Dear Colleagues

PUBLICICATION 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.


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.

Please be assured that this guidance is based on the latest advice from our scientific and clinical advisers, last updated on the 17th of April. 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.

DL (2020)
30 March 2020

Addresses

For information

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Directors of Human Resources, NHS Boards and National Health Boards
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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,

Catherine Calderwood
Chief Medical Officer

Gillian Russell
Director of Health Workforce

PROFESSOR FIONA MCQUEEN
Chief Nursing Officer
GUIDANCE TO HEALTH AND SOCIAL CARE WORKERS

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<tr>
<td>V1.0</td>
<td>30/03/2020</td>
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| V3.0    | 17/04/2020 | - Updated Information/Links to Public Health England (PHE) guidance which has changed since 03 April Update  
- Added Guidance on Uniform on Home Laundering  
- Added Guidance on Staff Travel Arrangements |
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 Governments, 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 to 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 are infected with 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 and others?

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. Good hand hygiene with soap and water or alcohol-based rub is the most important measure to prevent spread of COVID-19.
The Four Nations have updated their common approach to infection prevention and control to reflect the pandemic evolution and the changing level of risk to healthcare exposure to COVID-19 in the UK.

This guidance outlines the infection prevention and control advice for health and social care providers involved in receiving, assessing and caring for patients who are a possible or confirmed case of COVID-19. It should be used in conjunction with local policies.

The following changes have been made to the Four Nation Guidance since the last version of this guidance:

- Updated guidance, new Tables 1, 3 and 4, and added links.
- Removed reference to ‘first responders’ in PPE table 3 and guidance.
- List of guidance updates now included in 'Explanation of the updates to infection prevention and control guidance'.
- Added Frequently Asked Questions on wearing Personal Protective Equipment (PPE).
- Added explanation of the updates to the infection prevention and control guidance.

The guidance is 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), Public Health England and NHS England as official guidance.

Whilst this guidance seeks to ensure a consistent and resilient UK wide approach, some differences in operational details and organisational responsibilities may apply in Northern Ireland, England, Wales and Scotland.

This guidance is very important to protect you and prevent onward transmission. Please read the sections that are relevant to your role and place of work. The links below have been created for ease of access, with the contents listed below.

**COVID-19 Infection Prevention and Control Guidance (including PPE)**

The UK IPC and other useful guidance and resources can be found on the Health Protection Scotland (HPS) website.

**Explanation of the updates to infection prevention and control guidance**

1. Process for updating the guidance (as published on 2 April 2020)
2. Main changes to the guidance
Introduction and organisational preparedness

1. Introduction
2. Infection, prevention and control precaution
   2.1. Standard infection control precautions (SICPs) definition
   2.2. Transmission Based Precautions (TBPs) definition
3. Organisational preparedness for preventing and controlling COVID-19

Transmission characteristics and principles of infection prevention and control

1. Routes of transmission
2. Incubation and infectious period
3. Survival in the environment

Reducing the risk of transmission of COVID-19 in the hospital setting

1. Transmission based precautions
2. Duration of precautions
3. Standard precautions
   3.1. Hand hygiene
   3.2. Respiratory and cough hygiene – ‘Catch it, bin it, kill it’
   3.3. Patient use of face masks
4. Patient placement - inpatient settings
   4.1. Negative pressure isolation rooms
   4.2. Single rooms
   4.3. Cohort areas
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   4.5. Managing visitors
5. Managing visitors
6. Moving and transferring patients
   6.1. Moving patients within the same hospital
   6.2. Transfer from primary care/community settings
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7. Critical care
8. Operating theatres (where these continue to be used for surgery)
9. Environmental decontamination
   9.1. While the patient is in the room
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10. Waste
11. Linen
12. Staff uniform
13. Management of equipment and the care environment
14. Environment
15. Handling the deceased

Updated 17/04/2020
COVID-19 personal protective equipment (PPE)

