**Coronavirus (COVID-19): Residential and Secure Child Care Guidance**

**Overview**

This guidance is for organisations and their staff working in residential children’s houses, residential schools, secure care and residential respite/short break services for children and young people. It supports the management of these services, taking account of local guidance and the public health guidance.

Managers and staff should make themselves familiar with COVID-19 advice available from Health Protection Scotland and the [NHS Scotland National Infection Prevention and Control Manual](https://www.nipcm.hps.scot.nhs.uk/), and regularly review that information. Please note: Due to ongoing changes in the public health response to the COVID-19 situation it is important that the most up-to-date guidance is used, and that managers and staff are knowledgeable about current guidance. Always access guidance online wherever possible and check regularly for any updated advice.

The NHS Scotland National Infection Prevention and Control Manual which sets out best practice for infection prevention and control for all children’s residential settings is at: NHS Scotland National Infection Prevention and Control Manual: Winter (21/22), Respiratory Infections in Health and Care Settings Infection Prevention and Control (IPC) Addendum (scot.nhs.uk)..

The NHS inform website is Scotland's national health information service. It has the latest guidance about COVID-19 from NHS Scotland and the Scottish Government at <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19>. You can also sign up to Public Health Scotland’s guidance email updates to receive the latest guidance updates and ensure that you have the most recent version at: [Subscribe to COVID-19 health protection updates - COVID-19 health protection guidance - COVID-19 - Our areas of work - Public Health Scotland](https://publichealthscotland.scot/our-areas-of-work/covid-19/covid-19-health-protection-guidance/subscribe-to-covid-19-health-protection-updates/).

Measures put in place to comply with this guidance must not contravene health and safety legislation, for example, fire doors must not be left ajar to increase ventilation. If a provider requires advice on any elements of health and safety and how this may affect any planned modifications to the service, they can find out more from the [Health and Safety Executive](https://www.hse.gov.uk/scotland/index.htm) or should seek independent advice. Any measures put in place must also not contravene occupiers’ liability legislation or any other legal obligations which relate to the safety of property and those who access it. Providers should seek independent advice on those matters where required.

The information in this guidance is supported by the following annexes:

Annexe 1 - Guidance on ‘Test and Protect’ in Residential Childcare

Annexe 2 – Family visits/visits from professionals

**The context**

Staff in the residential sector play a critical role during this crisis, ensuring that children and young people are cared for, protected and sensitively informed about COVID-19 and associated measures. Public health guidance should be adhered to. Clear, open communication and teamwork with children, young people and families is critical. Self-care and reflective use of supervision are key to the resilience of each practitioner.

The approach to self-isolation (where necessary) and other aspects of care will depend on staffing arrangements, the environment of the care setting and the best interests and wellbeing of the child. Local managers should decide whether the whole setting should be treated as a single household or as multiple households, and should consider the latest legislation and guidance materials when dealing with such issues. A small residential placement is likely to be regarded as a single household, whereas a residential school spread across several, separate buildings or units, might be treated as different households.

These households, in contrast with other households, will need to have staff and other people arriving and leaving. They should review visiting guidelines for other professionals and family in line with the current and local COVID-19 restrictions, and ensure that up to date risk assessments are in place and regularly reviewed, consulting with their trade union safety representative.

Where the house or school is not located in the child’s or young person’s ‘home’ local authority, the two local authorities should liaise to ensure no child or young person is unsupported. The placing authority should make arrangements for effective and regular contact with commissioned services, and this should ordinarily take place through the lead professional.

**Staffing Issues**

Staff ratios must be maintained at a safe level to protect children and young people. All children’s residential settings should assess staffing levels on a daily basis and liaise with local authorities, the Care Inspectorate and commissioners (and Scottish Government regarding secure care) where there is a risk of staffing shortages.

It may be helpful to introduce the cohorting of staff, by assigning a dedicated team with identified groups of young people, perhaps for longer continuous periods.

All services should plan as much as possible to minimise the operational impact of individual staff or groups of staff being required to self-isolate. Use of agency or external staff should, where possible, be limited to those who are not attending other settings to avoid risk of transmission between them.

