

Dear Colleagues

PUBLICATION OF NATIONAL GUIDANCE FOR NHS SCOTLAND STAFF AND MANAGERS ON CORONAVIRUS

1. This letter publicises a single national guidance document on coronavirus, that directs staff to verified sources of advice. This will inform a standard approach to occupational health, for application across NHS Scotland.

<https://www.staffgovernance.scot.nhs.uk/coronavirus-covid-19/guidance/>

2. Guidance will be regularly updated as we continue to learn more about the virus, to reflect the latest scientific evidence, and to ensure a best practice approach to staff and patient safety.

3. The document is hosted on the Staff Governance website and we will continue to make sure that up to date advice is readily available.

4. We know this is a challenging time for staff and we appreciate the concerns that have been raised by those with medical conditions, as well as those with parental and carer responsibilities for children and other loved ones.

5. Advice for staff working in Health and Social Care services will sometimes be different to general public health advice. We would like to reassure you that the health, safety and wellbeing of all staff is paramount and we would, on no account, ask any of you to compromise this, at any time.

DL (2020)
30 March 2020

Addresses

For information

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Please be assured that this guidance is based on the latest advice from our scientific and clinical advisers. As many enquires will be based on individual circumstances, this may not cover everything, but the document makes reference to detailed information, notably from [Health Protection Scotland \(HPS\)](#) and [NHS Inform](#). We are working in unprecedented times, and we cannot thank staff enough for their tireless efforts in caring for patients. We hope this will provide greater clarity in a

rapidly evolving situation and alleviate some of the worries of NHS Scotland staff as they respond to the COVID-19 outbreak.

Yours sincerely,

A handwritten signature in black ink, reading 'Catherine Calderwood'.

Catherine Calderwood
Chief Medical Officer

A handwritten signature in black ink, reading 'Gillian Russell'.

Gillian Russell
Director of Health Workforce

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Version	Date	Summary of Changes
V1.0	30/03/2020	First Publication

GUIDANCE TO HEALTH AND SOCIAL CARE WORKERS

The sudden arrival and rapid spread of COVID-19, and the associated measures that have been implemented by the Scottish and UK government, have understandably caused a great deal of concern across the country. Health and social care workers, who are playing a crucial role in the care of those with COVID-19 and are considered key workers, have raised concerns in relation to their exposure and how to keep themselves and their loved ones safe. This document aims to provide guidance around these issues.

This is an unprecedented situation and as we learn more about the virus, advice may change. This guidance aims to cover the most common issues that have been highlighted – if it does not address the issue that you have concern with or give you direction where you can find out more, please check [NHS Inform](#) and then refer to local board protocols.

1. Why is COVID-19 different from other viruses?

COVID-19 is a new virus that none of our immune systems have encountered before and we are therefore all vulnerable to infection. The vast majority of people who get COVID-19 will only experience mild symptoms and will make a full recovery, with no lasting effects. However, a small proportion will experience more severe symptoms. Because of this, the two key aims of the infection prevention and control measures in health and social care are:

- **Protect** the staff who have greater exposure to COVID-19 from becoming infected.
- **Prevent** onward transmission of the virus to other patients or service users, colleagues and loved ones.

2. How is COVID-19 spread?

COVID-19 is spread through three routes:

- contact with contaminated surfaces
- via respiratory droplets generated by coughing and sneezing
- an aerosolised form of these droplets produced by certain procedures

3. How do I protect myself at work?

To **protect** yourself and **prevent** onward transmission, it is crucial that standard infection control precautions, combined with transmission-based precautions are in place to target these modes of transmission. Standard infection control precautions are important in all episodes of patient contact, whether or not COVID-19 is suspected or confirmed.

Hand hygiene with soap and water or alcohol based rub is the most important measure to prevent spread of COVID-19.

Transmission Based Precautions (TBPs)

Mode of transmission	Infection Control Measure
Contact with contaminated surfaces	Contact precautions
Respiratory droplets	Droplet precautions
Aerosolised droplets	Airborne precautions

Contact precautions should be used by all staff in areas with suspected and confirmed COVID-19 patients.

- These are aimed at preventing you transferring the virus from a contaminated surface or equipment to your eyes, nose or mouth (usually by touching your face with your contaminated hands; this is an important mode of transmission – **good hand hygiene is key**).