1. Scope and purpose
2. Rationale for updated guidance
3. Main changes to previous guidance
4. Safe ways for working for all health and care workers
5. Summary of PPE recommendations for health and social care workers
6. Sessional use of PPE
7. Risk assessment
8. PPE guidance by healthcare context
   8.1. Aerosol generating procedures
   8.2. Higher risk acute inpatient care areas
   8.3. Inpatient areas
   8.4. Emergency department and acute admission areas
   8.5. Transfer of cases and other duties requiring close contact
   8.6. Operating theatres and operative procedures
   8.7. Labour ward
   8.8. Ambulance staff and paramedics
   8.9. Primary care, ambulatory care and other non-emergency outpatient clinical settings
   8.10. Individual’s home or usual place of residence
   8.11. Community and social care settings, including care homes, mental health and other overnight resident facilities
   8.12. Pharmacy
   8.13. Collection of nasopharyngeal swab(s)
   8.14. Care to vulnerable groups undergoing shielding
9. Patient use of PPE
10. Recommended PPE types and rationale for use
   10.1. Filtering face piece class 3 (FFP3) respirators
   10.2. Fluid resistant surgical masks
   10.3. Eye and face protection
   10.4. Disposable aprons and gowns
   10.5. Disposable gloves
11. Best practice in use of PPE and hand hygiene

Note: we are currently experiencing sustained transmission across the UK.

Table 1 summarises recommended PPE for health care workers by secondary care inpatient clinical setting for both NHS and independent sectors.

Table 2 summarises recommended PPE for primary, outpatient and community care settings.

Table 3 summarises recommended PPE for ambulance, paramedics, transport and pharmacists.
Table 4 summarises additional considerations, in addition to standard infection prevention and control precautions, where there is sustained transmission of COVID-19, taking into account individual risk assessment for this new and emerging pathogen, for both the NHS and independent sectors.

NB – there are additional resources to aid correct PPE usage available here and here.

**COVID-19: personal protective equipment use for non-aerosol generating procedures**
- Guidance on the use of personal protective equipment (PPE) for non-aerosol generating procedures (APGs).

**COVID-19: personal protective equipment use for aerosol generating procedures**
- Guidance on the use of personal protective equipment (PPE) for aerosol generating procedures (AGPs)

**Occupational health and staff deployment**

**Glossary of terms**

Best practice guides:
- Best practice hand rub
- Best practice hand wash
- Best practice management of blood and body fluid spills

**Facial hair and FFP3 respirators**

**Routine decontamination of reusable equipment**

**How do I prevent onward transmission of the virus?**

Strick adherence to standard infection control and transmission-based precautions will minimise the risk of onward transmission. Guidance around standard infection control and transmission based precautions can be found within the National Infection Prevention and Control Manual (NIPCM)

**COVID/19: NHS Scotland Laundering and Uniform Policy**

The appropriate use of personal protective equipment (PPE) will protect staff uniform from contamination in most circumstances. Where a uniform has been worn, in conjunction with appropriate PPE and is not visibly contaminated with blood, or other bodily fluids, (including COVID/19 contamination) there is no evidence that it poses any risk to healthcare workers, their families or the public.
Health Protection Scotland have reviewed and appraised the published literature around uniforms including our National Uniform, Dress Code and Laundering policy, and have confirmed that existing infection control procedures, including arrangements for laundering uniforms and scrubs still apply for COVID/19.

Key information

Home laundering

Hospital laundries can be used to launder uniforms, but only where they are available. Health Boards with on-site laundries will have a local policy in place to label uniforms for collection and return to staff.

Where on-site laundries are not available, used uniforms, that are not contaminated with blood or bodily fluids (including COVID/19 contamination), should be laundered at home.

They should be taken home in a disposable plastic bag. This bag should be disposed of into the household waste stream. Uniforms should be:

- washed separately from other items
- in a load not more than half the machine capacity
- at the hottest temperature appropriate for the fabric, then ironed or tumble dried

Alginate bags should not be used in domestic washing machines.

There is no scientific evidence to suggest that home laundering is a less effective method of laundering non-contaminated uniform.

It is best practice to change into and out of uniforms at work and not wear them when travelling. This is based on public perception rather than evidence of an infection risk. This does not apply to community health workers who are required to travel between patients in the same uniform.

Healthcare facilities should provide changing rooms/areas where staff can change into uniforms on arrival at work and these should be used for the duration of the COVID/19 pandemic.

Contaminated uniforms

Uniforms that have been contaminated by patient blood or bodily fluids (Including COVID-19 related contamination) should be sent to on-site or facilities laundries in an alginate bag as infected linen and not taken home to wash.
Under no circumstances should theatre scrubs or PPE be laundered at home.