Where the education provision of a residential school is closed, which may happen on a temporary basis, the organisation should consider redeploying education staff into the care setting, ensuring appropriate support and in discussion with them and their trade union.

For staff with an underlying health condition, establishments should undertake a risk assessment based on their personal circumstances and upon the roles they play within the setting. Many will be able to work normally. If someone in the setting shows symptoms of coronavirus (COVID-19), staff with an underlying health condition should be redeployed to work in roles which do not involve contact with individuals who may have contracted coronavirus(COVID-19). Employers and staff may wish to use [Coronavirus (COVID-19): guidance on individual risk assessment for the workplace](https://www.gov.scot/publications/coronavirus-covid-19-guidance-on-individual-risk-assessment-for-the-workplace/) to ensure the necessary supports are in place.

All staff should ensure that they follow public health guidance, wash their hands frequently, sneeze or cough into a tissue disposing of it into the nearest waste bin, and self-isolate at home if they or a member of their household becomes ill.

Personal clothing worn at work should be washed each day at the highest temperature compatible for the fabric using laundry detergent. Staff should wash their hands with soap and water after handling dirty laundry.

If personal laundry is taken to a laundrette, where staff have been involved in household isolation it should be bagged first for 72 hours.

Testing of staff will be carried out as per guidance issued to NHS Boards.

**Public Health Measures** The NHS Scotland National Infection Prevention and Control Manual: Winter (21/22), Respiratory Infections in Health and Care Settings Infection Prevention and Control (IPC) Addendum (scot.nhs.uk). ets out best practice for infection prevention and control, and provides COVID-19 specific infection prevention and control guidance for community health and care settings, including residential children’s homes and stand-alone residential respite/short break services for children.

It is recognised that physical distancing is not desirable or practical within the residential setting, but staff and young people should discuss and implement practical measures to help keep everyone safe.

To ensure that the risk of virus spread is as low as possible, children’s houses, secure care centres, schools and residential respite/short breaks services should:

* Openly and calmly discuss the virus and associated measures with children and young people in the household.
* Talk to each young person to shape their individual support plans, and to help them feel heard and valued; and link with their social worker and family, to identify how to support them to stay healthy, planning ahead to promote positive attitudes and behaviours that can mitigate risk.
* Inform parents and local communities about the measures that are being taken, and get their help to implement them.
* Plan and organise events and activities that help make the setting an interesting and safe place for children and young people to be.
* Ensure all staff and children wash their hands with soap and water for 20 seconds frequently, and are encouraged not to touch their face, while using a tissue or elbow to cough or sneeze, and using bins for tissue waste.
* If children or young people have trouble washing their hands, ensure help is available.
* Ensure regular cleaning of surfaces in communal areas using household detergents active against viruses and bacteria.
* Consider how to appropriately clean toys, IT and play equipment, and other items used by children and young people.
* Provide advice on who should visit the establishment and when. Give clear guidance to all visitors, including enabling them to make use of a hand sanitiser or access to soap and water.
* Consider how staff, children and young people travel outwith the establishment, and reduce any unnecessary travel on coaches, buses or other public transport, while fulfilling their right to daily exercise.
* Review Fire and Evacuation procedures, to ensure that groups of children and young people who may or may not have COVID-19 can be kept separate.

Noting that many alternative education arrangements will be in place in residential schools, consideration should also be given to [Coronavirus (COVID-19): guidance on reducing the risks in schools - gov.scot (www.gov.scot)](https://www.gov.scot/publications/coronavirus-covid-19-guidance-on-reducing-the-risks-in-schools/)

‘Test and Protect’ is a necessary element of the range of public health measures to suppress transmission of COVID-19 infections through contact tracing. However, this presents challenges for the management of residential child care, that service providers will need to plan for, as set out in Annex 1.

Establishments should ensure they have good links with the local Health Protection Team, and make contingency plans for these situations. Contact details of local Health Protection Teams can be found in Appendix 1 of the [Social, Community and Residential Care Settings guidance](https://hpspubsrepo.blob.core.windows.net/hps-website/nss/3045/documents/1_covid-19-guidance-social-community-residential-care.pdf).

**Face Coverings**

It remains the case that the primary aim of children’s residential care is to create an environment where a child can feel safe at home with carers they trust and have a relationship with.

