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To: NHS Chief Executives

cc Chief Officers
Chief Executives of Local Authorities
CoSLA

29 June 2020

Dear colleagues,

**COVID-19: MOBILISATION PLANS: REDUCING RISK OF NOSOCOMIAL COVID 19**

Thank you for all of your work to date on remobilisation plans and on restarting paused services in a safe and clinically prioritised manner. I am writing to you today further to John Connaghan's letter of 4 June.

It is clear from the plans which have been submitted that Boards are well aware of the nosocomial risks associated with COVID-19 and the challenges which these risks present in relation to remobilisation. However I need to be confident that all appropriate steps have been put in place to guard against and minimise the risk of healthcare associated infection of COVID-19 in our hospitals. I wish therefore to draw your attention to some points where I would ask Boards to make particular efforts to assess their plans and be assured that all possible steps are being taken, in a timely manner.

**New action – guidance**

You will be aware that, on 23 June, the Cabinet Secretary announced additional measures to safeguard our patients and staff as follows:

- Extending the use of surgical masks to be worn by all healthcare staff who work within a healthcare setting and may be unable to physically distance from either patients or staff;
- Out-patients, day case attendances and visitors will be asked to wear a facial covering; and,
- Asymptomatic healthcare staff testing for COVID-19 will be expanded from testing all staff working in an area where there is a an outbreak of COVID-19 in a non COVID ward, to include healthcare staff working in specialist oncology wards, long term care of the elderly wards, and long term care wards in mental health facilities.

Guidance about the wearing of face masks and face covering was issued under cover of my and the Chief Medical Officer's letter of 23 June.

Guidance about the testing of asymptomatic health care workers involved in suspected nosocomial COVID-19 outbreaks, which was recommended by the COVID-19 nosocomial review group, will issue as soon as possible. The group will continue to review international evidence connected to nosocomial outbreaks.

Guidance on testing will also encompass further categories of staff (draft operational definitions for which are specified at the **Annex**) that should be subject to testing weekly. These further categories were selected having regard to evidence of nosocomial spread in certain healthcare settings; and, it has been decided to include specified oncology settings to seek to develop evidence of the potential utility of this approach in a setting that involves potentially vulnerable patients. I would be grateful if you could provide feedback on the draft definitions by return and before 1 July 2020.

Please could you now ensure that you put in place arrangements to enable the expansion of testing of asymptomatic healthcare staff, as outlined in this letter, to commence as soon as possible, and by 8 July. This should be accompanied by arrangements to support reporting on the number of staff in the categories described, and the number tested from 8th July, or before.

**Continuing review of infection prevention and control measures**

We expect these additional measures will help to provide as safe an environment for our patients and staff as possible. **The Cabinet Secretary would also be grateful if you will take steps to review and assure yourself of the effectiveness of your remobilisation plans in relation to the following areas, and to do so from 29 June 2020**:

- **Additional cleaning of areas of high volume of patients or areas that are frequently touched.** To reduce risk of transmission of COVID-19, NHS Boards should consider cleaning frequencies especially in high use areas including A&E; outpatients; public toilets and communal reception areas. Cleaning schedules should be managed locally using the tools provided within the HFS National Cleaning Specification, including the Facilities Monitoring Tool. NHS Boards must ensure that all staff have availability and access to wipes / approved cleaning products to allow additional cleaning of frequently touched surfaces. Further, NHS Boards must ensure that staff using these products have undertaken the correct training in terms of how to use and COSHH regulations associated to this.

- **Built environment (water)**. Management and testing is likely to be required in areas that have had reduced activity or no activity since service reduction / lockdown. NHS Boards must ensure compliance with the extant water safety guidance (SHTM 04-01, L8 etc.). The Health and Safety Executive have also published guidance on their website. All of this information has been issued to NHS Boards via Scottish Engineering and Technology Advisory Group (SETAG).

- **Physical distancing.** NHS Boards must ensure that as services recommence attempts are made to ensure that physical distancing is achieved across the healthcare system. Boards must review novel approaches to provide this such as zoning, physical barriers, staggering of staff breaks to reduce the number of people using communal spaces etc. Consideration should be given to numbers of people within each area and clear communication through signage should be in place. The Health and Safety Executive

has issued guidance on their website to support COVID-19 safe working practices: https://www.hse.gov.uk/coronavirus/working-safely/covid-secure.htm

- **COVID/non-COVID areas for patients.** NHS Boards must continue to ensure robust triage of unscheduled care patients to ensure they are progressed through the correct patient pathway. As part of their remobilisation plans, NHS Boards must review current COVID-19 pathways which take into account both scheduled and unscheduled patient care including out-patients. This must include physical distancing principles, and access/egress for patients attending for care.

