloth or sponge and allow 5 minutes contact time. Scrub with machine or deck brush and pick up solution, damp mop with clean water.



**Sprint Cream Cleaner
NOT COVID-19 EFFECTIVE**

Type: Cream Cleaner

Use: Use throughout the building. Suitable for cleaning baths, sinks, basins, ceramics, laminates, vinyl, plastic, aluminium and paintwork to remove grime, dirt, grease and stains.

Dilution: Use neat.

Directions:

For General Use:

1. Protect sensitive hands with suitable gloves and wash after use.
2. Always shake the bottle before use.
3. Squeeze Sprint Cream Cleaner directly onto a cloth, sponge or alternatively directly onto the surface to be cleaned.
4. Wipe the surface over thoroughly ensuring even coverage of Sprint.
5. Rinse clean with wet cloth or sponge.

On vinyl, plastic, aluminium and paintwork:

Use as above but apply very gently with a sponge only.

To order chemical spray bottles: labels 0800 525 525 and select option for orders (Labels and postage are free of charge to the home).



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	     	<p>COVID-19 effective chemical</p> <ul style="list-style-type: none"> • Taski Sani-des (not food safe disinfectant cleaner) • Suma D10 (food safe disinfectant) • Titan Sanitizer (chlorine based follow directions for dilution) • Oxivir (specialist disinfectant) <p>Not COVID-19 effective:</p> <ul style="list-style-type: none"> • Sprint cream cleaner • Goodsense breakdown
BLUE	General areas – Offices, corridors, resident rooms, lounges	     	<p>COVID-19 effective chemical</p> <ul style="list-style-type: none"> • Suma D10 (disinfectant cleaner) • Titan Sanitizer (chlorine based follow directions for dilution) <p>Not COVID-19 effective</p> <ul style="list-style-type: none"> • Jontec Floor cleaner • Taski sprint Flower (general purpose cleaner) • Furniture polish • Sprint Glass
GREEN	General food and food service areas – Resident and staff servery, kitchenette, dining rooms	     	<p>COVID-19 effective Chemical</p> <ul style="list-style-type: none"> • Suma D10 (food safe disinfectant cleaner) <p>Not COVID-19 Effective</p> <ul style="list-style-type: none"> • Suma Light D1.2 1ltr (washing up liquid)
YELLOW	Kitchen areas - in BCG this colour is used in the homes Main Kitchen	     	<p>COVID-19 effective Chemical</p> <ul style="list-style-type: none"> • Suma D10(food safe disinfectant cleaner) <p>Not COVID-19 Effective</p> <ul style="list-style-type: none"> • Suma Break-up 3.5 • Suma D1.7 (hand dishwashing detergent)

C Cleaning Checklist

Use the guidance below to evidence that areas have been cleaned using appropriate products as per cleaning protocol issued 22/05/2020.
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"/>

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 NHS Scotland PPE Guidelines

NHS SCOTLAND 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

Suspected COVID-19 April 20 V1.2

NHS SCOTLAND 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

April 2020 poster 1 Community Standard v1 April 20

F 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**.

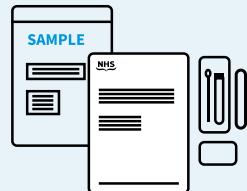
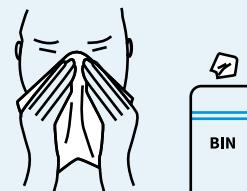
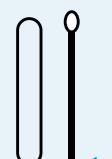
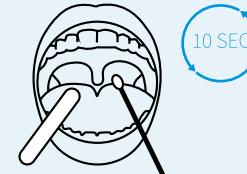
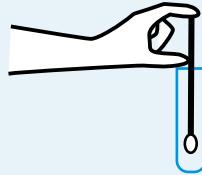
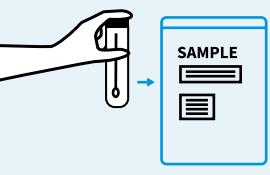
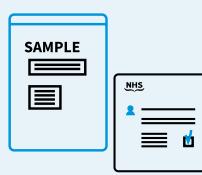


Further information on Coronavirus (COVID-19) can be found at:
<https://www.hps.scot.nhs.uk/a-to-z-of-topics/covid-19/>



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>On a clean dry surface lay out the components of the kit and ensure complete and intact.</p>	 <p>Check the resident's identity against the pre-printed labels and request form.</p>	 <p>Ask the resident to gently blow their nose and cough into a tissue. Dispose immediately in a bin.</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>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>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>Remove the swab from the person's mouth being careful not to touch the tongue, teeth, or gums.</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>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>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>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>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>



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