The use of opaque face coverings, whilst working with children and young people in their home, can be balanced with the wellbeing and needs of the child, recognising that face coverings may limit communication and could cause distress to some children.

Unless exempt, staff and visitors to residential houses, schools and secure care centres must wear face coverings whilst in communal workspaces that do not involve frequent contact with children and young people. These workspaces will include administration/management areas and any other area of the resource where children and young people do not routinely visit.

Current guidance on face coverings can be found here:

<https://www.gov.scot/publications/coronavirus-covid-19-phase-3-staying-safe-and-protecting-others/pages/face-coverings/>

Current guidance on face coverings at work can be found here:

<https://www.gov.scot/publications/coronavirus-covid-19-returning-to-work/pages/employers/>

Any decisions on the use of PPE are dependent on individual assessments taking place as part of the child’s plan, and involving all partners to that plan. The assessment and plan will take into account any individual health needs the child has in relation to COVID- 19, and balance them with any detriment to wellbeing that may occur if residential staff are wearing PPE. Similarly any assessment has to take into account the particular health needs of staff members and any increased risk that may occur if they do not wear PPE.

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

**Self-isolation for Social Care Staff**

Within social care a high number of staff isolating would put additional pressure on already fragile services, therefore, we would like to emphasise the current guidance for Social Care which includes social workers and essential residential childcare staff (and Health Care Staff). Health and Social Care staff are eligible for the self-isolation exemption. Further information is available online at: [NHS Inform: Coronavirus (COVID-19): Self-isolation exemption for health and social care workers](https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/test-and-protect/coronavirus-covid-19-self-isolation-exemption-for-health-and-social-care-workers).

Health and Social Care staff who have been in close contact with a positive COVID-19 case are eligible for exemption from self-isolation if they meet all of the following conditions:

* Have been double-vaccinated and have received a COVID-19 booster vaccination at least 14 days from the last exposure to the case;
* Have had a negative PCR test where the test is taken as soon as possible after exposure;
* Are not currently self-isolating as a COVID-19 case;
* Do not have COVID-19 symptoms ([Coronavirus (COVID-19): General advice | NHS inform](https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-general-advice));
* Have not been identified for self-isolation under travel regulations.

If a staff member declines daily LFD testing they must not return to work in a physical setting and instead should work from home, where that is possible, during the 10 day isolation period. Staff are advised that they should also follow the Scottish Government guidance on isolating after the initial close contact, when they are not at work or carrying out work related activities.

#

**Supporting children and young people**

The COVID-19 outbreak has been challenging for everyone, and research confirms that it has been especially challenging for young people.

Particular account should be taken of the mental health needs of children and young people during the crisis, and much helpful information is available on line from authoritative sources. Here are some points to consider:

* Listen and acknowledge: Children and young people may feel less anxious if they are able to express and communicate their feelings in a safe and supportive environment.
* Provide clear information about the situation: The best way to help children feel safe is by talking openly about what is happening and providing honest answers to any questions they have.
* Acknowledge the situation: this is their home, but because they are cared for by staff they have to work together to understand how to apply government guidance to this special environment.
* Be aware of your own reactions: Remember that children and young people often take their emotional cues from the important adults in their lives.
* Create a new routine with the children and young people: routine gives children and young people an increased feeling of safety in the context of uncertainty, so think about how to develop a new routine – especially if children are not attending an educational setting
* Consider their exposure to media coverage of the crisis, and encourage them to talk about what they have seen and heard.

[Young Scot](https://young.scot/campaigns/national/coronavirus) has produced information for children and young peoplethat helps to explain the coronavirus, including a ‘jargon buster’ and self-care tips.

[Parent Club](https://www.parentclub.scot/topics/health/coronavirus?age=0) has also produced information and resource pages on COVID-19 on their website.

It is recognised that children and young people may find the pandemic restrictions particularly hard because of the difficult and often emotionally fraught, circumstances which led them to be in care, and that they may be at increased risk of harm if they go missing. A [joint statement](https://socialworkscotland.org/briefings/joint-statement-children-and-young-people-who-go-missing-from-care/) has been agreed by Police Scotland, Social Work Scotland and the Scottish Government to protect children and young people who go missing from care.

