



**Covid19 Care Home Support Pack**  
**Version 1**  
**Sessional GPs**  
**10.6.20**

# Purpose

- The purpose of this document is to collate the most recent information regarding management of Covid19 for care homes and Sessional GPs who may care for patients in care homes
- It will be reviewed and updated as guidance changes

# Contents

- Planning ahead - ACP and DNACPR
- Prescribing of medication, oxygen and fluids
- General advice
- Current testing
- Deaths from Covid19
- Your wellbeing
- Professional Support and contacts

# Planning Ahead - ACP and DNACPR

# Anticipatory Care Planning

- Anticipatory Care Planning - ACPs documenting what each patient would like to happen if they become seriously ill with Covid19 and what they would not like to happen (i.e. admission/stay at home) should be clearly documented in both the care home and on KIS for access in OOH period.
- Having a DNACPR in place and/or a VOD is does not constitute an ACP and should not result in nursing or medical staff assuming the patient is not for admission in event of illness.
- As we know treatment of Covid19 is supportive and in the majority of cases should be possible in the care home. In the care home we can provide personalised care by staff who know the patient, just in case medications and oxygen.

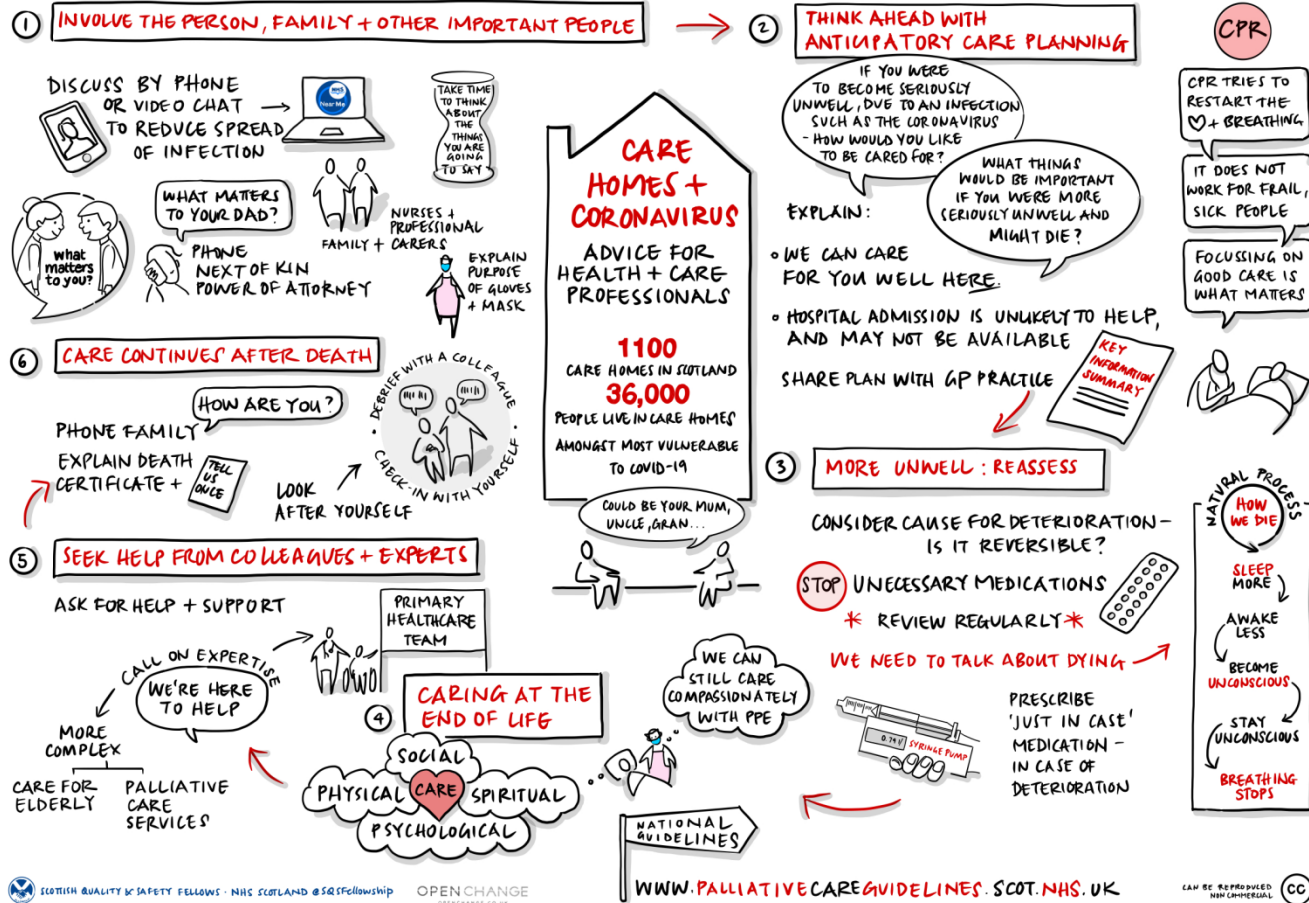
# Anticipatory Care Planning

- We have asked GPs to enter in special notes section information that you or an OOH GP may need to treat or prescribe for the patient.
- This should include eGFR if CKD and normal O2 saturations if COPD, general functional level, usual PEFr, NOK, Section 47 in place?/POA.
- As a sessional GP you may have to have ACP type conversations with patients and their families.
- Discussions with patients and their families can be difficult and there is a RED-MAP tool (next slide) attached along with an info-graphic on the subject.

