Appendix 21: COVID-19 Pandemic Controls for Acute NHS settings including Scottish Ambulance Service (SAS) and dental services

This appendix was developed in May 2022 to support the transition from the Winter Respiratory Infections IPC addendum to the National Infection Prevention and Control Manual (NIPCM). A cold stop to the Winter Respiratory Infections IPC addendum is not possible whilst some pandemic measures remain within Health and Social Care settings. This appendix aims to summarise the remaining pandemic measures which exist in addition to the NIPCM and provide links to helpful resources, guidance and policy documents. Content has been approved by the CNO Nosocomial Review Group (CNRG). This process deviates from the National Infection Prevention & Control Manual (NIPCM) normal governance process for guidance production and sign off due to the urgent nature for the requirements for Infection Prevention & Control (IPC) guidance during the COVID-19 pandemic.

Version history

Version	Date	Summary of changes
1.0	10 May 2022	First publication – Marks transition from Winter Respiratory Infection IPC Addendum back to NIPCM.
1.1	30 May 2022	Reference to COVID-19 screening removed.
1.2	13 July 2022	Addition of dental services and GPs to title.
1.3	28 July 2022	Removal of GPs in title as now included in Appendix 22.
1.4	22 August 2022	Changes made to testing requirements in line with DL 2022(29) issued on 22nd August 2022
1.5	16 September 2022	Update following Directors Letter (2022)32 - pause in asymptomatic COVID-19 testing in health and social care
1.6	28 September 2022	Removal of 'Primary Care Settings' from Table 2 – Respiratory Screening Questions

Contents

Physical distancing

The requirement for physical distancing has ceased and is no longer required for healthcare workers, patients/service users or visitors. However, where services wish to continue physical distancing they may choose to do so particularly in settings where staff have to remove their FRSM and a COVID-19 exposure event has the ability to result in significant service impact.

It is important to note that overcrowding in any area of a healthcare facility including inpatient areas, waiting areas, outpatient departments and ambulance transport vehicles increases transmission risk for respiratory viruses including COVID-19 and it is important to remain mindful of the volume of people in a space at any one time taking account of HCWs, patients and visitors/escorts. Settings must not return to pre pandemic practices which facilitated overcrowding and steps should be taken to prevent this. There is no defined measure of what is considered 'overcrowding' and a common sense approach should be taken to this.

Inpatient beds should meet [minimum bed spacing requirements](#).

Across ALL settings [extended use of face masks guidance](#) remains extant.

COVID-19 case definitions (confirmed, possible)

COVID-19 case definitions can be found within [Public Health Scotland guidance](#).

Respiratory Symptom Assessment questions

The process of respiratory symptom assessment will vary dependent on both the health and care facility and the type of service provision but wherever possible, respiratory symptoms assessment questions should be undertaken by telephone prior to an arranged arrival at the facility for all service users and any accompanying carers. If this is not possible, then these questions should be asked on arrival at reception. This will help inform the clinical/care team of service user respiratory status and potential associated risk before face to face consultation should this be deemed appropriate.

If respiratory symptom assessment is undertaken prior to arrival at a health and care facility, and if the service user answers 'no' to all of the respiratory symptom assessment questions, the

service user should be reminded to inform a staff member should any symptoms develop prior to attendance at the facility where attendance is planned.

Below are the required respiratory symptom assessment questions determined by setting.

- [Table 1](#) provides respiratory screening questions for use in secondary care inpatient settings, acute mental health inpatient settings and community hospitals.
- [Table 2](#) provides respiratory screening questions for use in outpatient departments and dentistry.

COVID-19 testing requirements

Within primary care settings including dentistry, service users with confirmed COVID-19 or symptoms of COVID-19 should visit the [NHS inform website](#) for advice on stay at home guidance and testing where relevant.

Guidance on COVID-19 testing in care home settings can be found in the [PHS COVID-19 - information and guidance for social, community and residential care settings](#).

Use of different test types in secondary care settings

Laboratory based PCR testing should be available for all patients who develop symptoms. A Rapid Diagnostic Test (PCR or non-PCR based) or LFD may be used in addition to a laboratory-based PCR test to support rapid patient placement decisions.