**Caring for a child or young person with possible or confirmed Covid-19**

It is important that adults working with children in residential care speak to them about COVID-19 in a way that helps them understand the dangers associated with the virus and about how to keep themselves and others safe. This should include information explaining how any outbreak would be managed in the establishment, which includes a discussion about what PPE is, what it looks like and its purpose in helping keep everyone safe.

If any child or young person displays COVID-19 symptoms and subsequently has a positive result from a PCR test, they should self-isolate within the establishment for at least 10 days from when the symptoms started. Other residents in the same household should remain in isolation for 10 days. (The residential respite/short break services section of this guidance should be followed for children staying in these settings.)

It may be in the best interests of a very small number of young people to self-isolate at their family home. This should only happen as part of a child’s plan and in agreement with the child’s social worker. On returning there, that household would require to begin a period of whole household isolation for 10 days, following the guidance on NHS Inform.

Where a child self-isolates within the establishment, staff can continue to enter and leave the establishment as required, following the [Social, Community and Residential Care Settings Guidance.](https://hpspubsrepo.blob.core.windows.net/hps-website/nss/3045/documents/1_covid-19-guidance-social-community-residential-care.pdf) This will need to be sensitively explained to the children and young people. Consistent staff rotas should be used where possible and staff should follow infection control procedures.

Children and young people may find it difficult to be confined to certain rooms. Establishments should consider how they best support the children and young people to achieve this, including staffing arrangements, resources and proactive discussions with all of the children and young people as a group.

The establishment should complete an appropriate risk assessment for the child and young person who has symptoms. The risk assessment should take into account the child or young person’s views, their emotional and health needs, the staffing arrangements and physical layout.

Ideally, children and young people with suspected or confirmed COVID-19 should be cared for in a single room or discrete area with en-suite facilities. Staff should be present in this area as required by the risk assessment. Entry and exit from the area should be minimised.

If en-suite facilities are not available, then the establishment must consider what bathroom the child or young person should use. If possible, a bathroom should be designated for the exclusive use of the child or young person. If this is not possible, then guidance on infection control must be strictly adhered to at all times.

The establishment should designate staff to support the child or young person. As far as possible, only these designated staff should enter the area being used.

Staff entering that area should wear Personal Protective Equipment, which is likely to involve disposable gloves, disposable plastic apron and face protection (see Table 2 in the guidance). PPE should be disposed of by being double bagged and dated, and left for 72 hours before being placed into the general waste.

Services can access PPE at their local Health & Social Care Partnership Hub. In addition, services registered with the Care Inspectorate can contact the triage centre at 0300 303 3020.

Staff should explain to the child or young person why they are wearing this equipment, give the child or young person their own set of PPE if appropriate, and should take steps to minimise the child’s or young person’s distress.

Infection control procedures should be stringently followed. This includes procedures for the disposal of soiled items; laundering of any clothes, towels or linen; and cleaning equipment for children and young people, such as hoists and wheelchairs.

Staff should continue to manage prescribed medication and over the counter remedies for children and young people as set out in organisational policies and procedures.

The child or young person should be given accessible information about COVID-19 and the arrangements that meets their needs.

Children should be supported to have continued appropriate written, telephone and online contact with family and friends.

Further advice on a child’s or young person’s health care and emotional wellbeing should be sought from clinical colleagues in the Team around the Child, or from the local Health Protection Team, the child’s GP or the designated 111 telephone number.

**Children and young people being moved between or to new care placements**

Where children are being received into care, or are moving between placements, it will be necessary to take account of necessary aspects of their care in relation to COVID-19, including whether it is helpful to test the child for the presence of coronavirus. This may also be considered where a child has returned from having absconded to unsafe situations and where the risk of infection has been unclear.

A decision on whether it is appropriate for a child in such situations to be tested is a clinical decision, informed by information on the context, clinical needs and urgency of the situation and appropriate risk assessment by the social work professionals and the local public health team. The Chief Social Work Advisor and Director for COVID-19 Testing have [issued advice](https://socialworkscotland.org/wp-content/uploads/2020/05/Covid-19-testing-and-care-placements-Letter-to-CSWOs-and-directors-of-public-health.pdf) regarding this.