# ACP - RED-MAP tool

- **RED-MAP** is a 6-step approach to conversations about planning care, deteriorating health and dying developed in Scotland and with SPICT partners in the UK and internationally. It is suitable for all care settings.
- **R eady:** Can we talk about your care and what Covid19 might mean for you?  
**E xpect:** What do you know? What do you want to ask? What worries you?  
**D iagnosis:** What we know is.... What we don't know is... What we are not sure about is...  
**M atters:** What matters to you? What is important to you and your family if you get very unwell?  
**A ctions:** What we can do to help is.... This does not work or help when/if/because.....  
**P lan:** Let's make a plan for good care for you and your family.
- – Each step in RED-MAP is important, as is the order of the steps.  
– Suggested phrases are adapted to the person or family, place of care and context of the discussion.
- – Always refer to the person by name when talking with their family or a close friend.  
– If talking with people by phone: check you have the right person; ask if it is a good time; speak slowly in shorter sentences; keep checking what's been understood and how people are.
- – Ask for help and support from colleagues, senior staff or a specialist. Seek a second opinion, if needed.

# ACP in care homes





# DNACPR

- DNACPR – remains a difficult subject for many. It is important to reassure families that a DNACPR does not mean ‘do not provide other forms of care’. DNACPR should be thought of as allowing the natural process of death to occur peacefully and with dignity when the cause of cardiac arrest is irreversible. In circumstances where a treatment would not work no doctor is obliged to provide this.
- Best practice again is that this is discussed with the patient or their relatives. For care home patients I often describe it as a form put in place for the patients protection from a treatment that does not work for frail, sick people.

# CPR

- GGC guidance on CPR and PPE is summarised as follows :
  - “Chest compressions and defibrillation (as part of resuscitation) are not considered AGPs; first responders can commence chest compressions and defibrillation without the need for AGP PPE while awaiting the arrival of other personnel who will undertake airway manoeuvres. On arrival of the team, the first responders should leave the scene before any airway procedures are carried out and only return if needed and if wearing AGP PPE.”
- BMA Scotland believe RCUK guidance advising use of full AGP PPE in CPR is ‘gold standard’ and should be used. However BMA Scotland recognises that some doctors may be faced with a very difficult resuscitation decision where full level 3 PPE is not available. There is recognition that decisions are context dependent.

# Prescribing

Medication, Oxygen and Fluids

# Palliative drugs

- Scottish palliative care guidelines have been updated for Covid19
- End of life symptom control in Covid19
  - <https://www.palliativecareguidelines.scot.nhs.uk/guidelines/symptom-control/end-of-life-care-guidance-when-a-person-is-imminently-dying-from-Covid19-lung-disease.aspx>
- Alternative drugs in event of shortage
  - <https://www.palliativecareguidelines.scot.nhs.uk/guidelines/symptom-control/alternatives-to-regular-medication-normally-given-via-a-syringe-pump-condensed.aspx>

# Just in case drugs

- Palliative care pharmacies can be contacted if usual chemist has shortages
- The list can be found on GGC palliative care page and local palliative care pharmacies are found for your area at the end of this pack.
- In some circumstances, it may be necessary to transport urgently required prescriptions and/or medication to meet the needs of a palliative care patient. In primary care we have established a board-approved courier service which can be accessed 24 hours a day/7 days a week if needed.
- In normal working hours, the service can be accessed by contacting one of the specialist palliative care pharmacists, community pharmacy palliative care network pharmacies or the district nursing service. Out of hours, the district nursing and GP out-of-hours service can access the service via the team leader.

# NHS GGC Palliative Care Pharmacies

- Find your nearest available pharmacy by entering a postcode here:
- [https://www.nhsinform.scot/scotlands-service-directory/pharmacies?hb=s08000021&sortBy=\\_distance&sortdir=Asc&svcsubtype=149&svcsubtype=225](https://www.nhsinform.scot/scotlands-service-directory/pharmacies?hb=s08000021&sortBy=_distance&sortdir=Asc&svcsubtype=149&svcsubtype=225)

# Handwriting a palliative care prescription

## CD prescription requirements

Handwritten prescriptions are more likely to be incomplete, e.g. not having the patient's full given name, date of birth, directions or dose. Any clarification required out-of-hours can be a communication challenge.

The **dose** must be on the prescription and must not be expressed as "to be taken, to be applied or to be injected as directed."

