



Clinical Guidance for the Management of Clients Accessing Care at Home, Housing Support and Sheltered Housing in relation to COVID-19

1. Introduction

1.1 This guidance is aimed at local authorities, Health and Social Care Partnerships (HSCPs) and registered providers, who support and deliver care and support to people in their own homes. It aims to support measures to prevent and prepare for infection in people receiving care at home or housing support. It should be read in conjunction with infection control [guidance](#) developed by Health Protection Scotland (HPS) for Social or Community Care & Residential Settings.

1.2 Approximately 67,000 people in Scotland are currently in receipt of formal care at home services. Such services may include personal care and / or a wide range of practical services which assist individuals to live as independently as possible in the community. Support may include housework, shopping, laundry and/or paying bills with regular visits from a care at home worker and social care, health and housing services and /or telecare. In some cases support will be provided by a Personal Assistant employed by the individual.

1.3 Many of those accessing these services will be at greater risk if they were to contract COVID-19 due to conditions such as frailty, cognitive impairment including dementia, physical disability, neurological and other conditions, and learning difficulties or multiple comorbidities. For many, hospital admission may be inappropriate – this means additional support at home may be necessary for the acutely unwell.

1.4 Provision of care and support in people's home is a high priority service, in that most care and support cannot be deferred to another day without putting individuals at risk of harm. It is therefore vital that partners work together to prioritise these services. This guidance will support you in doing this.

2. Anticipation and prevention of COVID-19

2.1 Presentation

For many older people living with frailty, their presentation when unwell may be very different to younger people. They may not have a cough and a temperature but may have a decline in function, falls or increased confusion as a symptom that they are unwell. Families will often be able to provide information on changes of health, behaviour or mood. The most important thing is simply to be vigilant that someone who is frail may experience health challenges in a different way and being aware of that may provide an opportunity to flag up when someone needs medical or nursing assessment.

2.2 Care and support arrangements

Clients who access care and support may be considered at risk even if they are under 70 due to underlying health conditions including anyone given the flu vaccination each year on medical grounds. Therefore social distancing measures should be applied to reduce social contact to all but essential contacts from staff and family/ friends. For family / friends it is recommended that up to two people from same household visit at a time and where possible maintain a distance of approximately two metres apart.

Any visitors, whether staff or family/friends, should stay away if they have any respiratory symptoms. Staff and other visitors should follow hand washing advice before and after providing personal care or doing meal preparation. (See hand washing advice in Appendix 2 of HPS [COVID-19: Information and Guidance for Social or Community Care & Residential Settings](#).)

2.3 Documentation of anticipatory planning

Clients at risk should have anticipatory care planning discussions conducted with the most suitable member of staff, linking in with the wider health and social care team eg in primary care where appropriate. In many cases, the staff providing social care support regularly update care plans, and may be able to start anticipatory care planning conversations. Decisions need to be documented and communicated with the GP practice so that they can be recorded in the client's Key Information Summary (KIS), which is maintained by the GP. A shorter, simpler ACP has been adapted by Healthcare Improvement Scotland which will be available soon. Ideally this conversation should involve families and include preferences around future arrangements for care and support including preferences for end of life care.

People for whom it is appropriate should have in place other documentation and provision such as 'Do Not Resuscitate' or Just-in-Case Medication prescribed. Due to frailty or complex comorbidities, it may be appropriate to place some individuals on the palliative care register within the GP practice.

3. Other considerations

3.1 Unpaid carers

Where the client has family, friends or neighbours who provide regular unpaid care, it may be appropriate to signpost them to the current [guidance](#) from NHS Inform regarding what they can do to protect their own health, and that of those they care

for, during the COVID-19 outbreak. There is also dedicated information on the Scottish Government [website](#) for unpaid carers on COVID-19. Given the spread of the virus, it is likely that some unpaid carers may not be able to continue in their caring role. This may require the need to adjust support for individuals through formal (services) or informal means (e.g. other family or friends). Where carers and family and friends are unable to provide essential care for someone, they should contact their local [social work department](#).