Establishments should take account of the advice in this guidance when managing admissions. They should undertake individual risk assessments, based on the circumstances of each young person, and should not apply blanket rules to admissions. These processes should be discussed with the young person, lead professional and placing authority, to ensure they are aware of the admissions process and able to contribute their views about it.

**Residential respite/short break settings**

Self-isolation exemptions as detailed in the relevant section above also relate to staff working in residential respite and short break settings.

# The Scottish Government’s focus remains on supporting local authorities and other service providers to ensure children and young people receive the support they need in an enjoyable and dignified way, while meeting the requirements of all core public health measures in relation to hygiene, and the prevention and control of the spread of infection.

# The Cabinet Secretary for Health and Sport and the Minister for Children and Young People [wrote to Health and Social Care Partnerships and others on 3 August 2020](http://www.gov.scot/publications/coronavirus-covid-19-letter-to-health-and-social-care-partnerships/) advising that registered day care and stand-alone residential respite services can re-open, subject to local sign-off. This was followed by a further [update](https://www.gov.scot/publications/coronavirus-covid-19-residential-respite-services---letter-from-the-cabinet-secretary-for-health-and-sport-and-the-minister-for-children-and-young-people-2/) on guidance to support the remobilisation of stand-alone residential respite/short break facilities for both children and adults on 23rd September 2020.

Due to the variety and range of settings used as residential respite/short break services, individual services must identify and set out the capacity for their setting. This should be considered through the risk assessment for the service, taking account the full range of factors including, but not limited to: the size and layout of the setting; the clinical vulnerability of those attending the setting; the staffing profile; arrangements for hand hygiene facilities and environmental cleaning (careful consideration should be given to the cleaning regime of specialist equipment and sensory rooms); and the capacity and ability to maintain physical distancing. If there are particular concerns or difficulties e.g. large proportions of highly vulnerable individuals, then the local Health Protection team can be contacted for advice. This will need regular review over the course of the pandemic.

# Services may need to operate at reduced capacity compared to before COVID-19. It will therefore remain vital to maximise the availability of other forms of support alongside re-opening residential respite/short break services.

# If a child is unable to, or the child and his/her family choose not to, attend the service for any reason, consideration should be given to what other support may be available to them in order to meet their needs. Children and their families should be fully involved in all decisions about the support that would suit them best, and those eligible for social care support may wish to explore whether moving to a different self-directed support option would support their goals. Guidance on this is available [here.](https://www.gov.scot/publications/coronavirus-covid-19-guidance-on-self-directed-support/)

# Coordination and communication with all partners will be key to successful remobilisation. Service providers, whether they are local authority, private or independent services, should ensure that they are properly engaging with their local Health Protection team and the Care Inspectorate to ensure the safety of all those attending. They should also engage with their staff, the children and their families regarding the re-opening of the service, and the modifications that will be required. This is key to ensuring decisions made are suitable, and staff, children and their families feel comfortable and confident in returning to the setting.

# Decisions regarding the re-opening of services must be made at a local level. Services should undertake a risk assessment, bringing in the local authority, Health Protection team and the Care Inspectorate, if required.

# Service risk assessments are expected to consider all risks identified in respect of COVID-19 so that measures can be put in place to control those risks for everyone, and must have regard to the [COVID-19: Information and Guidance for Social, Community and Residential Care Settings guidance](https://hpspubsrepo.blob.core.windows.net/hps-website/nss/3045/documents/1_covid-19-guidance-social-community-residential-care.pdf) from Health Protection Scotland.

# Each local partnership should consider the risk assessments and arrangements for the re-opening of a service. This should take place as part of the local oversight arrangements, involving the Director of Public Health, Chief Social Work Officer and other senior officers.