The **form and the strength** of the medicine must always be on the prescription expressed as ampoules, tablets, capsules, patches, oral solution, etc.

The **total quantity** must be written in both words and figures.

The **address of the prescriber** must be within the UK. The type of prescriber, e.g. doctor, pharmacist or nurse must be indicated and they must use the appropriate form.

It must be **signed and dated** by the prescriber. Prescription only valid for dispensing and full supply within 28 days.

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GPI10(SS)(5) NATIONAL

Name

Address

Age if under 12 yrs

Yrs / Mths

Postcode

No. of Days Treatment  CHI No.

Pack size Numbers only

Pack size Numbers only

Signature of Doctor

Date

These key prescribing points are based on feedback from community pharmacies in the NHS GG&C area.

It is vital to get palliative and end-of-life prescribing right for people with cancer and other life limiting conditions, especially as they often need medicines urgently.

Inappropriate drug selection, prescription omissions and limited communication with pharmacies have led to unnecessary delays in medicine supply.

Please prescribe exactly from the NHS GG&C palliative care drugs list. For some medications or formulations used in palliative care, ampoule size and strength can be specific due to their volume, risk of precipitation and syringe pump compatibility.

**Get it right first time** and every time to deliver optimum management of patients without delay.

# Just in case drugs - Palliative Care Medicines Provision for Care Homes

- The aim of this project is to make sure some non control palliative medicines and simple over the counter symptomatic relief medicines are readily available in care homes.
- GP practices have been asked to do stock order forms for a whole care home where they look after some/all the patients.
- They will have been asked to sign a pre-authorisation form for each resident.



# Just in case drugs

- **Level 1 – available in all nursing and residential homes**
- Pain - Paracetamol (tabs/liquid/suppositories)
- Cough - Codeine Linctus
- Nausea & vomiting - Buccastem
- Secretions – Hyoscine Hydrobromide 300mcg tablets (Kwells) and Hyoscine Patch (Scopoderm)
- Dry Mouth – Biotene

# Just in case drugs

- *Level 2 – available in all nursing homes and only residential homes with ANP attached*
- Agitation and delirium - (1) Levomepromazine 5mg dose SC Inj (2) haloperidol – 500mcg SC inj
- Secretions – Hyoscine Butylbromide SC inj – 20mg
- Purulent Sputum – Doxycycline and Amoxicillin tablets and disp/suspension
- Nurses should follow flow charts when looking to start these drugs and **have agreement** from the GP – this should be recorded in the GP records

# Just in case drugs

- **Level 3: Routine palliative care controlled drug POMs via existing usual care – available in nursing homes only**
- Where a Covid19 case is confirmed in a nursing home it may be appropriate to write 'Just In Case' Prescriptions for all appropriate residents to be held in the care home, ready to be obtained from pharmacy in event of a Covid19 outbreak within the home
- It remains illegal for care homes to store unnamed control drugs. These would still need a prescription.
- The pharmacies who supply care homes should have supplies of control drugs put aside for their care homes.
- Please be aware that for the chemist to dispense the controlled drugs they must have the paper copy in their hands – please remind care home staff to ensure that delivery of script and collection or delivery of medications is in place

# Repurposing of drugs

- Where there are issues around obtaining JIC medications, particularly out of hours with a rapidly deteriorating patient, there has been agreement that medications prescribed for other patients can be repurposed if there are no other options available.
- This decision needs to be recorded appropriately.
- <https://news.sssc.uk.com/news/joint-statement-on-repurposing-of-medicines-during-covid-19>

