**Coronavirus (COVID-19): Social Work and Social Care - safe and ethical practice during the pandemic**

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| v 10/7/20 | Reflected relaxation of lockdown measures & wider range of social work & social care services |
| v 17/8/20 | Reflected relaxation of lockdown measures and wider range of social work and social care services |
| v 7/1/21 | Reflects Scotland’s Strategic Framework from November 2020; First Minister’s statement of 4/1/21; infection control and test and protect phrasing updated; references updated and supplemented |
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| V 21/12/21 | Reflects updated guidance on self-isolation exemptions for social work and social care staff issued in the light of the omicron variant. |

**Purpose**

1. This guidance is for managers, social workers and social care workers undertaking home visits and other face-to-face direct contact with service users and significant others in community settings.
2. Since the onset of the pandemic Scottish Government expects that existing statutory duties and multi-agency action will continue to be conducted in line with clinical guidance. When direct contact is required in order to fulfil statutory duties, public health advice must be followed. There will be many ways that social work and social care can continue to support people, without the need for face-to-face contact, however in the interest of public safety it will also be essential to balance the need to protect, support and supervise, with the need to avoid causing harm by spread of infection.

**Context: Omicron Variant of COVID-19**

1. The Omicron variant of COVID-19 is increasing in prevalence and case numbers are growing across the country. In the light of this and the potential impact on the workforce enhanced measures have been introduced with regard to self-isolation for social work and social care workers.
2. Infection control is dependent on everyone following [FACTs](https://www.gov.scot/publications/coronavirus-covid-19-facts-poster-including-translations-and-accessible-formats/) measures and advice on the NHS inform website. To help stop the virus spreading you should:
* wear a face covering
* avoid crowded places
* clean hands and surfaces regularly
* stay 2m away from other people
* self-isolate and book a test if you have COVID-19 symptoms
1. We wish to ensure that direct contact with individuals and their families continues where necessary, particularly if there are child or adult safety concerns. As we move through different phases of the crisis, extension or limiting direct contact with service users must reflect and respond to need, taking in to account the impact of the pandemic on individuals and families; changing local and national conditions; and the most current public health advice. Extensions and restrictions should take place as part of co-ordinated arrangements with local partners, wherever possible building on the relationships that are already in place.

**Safe and ethical practice**

#### [Coronavirus (COVID-19): guidance on individual risk assessment for the workplace - gov.scot (www.gov.scot)](https://www.gov.scot/publications/coronavirus-covid-19-guidance-on-individual-risk-assessment-for-the-workplace/#risks)(9/11/20) provides general advice.Staff who have concerns relating to their health about attending work should seek an Occupational Health referral, or discussion with their GP or clinical specialist for more advice.

1. Staff must have appropriate training in relation to use of PPE and other infection control measures. Assessment of need and risk is needed for each proposed instance of direct contact. Full understanding of and compliance with mitigation measures and appropriate risk assessment including decisions about whether a home visit is essential or whether the contact could be made in other ways is the important factor here rather than default to a particular additional measure.

**Self-Isolation Exemption Guidance**

1. Within social work and social care a high number of staff isolating would put additional pressure on already fragile services, therefore, we wish to emphasise the current guidance which includes social workers, social work assistants and all front facing staff who have been in close contact with a positive COVID-19 case are eligible for exemption from self-isolation if they meet certain conditions. 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)
2. 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.
1. If staff members are exempt from isolation under the above conditions, they would be expected to return to work, applying the following mitigations:
* The staff member performs a daily LFD test for 10 days following their last exposure. This applies to all staff, even those who have tested positive by PCR for COVID-19 within 90 days.
* If the index case is a contact of a household member, the daily LFD testing will begin from the date the household contact develops symptoms or the date of their positive test (LFD or PCR) if asymptomatic.
* If the LFD is negative, they can return to work and continue with daily LFD testing as outlined above.
* If their LFD test is positive then they should self-isolate and undertake a PCR test. If the PCR is positive they should continue to self-isolate for 10 days from the date of the positive LFD. If that PCR is negative, they can return to work and continue with the daily LFDs to the completion of the original 10 day period. These are complex risk assessments and support from Occupational Health or Public Health teams is available.
* The staff member must record the results of the daily LFD [http://www.covidtestingportal.scot](https://nhsnss.service-now.com/covidtesting)/ and inform their manager of the result.
* If the LFD result is positive the staff member should isolate and seek a confirmatory PCR. Adherence and reporting of daily LFD tests should be supervised by the line manager of the staff member.
* Early identification of cases is even more important with the Omicron variant and we are strongly encouraging **all** health and care home staff to test daily
* Staff members must, as always, adhere to infection prevention and control appropriate to the setting in which they work.
* PPE should be worn in accordance with the relevant Scottish COVID 19 IPC addenda (for information on Acute, Care Home and Community Health and Care Settings follow this link: [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)](https://www.nipcm.scot.nhs.uk/winter-2122-respiratory-infections-in-health-and-care-settings-infection-prevention-and-control-ipc-addendum/)