# Once all partners are content the appropriate modifications have been made and risk assessments undertaken prior to re-opening a registered support service, the Care Inspectorate must be advised. This is managed through a “Changes to Service Delivery due to Coronavirus (COVID-19)” notification. This informs the Care Inspectorate about operational changes specifically related to COVID-19. This notification is available through the Care Inspectorate’s [eForms.](https://eforms.careinspectorate.com/)

# Services that do not update their status, will be considered as closed by the Care Inspectorate.

# Services intending to re-open should make themselves familiar with changes to the Care Inspectorate’s notification process as well as any new guidance that has been developed while the service has been temporarily closed. Services should also consider if there are any changes to the conditions of their registration that need to be discussed with the Care Inspectorate.

# If regular statutory building/property maintenance or testing was due to take place during the closure and has not been undertaken, then it must be carried out before the building is re-opened as the Health and Safety Executive will expect 100% compliance.

# Services are strongly encouraged to involve staff, those who use the service and their families in the development of plans to re-open and in any subsequent reviews which should take place on a regular basis, or when any significant change is required.

# For staff, this will ensure they understand and follow any new procedures required to reduce the risk of spreading the infection and keeping themselves and those who use the service safe. Plans should be communicated to all staff. This must include those who are employed within the service but do not provide direct care to supported people such as ancillary, administrative, catering or cleaning staff.

# For children and their families, effective communication will mean they know what to expect when they return to the service. It should help them understand any modifications made and the rationale behind them. This is particularly important where there are new routines and procedures that people will need to understand and follow.

# In deciding who attends for a short break, providers will need to consider the supported person’s individual needs, behaviours and ability to deal with and understand social distancing restrictions, and how these may impact on self or others. If capacity has been limited in the setting, services may have to consider prioritising those who are most in need of support at this time, taking into consideration the level of risk for each individual. Children and their families must be fully involved in these conversations and decision-making.

# Every child and young person will have different levels of required support. Child’s plans and risk assessments should already exist for children and young people attending residential respite/short break facilities. These individual risk assessments should be updated as a matter of priority in light of any changes to provision such as environment and staffing, and the individual needs of the child or young person. Risk assessments for the safe short stays of individual children and the consideration of measures which need to be in place for these stays should be undertaken in partnership with the young person, their parent/carer, the young person’s Social Worker (or other lead professional) and other identified partners to the child’s plan.

# Where the need for PPE has been identified in these risk assessments, it should be readily available and provided and staff should be trained on its use. The use of PPE by staff should be based on a clear assessment of risk and need for an individual child or young person, such as personal care, where staff come into contact with blood and body fluids or lift children and young people.

# In order to support NHS Scotland’s Test and Protect service, services should collect the details and visit dates of those who are accessing the setting. This includes staff, the children using the service, accompanying care workers and unpaid carers or family who enter the setting. More information on this, including on registration with the Information Commissioner’s Office, the lawful basis for data collection and managing data can be found in the [Coronavirus (COVID-19): tourism and hospitality sector guidance.](https://www.gov.scot/publications/coronavirus-covid-19-tourism-and-hospitality-sector-guidance/pages/collecting-customer-contact-details/#customerrecords)

Where a short stay is agreed, then it is important to ensure the child will not be arriving from a place where a household member has COVID-19 symptoms or diagnosed with COVID-19 (whether they have symptoms or not). Staff, children and their family should also not attend the setting if someone they have been in contact with has developed symptoms or tested positive for COVID-19. In these instances, they should follow the Test and Protect guidance.

If a child or young person becomes ill with COVID-19 symptoms while in the setting, arrangements should be made to allow them to isolate immediately, ideally in a ventilated space, , and arrangements should be made with the child or young person’s carer/parent for them to go home when it is safe to leave. They should follow the [guidance for households with possible coronavirus infection](https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/test-and-protect/coronavirus-covid-19-guidance-for-households-with-possible-coronavirus-infection) and arrange to get tested. Where space allows, contact between the child or young person, and any other individual in the setting should be prevented. Care must be taken however for the appropriate levels of supervision of, and support for, all individuals at all times.

If it is an emergency, an ambulance should be called via 999 and the call handler should be informed that the unwell person may have COVID-19.

Any cases of COVID-19 in a member of staff or child/young person that has been in the service should be reported as set out in the Test & Protect guidance in Annexe 1.

**Annex 1: Guidance on ‘Test and Protect’ in Residential Childcare**

‘Test and Protect’ is a key component of the range of public health measures adopted in Scotland to suppress transmission of COVID-19 infections. However, this presents new challenges for the management of residential child care, that service providers will need to plan for.