LFD tests (or other non-PCR based tests) should now be used for all asymptomatic patient testing (i.e. stop using PCR and PCR-based tests for general asymptomatic testing). This change aims to ease the service pressures resulting from management of individuals continuing to test positive with PCR and not being infectious.

Testing requirements in Secondary Care Settings

Testing requirements within secondary care settings are described in the [Hospital Testing table](#).

Management of COVID-19 contacts during an outbreak

Contact tracing and asymptomatic testing in an outbreak should be based on local outbreak management and the advice of the local Infection Control Doctor. If LFD (or other non-PCR based test) is positive at any point, a follow up PCR test is required and TBPs should be implemented.

If a patient is discharged and a test taken prior to discharge subsequently returns positive, the patient should be contacted and advised to follow Stay at Home advice on NHS Inform. There is no need to follow up contacts identified following discharge.

Any patient who has been COVID-19 positive in the last 28 days does not need to be considered a contact should there be a subsequent exposure during that 28 period.

Respiratory COVID-19 testing for Healthcare Workers

Healthcare worker testing requirements are provided on the Scottish Government website.

Patient facing healthcare workers: isolation and exemption

Guidance for managing healthcare staff with symptoms of a respiratory infection or a positive COVID-19 test are provided in Annex B of the Directorate Letter of 14th September 2022 (DL 2022 (32)).

Extended use of Facemasks

The extended use of facemasks by healthcare workers and the wearing of face coverings by visitors and outpatients (unless exempt) is designed to protect staff and service users as part of the COVID-19 pandemic. This is because COVID-19 may be transmitted by individuals who are not displaying any symptoms of the illness (asymptomatic or pre-symptomatic).

View further Scottish Government guidance and associated FAQs.

In Scotland, staff are provided with Type IIR FRSM for use as part of the extended wearing of facemasks.

COVID-19 visiting guidance

Scottish Government have guidance available for visiting which can be found at the following links;

- [Hospital visiting](#)
- [Care home visiting](#)

All visitors should be reminded on arrival at any health and care facility of good infection prevention and control practices and encouraged to adhere to these. Visiting may be suspended on the advice of the local IPCT/HPT. Alternative measures of communication including telephone or video call where visiting is not possible should be considered.

Visitors:

- Should not visit if they have suspected or confirmed COVID-19 and should follow the [Stay at Home advice](#) on NHS Inform unless prior agreement with clinical teams during specific circumstances

- Should not visit if they have symptoms of another viral infection e.g. respiratory symptoms, GI symptoms unless prior agreement with clinical teams during specific circumstances. A visit may take place once symptoms are beginning to resolve, any fever has resolved and the visitor is generally feeling well again.

- Are strongly recommended to wear a face covering on entering the facility.

- Should be offered appropriate PPE where necessary (see '[PPE for visitors](#)' NIPCM).

- Should be encouraged to perform hand hygiene at the appropriate times;

  o on entry to the facility

  o prior to putting on PPE

  o after removing PPE

- Should avoid unnecessary movement around the facility and should stay at the bed or chairside of the individual they are visiting (if the individual has their own room, visitors should remain within the room).

- Should not visit other service users in the facility

- Should not touch their face or face covering/mask once in place.

Visitors entering an AGP area in which airborne precautions are being applied, should do so after the fallow time has elapsed. Where this is not possible (continual AGP zone), visitors should be advised that there may be a risk of exposure to respiratory viruses. Visitors should be asked to wear an FRSM where respirator fit testing is not possible.
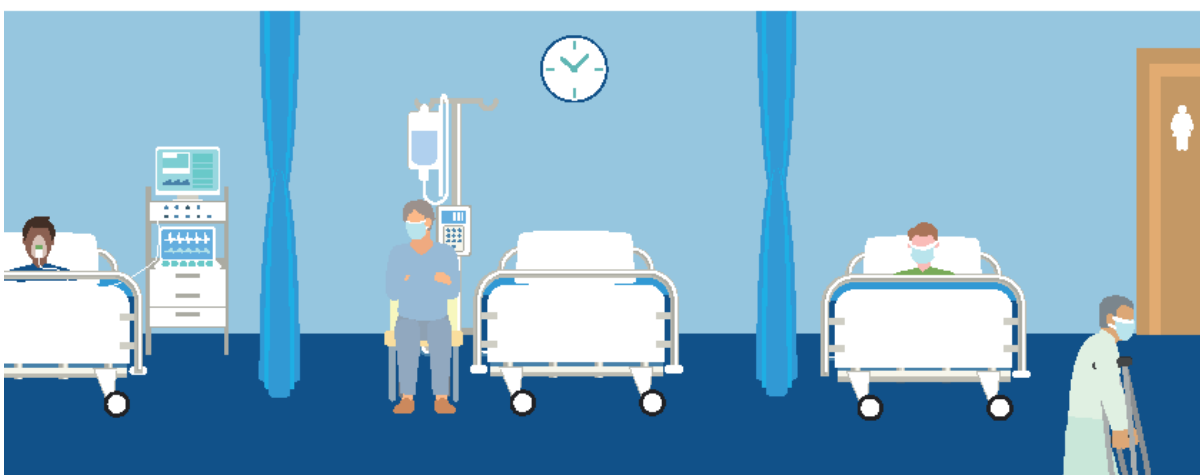
Appendix 1 - Poster - Wearing a Face Mask – Information for Patients

