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To  
Registered care home providers (adults and older people)

Copied to  
Chief Executives NHS Boards and Local Authorities  
Chief Officers Health and Social Care Partnerships  
Chief Social Work Officers  
Directors of Public Health  
Nurse and Medical Directors  
ARHA Scotland, Public Health Scotland, Care Inspectorate, Scottish Care, CCPS, COSLA

24 March 2022

Dear Colleagues

### **Changes to COVID-19 Guidance for Adult and Older People Care Homes**

We are writing to you with updates to guidance for Adult and Older People care homes following a review of remaining pandemic recommendations. We are grateful to you for the exceptional work you and your teams have done and continue to do in responding to the pandemic. You have brought compassion and strength in the most challenging of times, to provide care and support to some of the most vulnerable within our population.

Although SARS-CoV-2 (the virus that causes COVID-19) continues to cause challenges, we are in a much better position than this time last year due to the success of the vaccination programme (including the booster programme) and targeted treatments.

We acknowledge, however, that at present SARS-CoV-2 infection continues to represent a higher risk to some individuals who are affected by chronic diseases, older, immunocompromised or frail, including those who live in care homes, where communal living in closed settings can present its own challenges in response to infectious diseases.

Additionally, the emergence of SARS-CoV-2 variants with increased levels of transmissibility has highlighted the need for vigilance and flexibility to respond effectively, as we transition to managing life with COVID-19. However, we now have increased confidence in the vaccine boosters' ability to mitigate the risk of hospitalisation and the more severe effects of the virus, including death, from the current prominent COVID-19 variant within the community, known as Omicron.

In view of this progress Scottish Government Clinicians, Public Health Scotland (PHS) and ARHAI (Antimicrobial Resistance and Healthcare Associated Infection) Scotland with input from sector representatives have reviewed current protective measures, with full consideration of the wider impact on residents' health and wellbeing, and their human rights. The review has taken account of the Scottish Governments [Covid-19 Strategic Framework](#) (published 22 February 2022) which outlines a vision for care homes as we look to living with COVID-19.

“People living in care homes, which are essentially their homes, should be supported to enjoy fulfilled, meaningful lives free from restrictions as far as possible.”

As a result of this review, we are writing to provide an update on the changes to guidance for care homes. These changes will be reflected in SG webpages and in PHS [COVID-19 - information and guidance for care home settings](#), planned by 31 March 2022, and are summarised in the Annex 1 below in order for arrangements to be made by adult and older people care homes to adopt them. As ever, local Health Protection Teams (HPT) can be approached for advice in particular during outbreaks, as well as your local multidisciplinary oversight teams for nursing, care and IPC advice if needed.

We recommend care homes communicate these changes to their staff, residents and visitors to support implementation over the course of the next two weeks, in line with the updates to PHS [COVID-19 - information and guidance for care home settings](#) and the [PHS Covid-19 Social and Community and Residential Care \(SCRC\) guidance](#).

All guidance will continue to be kept under review. It is anticipated that the remaining protective measures such as self-isolation periods for residents (cases and contacts), and restrictions on care home visits by community groups will be reviewed again in April.

We hope these changes assist you in continuing to apply a person-centred approach to care and support for individuals. With your support we can ensure that people living in care homes enjoy fulfilled meaningful lives, free from restrictions as far as possible.



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## **Annex 1**

### **Guidance for Adult Care Homes**

- Care home services for Adults, registered with the Care Inspectorate, are now recommended to use the [PHS COVID-19 Social, Community and Residential Care \(SCRC\) settings guidance](#). This is a change from the previous recommendation to use the PHS COVID-19: information and guidance for care home settings (adults and older people).
- Care home services for older people, registered with the Care Inspectorate, are recommended to continue using existing [PHS COVID-19: information and guidance for care home settings \(adults and older people\)](#) which will be renamed to reflect that this only applies to older people's care homes.
- For clarity this means the PHS SCRC guidance covers all community and residential services except for those registered as care homes for older people. A list of these services and settings have been included in PHS SCRC guidance under Scope. This will mean that when residents in care homes covered by the PHS SCRC guidance are identified as contacts or cases, it may be possible to apply self-isolation exemption, if this is supported by the local Health Protection Team (HPT) managing the outbreak. The conditions for this exemption from self-isolation are outlined in the current SCRC guidance.
- The SCRC guidance includes more risk assessment decisions to provide flexibility to meet the needs of younger adults, who in most cases will have a lower risk of hospitalisation from COVID-19, than older adults living in care homes.
- If there is any doubt about which guidance to follow, say for homes that have a mix of older people and younger adults, the care home management should contact their local oversight teams to discuss what guidance should apply, and local HPTs for advice during outbreaks.
- [PHS Covid-19 Social, Community and Residential Care \(SCRC\) guidance](#) will be updated shortly to reflect this.

### **COVID-19 recovered residents (who have tested positive for COVID-19 and have completed self-isolation as a case)**

- Similarly to the general population, in all Care Home settings, COVID-19 recovered residents will now be exempt from LFD testing and self-isolation as a contact for 28 days after their date of onset as a case (or test date if asymptomatic). This applies after the initial period of self-isolation as a COVID-19 case. In an outbreak this may be subject to risk assessment by the local HPTs.
- The 28 day exemption applies also during an outbreak, meaning that COVID recovered residents may be able to go on outings, as assessed in line with the support requirements within their individual care plan, if the Care Home can support this.
- This is new guidance and is in addition to the 90 day exemption for PCR testing.