These contact precautions should be supplemented with **droplet precautions** if you are in close contact (within 1 metre) with patients with suspected or confirmed COVID-19.

- These are aimed at preventing droplets getting onto your eyes, nose or mouth. The area around the patient will also have a higher chance of the droplets landing in the surrounding, contaminating the surfaces due to coughing and sneezing; frequent cleaning is essential.

If you are performing an aerosol generating procedures (AGPs), all staff involved should apply **airborne precautions**. Airborne precautions are aimed at preventing the smallest aerosolised particles, which will linger in the air for longer than droplets, from getting onto your eyes, nose and mouth.

Procedures that are AGPs include:

- Intubation, extubation and related procedures e.g. manual ventilation and open suctioning of the respiratory tract (including the upper respiratory tract)*
- Tracheotomy/tracheostomy procedures (insertion/open suctioning/removal)
- Bronchoscopy and upper ENT airway procedures that involve suctioning
- Upper Gastro-intestinal Endoscopy where there is open suctioning of the upper respiratory tract
- Surgery and post mortem procedures involving high-speed devices
- Some dental procedures (e.g. high-speed drilling)
- Non-invasive ventilation (NIV) e.g. Bi-level Positive Airway Pressure (BiPAP) and Continuous Positive Airway Pressure ventilation (CPAP)
- Surgery and post-mortem procedures in which highspeed devices are used
- High-frequency oscillating ventilation (HFOV)
- Induction of sputum
- High-flow Nasal Oxygen (HFNO)

*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.

The list of AGPs is contained in the Covid-19 [Guidance for infection prevention and control in healthcare settings](#). This list is kept under continual review and was last updated 27th March 2020. This update clarified airborne precautions in relation to CPR and usage in a theatre setting - if this is relevant to your role, please review this guidance.

What PPE do I need for the different precautions?

Type of precaution when dealing with individuals who are infectious	PPE required
Contact precautions	Disposable gloves Disposable apron
Droplet precautions	Disposable gloves Disposable apron Type IIR fluid resistant mask Consider eye protection if patient coughing or risk of splashing of body fluids
Airborne precautions	Disposable fluid resistant long-sleeved gown Disposable gloves FFP3 mask Eye protection

More information about standard and transmission-based infection control precautions (SICPs) combined with transmission-based precautions can be found [here](#).

The Health Protection Scotland (HPS) guidance on PPE requirements for all health and social care workers is set out in the HPS COVID-19 Infection Prevention and Control (IPC) guidance, which can be accessed on the [HPS COVID-19 guidance page](#).

Specific guidance is also available for social or community care and residential settings [here](#).

The latest [COVID-19 PPE guidance](#) is continually updated following any changes or revisions. Work is currently under way to rapidly review the existing guidance nationally and we expect this to be completed over the next few days. We will update this document once we receive the finalised guidance, and ensure that we link to the latest information available.

It cannot be over-emphasised how important adherence to this guidance is. It should be applied for all patients with either confirmed or suspected COVID-19 infections in all health and social care settings.



When to use a **surgical face mask** or **FFP3 respirator**

When caring for patients with **suspected or confirmed COVID-19**, all healthcare workers need to – prior to any patient interaction – assess the infectious risk posed to themselves and wear the appropriate personal protective equipment (PPE) to minimise that risk.

When to use a surgical face mask



In cohorted area (but no patient contact)

For example:

Cleaning the room, equipment cleaning, discharge patient room cleaning, etc

PPE to be worn

- Surgical face mask (along with other designated PPE for cleaning)

Close patient contact (within one metre)

For example:

Providing patient care, direct home care visit, diagnostic imaging, phlebotomy services, physiotherapy, etc

PPE to be worn

- Surgical face mask
- Apron
- Gloves
- Eye protection (if risk of contamination of eyes by splashes or droplets)

When to use an FFP3 respirator



When carrying out aerosol generating procedures (AGP) on a patient with possible or confirmed COVID-19

In high risk areas where AGPs are being conducted (eg: ICU)

The AGP list is:

- Intubation, extubation and related procedures such as manual ventilation and open suctioning
- Tracheotomy/tracheostomy procedures (insertion/open suctioning/removal)
- Bronchoscopy
- Surgery and post-mortem procedures involving high-speed devices
- Some dental procedures (such as high-speed drilling)
- Non-Invasive Ventilation (NIV) such as Bi-level Positive Airway Pressure (BiPAP) and Continuous Positive Airway Pressure ventilation (CPAP)
- High-Frequency Oscillating Ventilation (HFOV)
- High Flow Nasal Oxygen (HFNO), also called High Flow Nasal Cannula
- Induction of sputum

PPE to be worn

- FFP3 respirator
- Long sleeved disposable gown
- Gloves
- Disposable eye protection

Always fit check the respirator

REMEMBER

- PPE should be put on and removed in an order that minimises the potential for self-contamination
- The order for PPE removal is gloves, hand hygiene apron or gown, eye protection, hand hygiene, surgical face mask or FFP3 respirator, hand hygiene

These images are for illustrative purposes only. Always follow the manufacturer's instructions.

4. How do I prevent onward transmission of the virus?

Strict adherence to standard infection control and transmission-based precautions will minimise the risk of onward transmission.

The appropriate use of personal protective equipment (PPE) will protect staff uniform from contamination in most circumstances. Healthcare facilities should provide changing rooms/areas where staff can change into uniforms on arrival at work, and these should be utilised. Your organisation may consider the use of theatre scrubs for staff who do not usually wear a uniform but who are likely to come into close contact with patients e.g. medical staff. A hospital laundry service should be used if available, otherwise uniforms should be transported home in a disposable plastic bag. Uniforms should be laundered:

- separately from other household linen
- in a load not more than half the machine capacity
- at the maximum temperature the fabric can tolerate, then ironed or tumbled-dried

The plastic bag should be disposed of into the household waste stream.

5. What should I do if I have a person with a high-risk medical condition in my household?

Household members are at no greater risk of getting COVID-19 if staff members follow effective infection control and strict hygiene measures. If you live with a person with a high-risk medical condition, it is particularly important to protect them from transmission of COVID-19. They should already be following the Government's advice on shielding, which can be found [here](#). Strict adherence to the measures above should be followed for their protection. In addition, don't forget about good hygiene of your personal objects and clothing that may have been in contact with the virus (e.g. phones/shoes etc).

6. What childcare provisions are in place?

All NHS staff are considered in the key worker categories as per the [guidance](#) issued by Scottish Government on school closures. If you are struggling with childcare provisions, there is a dedicated team within Scottish Government to help (keyworkers@gov.scot)

7. What should I do if I have a high-risk medical condition?

There are certain groups of staff that are at a higher risk of suffering more severe symptoms if they get COVID-19. The aim of the occupational health guidance is to minimise this risk as much as possible, whilst maintaining the workforce to deliver the care that is required. It is not possible to cover every individual's circumstances in this guidance, but guidance on common issues are covered below and builds on the [Guidance for Health and Social Care and Emergency Workers with Underlying](#)

[Health Conditions](#) that was previously issued. If you are unsure if this applies to you, contact your line manager and follow local board protocols.

Highest Risk of Severe Disease

There are some clinical conditions which put people at the highest risk of severe illness from COVID-19 compared other medical conditions. People in this highest risk group include:

- solid organ transplant recipients
- those with cancer who are undergoing active chemotherapy or radiotherapy for lung cancer
- those with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
- those having immunotherapy or other continuing antibody treatments for cancer
- those having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors.
- those who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs.
- those with severe respiratory conditions including all cystic fibrosis, severe asthma (requiring hospital admissions) and severe COPD
- those with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell)
- those on immunosuppressive therapies sufficient to significantly increase risk of infection
- those who are pregnant with significant congenital or acquired heart disease

If you have any of these conditions you should be following [shielding measures](#) for a minimum of 12 weeks. You should be transferred to duties that could be undertaken at home whilst shielding, or remain away from work until the shielding period has been formally withdrawn.

Workers over 70 years of age should also be transferred to duties that can be undertaken at home, or into non patient facing roles, maintaining strict [social distancing](#) and hygiene measures.