Wearing a Face Mask – Information for Patients

NHS SCOTLAND

Important points

- A surgical face mask should be worn by all patients within the hospital, including moving between departments.
- Wearing a face mask protects you and others around you.
- Clean your hands with alcohol gel before and after using a face mask.
- Once in place do not touch the face mask, even when communicating.

- Make sure the face mask covers your nose, mouth and chin.

- You do not need to wear a face mask if you are receiving oxygen therapy or are unable to tolerate wearing one.

- You should wear a face mask as much as possible, including when in bed.

- If you are in a single room you should wear a mask whenever anyone enters your room.

- You can remove your face mask when showering, eating/drinking or sleeping as long as you stay 2 metres away from anyone else.

- Make sure you stay a 2 metre physical distance from others where possible.

Appendix 2 – Poster - Wearing a Non-Medical Face Mask/ Face Covering

Wearing a Non-Medical Face Mask/ Face Covering

NHS National Services Scotland

Key Points

- A face covering protects others around you.
- Do not visit or attend appointments if you have symptoms of infection e.g. temperature or new continuous cough or if you are currently self-isolating.
- When attending hospital (to visit or for an appointment) bring a face covering with you.
- Alcohol based hand rub (ABHR) should be provided at entrance. If not please ask a member of staff.
- Clean your hands with ABHR or soap and water before and after using a face covering.
- Ensure physical distancing of 2M is maintained where possible.

Do

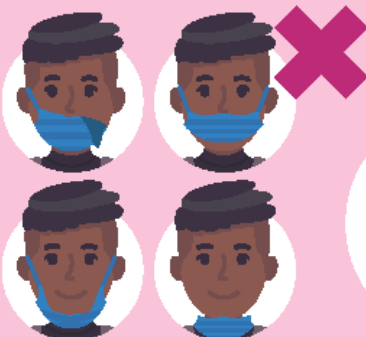Ensure the face covering covers your mouth, nose and chin.

Once in place, avoid touching or readjusting the face covering even when communicating.

Wash the face covering in water and detergent and iron following use.

Don't

Do not wear a face covering that is loose or leaves your mouth and nose uncovered.

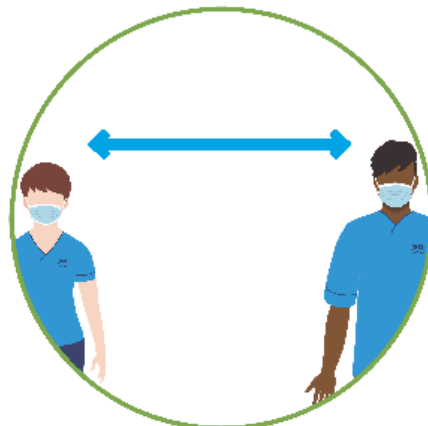Do not wear a face covering that is difficult to breathe through.

Do not wear a dirty or wet face covering.

Do not share your face covering with others.

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Appendix 3 - PPE for Delivery of COVID-19 Vaccinations

PPE for Delivery of COVID-19 Vaccinations

NHS National Services Scotland

Wear a **fluid resistant surgical face** mask to protect both you and the patient. Perform hand hygiene **before and after each patient.**

- Other items of PPE are not required for routine vaccination unless risk assessment indicates otherwise.

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