**Risk assessment**

1. All direct contact should be risk assessed and planned in advance, taking account of local guidance and the public health guidance.
2. Further information should be assessed at the commencement of the contact.
3. The risk assessment should take account of:
* The purpose of the visit or contact, as part of the child or adult’s plan.
* How challenging this could be for the people involved, and what impact it might have on the safety of staff and others.
* What information can be ascertained in advance from family and other sources.
* What is known about the health status of all in the household or location where meeting will occur.
* What is known about available space within the home or location where the meeting will occur.
* Whether anyone likely to be present at the home/location has symptoms or a diagnosis of COVID-19.
* Whether anyone is isolating as contacts of persons who have symptoms, whether in the household or not
* Who will ensure the advance understanding of those involved about infection control/physical distancing and the purpose of the visit.
* How the people to be visited, want the visit to be managed - if possible, discuss available choices with them, to maximise their sense of control and self-management.
1. Where someone being visited may be symptomatic of COVID-19 or has a confirmed diagnosis, and the visit remains essential, those undertaking the visit should use appropriate PPE, according to current guidance and strictly adhere to other infection prevention measures, including good hand hygiene and maintaining 2m physical distancing, wherever possible.
2. Where there are concerns about the quality of information regarding the symptoms of people who are in a household, it would be appropriate to develop a visit plan based on the assumption that people are symptomatic.
3. Where anyone in the household meets the criteria for shielding PPE must be worn for the protection of that person. Social work staff should: use fluid resistant face masks; ensure full compliance with mitigation measures for hand hygiene and 2m distancing; and use further PPE only if personal care is required. Risk assessment should support decisions about when and how to make appropriate use of additional PPE if required.
4. **A direct contact or visit plan should**:
* Make clear the purpose of the visit.
* Take account of how the people to be visited want the visit to be managed.
* Take account of the need for hand hygiene.
* Adhere to current guidance on the use of face coverings or Fluid Resistant Surgical Masks (FRSM) appropriate to the setting being visited and current Scottish Government advice*.*
* Confirm PPE requirements for those involved, which may involve disposable gloves, disposable plastic aprons and face protection (in line with public health guidancei).
* Consider contingency arrangements for access to PPE if it should become necessary.
* Where PPE may be required, ensure understanding of the section of the guidance: ‘Putting on and removing Personal Protective Equipment’.
* Include transport arrangements that minimise health risk.
* Consider optimal use of indoor and outdoor space.
* Anticipate possible outcomes and resourcing/safe management of outcomes.
* Have the agreement of the accountable line manager.
* Comply with lone working protocols, if applicable.
* Maintain records to support contact tracing in the event of symptoms arising.
1. **Infection control during home visit or contact**
* Check on arrival if there is any new information that suggests anyone has symptoms.
* Hands must be washed for at least 20 seconds prior to, at the commencement of, and immediately after the visit, using soap and water or hand sanitiser.
* Practitioners should avoid touching surfaces, avoid touching their own face, and keep two metres away from other people.
* Ensure adherence to any requirements for face coverings or face masks.
1. Those who are being visited are likely to be more anxious than normal. A first and necessary step is to acknowledge their feelings and experience.
2. Staff should provide information and convey reassurance, care and respect, considering the support needs and understanding for all involved.
3. Where someone who is due to be visited refuses to allow this to take place in a safe way, appropriate options should be considered with supervisory managers.

**Disposing of PPE**

1. Where PPE has been worn during a visit to a household where someone may be symptomatic or has a confirmed diagnosis, the PPE should be double bagged and dated, and left in the household for 72 hours before being placed into the general waste.
2. If the service user is not symptomatic or thought to have contracted COVID-19, the PPE can be discarded into the normal bin at the household.

**Access to PPE**

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

**References**

NHS Inform: [Coronavirus (COVID-19) in Scotland | NHS inform](https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19) is the best place to locate all the most recent guidance and advice in relation to COVID-19