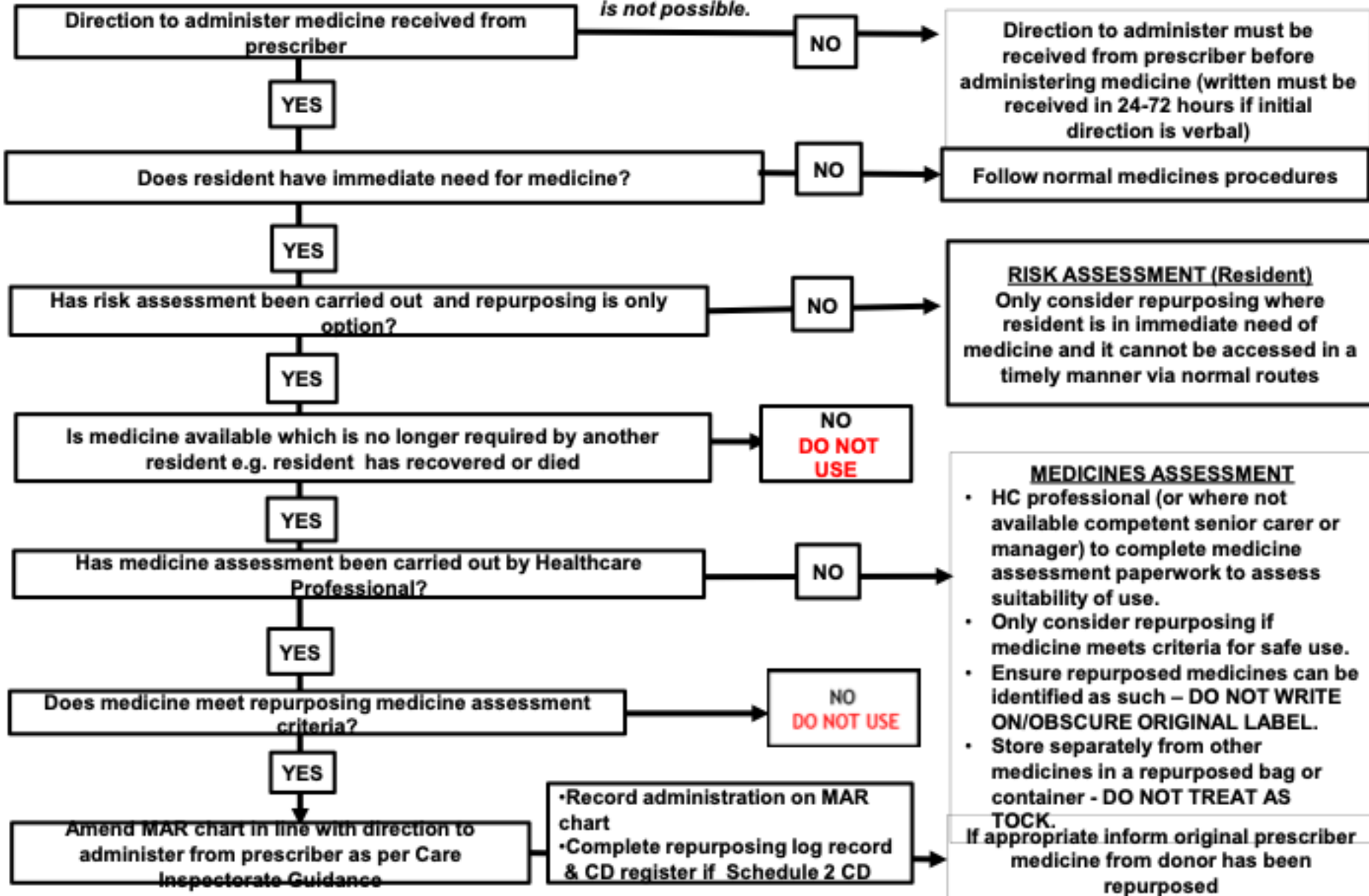
# CARE HOME COVID 19 Repurposing of Medicines Guidance

**CARE HOME Advice**

Valid as 25/5/20

*Repurposing is where medicine from one resident (donor) is used for another (recipient) to allow immediate treatment where access to medicines via all other routes*

*is not possible.*



# Oxygen Concentrators

- Respiratory team along with the GGC are planning on offering all care homes a concentrator
- Indications for its use in specific patients with suspected Covid19 pneumonia would be;
  - Oxygen saturations <85% on room air
  - Patient deemed not for escalation to hospital with ACP and DNACPR in place
  - Distressing breathlessness not relieved by opiates or benzodiazepines

# Oxygen concentrators

- The concentrators that will be in each care home will be 'just in case' machines
- This should reduce any delay in getting the concentrators into the care home if someone were to take unwell very quickly
- The patients GP should then as soon as practically possible send a SCI gateway referral in the patient's name just to let the CRRT know to replace the JIC machine.
- If a JIC machine is not available the CRRT can arrange to deliver a concentrator on the same day on a named patient basis (ideally this should be requested before 4.30pm)

# Oxygen concentrators

- If you are looking for advice from the CRRT these are the contact details;
- QEUH/GGH/VIC Team
- Kirsty Murray -Lead Respiratory CNS
- Contact No: 451 6073/6074
- Mon-Fri 8-6 Sat Sun 8-4
  
- Clyde -RAH/IRH/VOL Team
- Suzanne Adams -Lead Respiratory CNS
- Contact No: 314 7400 (RAH) 01475505047 (IRH)
- Mon-Sun 8-4
  
- GRI/Stobhill Team
- Joan Brand- Lead Respiratory CNS
- Contact No: 211 4402
- Mon-Sun 8-6



# Subcutaneous fluids

- Not standard practice across the board in care homes
- May be requested by families
- There is a lack of strong evidence regarding the benefits and burdens of clinically assisted hydration at end of life and as such a decision should be individualised to each patient
- Dehydration can commonly occur in those approaching end of life, and oral intake will naturally reduce as part of the natural process of dying
- <https://www.palliativecareguidelines.scot.nhs.uk/guidelines/end-of-life-care/subcutaneous-fluids.aspx>

# General Advice

# Covid19 presentation in elderly

- Symptoms in frail elderly can be different
  - atypical presentation of Covid19 in the elderly.
    - anorexia,
    - lethargy,
    - anosmia,
    - sore throat,
    - diarrhoea or loose stools,
    - headache,
    - changed behaviour
    - delirium

