

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

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

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

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

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

## Version history

Version	Date	Summary of changes
1.0	29 June 2022	First publication – Marks transition from Winter Respiratory Infection IPC Addendum to a Community COVID-19 Pandemic Appendix.
1.1	28 July 2022	GP surgeries included in this this appendix and removed from Appendix 21 – COVID-19 acute settings
1.2	16 September 2022	Content revised to reflect SG Extended Use of Facemasks Policy for ASC settings.
1.3	04 October 2022	Link added to revised content from SG clarifying use of facemasks in social care settings by healthcare staff
1.4	18 November 2022	Updated to reflect that the advice contained within the Scottish Government's <a href="#">DL(2022)10</a> remains extant.

## Enquiries

Enquiries regarding the transition process should be directed to:

[NSS.ARHAinfectioncontrol@nhs.scot](mailto:NSS.ARHAinfectioncontrol@nhs.scot)

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## Introduction

To reflect the changes to Scottish Government Extended use of Facemasks Policy requirements and the current phase of the COVID-19 pandemic, ARHAI Scotland have revised the content of this Appendix and continue to transition to the National Infection Prevention and Control Manual (NIPCM) and the Care Home Infection Prevention and Control Manual (CH IPCM).

The continued transition to national IPC guidance sees a return to service user placement based on an assessment of risk alongside application of routine Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs) in line with pre pandemic IPC practices. Some pandemic measures do however remain, and these are outlined in this appendix.

The measures included in this appendix are subject to continuous review and so it is recommended that the online version is accessed by staff. This appendix should be read in conjunction with [PHS COVID-19: information and guidance for social, community and residential care settings](#) and [COVID-19 guidance for prison settings](#) where applicable.

This appendix is applicable for the following settings:

- Care homes
- Hospice settings
- Community Optometry
- Community Pharmacy
- Health and social care services provided in peoples own homes
- Community based health and care settings
- GP surgeries
- Supported accommodation settings
- Rehabilitation services
- Residential children's homes

- Stand-alone residential respite for adults (settings not registered as a care home)
- Stand-alone residential respite/short break services for children
- Sheltered housing
- Residential prison and residential detention settings

## Physical distancing

Physical distancing is no longer required for staff, service users or visitors. However, where services wish to continue physical distancing, they may choose to do so.

It is important to note that overcrowding in any area of a facility including communal, waiting, visitor and reception areas increases transmission risk for respiratory viruses including SARS-CoV-2 and it is important to remain mindful of the volume of people in a space at any one-time, taking account of staff, service users and visitors.

Facilities should not return to pre pandemic practices which facilitated overcrowding and steps should be taken to prevent this.

## Infection Prevention and Control (IPC)

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

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

The elements of SICPs are:

- [Service user/Patient Placement/Assessment for infection risk](#)
- [Hand Hygiene](#)
- [Respiratory and Cough Hygiene](#)
- [Personal Protective Equipment](#)
- [Safe Management of Care Equipment](#)
- [Safe Management of Care Environment](#)
- [Safe Management of Linen](#)
- [Safe Management of Blood and Body Fluid Spillages](#)
- [Safe Disposal of Waste \(including sharps\)](#)
- [Occupational Safety: Prevention and Exposure Management \(including sharps\)](#)

Further information on **SICPs** requirements can be found in [Chapter 1 of the National Infection Prevention and Control Manual \(NIPCM\)](#).

Care home staff can find information on **SICPs** requirements specific to the care home in [Chapter 1 of the Care Home Infection Prevention and Control Manual \(CH IPCM\)](#).

Sometimes using **SICPs** won't be enough to stop an infection spreading and enhanced precautions are required.

These enhanced precautions are called **Transmission Based Precautions (TBPs)** and these are used if a service user has a suspected or known infection or colonisation. Wherever possible, service users with respiratory symptoms or a confirmed respiratory pathogen should continue to be cared for with TBPs in place until they meet criteria for discontinuation of precautions, this includes during transfers where appropriate.

The elements of TBPs are:

- [Service user/Patient Placement/Assessment for Infection Risk](#)
- [Safe Management of Patient Care Equipment in an Isolation Room/Cohort Area](#)

- [Safe Management of the Care Environment](#)
- [Personal Protective Equipment \(PPE\)](#)
- [Infection Prevention and Control during care of the deceased](#)

Different infections require different TBPs. You can find out more information about the infection the service user has and the precautions you should use in [Appendix 11](#) and/or [A-Z of pathogens](#) in the NIPCM.

Information on **TBPs** can be found in [Chapter 2 of the National Infection Prevention and Control Manual \(NIPCM\)](#).

Care home staff can find information on **TBPs** specific to the care home in [Chapter 2 of the Care Home Infection Prevention and Control Manual \(CH IPCM\)](#).

## Aerosol Generating Procedures (AGPs)

An Aerosol Generating Procedure (AGP) is a medical procedure that can result in the release of airborne particles from the respiratory tract and is associated with an increased risk of transmission when treating someone who is suspected or known to be suffering from an infectious agent transmitted wholly or partly by the airborne or droplet route. It is also possible for asymptomatic and pre-symptomatic carriers of SARS-CoV-2 to transmit the infection during AGPs.

A full list of AGPs can be found in [Appendix 17](#).

A [poster detailing PPE when undertaking AGPs](#) within health and social care settings is available.

You can also contact your local Health Protection Team (HPT) or Infection Prevention and Control Team (IPCT) for support and advice.

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

COVID-19 case definitions can be found within [Public Health Scotland HPT guidance](#).

