Appendix 21: COVID-19 Pandemic IPC Controls for Health and Social Care Settings

This appendix was developed in December 2022 following a review of the content of both COVID-19 Appendices 21 and 22.

Previous versions of Appendices 21 and 22 have now been stood down and replaced with a new Appendix 21.

This new Appendix 21 aims to summarise the remaining IPC pandemic control measures which exist in addition to the National Infection Prevention and Control Manual (NIPCM) and Care Home IPCM and provide links to helpful resources, guidance, and policy documents.

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.

Version history

Version	Date	Summary of changes
1.0	20 March 2023	New appendix which combines content from COVID-19 Appendix 21 for acute settings and Appendix 22 for community settings into a single pandemic appendix for health and social care settings.

Contents

Introduction

The continued transition to the [National Infection Prevention and Control Manual (NIPCM)](#) and [Care Home Infection Prevention and Control Manual (CH IPCM)](#) sees a return to service user placement based on an assessment of risk and application of Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs) in line with pre-pandemic IPC practices.

Information on **SICPs** for all settings (apart from care home settings) can be found in [Chapter 1 of the NIPCM.](#)

Information on **SICPs** for care home settings can be found in [Chapter 1 of the CH IPCM](#).

Information on **TBPs** for all settings (apart from care home settings) can be found in [Chapter 2 of the NIPCM](#).

Information on **TBPs** for care home settings can be found in [Chapter 2 of the CH IPCM](#).

Further information about infection types and the precautions required can be found in [Appendix 11](#) and/or [A-Z of pathogens](#).

The [Hierarchy of Controls detailed in Appendix 20](#) should also be considered in controlling exposures to occupational hazards which include infection risks.

Some pandemic control measures remain in place and are included in this appendix.

This is a live document and updated as the situation develops. It is important to always use this online version. This appendix should be read in conjunction with [Public Health Scotland Guidance](#).

In this appendix the term 'service user' refers to people being cared for in health and care settings. The term 'facility' refers to the setting where health and social care is delivered, including the service user's own home.

This appendix should be used in the following settings:

- care homes
- hospices
- community optometry

- community pharmacy

- health and social care services provided in peoples own homes

- community based health and care

- GP surgeries

- supported accommodation

- rehabilitation services

- residential children's homes

- 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

- prison health

- acute NHS settings including Scottish Ambulance Service (SAS)

- dental services

Physical distancing

Physical distancing is no longer needed 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 care at home settings) increases transmission risk for respiratory viruses including SARS-CoV-2. It is therefore important to remain mindful of the number of people in a space at any time, taking account of staff, service users and visitors. Settings must not return to pre-pandemic practices which facilitated overcrowding and steps should be taken to prevent this. There is no defined measure of what is considered 'overcrowding' and a common-sense approach should be taken to this.

For acute care services, inpatient beds and chair spaces should meet minimum bed spacing requirements.

COVID-19 case definitions

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

Respiratory Symptom Assessment questions

The process of respiratory symptom assessment will vary dependent on both the health and care facility and the type of service provision but wherever possible, the respiratory symptom assessment questions should be completed by telephone before the 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. This will help inform the clinical/care team of service user respiratory status and potential associated risk before face-to-face consultation should this be considered appropriate. For those receiving care and support in their own home, the service user should be reminded to let staff know in advance of any visit if they have any symptoms.

If respiratory symptom assessment is completed before arrival at the health and care facility, and if the service user answers 'no' to all the respiratory symptom assessment questions, the service user should be reminded to tell a staff member if any symptoms develop before they go to the facility.

Each care setting uses different respiratory symptom assessment questions:

- [Appendix 1](#) gives respiratory screening questions for use in acute care inpatient settings, acute mental health inpatient settings, and community hospitals.

- [Appendix 2](#) gives respiratory screening questions for use in primary care settings.

- [Appendix 3](#) gives respiratory screening questions for use in social, community, and residential care settings.

Respiratory COVID-19 testing

> **Please note:** Asymptomatic staff testing in health and social care and asymptomatic testing in hospitals is currently paused as per the Scottish Government DL (2022) 32.pdf (scot.nhs.uk). However, symptomatic and outbreak testing should be retained, alongside testing for admission to care homes and to support appropriate clinical diagnosis and treatment as previously stated.

Testing requirements in acute care settings

Testing requirements within acute care settings are described in the Hospital Testing table this includes the use of different test types in acute care settings.

Testing requirements in primary care settings

Within primary care settings (including dentistry, GP and outpatient settings), service users with confirmed COVID-19 or symptoms of COVID-19 should visit the NHS inform website for advice on stay at home guidance and testing where relevant.

Testing requirements in social, community, and residential care settings

Guidance on COVID-19 testing in care home settings can be found in PHS COVID-19 – information and guidance for social, community and residential care settings.