3.2 Personal Assistants

Where a person employs a personal assistant to deliver care and support, it will be particularly important to have considered contingency plans. These should include arrangements to adjust support and draw on other formal (services) or informal support mechanisms (e.g. other family or friends) in the case of illness or self-isolation of one or more personal assistants. While such plans should already be in place, it is important to revisit them in light of COVID-19.

Clear communication mechanisms should be in place so that both employer and personal assistant are aware when either is self-isolating or experiencing symptoms.

4. Telecare

4.1 There are approximately 180,000 people in Scotland who are currently in receipt of some form of Telecare/Community Alarm Service – around one third are also in receipt of formal care at home. These services enable many vulnerable people, including older people recently discharged from hospital and those with dementia, to remain living in their own homes. Services range from providing reassurance over the phone, personal care and support for unpaid carers to responding to falls and arranging the attendance of emergency services. Such services often involve unplanned attendance in people's homes, with little advanced information as to the situation being entered into.

4.2 Every Telecare/Community Alarm Service has an Alarm Receiving Centre where alerts are received and initially managed by call handlers. In addition, the majority of Telecare Services comprise assessors, equipment installers, technicians and responders, almost all of whom provide direct support or care in clients' homes. All will require ongoing access to COVID-19 guidance and should be considered as front line workers.

4.3 It is likely that telecare services will see a higher volume of calls. Telecare service providers have been issued with information from the Scottish Government's Technology Enabled Care Programme and the Scottish Local Government Digital Office, Telecare Service Continuity and COVID-19, which can be found at www.tec.scot. This provides a range of contingencies to consider and advises telecare services to work with care at home and other services and agencies to maximise capacity and minimise unnecessary contact with people who are self-isolating. The detailed guidance for telecare provides more information, but at the very least proactive communication with service users and their named contacts to keep them abreast of changes in service provision, to provide important information

and – if capacity exists, to provide wellbeing and check-in calls. Consideration should also be given to capacity to take on new subscribers who may require some form of telecare support in response to changes to their current care arrangements.

5. COVID scenarios

Self-isolation: Self isolation is undertaken by those people who either have symptoms of COVID-19 which include new continuous cough and/or high temperature OR they are a household contact of someone who is displaying these symptoms. Someone who has symptoms should self-isolate for 7 days from the onset of symptoms. Household contacts should self-isolate for 14 days (from the day the first person in the household became ill). Information on this is available on the Public Health England (PHE) [website](#)

Social Distancing: This measure reduces social interaction between people in order to reduce the transmission of the virus. It is intended for those situations where people are living in their own homes with or without additional support from friends, family or carers.

Shielding: This is for people (inc. children) who are at very high risk of severe illness from COVID-1 when an extremely vulnerable person is living in their own home, with or without additional support and those in long term care settings. The aim of shielding is to minimise interaction between individuals and others to protect them from coming into contact with the virus, thereby aiming to reduce mortality in this group. Information on which people are in this category and what to do are on the NHS Inform [website](#).

If a care worker is concerned they have COVID-19

Advice for health and social care professionals on Coronavirus is available on NHS Inform [webpages](#). Staff should check these pages regularly for updates.

If a member of staff is concerned they have COVID-19 they should follow stay at home [NHS Advice](#). As outlined above, this advice states that:

- staff should stay at home if they have symptoms that may be caused by COVID-19 or they live with someone that has symptoms.
- if a staff member lives alone they should stay at home for 7 days from the day symptoms started.
- if a staff member lives with others, the person who has symptoms should stay at home for 7 days from the day their symptoms started.
- all other household members should stay at home for 14 days even if they don't have symptoms themselves. The 14-day period starts from the first day the person had symptoms.
- if others develop symptoms within the 14 days, they need to stay at home for 7 days from the day their symptoms started. They should do this even if it takes them over the 14-day isolation period.

