



Registered care home providers (adults)
Adult care home staff

Copied to
Chief Executives Local Authorities
Chief Officers HSCPs,
Chief Social Work Officers
Directors of Public Health,
Executive Directors of Nursing
ARHAI Scotland, Public Health Scotland, Care
Inspectorate, Scottish Care, CCPS, COSLA

19 January 2022

Dear Colleagues

Updated guidance on self-isolation for residents in adult care homes (precautionary self-isolation and cases/ contacts) and indoor visiting.

Following a review by Public Health Scotland (PHS) of the self-isolation recommendations for people living in adult care homes and the First Minister's announcement on households meeting indoors, we want to provide you with an update. These updates will shortly be reflected in [PHS care homes guidance](#) but are summarised below in order for arrangements to be made by adult care homes to adopt them following consultation with their local Health Protection teams, where necessary.

1. Reduction in isolation periods

i) Residents who have COVID-19 or who are contacts of COVID-19 cases

- The isolation period for care home residents who become infected with COVID-19 (COVID-19 cases), as well as for care home residents who are identified as contacts of COVID-19 cases is now reduced from 14 days to 10 days. This change is in line with guidance issued by ARHAI Scotland and the UK IPC cell and reflects the ongoing risks facing people living in a communal setting. Such individuals will be interacting in a homely environment with other care home residents, many of whom are living with frailty or multiple long-term medical conditions, or who are elderly people whose immune systems may take longer to respond to COVID-19.

ii) Care home outbreak period

- The minimum outbreak period will remain at 14 days (one full incubation period), i.e. if there were two or more linked cases in the care home and no new symptomatic or confirmed COVID-19 cases for a minimum period of at least 14 days from last possible exposure to a case. The Health Protection Team (HPT) will thereafter



declare the outbreak over, provided they are satisfied with implementation of infection and prevention measures in the care home or unit affected.

- However, whilst enhanced infection prevention and control measures (see [PHS Care home guidance](#) and [outbreak control checklist](#)) remain in place for the entire outbreak period, each individual resident can come out of isolation at the end of their respective 10 day isolation periods, if the HPT is satisfied with the general care home situation.

iii). Self-isolation following discharge from hospital to a care home

a) Care homes to cease the requirement for 14-day precautionary self-isolation periods for residents who are transferred from healthcare settings (including another care home) and are:

- from the non-respiratory pathway (i.e. people being discharged from hospital who have no respiratory symptoms, have no known exposure to a COVID-19 positive case over the last 10 days, or exposure to a suspected case where the individual or the person they have been in close contact with is awaiting results of a COVID-19 test, as determined by the [respiratory screening questions](#));
- clinically fit for discharge;
- have had 1 negative PCR test in the 48 hours prior to discharge. If someone is unable to tolerate PCR test then as per [PHS guidance](#) a risk assessment should be undertaken to inform the approach and local HPTs can advise in such situations, if needed;
- have answered no to all of the respiratory screening questions immediately prior to transfer. Found in Table 2 [Winter Respiratory Infections in Health and Care Settings Infection Prevention and Control \(IPC\) Addendum](#)

b) Isolation periods should also cease for people on non-respiratory pathway who have been in hospital for acute hospital overnight stays providing they answer no to all of the respiratory screening questions immediately prior to transfer as part of a risk assessment. Found in Table 2 at [Winter Respiratory Infections in Health and Care Settings Infection Prevention and Control \(IPC\) Addendum](#). No additional pre-discharge testing is required unless COVID-19 is clinically suspected.

If a care home resident is identified during admission or after discharge as a contact of a case at the hospital service they attended (or on transport), they will require to complete their 10 day self-isolation as a contact in the care home, as per section 1. i) above.

c) Care Home residents who are on the respiratory pathway or answer yes to one of the respiratory screening questions and are transferred from healthcare settings (including another care home) to a care home should self-isolate for a period of 10 days. The start date for self-isolation may be from the date of symptom onset, or the date of last exposure to the positive case or, where asymptomatic, the date of their positive test, dependant on the COVID-19 status of the individual.

2. Indoor visiting

i) Household mixing

The First Minister announced on 18 January 2022 that from Monday 24 January the Scottish Government will remove the guidance asking people to limit indoor gatherings to three-households. However, she stressed that while there is an improving situation, the level of COVID-19 infection circulating in the community is still high and therefore it would be sensible for people to remain cautious in their social interactions for the time being.

In view of this advice for the general public, we therefore recommend that there should be no set limits to the number of households visiting each resident. However, as set out in [PHS care homes guidance](#) the group size of family and friend visitors should be risk assessed by care home staff to determine the number of visitors (including children) that a resident can have at any one time. The assessment should consider the built environment of the care home, including factors such as ventilation and size of the area where visiting will occur as well as staffing capacity to support such visits.

All other advice on arrangements for supporting visiting are contained in [PHS care homes guidance](#).

ii) Named visitor during outbreaks. Currently care homes are expected to support the policy of named visitor whereby residents choose a named person who may visit them in their private room in circumstances where the resident must self-isolate, as outlined [PHS care home guidance](#). PHS is updating their guidance to recommend that named visiting should be supported in outbreak situations, unless there are exceptional circumstances. Visiting is likely to be restricted to residents' rooms during an outbreak, but unless there are exceptional circumstances, both essential and named person visiting are expected to continue, unless this interferes with outbreak management.

3. Visiting arrangements for visitors who visit someone who is COVID-19 positive

Currently a resident with COVID-19 can receive one named visitor per day in their private room during their isolation period but the visitor cannot be a contact or case themselves during the period they are visiting. [PHS care home guidance](#) is being updated to indicate that the visitor should be supported by the care home staff in the infection control measures required to protect themselves and the resident including:

- the correct use of PPE including donning and doffing of fluid resistant surgical masks, hand hygiene requirements, cough etiquette requirements;
- physical distancing requirements.

The visitor can then visit again during the resident's isolation period, as long as they answer no to the [screening questions](#).

NOTE: Question 4 of the screening questions asks "*Have you had contact with someone with a confirmed diagnosis of COVID-19, or been in isolation with a suspected case in the last 10 days?*" If full IPC measures as directed by the care home, have been followed when visiting a resident with COVID -19, the visitor should continue to be enabled to visit provided the reasoning for answering "yes" to this question is due to the Covid-19 status of the resident they are visiting.

LFD testing is also advised before visiting as well as vaccination. If, however, they are found to have breached this guidance, they may be assessed as a close contact and further visiting for 10 days will not be enabled.

As noted above this advice will be reflected in PHS shortly. In the meantime, we hope these updates are helpful to support adoption in the interim. Finally, we would like once again to thank you and your staff for the exceptional work you are doing in responding to the pandemic.



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