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

The context

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.

During the Covid-19 pandemic, there will be many ways that social work and social care can continue to support people, without the need for face-to-face contact. It is essential to balance the need to protect, support and supervise, with the need to avoid causing harm by spread of infection.

During lockdown, the primary reason for direct contact with individuals and their families, was the management of risk of harm. As we move though and out of the crisis, increased direct contact with service users and others will enable engagement with a wider range of people, including those whose needs have been negatively impacted during the crisis. This should take place as part of co-ordinated arrangements with local partners, wherever possible building on the relationships that are already in place.

All direct contact should be risk assessed and planned in advance, taking account of local guidance and the public health guidance[i].

Practitioners with underlying health conditions that put them at increased risk of severe illness from COVID-19, including those who are immunosuppressed, must not undertake work that entails direct and face-to-face contact.

Risk assessment

A risk assessment should take place prior to any direct contact. Further information should be assessed at the commencement of the contact.

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.
- Who will ensure the advance understanding of those involved about infection control/social 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.

Where someone being visited may be symptomatic of COVID-19 or has a confirmed diagnosis, and the visit remains necessary, those undertaking the visit should use PPE.

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.

Where anyone in the household meets the criteria for shielding, PPE must be worn for the protection of that person.

Where PPE is required, it may be helpful to arrange such visits to take place at the end of the working day.

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.
- Confirm PPE requirements for those involved, which may involve disposable gloves, disposable plastic apron and face protection (Table 2 in the public health guidance[i]).
- 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.

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 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.

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.

Staff should provide information and convey reassurance, care and respect, considering the support needs and understanding for all involved.

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

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.

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.

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[i] 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-community-and-residential-care-settings/
Services can 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