For more information on these conditions, please review the [Guidance for Health and Social Care and Emergency Workers with Underlying Health Conditions](#)

Raised Risk of Severe Illness

For those at **Raised Risk of Severe Illness**, staff can continue to work as long as they practice social distancing and strict hygiene measures. These members of staff should not be working face to face with confirmed or suspected cases of COVID-19. Managers should follow a risk assessment process for staff with these underlying health conditions:

- chronic (long-term) respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
- chronic heart disease, such as heart failure
- chronic kidney disease
- hypertension
- chronic liver disease requiring immunosuppressive medication or having progressed to severe fibrosis or cirrhosis.
- chronic neurological conditions requiring regular treatments such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
- diabetes
- splenic dysfunction
- a weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets or chemotherapy
- being seriously overweight (a BMI of 40 or above)

A more exhaustive list of conditions, including exceptions, can be found in [Guidance for Health and Social Care and Emergency Workers with Underlying Health Conditions](#).

We have outlined the three most common asks from staff, but for more specific information on the definition of these conditions, please refer to the [Guidance for Health and Social Care and Emergency Workers with Underlying Health Conditions](#).

Asthma:

Severe Asthma is defined as anyone receiving high dose long term steroid, methotrexate, azathioprine, MMF, omalizumab, mepolizumab or benralizumab, or three times a week azithromycin; or has had 3 or more short courses of steroids for exacerbations in the past year. If you are in this group, you should be asked to work from home if possible

If you have stable asthma you should continue to work and protect yourself by taking your regular medication. You do not require any additional precautions beyond the established infection control methods and strict hygiene measures.

Diabetes:

Diabetes is considered a condition with an increased risk of disease. Risk assessments are advised for individual members of staff with diabetes due to variations. If following risk assessment, staff are able to continue their role, they should follow the infection measures detailed above.

Pregnancy:

The [Royal College of Obstetrics and Gynaecology](#) provides guidance on what health care workers should do if they are pregnant. Existing legislation protecting pregnant must be followed. In addition, the following recommendations have been offered:

Protection of all pregnant healthcare worker:

In light of limited evidence, all pregnant workers should be offered the choice of whether to work in direct patient-facing roles.

Choices for pregnant healthcare workers prior to 28 weeks' gestation:

Risk assessments should be carried out, and if a pregnant worker chooses to work in patient facing roles, they should be supported to do so by minimising risk of transmission through established methods. As for all healthcare workers, use of personal protective equipment (PPE) and risk assessments according to current guidance will provide pregnant workers with protection from infection.

Healthcare workers after 28 weeks' gestation or with underlying health conditions

For pregnant women from 28 weeks' gestation, or with underlying health conditions such as heart or lung disease at any gestation, a more precautionary approach is advised. Women in this category should be recommended to stay at home.

New mothers wanting to return to the workforce

Any mother thinking of returning early from maternity leave should be allowed provided she is fit and healthy to work, subject to any employment law restrictions, and following the same infection control and strict hygiene measures.

8. When will I get testing?

Scottish Government provided [guidance](#) to prioritise available testing capacity to enable key workers in health and social care to return to work. This reflects the limited laboratory capacity available at the moment, and the need to address staffing pressures in critical health and social care services.

The guidance recommends that testing should be prioritised for health and social care staff working in areas with critical staffing challenges, as identified locally. It also recommends that testing should be prioritised for health and social care workers who are not experiencing symptoms but in 14 day household-isolation, rather than those who are symptomatic and in 7 day individual isolation, in order to maximise the reduction in working days lost.

ANNEX A: FAQs for Health and Social Care Workers

<p>Should I be working from home where possible?</p>	<p>As it stands, if you are able to perform your job from home you should do this – this is part of the Scottish and UK Government’s measures to prevent the transmission of COVID-19.</p> <p>This will be difficult for the majority of roles in health and social care. As part of the key worker group, you will not face any sanctions if you have to commute to your place of work.</p> <p>If you do not care for patients with suspected or proven COVID-19, you should still undertake the social distancing measures, as much as is practicable, set out by the Government.</p> <p>Information on these can be found here.</p>
<p>How can I protect my household if one of them is self-isolating?</p>	<p>The most important thing you can do to protect yourself and prevent transmission to others is to practice good hand hygiene and use the appropriate PPE for the tasks that you are required to do. This, in addition to the guidance above and ensuring you don’t inadvertently contaminate any objects you are bringing home, will mitigate the risk of onward transmission.</p>
<p>My child has a high-risk medical condition, should I be coming to work?</p>	<p>Please see the section above entitled ‘What should I do if I have a person with a high-risk medical condition in my household?’</p> <p>You should practice the standard infection control and transmission-based precautions and maintain good hand hygiene. You should also attempt <u>shielding</u> as much as possible, although this may be very challenging.</p>
<p>Should I come to work if one of my household members is in the high-risk or shielding category?</p>	<p>Yes, you should continue to come to work if you are able to do so. The measures above to protect you and prevent transmission will also protect them.</p>
<p>I have asthma – should I be working?</p>	<p>If you only have mild asthma, you should continue to work. If you have severe asthma, you are at the raised risk of severe illness and should speak to your line manager to discuss your options.</p>