If a residential child care worker (for the purposes of this guidance a “residential child care worker” is interpreted in the widest sense and includes all staff working with children and young people in the residential setting, including education and ancillary staff) or young person has suspected or confirmed COVID-19, they should self-isolate and undertake a PCR test.

If the staff member or young person tests positive, a contact tracer will then assist them to identify who they have been in close contact with in the 48 hours prior to symptom onset, up to the point when they self-isolated. The residential setting may be asked by the contact tracing service, or the local health protection team, to assist with the identification of close contacts.

**Self-Isolation**

**Please refer to the relevant section on self-isolation exemptions above.**

**Local Arrangements for Managing Test & Protect in Residential Child Care**

Process for informing local Health Protection Team (HPT)

Local residential managers and/or service managers will inform the relevant HPT of any situations where staff and/or children/young people have tested positive, are symptomatic or are already self-isolating, whilst maintaining confidentiality and adhering to data protection and other relevant laws.

These communications should start at the earliest possible opportunity to enable preventative and early support to be activated. Early support and intervention is crucial and can avoid a situation escalating to a point where whole staff groups have to self-isolate or a residential house or care centre has to be temporarily closed.

Any situation where a member of staff or child/young person has tested positive will be considered as “complex case”. Health Protection Scotland guidance in relation to contact tracing in complex settings can be accessed here.

[COVID-19 Contact Tracing Guidance (including complex settings) (publichealthscotland.scot)](https://www.publichealthscotland.scot/media/3308/covid-19-contact-tracing-guidance-hpt-v35.pdf)

The Care Inspectorate should also be informed in line with their [Covid-19 outbreak notifications](https://www.careinspectorate.com/index.php/news/5825-covid-19-outbreak-notifications)

Process for involving the house or centre manager in planning and delivery of any response by the HPT and any involvement of a Problem Assessment Group (PAG) or an Incident Management Team (IMT)

Arrangements should be agreed with the relevant HPT for local house or centre managers to be involved from the beginning to plan and implement bespoke local solutions, to ensure continuity of residence and care for young people as far as possible. This will be particularly important if a PAG or IMT is required.

Guidance on the management of public health incidents can be located here:

[Management of Public Health Incidents: Guidance on the roles and responsibilities of NHS led incident management teams - Management of Public Health Incidents: Guidance on the roles and responsibilities of NHS led incident management teams - Publications - Public Health Scotland](https://www.publichealthscotland.scot/publications/management-of-public-health-incidents-guidance-on-the-roles-and-responsibilities-of-nhs-led-incident-management-teams/management-of-public-health-incidents-guidance-on-the-roles-and-responsibilities-of-nhs-led-incident-management-teams/)

The continuation of relationship based care provided as far as possible by residential care workers who are well known to children and young people who have experienced trauma is of paramount importance. Therefore bespoke local solutions to continue these relationships for children and young people involving local residential staff and management and the HPT can be crucial for the wellbeing and best interests of children and young people.

Process for involving other key partners e.g. the young person’s Social Worker (Lead Professional) and all other identified partners to the Child’s Plan

The local house or centre manager is responsible for informing the relevant local authority social worker as soon as possible after a young person has tested positive or is symptomatic, alongside other relevant partners to the child’s plan. The other relevant partners to the child’s plan should be kept updated and involved as appropriate by the local manager and local authority social worker of any short term changes to a child/young persons living arrangements or care provision.

For those children/young people subject to a Compulsory Supervision Order, the local authority social worker is responsible for leading on any emergency procedures e.g. emergency move/change of residence that involves the Scottish Children’s Reporter Administration and the Children’s Hearing.

Support for staff.

Support should be given to a staff member to self-isolate. This may also involve the social care staff support fund if appropriate, when sick pay is to be part of the support package for a staff member. Details of the fund are available at: <https://www.gov.scot/publications/coronavirus-covid-19-social-care-staff-support-fund-guidance/pages/eligible-workers/>

**Contingency Planning**

As indicated in the residential child care guidance, services should make risk assessed plans for dealing with coronavirus, including contingency arrangements for both children and staff who may have to self-isolate.