# Dementia and Covid19

- In patient with dementia who are displaying signs of Covid19 and have been advised to self isolate, there may be distress and agitation
- Delirium is the sudden confused state that can happen when patients become unwell with Covid19
  - Hypoactive – withdrawal
  - Hyperactive – agitation
  - Mixed type – patients fluctuate between the 2
- Can be difficult to support in care home
- Try regular orientation, avoid constipation, treat pain, avoid urinary retention, ensure hydration
- This article has helpful practice advice as well as medications if needed
  - <https://www.bgs.org.uk/resources/Coronavirus-managing-delirium-in-confirmed-and-suspected-cases>

# Shielding of high risk patients in care home

- HPS – Pragmatic advice for shielding patients who are at high risk
- Residents – Should have their own single room with en-suite facilities or provided with a dedicated commode where possible
- Staff – Must minimise interaction to essential purposes only and must wear PPE when entering their room and within 2m of the resident
- [https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2980/documents/1\\_Covid19-information-and-guidance-for-care-homes.pdf](https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2980/documents/1_Covid19-information-and-guidance-for-care-homes.pdf)

# Personal Protective Equipment

- When seeing patients it is for their protection as well as yours that you wear PPE.
  - Mask
  - Gloves
  - Visor
  - Apron

# PPE – donning and doffing

- [https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2980/documents/1\\_Covid19-information-and-guidance-for-care-homes.pdf](https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2980/documents/1_Covid19-information-and-guidance-for-care-homes.pdf)
- DONNING– away from patient
  - Wash hands
  - Apron
  - Mask
  - Visor
  - Gloves

# PPE – donning and doffing

- DOFFING

- Take care to reduce risk of contamination, do in this order

- Gloves
    - Apron – unfasten at neck and fold down
    - Visor – remove from headband
    - Mask – remove bottom strap first then top after leaving clinical area
    - Hands – wash carefully ideally to elbow



# Current Testing

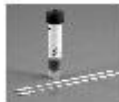
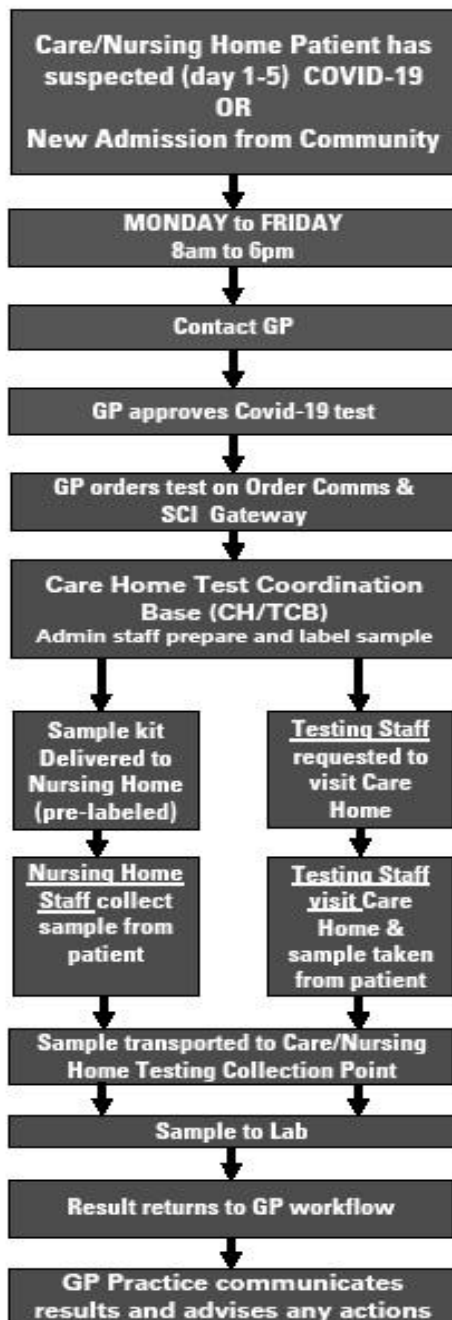
# Testing

- This is a constantly changing field.
- Currently, if a nursing home is concerned about a patient having suspected Covid19 they should discuss with their GP who can do a SCI Gateway Referral (with no additional clinical info required) and an order comms request for Covid19 testing which should not be printed.
- This should ideally be done on day 2-5 of symptoms.
- The HSCP team will then ensure a testing kit is dropped off with the nurses from the nursing home doing the test and then collected promptly by the HSCP and returned to the lab and results should be available in 24 hours.
- The same applies in the residential homes apart from a trained team will come and test the patients themselves.
- Testing currently is not done in the out of hours setting

Test Info 1  
(process)

GG&amp;C Covid-19 Care Home Test Process

30/04/20



**WEEKENDS** – new requests should be reported the next working day to the GP Practice.

#### Care Home Test Coordination Bases (CH/TCB) By HSCP

Glasgow City	0141 531 9204
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East Dunbartonshire	0141 232 8214
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Renfrewshire	01505 821409
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West Dunbartonshire	0141 531 6328
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Inverclyde	01475 506004
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East Renfrewshire	0141 451 0505
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#### Notes

- Covid19 test must be able to be completed during day 2-5 of the illness.
- All new admissions to Care Homes require barrier nursing for 14 days.
- Tests most use in detecting first cases in home. Then all symptomatic patients need to be barrier nursed for 7 days. Subsequent testing is less useful but may be desirable.
- If necessary, samples can be held overnight.
- Test can only be done for Care/Nursing Home patient when approved/requested by GP.