## Respiratory Symptom Assessment Questions

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

If respiratory symptom screening is undertaken prior to arrival at the facility, and if the service user answers 'no' to all the respiratory screening questions, staff should apply SICPs when caring for the service user and be vigilant for symptoms. The service user should be reminded to inform a staff member should any symptoms develop prior to and on attendance at the facility.

See [Table 1](#) for the required respiratory symptom assessment questions.

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

Information on **TBPs** can be found in [Chapter 2 of the National Infection Prevention and Control Manual \(NIPCM\)](#).

Care home staff can find information on **TBPs** specific to the care home in [Chapter 2 of the Care Home Infection Prevention and Control Manual \(CH IPCM\)](#).

All service user waiting/reception areas should be segregated with an area set aside for use by service users who may present with respiratory symptoms. Markers to identify segregation should be clear and service users must be advised not to circulate around waiting areas and remain seated.

## Admissions to and from facilities

Service users who leave the facility for an overnight stay should be assessed using the appropriate [respiratory screening assessment questions](#) in advance of their immediate return to



the facility and again on arrival at the facility, to determine any known or potential exposure whilst out of the facility.

Further information can be found in [PHS COVID-19: information and guidance for social, community and residential care settings](#) and [COVID-19 guidance for prison settings](#).

## COVID-19 screening and testing requirements

Further information for screening and testing requirements can be found in [PHS COVID-19: information and guidance for social, community and residential care settings](#) and [COVID-19 guidance for prison settings](#).

## COVID-19 testing for Health and Social Care Staff

COVID-19 testing continues in some health and care settings.

Guidance on [COVID-19 testing for social care and community-based settings](#).

## Health and Social Care Staff Isolation and Exemption

Health and Social Care staff who:

- develop symptoms of respiratory infection
- have a positive test for COVID-19
- have a household member or overnight contact who has tested positive for COVID-19

should follow advice laid out in 'Pause of Asymptomatic Staff Testing in Health and Social Care and Asymptomatic Testing in Hospitals [DL \(2022\)33](#)' (published 14 September 2022).

If an LFD was undertaken whilst in the workplace and returns a positive test, the HSC staff member must don a Type IIR FRSM (unless exempt), inform their line manager and go home immediately.

## Extended use of Facemasks

Across **some** settings extended use of face masks guidance remains extant. Please see Scottish Government requirements [Coronavirus \(COVID-19\): use of face coverings in social care settings including adult care homes](#) and [Coronavirus \(COVID-19\): extended use of face masks and face coverings in hospitals, primary care and wider community healthcare](#) including healthcare staff visiting social care settings.

The extended use of facemasks by healthcare and social care staff and the wearing of face coverings by visitors and outpatients (unless exempt) is designed to protect staff and service users as part of the COVID-19 pandemic. This is because COVID-19 may be transmitted by individuals who are not displaying any symptoms of the illness (asymptomatic or pre-symptomatic).

View further [Scottish Government guidance and associated FAQs](#).

In Scotland, staff are provided with Type IIR FRSM for use as part of the extended wearing of facemasks.

Where staff have concerns about potential COVID-19 exposure to themselves during the ongoing COVID-19 pandemic, they may choose to wear an FFP3 respirator rather than a fluid-resistant surgical mask (FRSM) when providing patient care, provided they are fit tested. This is a personal PPE risk assessment, as per [DL 2022 10](#).

## COVID-19 Visiting

All visitors should be reminded on arrival at any health and care facility of IPC precautions and encouraged to adhere to these. [PPE for visitors](#) reflects the guidance as laid out in the [National Infection Prevention and Control Manual \(NIPCM\)](#).

It is strongly recommended that visitors do not attend within 10 days of having had COVID-19, whilst experiencing respiratory symptoms or before a period of self-isolation has ended unless pre agreed with the clinical team in advance.

Setting specific visitor information can be found in [PHS COVID-19: information and guidance for social, community and residential care settings](#) and [COVID-19 guidance for prison settings](#).

Scottish Government have [additional guidance available for care home visiting](#).

Archived for information only

## Table 1: Respiratory Symptom Assessment Questions

COVID-19 Screening question	Yes	No
<p>Have you had a confirmed diagnosis of COVID-19 in the last 10 days?</p> <p>If the individual answers <b>yes</b>, and the admission is deemed urgent/necessary, a risk assessment should be undertaken to assess the urgency and complexity of the admission.</p> <p>If the risk assessment deems the admission urgent/necessary, then proceed with <a href="#">Transmission Based Precautions (TBPs)</a> in place.</p>		
<p>Do you have any of the following *symptoms:</p> <ul style="list-style-type: none"> <li>• High temperature or fever?</li> <li>• New, continuous cough?</li> <li>• A loss or alteration to taste or smell?</li> <li>• Any other symptoms of a respiratory virus?</li> </ul> <p>If the individual answers <b>yes</b>, and if the admission is deemed urgent/necessary, a risk assessment should be undertaken to assess the urgency and complexity of the admission.</p> <p>If the risk assessment deems the admission urgent/necessary, then the service user should be cared for on the respiratory pathway. If the risk assessment deems the admission urgent/necessary, then proceed with <a href="#">Transmission Based Precautions (TBPs)</a> in place.</p> <p>If the individual answers <b>no</b>, <a href="#">Standard Infection Control Precautions (SICPs)</a> should be in place provided there are no other known or suspected pathogens requiring application of Transmission Based Precautions (TBPs).</p> <p>*Information regarding additional COVID-19 symptoms can be found in the <a href="#">PHS HPT guidance</a>.</p>		