If the individual being cared for has symptoms of COVID-19

Clients who demonstrate symptoms including a new continuous cough and a high temperature, should be managed as though they have COVID-19.

In this situation, carers should contact **NHS24 on 111** to access advice from the newly established local COVID-19 Hubs (see below) and if necessary contact next of kin. **It is important not to phone 999 unless it is a medical emergency, or you are instructed to do so by the COVID-19 Hub.**

Personal protective equipment (PPE) must be worn when caring for these clients. Advice on what to wear and how to don the PPE is available in HPS [guidance](#) and all staff must be made aware of it. This includes the disposal of the equipment. Clients who are symptomatic should have their anticipatory care plans revisited and explored or discussed by the most appropriate member of the team with relevant family members. Clients whose symptoms improve and resolve after 7 days would be considered non-infectious after this time.

Clinical protocols do not recommend testing patients who are symptomatic in the community unless they are admitted to acute care, so care provision must be on the basis of a clinical diagnosis as advised by the COVID hubs. Care for an acute episode will be directed by advice from the COVID hubs.

Advice on cleaning and laundry is available in the HPS [guidance](#).

If neither the individual nor the care worker have symptoms of COVID-19

If neither the care worker nor the individual receiving care and support is symptomatic, then no PPE is required. There have been suggestions that in these circumstances staff should wear PPE but normal good hygiene practices such as hand washing are sufficient. (See further infection control advice in Appendix 2 HPS [guidance](#)).

General interventions may include ensuring that the client's home remains clean with good ventilation whenever safe and appropriate.

Sheltered Housing Residents

Most residents in sheltered, very sheltered or extra care housing complexes are likely to be at risk if they were to contract COVID-19 due to frailty and other conditions. Social distancing is therefore essential.

6. Anticipation and prevention of COVID-19

In many respects the advice and guidance for these residents resembles that for people who live in their own home and are at risk but there are additional considerations particularly around the use of communal facilities and areas such as communal rooms and laundries.

Residents are responsible for reducing their social contacts significantly in line with social distancing as per national policy. This will mean that residents will spend more time in their own flats. As before, contacts should be restricted to all but

essential visits from staff or named family or friend contacts. For named family / friends it is recommended that up to two people from same household visit at a time and maintain a distance of approximately two metres apart.

Social landlords will already have methods in place for communicating with their tenants and these will be used to ensure tenants are kept up to date about any changes to the use of communal facilities and communal areas and for reminders about social distancing, self-care such as handwashing and avoidance of face touching. Existing residents groups will be able to help reinforce these messages.

Other measures will include regular hand washing with soap and water.

If provided, meals should not be consumed in communal dining areas where possible but should be eaten in residents' flats. Where communal areas are used seating should be spaced approximately two metres apart.

There should be vigilance around cleaning in communal areas, particularly of frequently touched areas such as door handles, light switches and chairs arms where the virus can persist for up to 72 hours.

Residents should be assisted to consider completing an anticipatory care plan and sharing their wishes with their GP for the future including arrangements for care and support.

7. Symptomatic residents

Seeking help. Residents with new symptoms such as a persistent cough and a high temperature should self-isolate within their flats. This may mean that meals and other deliveries will have to be delivered to their door. Advice is available on [NHS inform](#). Medical help should only be sought if the resident becomes significantly unwell. This can be accessed by using **NHS 24 via 111** and speaking directly to the COVID hub. **It is important not to phone 999 unless it is a medical emergency, or you have been instructed to do so by the COVID-19 Hub.** In units that do not have onsite wardens, it may be helpful to establish an early prompt process or procedure to enable residents to access the right support. The process will depend on local circumstances but may involve the use of telecare.

Staff or visitors should not enter the flat without PPE where someone is suspected as having the virus even for a short period of time or to respond to an emergency. Advice on what to wear and how to don the PPE is available in HPS [guidance](#) and all staff must be made aware of it. This includes advice on the disposal of the equipment and on laundry and waste.