#### Testing Kit Needed per patient

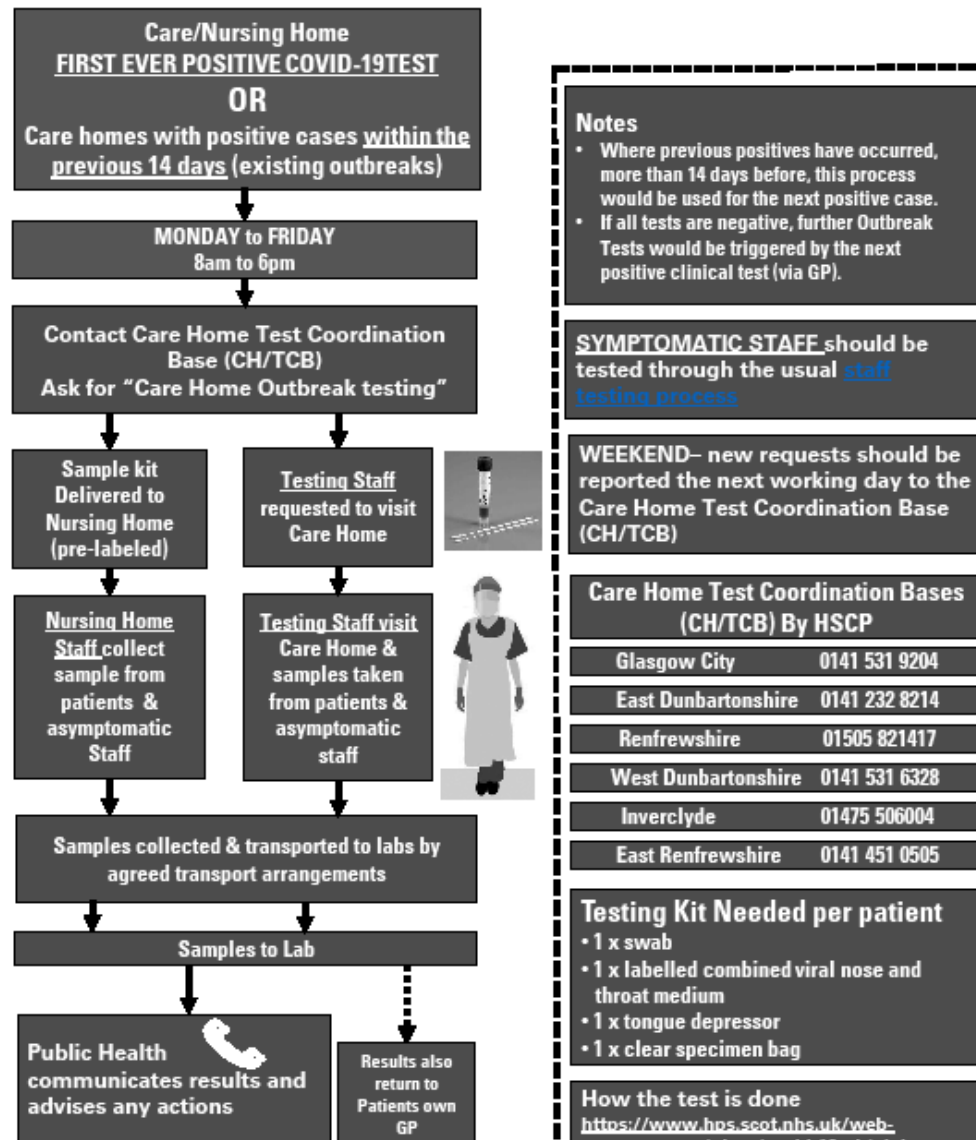
- 1 x swab
- 1 x labelled combined viral nose and throat medium
- 1 x tongue depressor
- 1 x clear specimen bag

#### How the test is done

<https://www.hps.scot.nhs.uk/web-resources/container/covid-19-obtaining-an-upper-respiratory-tract-diagnostic-sample/>

#### How to package samples

<https://www.hps.scot.nhs.uk/web-resources/container/covid-19-packaging-of-diagnostic-samples-for-onward-transportation/>

**Notes**

- Where previous positives have occurred, more than 14 days before, this process would be used for the next positive case.
- If all tests are negative, further Outbreak Tests would be triggered by the next positive clinical test (via GP).