### **Outbreak Management**

- Residents identified as cases or contacts should isolate in their rooms, whether there is an outbreak ongoing in the Care Home or not.
- During an outbreak if a resident is not identified as a case or contact self-isolation is generally not justified, however local HPTs will advise based on their risk assessment.
- All parties should acknowledge that during an outbreak, care staff resources will be prioritised on providing care to residents within the home, including the application of outbreak measures, and will need to work together to arrange visits in a way that aims to meet the support needs, mental and physical wellbeing and rights of the individual.
- During an outbreak, it is possible for residents who have not been identified as cases or contacts, to be supported to go on outings away from the home, if this can be arranged with the care home, in line with their care plan and support needs.

- Residents in all care homes can now identify up to three named visitors to visit during an outbreak, with one named visitor visiting per day. This provides more flexibility for both residents and visitors during an outbreak. Exceptionally, two named visitors can visit at one time if support is needed by one of them, e.g. an elderly spouse. Such exceptions remain at the discretion of the care home and/or the HPT.
- Regardless of outbreak status of the Care Home or self-isolation status of the resident, essential visiting (which has no limit on number of visitors depending on the space available in the home, or frequency of visitors or length of visit, as agreed with the Care Home) should be supported to enable visits of loved ones of a resident receiving end of life care or for relief when someone is in distress.
- Essential visiting is in addition to named visitors.
- During an outbreak in a Care Home, residents who are not cases or contacts can meet in communal areas such as dining area or living room, if this can be arranged by the Care Home.
- Please note: when an outbreak is suspected, Care Homes should continue to contact their local HPT who are responsible for, declaring the start and end of an outbreak and using a risk assessment approach in providing advice to Care Homes for the management of outbreaks. As part of their role, HPTs have the discretion to vary the protective measures, on the basis of assessments and their professional judgment, in order to control an outbreak. This role of HPTs in outbreak management is governed under the Public Health Etc (Scotland) Act 2008.

### **Visiting**

- As noted in our letter of 19 January, routine visiting, in the absence of an outbreak, should continue to be supported and there should be no set limits to the number of households visiting each resident. However, the group size of family and friend visitors should be risk assessed by Care Home staff to ensure such visits are manageable. The assessment should consider factors such as the built environment of the Care Home, including ventilation, size, space and potential crowding of the area where visiting will occur, as well as staffing capacity to support such visits, COVID-19 (test and symptom), and overall levels of vaccination.

### **Use of face coverings/masks and physical distancing during visiting**

- It is important that there is understanding among staff and visitors that the lack of face coverings/masks and/or physical distancing in Care Home situations can increase the risk of viral transmission to an often frail person or to the visitor, depending on the circumstances.
- Care Homes can offer visitors transparent face masks, where these are available when residents have communication challenges. Transparent face masks are being made available through PPE hubs.
- To support the resident's mental health and wellbeing, and in discussion with the resident and Care Home staff, the visitor can choose not to wear a face covering within the residents' personal room.
- However, visitors should continue to wear face coverings (or face masks where provided) in communal areas, including when transiting through communal spaces, at all times.
- Where the resident is self-isolating as a COVID-19 case or contact and during an outbreak, visitors should wear a Fluid Resistant Surgical Mask (FRMS) as per the guidance in the [IPC winter respiratory Addendum guidance](#), provided by the Care Home, as part of their personal protective equipment.
- Residents and their visitors can choose not to physically distance from one another in the residents' personal room. However, visitors should maintain 1m physical distancing from other residents and staff at all times including in communal areas (including when

transiting through communal spaces). They should always maintain distance if the resident is self-isolating as a COVID-19 case or contact.

- In end-of life situations, when residents are receiving essential visiting, loved ones can choose not to wear a face covering or FRSM, or physically distance in all scenarios, including during an outbreak or period of self-isolation for the resident. However, they should be made aware, particularly if the resident is self-isolating, that this increases the risk to them of viral transmission.
- For clarity: all staff should continue to wear face masks as per the [IPC Winter Respiratory Addendum](#).

### **Testing**

- After outings away from the care home, routine LFD testing of residents is no longer recommended. Care homes should use the ARHAI respiratory screening questions (in Table 2 at [Winter Respiratory Infections in Health and Care Settings Infection Prevention and Control \(IPC\) Addendum](#)) to inform a risk assessment on return from visits and be vigilant of any new symptoms amongst residents.
- As outlined by the First Minister on 16 March 2022, asymptomatic testing should continue for staff in adult and older people care homes. Based on clinical advice it is advised that staff undertake a weekly PCR and a twice-weekly LFD. Note: the latter is a change to the advice that was given in December where it was advised staff should undertake working day LFDs. **Care homes should from now revert to twice weekly staff LFD testing alongside their weekly PCR testing.**
- Visitors (family and friends) to care homes should also continue to undertake an LFD test prior to a visit, either through accessing a test through the universal route or at the care home immediately prior to visit.
- Please see “Asymptomatic testing programme for social care” attachment for further details on changes to testing regimes for adult social care.