Testing for healthcare workers

Healthcare worker testing requirements are provided on the Scottish Government website.

Management of COVID-19 contacts during an outbreak

For acute care COVID-19 contacts should be managed as per Chapter 3, Section 3.7.5 of the NIPCM.

For community health and social care settings COVID-19 contacts should be managed as per PHS guidance.

Extended use of facemasks

Across **some** settings extended use of face masks guidance should still be used. The Scottish Government requirements can be found in 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.

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.

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.

See Appendix 17 for further information on AGPs including procedures classed as AGPs and the time required after an AGP is performed to allow the aerosols still circulating to be removed/diluted.

A poster is also available on PPE when undertaking Aerosol Generating Procedures (AGPs) within health and social care settings.

Resources

Additional COVID-19 resources include posters for service users on wearing face masks/coverings.

Appendix 1: Respiratory screening questions for use in acute care inpatient settings, acute mental health inpatient settings and community hospitals

The screening questions below apply to all service users.

Respiratory screening questions	Yes	No
Q1. COVID-19 screening question		
Have you had a confirmed diagnosis of COVID-19 in the last 10 days? If the individual answers **yes:** • Proceed with Transmission Based Precautions (TBPs). A clinical assessment of risk must be undertaken prior to early step-down of TBPs. • A laboratory-based PCR test does not need to be repeated if there is evidence of a positive laboratory-based PCR in the last 10 days. If the individual answers **no**, proceed to Q2. NB: Any person who has previously tested positive for SARS-CoV-2 by PCR should be **exempt from being re-tested by PCR within a period of 90 days** unless they develop **new** possible COVID-19 symptoms.		
Q.2. General respiratory screening question		
Do you have any of the following symptoms? • high temperature or fever • new, continuous cough • a loss or alteration to taste or smell • any other symptoms of a respiratory virus • any positive tests for respiratory infection within the last 7 days If the individual answers **yes**: • Proceed with Transmission Based Precautions (TBPs). • Obtain appropriate diagnostic laboratory samples for suspected respiratory infections. Rapid Diagnostic Testing (including POCT) or LFD may also be undertaken in addition to a laboratory-based tests to support rapid patient placement. If the individual answers **no**, Standard Infection Control Precautions (SICPs) are adequate provided there are no other known or suspected pathogens requiring application of Transmission Based Precautions (TBPs).		

Appendix 2: Respiratory screening questions for primary care settings

The screening questions below apply to all service users.

Respiratory screening questions	Yes	No
Q1. COVID-19 screening question		
Have you had a confirmed diagnosis of COVID-19 in the last 10 days? If the individual answers **yes** and the appointment urgent/necessary, then proceed with [Transmission Based Precautions (TBPs)](#) in place. If the individual answers **no**, proceed to Q2.		
Q.2. General respiratory screening question		
Do you have any of the following respiratory *symptoms? • high temperature or fever • new, continuous cough • a loss or alteration to taste or smell • any other symptoms of a respiratory virus • any positive tests for respiratory infection within the last 7 days If the individual answers **yes** to any of screening questions consider following clinical risk assessment delaying appointment, until the individual is symptom free, where the matter is non urgent or using digital consultation methods if not detrimental to the patient. Where appointment must proceed face to face, do so with Transmission Based Precautions (TBPs). If the individual answers **no**, Standard Infection Control Precautions (SICPs) are adequate provided there are no other known or suspected pathogens requiring application of [Transmission Based Precautions](#). *Information regarding additional COVID-19 symptoms can be found in the [PHS HPT guidance](#).		

Appendix 3: Respiratory screening questions for social, community, and residential care settings

The screening questions below apply to all service users.

Respiratory screening questions	Yes	No
Q1. COVID-19 screening question		
Have you had a confirmed diagnosis of COVID-19 in the last 10 days? If the individual answers **yes**, and the admission is deemed urgent/necessary, a risk assessment should be undertaken to assess the urgency and complexity of the admission. If the risk assessment deems the admission urgent/necessary, then proceed with Transmission Based Precautions (TBPs) in place. If the individual answers **no**, proceed to Q2.		
Q.2. General respiratory screening question		
Do you have any of the following *symptoms? • high temperature or fever • new, continuous cough • a loss or alteration to taste or smell • any other symptoms of a respiratory virus • any positive tests for respiratory infection within the last 7 days If the individual answers **yes**, and if the admission is deemed urgent/necessary, a risk assessment should be undertaken to assess the urgency and complexity of the admission. If the risk assessment deems the admission urgent/necessary, then proceed with Transmission Based Precautions (TBPs) in place. If the individual answers **no**, Standard Infection Control Precautions (SICPs) should be in place provided there are no other known or suspected pathogens requiring application of Transmission Based Precautions (TBPs). *Information regarding additional COVID-19 symptoms can be found in the PHS HPT guidance.		