**SYMPTOMATIC STAFF** should be tested through the usual [staff testing process](#)

**WEEKEND**– new requests should be reported the next working day to the Care Home Test Coordination Base (CH/TCB)

**Care Home Test Coordination Bases  
(CH/TCB) By HSCP**

Glasgow City	0141 531 9204
East Dunbartonshire	0141 232 8214
Renfrewshire	01505 821417
West Dunbartonshire	0141 531 6328
Inverclyde	01475 506004
East Renfrewshire	0141 451 0505

**Testing Kit Needed per patient**

- 1 x swab
- 1 x labelled combined viral nose and throat medium
- 1 x tongue depressor
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**How the test is done**

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**How to package samples**

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# Testing of symptomatic resident

- Symptomatic care home resident (test within 5 days of onset of symptoms)
  - Isolate 14 days from onset of symptoms, regardless of whether Covid19 test results are positive or negative.
  - This must be followed for all symptomatic care home residents regardless of when they develop symptoms, and regardless of whether they have had a confirmed or suspected Covid19 episode previously.
  - Isolation can be discontinued following completion of 14-day isolation AND absence of fever for 48 hours (without use of antipyretics).

# Testing of asymptomatic patient becoming symptomatic

- Asymptomatic at time of testing and becomes symptomatic (screening of asymptomatic care home residents)
  - Asymptomatic residents screened should await test results, if positive isolate for 14 days from date of positive test.
  - Following which, if symptoms develop during that period, then a further 14 days of isolation should commence from symptom onset date (as for any other symptomatic care home resident).
  - Isolation can be discontinued following completion of 14-day isolation AND absence of fever for 48 hours (without use of antipyretics).

# Testing of asymptomatic patient

- Asymptomatic at time of testing and remains asymptomatic (screening of asymptomatic care home residents)
  - Asymptomatic residents screened should await test results, if positive isolate for 14 days from date of positive test.

# Testing of new admissions from community

- New admissions from the community (test on admission to care home)
  - New admissions to the care home from the community should be isolated for 14 days, regardless of whether or not they are symptomatic at time of admission, AND regardless of whether Covid19 results from testing at admission are positive or negative.
  - If symptoms develop at any point after admission, a further 14 days of isolation should commence from symptom onset date.



# Testing of patients coming from hospital who had Covid19

- Admission of Covid19 recovered patients from hospital
  - Covid19 patients to be admitted to care homes should always be isolated for a minimum of 14 days from symptom onset (or first positive test if symptoms onset undetermined or if asymptomatic) and absence of fever for 48 hours (without use of antipyretics).
  - They should have 2 negative tests before discharge to a care home (testing can be commenced on day 8). Tests should be taken at least 24 hours apart.
  - The remaining 14-day isolation must still be completed after 2 negative tests, either in the care home or in hospital depending upon clinical suitability for discharge.
  - Where testing is not possible (e.g. patient doesn't consent or it would cause distress) and if discharged to care home within the 14 day isolation period, then there must be an agreed care plan for the remaining period of isolation up to 14 days.

# Testing of patients coming from hospital who did not have Covid19

- Admission of non-Covid19 patients from hospital
  - Testing should be done within 48 hours prior to discharge from hospital. A single test is sufficient. The patient may be discharged to the care home prior to the test result being available.
  - **The patient should be isolated for 14 days from the date of discharge from hospital, regardless of the result of the test.**

# Testing within care homes with one new suspected case of Covid19

- Where a care home has had no Covid19 infections for 14 days if a resident is then thought to develop Covid19 symptoms requiring testing, the Care home should contact the HSCP to allow for mass testing of all residents and staff. The GP is responsible for the initial test request but the HSCP testing team will arrange testing of all residents and staff.

Death from Covid19

# Confirmation of death

- This has now been rolled out into nursing homes.
- This form allows registered nurses who have completed the training to confirm death without permission from the patients GP to do this
- You no longer need to provide a Verification of Expected death form for nursing home patients where the nurses have completed the required training for Confirmation of Death.
- <https://learn.nes.nhs.scot/28679/Coronavirus-Covid19/death-and-bereavement/guidance-and-supporting-resources-for-practitioners-undertaking-the-confirmation-of-death-procedure>

# Death Certificates

- Death Certificate – the registration process has changed.
- This information has been included for your information
- The Lord Advocate has now directed that with effect from 9 am 21 May 2020, in light of significant public anxiety around deaths in care homes and deaths of those who may have contracted Covid19 in their place of work, any such deaths must be reported to the Procurator Fiscal by medical practitioners. For the avoidance of doubt this includes any death due to Covid19 or presumed Covid19 in the following situations:
  - (a) where the deceased was resident in a care home (this includes residential homes for adults, the elderly and children) when the virus was contracted or
  - (b) where to the best of the certifying doctor's knowledge, there are reasonable grounds to suspect that the deceased may have contracted the virus in the course of their employment or occupation. Whilst not exhaustive, this may include deaths of care home workers, frontline NHS staff, emergency services personnel and public transport workers.