**Uniform supply and demand**

Staff are not putting themselves, their families or patients at increased risk by following current guidelines on changing uniforms and scrubs – one per shift or session, **unless the uniform becomes contaminated**.

Uniformed staff should continue to wear their uniforms, unless they are required to wear theatre scrubs.

Non-uniformed staff will be allocated suitable work wear for the roles they are performing for the duration of the pandemic.

Staff transferring to other locations/boards to help with the pandemic should take their own uniforms with them, where possible.

Health care students taking up paid employment to help with the outbreak should continue to wear their student uniforms, where possible.

**Staff Travel**

Symptomatic individuals, and asymptomatic individuals living in the same household as a possible/confirmed case of COVID-19, should follow household isolation (stay at home) advice on NHS Inform.

In line with national guidance, anyone with COVID-19 symptoms that start at work should not share vehicles except as a lone passenger when they head home directly, if not taking their own vehicle, public transport or ambulance.

In line with national guidance, individuals should follow general infection prevention and control measures, including practicing good hand hygiene, and follow social distancing advice (i.e. maintaining 2m social distancing) wherever possible.

Where maintaining 2m social distancing in a car with someone from a different household is difficult, alternative travel arrangements should be made if at all possible to allow social distancing to be maintained.

We recognise that making alternative travel arrangements will not always be possible, so where people from different households are sharing a private vehicle (car, taxi, minibus, lorries), then consideration should be given to how social distancing can be applied within the vehicle, where possible. If you can adhere to social distancing whilst travelling, then do so. Where this is not possible and you are travelling with non-household members, limit the number of passengers and space out as much as possible.
Again, the following general infection prevention and control measures should always be followed:

- Hand hygiene - use handwashing facilities or, IF NOT available, alcohol based hand rub before and after journeys.
- Catch coughs and sneezes in tissues or cover mouth and nose with sleeve or elbow (not hands), dispose of the tissue into a bin and wash hands immediately.
- Practice social distancing. For example, sit or stand approx. 2 metres (6 feet) from other passengers, travel in larger vehicles where possible or use vehicles with cab screens, if available.
- Clean vehicles between different drivers or passengers as appropriate

**Travel by Trainees and Students to Hospital Accommodation**

Accommodation offered by hospitals to trainees and students in order to undertake work should not be treated as a first or second home for the purposes of current travel restrictions. In this respect, trainees should be able to travel to and from their family or principal home as required.

4. **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).

5. **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).

6. **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 are infected with 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.

Staff in the highest risk of severe disease group will receive an individualised letter from the Chief Medical Officer offering advice and support on shielding measures that must be followed. Any discussion about whether or not individuals may have received the letter incorrectly, or where their clinical circumstance have changed, should be undertaken with occupational health in the individual’s employing Board. If access to occupation health services are not available, employees should discuss their circumstances with their GP or the clinician supervising their care. Unless there has been such a discussion we would expect staff to comply with the advice contained in the letter from the Chief Medical Officer.

**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. If you have been advised to shield and you cannot work from home, you are entitled to be paid as if at work.
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 severe illness. 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](https://www.rcog.org.uk) 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 workers:*

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.

7. **When will I get testing?**

Scottish Government provided [guidance](https://www.nhs.scot) on 24th March 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