- **Staff movement and rostering.** Boards will be alive to the importance of minimising staff to staff transmission and staff to patient transmission, and of implementing existing guidance on this matter, in particular:
    - Staff as far as practicable should not moved from COVID to non-COVID areas to care for patients, including bank/agency staff. IPC precautions including transmission based precautions must be in place;
    - Rotas may be impacted due to time required for donning and doffing of PPE, therefore Boards should consider staggering of start/finish times. Staff should wear appropriate PPE based on their setting and tasks being undertaken. Extant PPE guidance is available here;
    - Staff whose uniform is heavily contaminated with blood/body fluids should change, shower and have their uniform laundered within the healthcare facility as outlined in the NHS Scotland National Uniform Policy; and,
    - In line with the above policy, staff have advice on home laundering of uniforms.

The particular measures highlighted here do of course sit within a wider suite of infection prevention and control measures and good practice that are likely to be supplemented in time by the considerations and recommendations of the COVID-19 nosocomial review group, which I have convened and is chaired by Professor Jacqui Reilly. Steps will be taken to disseminate advice and guidance arising from this group.

**I am confident you will continue to develop and address these particular matters and would ask that this is fully reflected and confirmed in your plans for the next phase of re-mobilisation, for the period from August until the end of March 2021. John Connaghan will be writing to you under separate cover with more detail on the commission for these plans.**

Fiona C McQueen

**FIONA McQUEEN**
**Chief Nursing Officer**

**Annex**

**Expansion of Testing for Staff**
**Operational Definitions Proposal**

It is proposed that the below noted groups come within the scope of new testing operations.

**Definition - Specialist Cancer Wards and Treatment Areas**

Oncology and haemato-oncology in and day patient areas including radiotherapy staff.

This will include the permanent staff who work in the area and any staff who require to be deployed to the area to ensure safe staffing requirements.

Staff means all NHSScotland employees and volunteers who are physically present in the ward as part of the routine provision of care, support, services and treatment. Where there are smaller cancer centres with patients as part of a bigger ward the staff in these areas should be included. This will include nurses, student nurses, doctors, AHP's, volunteers housekeeping, cleaning and administration staff and staff or volunteers responsible for transport of cancer patients.

**Exclusions**

- Staff in who visit the ward infrequently such as a visiting surgeon and are not part of the normal staff cohort.
- Staff from other wards or departments where Oncology/heamato-oncology patients may receive part of their care such as a surgical ward or Accident and Emergency CT scan or x-ray departments.

**Definition Long stay care of the elderly –**
Staff in wards caring for people over 65 years of age where the length of stay for the area is over 3months.

"Staff" will include the permanent staff who work in the area and any staff who require to be deployed to the area to ensure safe staffing requirements. All NHSScotland employees and volunteers who are physically present in the ward as part of the routine provision of care, support, services and treatment. This will include nurses, doctors, AHP's, volunteers housekeeping, cleaning and administration staff. This will include nurses, student nurses, doctors, AHP's, Activity co-ordinators volunteers, housekeeping, cleaning and administration staff.

**Exclusions**
Staff in who visit the ward infrequently such as a visiting surgeon and are not part of the normal staff cohort. Staff from other wards or departments where care of the elderly patients may receive part of their care such as a surgical ward or Accident and Emergency CT scan or x-ray departments.

**Long stay old age psychiatry and learning disability wards** –
wards within mental health services where the anticipated length of stay is over 3months

This will include the permanent staff who work in the area and any staff who require to be deployed to the area to ensure safe staffing requirements. This means all NHSScotland employees and volunteers who are physically present in the ward as part of the routine

provision of care, support, services and treatment. This will include nurses, doctors, AHP's, psychologists, volunteers housekeeping, cleaning and administration staff.

**Exclusions**
Staff in who visit the ward infrequently such as a visiting physician/surgeon/GP and are not part of the normal staff cohort.

Staff from other wards or departments where Long stay old age psychiatry and long stay learning disability patients may receive part of their care such as a surgical ward or Accident and Emergency CT scan or x-ray departments.

**Staff who test positive**
As part of the testing process staff who are asymptomatic and test positive will have to isolate for at least 7 days and must be apyrexial without the use of antipyretics for 48 hours before return. To ensure there are sufficient staff to be deployed to the area to cover staff absence NHS Boards should plan for back fill. Where bank or agency staff are deployed to backfill gaps in these areas they too should be tested.

The Scottish Government
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