Contingency arrangements should include possible redeployments of staff to cover emergency shortages in residential houses/care centres. This may not be immediately possible in grant aided, privately owned or voluntary sector residential resources. The Scottish Social Services Council resource of available registered staff can be utilised in these circumstances.

**Testing**

It is important to note that testing is not a solution in itself to a situation where staff or young people have to self-isolate. A negative test only indicates that a person is not infectious on that day; they could still be incubating the virus and become infectious in the days to follow.

At present testing is a relatively invasive medical procedure involving swabs being taken from either the nose and/or throat. Discussions with children and young people should therefore take place beforehand to prepare them for the procedure, and wherever possible a staff member who the child or young person knows and trusts should be present to provide support throughout the process.

Children, young people and residential staff should have access to Lateral Flow Tests and staff should take a LFT before any work shift. This is particularly important if the staff member is part of the exemption to self-isolation procedure as outlined in the relevant section above. If a child, young person or staff member is symptomatic they should self-isolate and undertake a PCR test.

.

**Annexe 2: Family Visits and Visits by Professionals**

Planning and facilitation of family contact/professional visits

It is important that children and young people are encouraged to maintain contact with their friends and families during this period. Visits by family members should be managed in a way that is safe, taking account of physical distancing and hygiene measures. Where face to face contact is not possible, some form of contact using technology should be arranged, provided that can be managed safely. Staff should encourage contact via media platforms and also find creative ways for children to keep in touch, e.g. writing letters or cards to families.

All providers of residential services should review and reiterate their guidance on visits by family members and other professionals. [The Scottish Government Coronavirus (COVID-19): looked after children and young people – family contact](https://www.gov.scot/publications/coronavirus-covid-19-looked-after-children-and-young-people---family-contact/) provides useful guidance about essential contact. This guidance also references the collaborative document published by Social Work Scotland, [SWS Contact Framework](https://socialworkscotland.org/publication/connections-for-wellbeing/), which sets out the principles and framework within which decision makers can consider each child’s individual needs and circumstances in the context of public health measures.

Significant and essential visits by family members and professionals to the residential house or care centre should be facilitated but there should not be open access or frequent visiting until it is safe to do so. A visit that is deemed essential for the safety and wellbeing of a child must be organised in compliance with infection control advice, so that it does not compromise the health and safety of others. The frequency of visits should be carefully considered as part of the child’s plan, and consideration should be given to parts of the building that can be easily accessed where physical distancing and hygiene measures can be implemented, including face coverings if deemed appropriate. Innovative use of outdoor meeting spaces, sports fields etc. should be considered if possible.

Non-essential visits to the residential house or care centre should not take place, and any visitor intending to visit the house or care centre should normally contact the manager in advance to agree a plan. This also helps ensure records of potential close contacts are more readily available in the event of a positive case/s.

If information emerges following a family contact visit that any member of the visiting family has been in close contact with either a staff member or child/young person who subsequently tests positive within the next 14 days, then that visiting family member should be informed immediately. The contact tracer should also be informed by the person who has tested positive or someone acting on their behalf with their knowledge and permission.

Continuing family contact arrangements for a young person who is self-isolating or has to be moved to alternative accommodation

Existing safe family contact arrangements for children/young people in these circumstances will be very important to stabilise their personal situation. The innovative, safe use of social media and IT platforms to enable family contact should be considered if a child/young person has to self-isolate or is placed in alternative accommodation.

If a visiting family member or professional has tested positive, is exhibiting symptoms or subsequently tests positive

If a family member has informed the residential house or care centre that they have tested positive they should not be permitted to enter the premises. Future contact for family members who have tested positive should only resume after the mandated period of self-isolation.

If the manager of a residential house or care centre is concerned that a safe contact cannot take place under any circumstances, then the contact should not normally go ahead. The local authority social worker should be contacted at the earliest opportunity. Discussions should then be led by the local authority social worker involving all partners to the child’s plan to consider future safe contacts.

If a visiting professional who has been in close contact with residential staff and/or young people subsequently tests positive or subsequently displays symptoms, then they should inform the residential house or care centre immediately.