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<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>Should I be working from home where possible?</td>
<td>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. 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. 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. Information on these can be found <a href="#">here</a>.</td>
</tr>
<tr>
<td>How can I protect my household if one of them is self-isolating?</td>
<td>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.</td>
</tr>
<tr>
<td>My child has a high-risk medical condition, should I be coming to work?</td>
<td>Please see the section above entitled <a href="#">What should I do if I have a person with a high-risk medical condition in my household?</a>. You should practice the standard infection control and transmission-based precautions and maintain good hand hygiene. You should also attempt shielding as much as possible, although this may be very challenging.</td>
</tr>
<tr>
<td>Should I come to work if one of my household members is in the high-risk or shielding category?</td>
<td>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.</td>
</tr>
<tr>
<td>I have asthma – should I be working?</td>
<td>If you only have mild asthma, you should continue to work. If you have <a href="#">severe asthma</a>, you are at the raised risk of severe illness and should speak to your line manager to discuss your options.</td>
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<tr>
<td>Question</td>
<td>Answer</td>
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<tr>
<td>I am diabetic – should I be working?</td>
<td>Please see the section above on diabetes and discuss this with your line manager.</td>
</tr>
<tr>
<td>I am pregnant – should I be working?</td>
<td>Please see the section above on pregnancy and discuss this with your line manager.</td>
</tr>
<tr>
<td>I am not sure if I should be doing patient facing work with my underlying health condition – where can I go for guidance?</td>
<td>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.</td>
</tr>
<tr>
<td>I cannot social distance in my workplace, but I have an underlying condition – how can I make sure I am protected at work?</td>
<td>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.</td>
</tr>
<tr>
<td>I am not sure if I have the right protection equipment for my job – where can I go for guidance?</td>
<td>You should speak to your line manager. This guidance should help you identify which equipment you need to protect yourself and prevent onward transmission.</td>
</tr>
<tr>
<td>I need to work but my child’s school is closed?</td>
<td>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 <a href="mailto:keyworkers@gov.scot">keyworkers@gov.scot</a></td>
</tr>
<tr>
<td>How do I know if I am a “Key Worker”?</td>
<td>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 <a href="mailto:keyworkers@gov.scot">keyworkers@gov.scot</a></td>
</tr>
<tr>
<td>I can’t access childcare under the key worker scheme, what am I entitled to under carer’s leave?</td>
<td>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.</td>
</tr>
<tr>
<td>I haven’t been tested yet, when will I?</td>
<td>NHS Boards have been issued guidance on how to prioritise testing, which can be found here.</td>
</tr>
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</table>
| **I have seen other PPE guidance, what should I be using?** | It is important to reiterate that in Scotland, guidance produced by HPS, PHE and the Scottish Government Health and Social Care Directorate (SGHSCD) has national standing. Royal Colleges and other professional organisations producing supplementary IPC guidance are encouraged to use the HPS guidance as a single source of information.

Some guidance has been produced which diverges from that published by HPS, particularly regarding what is and is not classified as an Aerosol Generating Procedure (AGP). Health Boards are requested to use the Health Protection Scotland / Public Health England list of AGPs as the single source of information. |
| **How does this guidance compare to the WHO guidance?** | The WHO confirmed that UK guidance is consistent with WHO recommendations for protecting healthcare workers against COVID-19. The UK guidance has some marginal differences from WHO guidance, these are:

- the UK recommends FFP3 respirators for use during higher risk procedures, however does state that FFP2 can be used if FFP3 are not available, following a rapid Health and Safety Executive (HSE) review.
- recommends full arm gowns when seeing any suspected or confirmed case of COVID-19. The UK guidance also recommends full arm gowns as part of airborne precautions and aprons for other procedures, which is consistent with the UK ‘bare below the elbow’ policy as part of our long-term strategy to reduce healthcare associated infections and effective hand hygiene.

- COVID-19 is not airborne, it is droplet carried. We know the cross contamination from gowns for infection can be carried by the gown sleeves and the advice therefore is bare below the elbows and undertake good hand hygiene, including your wrists and forearms. |
Should patients wear PPE?

In clinical areas, communal waiting areas and during transportation, it is recommended that possible or confirmed COVID-19 cases wear a fluid-resistant (Type IIR) surgical face mask (FRSM) if this can be tolerated. The aim of this is to minimise the dispersal of respiratory secretions, reduce both direct transmission risk and environmental contamination. A FRSM should not be worn by patients if there is potential for their clinical care to be compromised (for example, when receiving oxygen therapy via a mask). An FRSM can be worn until damp or uncomfortable.

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


COVID-19 [Guidance]: infection prevention and control
   – Public Health England (N.B. accepted by Health Protection Scotland)


   – Health Protection Scotland.


Coronavirus (COVID-19): Shielding
   – NHS Inform

  – Health Protection Scotland


  – Health Protection Scotland

https://www.hps.scot.nhs.uk/web-resources-container/transmission-based-precautions-literature-review-aerosol-generating-procedures/

  – Royal College of Obstetrics and Gynaecology

https://www.rcog.org.uk/coronavirus-pregnancy

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