I am diabetic – should I be working?	Please see the section above on diabetes and discuss this with your line manager.
I am pregnant – should I be working?	Please see the section above on pregnancy and discuss this with your line manager.
I am not sure if I should be doing patient facing work with my underlying health condition – where can I go for guidance?	You should speak to your line manager in the first instance. If they are unable to give you guidance, they should contact your occupational health team.
I cannot social distance in my workplace, but I have an underlying condition – how can I make sure I am protected at work?	Your employer should help to achieve this, but depending on your role it may be difficult. Consider your ability to work from home or perform a modified role within your team or organisation.
I am not sure if I have the right protection equipment for my job – where can I go for guidance?	You should speak to your line manager. This guidance should help you identify which equipment you need to protect yourself and prevent onward transmission.
I need to work but my child's school is closed?	Local authorities are responsible for putting appropriate arrangements in place to support parents and carers defined as key workers. Guidance can be found here . Please contact your local authority for information about the arrangements they are putting in place. See the contact details for your local authority here . If you have further queries, please contact keyworkers@gov.scot
How do I know if I am a “Key Worker”?	Please contact your local authority for information about the arrangements they are putting in place. See the contact details for your local authority here . If you have further queries, please contact keyworkers@gov.scot
I can't access childcare under the key worker scheme, what am I entitled to under carer's leave?	Where there is no alternative childcare available, paid carer's leave will be given to staff and they will be paid as if at work, for the duration of each absence. Absences for this should be recorded as Special Leave Coronavirus.

<p>I haven't been tested yet, when will I?</p>	<p>NHS Boards have been issued guidance on how to prioritise testing, which can be found here.</p>
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ANNEX B: References:

Coronavirus (COVID-19)

- Health Protection Scotland

<https://www.hps.scot.nhs.uk/a-to-z-of-topics/wuhan-novel-coronavirus/>

Coronavirus (COVID-19)

- NHS Inform

<https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19>

COVID-19 Guidance for infection prevention and control in healthcare settings. Version 1.0

- Issued jointly by the Department of Health and Social Care(DHSC), Public Health Wales(PHW), Public Health Agency(PHA) Northern Ireland, Health Protection Scotland (HPS) and Public Health England as official guidance.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874316/Infection_prevention_and_control_guidance_for_pandemic_coronavirus.pdf

COVID-19: when to use a surgical face mask or FFP3 respirator.

- Public Health England

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874411/When_to_use_face_mask_or_FFP3.pdf

COVID-19: Information and Guidance for Social or Community Care & Residential Settings. Version 1.3.

- Health Protection Scotland.

https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2980/documents/1_COVID-19%20Guidance-for-Social-or-community-care-and-residential-settings.pdf

Coronavirus (COVID-19): Shielding

- NHS Inform

<https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-shielding>

Rapid Review of the literature: Assessing the infection prevention and control measures for the prevention and management of COVID-19 in healthcare settings. Version 1.0.

- Health Protection Scotland

https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2985/documents/1_2020-3-19-Rapid-Review-IPC-for-COVID-19-V1.0.pdf

Aerosol Generating Procedures (AGPs). Version 1.1.

- Health Protection Scotland

https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2893/documents/1_tbp-lr-agp-v1.1.pdf

Coronavirus (COVID-19) Infection in Pregnancy. Information for healthcare professionals. Version 4.1.

- Royal College of Obstetrics and Gynaecology

<https://www.rcog.org.uk/globalassets/documents/guidelines/2020-03-26-covid19-pregnancy-guidance.pdf>

Testing for COVID-19 Infection to Enable Key Workers to Return to Work.

- Scottish Government

<https://www.sehd.scot.nhs.uk/publications/DC20200325guidance.pdf>