Your wellbeing

How are you?





# Staff wellbeing and support

- We hope through this stressful period that we all remember everyone is trying their best and adapting as well as we can.
- Be kind to yourselves and each other and if things are getting overwhelming or work is occupying more of your thoughts that you feel it should please speak to someone.
- There are ways of getting support and they are listed below

# Staff Wellbeing and support

- ALL HEALTH AND SOCIAL CARE STAFF
- Covid19 Staff Support Line
  - All health and social care staff in Greater Glasgow and Clyde Board area can access the Covid19 confidential staff support line. This telephone service has been developed to address the wide-ranging emotional distress that may be experienced by staff.
  - Covid19 Staff Support Line - 0141 303 8968
  - Open between 8am and 6pm Monday to Friday.
  - Please note that this support is offered to extend the offer of support to all private and third sector care providers as well as NHS GGC employees.

# Professional support and contacts

# Commissioning

- Working with Care Commission and have daily phone call with each care home
- Each care home will have a commissioning manager – please ask for assigned manager and number if any concerns or specific support needed for a care home

# Care Home Liaison Team

- Each care home has an associated Care Home Liaison Nurse.
- They are experienced nurses who support the nursing staff in the care home's.
- In different areas they have different roles but if you need their support or advice please ask the care home as they will know their CHLN's contact details'

# Specialist Palliative Care Advice

- **Marie Curie Hospice Glasgow** 0141 557 7400
- **Prince & Princess of Wales Hospice** 07736 821970

These hubs are available 0900-1700h seven days a week and can support in the following ways:

- 24/7 telephone advice regarding symptom control and end of life care
- Remote or face to face assessments
- Facilitate hospice admission
- Handover of information of patients with palliative care needs when moving from one care setting to another
- Support for care homes
- Access to Marie Curie Fasttrack Service (Marie Curie Hospice Glasgow only)

From 1700-0900h support for patients in these hospice areas may be obtained by calling:

- Marie Curie (NE and NW Glasgow, East Dun) : 0141 557 7400 or GRI 0141 211 400 (ask for Palliative Medicine Doctor on call)
- P & PoW (Sth Glasgow and West Dun): 07736 821970 Medical advice 07854232645

# Other Hospice Contact Details

- Can be contacted for support 24 hours per day
- Accord Hospice (Ren and East Ren): 0141 581 2000
- Ardgowan Hospice (Inverclyde): 01475726830
- St Margaret's Hospice (NW Glasgow and West Dun): 0141 952 1141
- St Vincent's Hospice (Ren): 01505705635

# Secondary Care Support- Respiratory

- Respiratory Medicine –call CRRT and ask for consultant to call you back
- QEUH/GGH/VIC Team Contact No: 451 6073/6074
- Mon-Fri 8-6 Sat Sun 8-4
- Clyde -RAH/IRH/VOL Team
- Contact No: 314 7400 (RAH) 01475505047 (IRH)
- Mon-Sun 8-4
- GRI/Stobhill Team
- Contact No: 211 4402
- Mon-Sun 8-6



# Secondary Care Support – COTE

- Consultant support may be accessed by phoning Consultant Connect on the individual phone number allocated to the practice you are working with
- If this is not available to you please call the GP Hotline on 0141 211 1999 and ask to speak to the COTE consultant on call for your local hospital

# Health Protection Scotland

- HPS website has up to date advice re all aspects of health in Covid19 pandemic
- Care home guidelines
  - [https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2980/documents/1\\_Covid19-information-and-guidance-for-care-homes.pdf](https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2980/documents/1_Covid19-information-and-guidance-for-care-homes.pdf)

# Educational webinars

- <https://www.youtube.com/channel/UCI9iABIO2-paUz0l4izdtbg>
- Lots of helpful webinars here: topics include Caring for Service Users, Use of PPE in care homes, and Staff Wellbeing and Mindfulness

# Websites

- **RCGP**
  - [https://elearning.rcgp.org.uk/course/view.php?id=373&utm\\_campaign=1406101\\_Covid19%20Learning%20-%20Email%207&utm\\_medium=email&utm\\_source=Dotmailer&dm\\_i=49LX,U4YD,JTKEL,3NX8A,1](https://elearning.rcgp.org.uk/course/view.php?id=373&utm_campaign=1406101_Covid19%20Learning%20-%20Email%207&utm_medium=email&utm_source=Dotmailer&dm_i=49LX,U4YD,JTKEL,3NX8A,1)
- **Scottish Partnership for Palliative Care website**
  - <https://www.palliativecarescotland.org.uk/content/covid-public-guidance>
- **Communication support**
  - <https://www.ec4h.org.uk/>
- **NHS inform**
  - <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/Coronavirus-Covid19>
- **Scottish Government advice on clinical management**
  - <https://www.gov.scot/publications/Coronavirus-Covid19-clinical-advice/>
- **Support around death**
  - <http://www.sad.scot.nhs.uk/Covid19/>

# Twitter

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