Providing personal care for symptomatic residents within a sheltered housing flat should be as per our advice above (section 5). There will be residents who are not receiving personal care but who become unwell and then require assistance with looking after themselves. Landlords or housing support services can call their local social work department or visit NHS Inform for more information in the first instance.

There is also a dedicated information helpline 0800 028 2816. NHS 24 should only be called on 111 if symptoms worsen and additional medical advice is required.

Day centres

Day care centres, dementia cafes and other community group activities offer a vital service to those affected by dementia, learning disability and frailty. Many help to support carers by providing respite from caring duties.

Day centres should now be closed if they haven't done so already. This will have a significant impact on individuals and carers who have relied on this form of support. Therefore in consultation with care managers and local authorities, service providers may want to explore ways in which they can support clients in different ways including at home. This may mean one-to-one visits, however staff should be aware that they must be vigilant about their own health and not visit clients if they feel unwell. They should prioritise only high risk individuals for support – those where they consider that there is significant carer strain, or risk of a caring situation unravelling.

Alternatives to 1:1 care or group meetings should be considered such as online support, telephone support or video calling. If services want to change the way they deliver care and support they can contact the Care Inspectorate using enquiries@careinspectorate.gov.scot mailbox.

8. Access to supplies

Social care providers who are registered with the Care Inspectorate, who are dealing with confirmed or suspected cases of COVID-19, and have urgent issues with obtaining PPE (disposable gloves, disposable aprons, fluid repellent surgical face masks) should contact the NHS National Services for Scotland (NHS NSS) triage centre for social care supplies for COVID-19.

Please note that in the first instance, the triage centre is to be used only in cases where there is an urgent supply shortage after business as usual routes have been exhausted and a suspected or confirmed case of COVID-19 has been identified.

The following contact details will direct registered providers to the triage centre:

Phone: 0300 303 3020

When contacting the helpline, providers will be required to:

- a. Answer a series of short screening questions.
- b. Confirm they have fully explored business as usual procurement routes
- c. Confirm they have a suspected or confirmed case of COVID-19 and therefore have a need for Personal Protective Equipment (PPE)
- d. Provide their Care Inspectorate registration number

The helpline will be open (8am - 8pm) 7 days and is for all social care providers registered with the Care Inspectorate.

This helpline is not for NHS staff or for NHS providers who have an NHS business as usual supply route.

Where providers report issues with supplies of products other than PPE, this information will be recorded and fed into wider work on supplies.

9. NHS support for care at home provision

Health and Social Care Partnerships, NHS providers and local community services and primary care, will be working with and supporting local authorities and care at home care providers in the provision of care. Many of the people who are receiving social care support will also have involvement of community health care teams. To minimise the numbers of health and social care staff visiting people who may be self-isolating or suspected/confirmed with COVID-19, it is important that health and social care teams communicate effectively so that care is planned and coordinated. Having a Shared Information Protocol can support the effective flow of communication between health and social care staff teams and minimise the risk of staff being unaware of the health status of individuals.

10. COVID-19 Community Hubs

NHS boards have established a network of COVID-19 Community Hubs and Assessment Centres across Scotland which aim to provide a comprehensive and expansive front line community response to enable rapid pathways for those affected by COVID-19.

If you, or someone you care for, develops symptoms of COVID-19 please use the NHS Inform website or dedicated information line (0800 028 2816) to understand what to do in the first instance. If symptoms worsen and cannot be managed at home, please call NHS 24 on 111. From here, you will be asked a number of questions and the NHS 24 call handler will offer reassurance. If required calls will be passed to a telephone Community Hub, staffed by clinical decision makers. If they deem it necessary, you will be given an appointment for a face to face consultation at an Assessment Centre. When speaking to the Hub, let them know of any transport or other access assistance you will need.

**Professor Graham Ellis, Senior Medical Adviser to the Chief Medical Officer
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