

## Coronavirus (COVID-19): Residential Child Care

### Overview

1. Information and guidance for all social or community care and residential settings is at: <https://www.hps.scot.nhs.uk/web-resources-container/covid-19-information-and-guidance-for-social-or-community-care-residential-settings/>
2. 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>
3. This guidance is for organisations and their staff working in residential children's houses, residential schools and secure care. It supports the management of these services, taking account of local guidance and the public health guidance.

### The context

4. 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. Adherence to the public health guidance is mandatory. 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.
5. These care settings should be considered households wherever possible for the purposes of the household self-isolation policy. This means that the setting should self-isolate if a child or young person shows symptoms.
6. 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. 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.
7. These households, in contrast with other households, will need to have staff and other people arriving and leaving during the period of social distancing. They should review visiting guidelines for other professionals and family, and ensure that up to date risk assessments are in place and regularly reviewed, consulting with their trade union safety representative.
8. 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.

## Staffing Issues

9. Staff ratios must be maintained at a safe level to protect children and young people. Children's houses and residential schools 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.
10. 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.
11. Where the education provision of a residential school is closed, the organisation should consider redeploying education staff into the care setting, ensuring appropriate support and in discussion with them and their trade union.
12. Staff who are not in one of the more vulnerable health groups can work as normal, taking account of the changed circumstances.
13. 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).
14. Staff whose health makes them extremely vulnerable should be advised not to attend. These people will have received a letter from the NHS warning them that their health makes them particularly at risk.
15. 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.
16. Personal clothing worn at work should be washed each day at the highest temperature compatible for the fabric using laundry detergent. This should be above 60 degrees Celsius. Staff should wash their hands with soap and water after handling dirty laundry.
17. If personal laundry is taken to a laundrette, where staff have been involved in household isolation it should be bagged first for 72 hours.
18. Testing of staff will be carried out as per guidance issued to NHS Boards.

## Social Distancing

19. The aim of social distancing measures is to reduce the transmission of COVID-19. Like all households, social distancing measures should be followed by everyone, meaning on-duty staff and young people should 'stay at home', and maintain 2 metres distance from other people if there are good reasons to be outwith the establishment.
20. It is recognised that social 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.
21. To ensure that the risk of virus spread is as low as possible, children's houses, secure care units and schools should:
  - a. Openly and calmly discuss the virus and associated measures with children and young people in the household.
  - b. 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.
  - c. Inform parents and local communities about the measures that are being taken, and get their help to implement them.
  - d. Plan and organise events and activities that help make the setting an interesting and safe place for children and young people to be<sup>1</sup>.
  - e. 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.
  - f. If children or young people have trouble washing their hands, ensure help is available.
  - g. Ensure regular cleaning of surfaces in communal areas using household detergents active against viruses and bacteria.
  - h. Consider how to appropriately clean toys, IT and play equipment, and other items used by children and young people.
  - i. 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.
  - j. 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.
  - k. 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.
22. Noting that many alternative education arrangements will be in place in residential schools, consideration should be given to:
  - a. Liaison with each child's social worker regarding their educational provision.
  - b. Ensuring class sizes reflect the numbers of teaching staff available and are kept as small as possible.

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<sup>1</sup> <https://www.parentclub.scot/topics/health/coronavirus?age=0>

- c. Staggering lunch times, break times and the movement of young people to reduce large groups gathering.
  - d. Increasing cleaning of surfaces in classrooms, including desks and handles, and within toilet blocks and changing rooms, adhering to guidance on cleaning of non-healthcare settings.
23. 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<sup>2</sup>:
- 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 education hub.
  - Consider their exposure to media coverage of the crisis, and encourage them to talk about what they have seen and heard.
24. Young Scot has produced information for children and young people that helps to explain the coronavirus, including a ‘jargon buster’ and self-care tips<sup>3</sup>.
25. It is important that children and young people are encouraged to maintain contact with their friends and families during this period. 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.
26. Visits by family members should be managed in a way that is safe, taking account of social distancing and hygiene measures. As indicated in the joint statement by SCRA and Children’s Hearings Scotland<sup>4</sup>, where face to face contact is not possible, some form of contact using technology should be arranged, provided that can be managed safely.

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<sup>2</sup> <https://www.gov.uk/government/publications/covid-19-guidance-on-supporting-children-and-young-peoples-mental-health-and-wellbeing>

<sup>3</sup> <https://young.scot/campaigns/national/coronavirus>

<sup>4</sup> <https://www.scra.gov.uk/2020/03/coronavirus-joint-statement/>

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

27. If any child or young person displays COVID-19 symptoms, they should self-isolate within the establishment for 7 days. Other residents in the house or school should remain in isolation for 14 days.
28. 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 14 days, following the guidance on NHS Inform.
29. Where a child self-isolates within the establishment, staff can continue to enter and leave the establishment as required. 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.
30. 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.
31. 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 emotional and health needs, the staffing arrangements and physical layout.
32. 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.
33. 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.
34. 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<sup>5</sup>, which is likely to involve disposable gloves, disposable plastic apron and face protection (see Table 2 in the guidance).

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<sup>5</sup> Public Health Information and Guidance for Social or Community Care & Residential Settings  
<https://www.hps.scot.nhs.uk/web-resources-container/covid-19-information-and-guidance-for-social-or-community-care-and-residential-settings/>

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

35. 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.
36. 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.
37. 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.
38. The child or young person should be given accessible information about COVID-19 and the arrangements that meets their needs.
39. All suspected and confirmed cases of COVID-19 must be notified to the Care Inspectorate within 24 hours. The child or young person's social worker must also be notified immediately.
40. The child or young person's parents or carers should be notified. A vital part of the notification is providing information about how the child or young person will be cared for. In a few cases, it will not be in the best interests of the child to notify parents and carers, and this should be discussed and agreed with the Chief Social Work Officer for the placing authority.
41. Children should be supported to have continued appropriate written, telephone and online contact with family and friends.
42. 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.