

E: cno@gov.scot

Dear Colleagues

EXTANT GUIDANCE ON INFECTION PREVENTION AND CONTROL, SURVEILLANCE AND VACCINATIONS FOR INFLUENZA AND COVID-19.

I am writing to you in the midst of another challenging winter in Scotland's Health and Social Care sector with a particular focus as the number of patients testing positive on admission for COVID-19 and influenza has increased. Given the service pressures at present, I wanted to take this opportunity to restate the extant guidance regarding infection prevention and control (IPC).

Each member of staff in health and social care has a role to play in infection prevention and control. Control measures such as standard infection control precautions (SICPs), transmission based precautions (TBPs) and vaccinations support us to reduce and control healthcare associated infections (HCAs) and the additional pressures these bring to health and social care services.

National Infection Prevention and Control Manual

The [National Infection Prevention and Control Manual](#) (NIPCM) was relaunched on 11 July 2022. These evidence based guidelines aim to reduce the risk of HCAI and ensure the safety of those in the care environment – those being cared for, as well as staff and visitors.

Antimicrobial Resistance Healthcare Associated Infection (ARHAI) Scotland continues to monitor and analyse COVID-19 and other respiratory infections data. This is considered alongside reviews of the current scientific literature and international guidance (inclusive of WHO IPC guidance) to ensure the NIPCM remains an up to date practice guide for use in Scotland. The NIPCM and Care Home Infection

From the Chief Nursing Officer

Professor Alex McMahon

15 January 2024

DL (2024) 01

Addresses

For action

NHS Scotland Chairs,
NHS Scotland Chief Executives,
Chief Officers Health and Social Care Partnerships,
Local Authorities,
HR Directors,
Medical Directors,
Nurse Directors,
Primary Care Leads,
Directors of Pharmacy,
Directors of Public Health,
Directors of Dentistry,
Optometric Advisors,
All Independent Contractors (Dental, Pharmacy, General Practice and Optometry),
Infection Control Managers,
Infection Control Doctors,
Infection Control Nurses.

Further Enquiries

Scottish Government Directorate for Chief Nursing Officer

Email: cno@gov.scot

Prevention and Control Manual (CH IPCM) are considered best practice in all health and care settings.

I do however recognise that during times of increased service pressure Boards may adopt practices that differ from those stated in the NIPCM. Boards are able to do this but it is your responsibility for ensuring safe systems of work including risk assessment and any decision to derogate should be considered and approved in line with the local board governance arrangements and must be frequently reviewed within those structures.

Risk Assessment

The increase in seasonal respiratory infections over winter further adds to the operational pressures experienced across health and social care services.

Healthcare staff are reminded to carry out individual risk assessment when providing direct clinical care to anyone with suspected or confirmed respiratory infection.

It is important that all patients and individuals are assessed for infection prior to arrival or on arrival to any health and care facility and throughout their stay. This will help ensure that the appropriate controls in addition to SICPs are applied promptly including individual patient placement.

General respiratory screening questions can be found within the resources section of the NIPCM or by following this link - [Respiratory Symptom Screening Questions](#)

It is also important to ensure that multidrug resistant organism (MDRO) clinical risk assessment based screening is undertaken in line with [national protocols](#) along with clinical samples when infection is suspected.

Reporting of Incidents and Outbreaks

Continued reporting of infection related incident and outbreaks over the winter period supports ARHAI Scotland in fulfilling their national function in preparedness and response to HCAI outbreaks and incidents. In order to support boards during this time, a new form for reporting key winter respiratory viruses was introduced in December, which aims to reduce the data collection burden.

Infection Control in the Built Environment

Health Boards should ensure that any wards or departments that are reopened or repurposed to provide additional capacity over the winter months are safe and fit for purpose. In particular, ventilation and water systems should be reviewed as described below:

- *Ventilation*

For all areas, NHS boards should undertake local risk assessments based on the hierarchy of controls, of which engineering is a component. Further information on ventilation can be obtained here: [Appendix 18 - Hierarchy of controls \(scot.nhs.uk\)](#)

Guidance on ventilation in healthcare settings can be found in SHTM 03-01 Specialist ventilation for healthcare premises [Ventilation for Healthcare Premises \(SHTM 03-01\) | National Services Scotland \(nhs.scot\)](#)

Board Ventilation Safety Groups (VSG) should ensure that all specialist ventilation systems in hospitals (including Critical Care areas) have up to date annual verification reports, and that action plans are in place for any deficiencies identified. All ventilation systems should be well maintained, ensuring functionality of air handling units and correct delivery of assigned air change rates.

- *Water*

If opening a ward or department that is not currently fully occupied, a risk assessment of the area should be undertaken and the board Water Safety Group should be involved.

Guidance on water safety in healthcare settings can be found in [SHTM 04-01](#).

If the area is to be utilised as an augmented care area, water testing should also be undertaken for *Pseudomonas* in addition to the tests listed above.

- *Bed Spacing*

The NIPCM offers guidance on the minimum [bed spacing](#) requirements. I recognise that as service pressures increase extra beds may be added in order to meet the additional care demands. As stated above, practice out with that contained in the NIPCM should be risk assessed, considered and approved in line with the local board governance arrangements.

Winter IPC Messages

ARHAI Scotland and NHS National Education for Scotland have collaborated to relaunch a series of key IPC messages that can be used to support health and care settings over this winter period. They aim to raise awareness and help support communications around staying well during the winter. I would appreciate it if you could share these [messages](#) across your services.

Vaccinations

As per the letter dated 11 January 2024 (appendix A) myself and the other Chief Officers asked that you work with your teams to try and encourage COVID-19 and flu vaccination uptake within your workforce. This is in order to protect staff from these viruses, reduce staff absence due to sickness, and in the case of the flu vaccine, help to reduce potential transmission to your family, patient or client groups and to support wider winter resilience.

Antimicrobial Prescribing

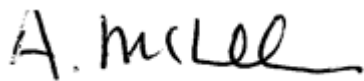
Optimising antimicrobial use remains an important way to minimise the threat from antimicrobial resistance. In winter there is an increase in people presenting with symptoms of respiratory infections but most winter respiratory tract infections are caused by viruses and do not require treatment with antibiotics. It is vital for clinicians to follow advice on antibiotic prescribing from the [Scottish Antimicrobial Prescribing Group](#) and NHS board antibiotic prescribing guidelines on when to use antibiotics, the choice of antibiotic and duration of treatment.

Surveillance

HCAI and AMR surveillance should continue as per current policy. Surgical site infection surveillance remains paused and *Clostridioides difficile* infection, *Escherichia coli* bacteraemia and *Staphylococcus aureus* bacteraemia surveillance continue as per [national surveillance protocols](#). A review of national surveillance is currently underway.

I would like to offer my sincere thanks for everything you are doing. I recognise the commitment each member of staff has in ensuring the best of care to patients, service users and their visitors; it makes me incredibly proud to be your Chief Nursing Officer. I hope you find the information provided in this letter useful and supportive of your continued efforts.

Yours sincerely,



PROFESSOR ALEX MCMAHON
CHIEF NURSING OFFICER

Appendix A - WINTER PROGRAMME 2023/24 – SEASONAL FLU AND COVID-19
VACCINATION letter



WINTER
PROGRAMME 2023-2