

# Scottish Government submission of 15 January 2024

## PE2071/A: Take action to protect people from airborne infections in health and social care settings

Thank you for your email of 6 December 2023 on behalf of the Citizen Participation and Public Petitions Committee in relation to PE2071, regarding a call for the Scottish Government to take action to protect people from airborne infections in health and social care settings.

The petition urges the Scottish Government to consider the following actions:

- improve air quality in health and social care settings through addressing ventilation, air filtration and sterilisation;
- reintroduce routine mask-wearing in those settings, particularly respiratory masks;
- reintroduce routine Covid testing;
- ensure staff manuals fully cover preventing airborne infection;
- support ill staff to stay home;
- provide public health information on the use of respiratory masks and the HEPA air filtration against airborne infections.

### **Background**

As our national clinical infection prevention and control (IPC) experts, Antimicrobial Resistance Healthcare Associated Infection (ARHAI) Scotland is responsible for providing expert intelligence, support, advice, evidence-based guidance, clinical assurance and clinical leadership in relation to IPC and healthcare associated infections (HAI).

During the pandemic, the Scottish Government issued additional guidance in relation to asymptomatic Healthcare/Social Care Worker COVID-19 testing and extended guidance on face masks and face coverings in health and social care settings. This guidance was either paused (asymptomatic worker testing) or withdrawn (extended guidance on face masks, face coverings) during 2023 in response to the changing COVID context. Please be assured that the Scottish Government has a

robust process in place for creating, updating, and removing COVID-19 guidance.

Guidance is developed using a variety of sources, as is the decision to withdraw any guidance. This includes scientific evidence, recommendations made by the World Health Organisation, alongside other national and UK clinical expertise, research reviews and contextual considerations for example prevalence of infection. These sources and decisions remain under continual review.

The high uptake of COVID-19 vaccinations, reduced severity of illness and hospitalisations, as well as the availability of treatments for COVID-19 were highlighted as key drivers in the stepping down of the guidance. This is seen as a proportionate approach which recognises that Scotland is continuing to adapt to COVID-19 and at this stage we are now living with COVID-19 as a respiratory infection.

Furthermore, the winter booster campaign is currently underway for people at greatest risk, including:

- Residents and staff in care homes for older adults;
- Those aged 65 years and over;
- Those aged 6 months to 64 years in a clinical risk group, as defined in tables 3 and 4 of the COVID-19 chapter of the Green book;
- Frontline health and social care workers;
- Those aged 12 to 64 years who are household contacts, as defined in the Green book, of people with immunosuppression;
- Those aged 16 to 64 years who are carers, as defined in the Green book;
- Pregnant women.

### **Actions called for in the petition**

The Scottish Government is pleased to offer the Committee our views on the actions called for in the petition and will take each action in turn.

#### ***Improve air quality in health and social care settings through addressing ventilation, air filtration and sterilisation***

NHS Scotland Assure exists to improve how we manage risk in the healthcare built environment across Scotland. Managing risk in the right

way gives those involved in maintaining NHS buildings, facilities and equipment confidence and reassurance.

Health Boards use their delegated capital budgets to maintain their estates, replace equipment and minimise risk to patients, staff and visitors. There are a number of critical systems in NHS facilities, including ventilation, which require on-going investment and Health Boards should prioritise their investment decisions using a balanced, risk-based approach.

In respect of social care, there are several sources providing guidance or regulation on ventilation, for example Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), regulation 10(2)(c) – Fitness of Premises states that all services must provide “adequate and suitable ventilation, heating and lighting”. Health and Social Care Standard 5.19 states “My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes”, and the Care Inspectorate’s [Building better care homes for adults](#) guidance includes that “a ventilation system that will minimise the level of airborne contamination and dust to minimise the risk of cross infection” needs to be considered when designing, planning or constructing new or converted care homes for adults.

### ***Reintroduce routine mask-wearing in those settings particularly respiratory masks***

The extended use of face masks and face coverings guidance across health and social care settings was withdrawn on 16 May 2023. This followed advice from ARHAI Scotland and Public Health Scotland (PHS) that health and social care settings should revert to the National Infection Prevention and Control Manual (NIPCM) and the Care Home Infection Prevention and Control Manual (CH IPCM). The NIPCM and CH IPCM provide evidence-based guidance on the use of personal protective equipment (PPE), including face masks and respiratory protective equipment (RPE) centred on clinical need and risk assessment.

The withdrawal of this extended guidance does not stop or prevent staff, patients, service users or visitors from wearing a mask however they may not be routinely provided by health or social care providers. It is

recognised that some staff may have concerns regarding the withdrawal of this guidance and would expect organisations to undertake individual occupational health assessments and risk assessments as appropriate.

The guidance on the use of PPE and what PPE is appropriate in what circumstances is very carefully considered. For IPC purposes respiratory protective equipment (RPE) and facial protection, must be considered when:

- a patient is admitted with a known/suspected infectious agent/disease spread wholly by the airborne route
- and when carrying out aerosol generating procedures (AGPs) on patients with a known/suspected infectious agent spread wholly or partly by the airborne or droplet route.

As per [DL\(2022\)10](#), Health and Social Care Staff are also able to request RPE (FFP3 masks) based on their personal preference. It should be noted that FFP3 respirators must only be worn by staff who have undergone and passed a fit test.

ARHAI Scotland and PHS continue to monitor and analyse COVID-19 and other respiratory infections data, including variants, hospital clusters and deaths. This is considered alongside reviews of the current scientific literature. The Scottish Government regularly reviews this information together with any new emerging evidence. Any change to guidance would consider the epidemiological context and the latest scientific evidence and is continually under review.

### ***Reintroduce routine Covid testing***

As of [9 August 2023](#), the Scottish Government agreed to pause all COVID-19 routine testing guidance in health, social care and prison settings. An exception to this pause is for individuals in hospital, prior to being discharged to a care home or a hospice: this routine testing will remain. This was due to the success of the COVID-19 vaccination programme, reduced severity of illness and hospitalisations, and availability of treatments for COVID-19.

Testing policy is guided by clinical advice. The current pause follows advice from ARHAI Scotland, PHS, and Scottish Government Professional Clinical Advisors in Infection Prevention and Control.

Testing protocol for COVID-19 has reverted to testing as appropriate to support clinical diagnosis and for outbreak management as per the

NIPCM, or on advice from local Infection Prevention and Control Teams, or local Health Protection Teams. Testing for those who are eligible for COVID-19 treatments will also continue to be available. Routine testing for COVID-19 pre-discharge from hospital to a care home or hospice will be retained to provide additional reassurance for these settings.

This includes pausing the testing of symptomatic health and social care staff. Staff should adhere to the NHS Inform [Advice](#) on managing symptoms of a respiratory infection. The Scottish Government regularly reviews guidance as the pandemic situation changes and new emerging evidence is received. Testing will be based on person-centred clinical decisions, rather than a routine policy for all individuals. This will ensure the testing regime remains effective and proportionate.

### ***Ensure staff manuals fully cover preventing airborne infection***

The Scottish Government has no ownership or control over the content held within the National Infection Prevention and Control Manual (NICPM). As previously mentioned, ARHAI Scotland is responsible for the development and maintenance of the NIPCM. ARHAI liaises with other UK countries and international counterparts in the delivery and development of their national priority programmes including the review and updating of the Manual based on new and emerging evidence.

The Scottish Government is aware that Chapter 2 of the NICPM (Transmission Based Precautions) is currently undergoing a full update. This is based on a scientific literature review which may lead to changes being made to the NIPCM following stakeholder engagement. It is expected that this update will conclude within the 2024/2025 financial year.

Please contact ARHAI Scotland if you would like further information on the processes involved in the development and maintenance of the NIPCM including information on preventing airborne infection. ARHAI Scotland can be contacted at [NSS.HPSInfectionControl@nhs.scot](mailto:NSS.HPSInfectionControl@nhs.scot)

### ***Support ill staff to stay home***

If staff are unwell and are unable to perform their job, then they should not attend work until they are well enough to do so. This approach is not exclusive to cases of Covid-19 and other respiratory infections. However, to help support staff who are experiencing symptoms of a

respiratory infection, the Scottish Government has created an FAQ section within the following health and social care guidance: [Advance notice of changes to Scottish Government's COVID-19 testing guidance](#)

Health and social care staff should follow [NHS Inform](#) advice if they have symptoms or have tested positive for Covid-19. This webpage provides a list of symptoms, stay at home advice, and testing guidance.

For NHS staff, if they remain concerned about their risk of Covid-19 they can speak to their manager about a personal risk assessment. Their manager may then consider an occupational health referral.

***Provide public health information on the use of respiratory masks and the HEPA air Filtration against airborne infections***

[COVID-19 specific guidance](#) is still in place for the public and wider guidance for [individuals](#) and non-clinical [workplaces](#). The guidance promotes a risk-based approach to building resilience to respiratory infections, including Covid-19. The guidance recognises the importance of reducing risk from all transmission routes of respiratory infections including aerosol and droplet transmission.

A new set of ventilation guidance for non-clinical workplaces was developed by the Scottish Government, reviewed by PHS and published in October 2022, on the recommendation of the Covid-19 Ventilation Short Life Working Group. This guidance included refreshed advice on measures to consider taking to improve ventilation for [individuals](#) and [workplaces](#), as well as new guidance detailing the most appropriate use of [air cleaning technologies](#). The guidance provides advice on best practice models, it should be noted that there is no legal obligation or enforcement to comply with this advice.

I would like to thank you again for raising these concerns with the Scottish Government and I hope that you find this response helpful.

**Chief Nursing Officer Directorate**