Chief Nursing Officer Directorate

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Scottish Government
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Dear Colleague,

CONTINUING TO REDUCE THE RISK OF COVID-19 TRANSMISSION IN HOSPITAL SETTINGS

I recognise the pressure you and all of your valued staff members are under to counter and suppress the virus and I am continually reminded of your on-going commitment, determination, compassion and resilience. I would like to express my gratitude and thanks for the ongoing hard work from you all.

Whilst the NHS Scotland vaccination programme has given us much needed hope in recent months, we know that COVID-19 continues to put significant pressure on NHS Scotland. We know that transmission within hospitals closely follows patterns of high prevalence in the community and we continue to see nosocomial transmission within our hospitals across Scotland.

A number of policies have been introduced over the course of the pandemic aimed at helping Boards to mitigate the risk of nosocomial transmission. These policies have been informed by new and emerging evidence as our understanding of the virus has increased. Nevertheless, I recognise the challenge this can often present in terms of rapid implementation at a local level. Thank you for all of your efforts so far to ensure this has been achieved.

As we redouble our efforts against the virus, I wanted to take this opportunity to share the following information and resources to support you and your teams:

1. **Annex A –** An overview of the extant policies for controlling the transmission of COVID-19 in healthcare settings. It is vital that these measures are fully implemented and adhered to. ***Please note, in particular, the sections on ventilation and the extended use of masks –*** *it is mandatory for everyone (including patients and visitors) to wear face coverings/masks in health and care settings (see Section 6, Annex A for full details and information on exemptions).*

2. **Annex B –** A summary of policy letters to date in relation to reducing transmission of COVID-19 in hospital settings. The policies should be read alongside the comprehensive and detailed IPC guidance contained within the Scottish COVID Addendum for acute settings

From the Chief Nursing Officer
Amanda Croft

Enquiries to:

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8 March 2021

DL (2021) 9
CNO/2021/003

Addresses
For action
NHS Scotland Chief Executives

For information
Nurse Directors
Medical Directors
HAI Exec Leads
HR Directors
Employee Directors
Directors of Public Health
Infection Control Managers
Consultant Lead, ARHAI Scotland
NHS Scotland Chairs
Chief Executive, Public Health Scotland
Head of Estates / Directors of Facilities
Mobilisation Plan Leads

3. **Annex C –** A summary of the existing IPC communications assets shared with NHS Boards, outlining the key IPC measures and messages to help staff implement national policies and guidance in order to mitigate the risk of nosocomial infection of COVID-19. The resources have been developed by ARHAI Scotland, NES and the Scottish Government. Please note the new COVID-19 vaccination posters for staff and members of the public, in addition to a poster with information for in-patients in relation to wearing face masks.

4. **Annex D –** A self-assessment tool for NHS Board internal use (not for return). I ask that Executive Teams use this resource to provide local assurance of the following:

    a) Staff are supported to implement national policies and guidance and there are processes in place to monitor compliance, in line with the mandatory requirements within the National Infection Prevention and Control Manual (NIPCM) and the COVID Addendum for acute settings; and,

    b) You are reviewing quality indicators which support good IPC (e.g. safe staffing, sickness absence/monitoring and bed capacity) to ensure you understand the level and risk of nosocomial transmission within your Board and have mitigations in place.

5. **Annex E** – The Healthcare Safety Investigation Branch (HSIB) published an independent report in October 2020 titled *'COVID-19 transmission in hospitals: management of the risk – a prospective safety investigation'*. Whilst the report focuses on NHS England, it includes helpful insight and learning for all health and care services in relation to managing the factors that influence the risk of nosocomial transmission. I encourage you to consider and share the report with your HAI Executive Lead, Infection Prevention and Control Team (IPCT) and relevant governance groups to ensure they can act on its findings and recommendations. For ease of reference, we have developed a simple checklist at Annex E based on the questions the HSIB recommend considering in relation to controlling the risk of nosocomial infection. This is for NHS Board internal use only and does not need to be returned.

Ventilation

Building on the CNO letter from 19 October, I wanted to take this opportunity to reinforce the importance of good ventilation in mitigating the risk of transmission, alongside other robust IPC measures and aligned to the hierarchy of controls.

NHS Scotland Boards must ensure that they have a good understanding of their estate and that there is consistent engagement with senior management, estates teams and IPC experts to assess and manage the risks associated with transmission of COVID-19 and ensure patients are placed appropriately.

Having undertaken a risk assessment – and where the current standard of ventilation is not met – Boards should take steps to optimise ventilation safely where possible and apply additional mitigation controls aligned to the hierarchy of controls in line with the guidance set out in the Scottish COVID-19 IPC addendum for acute settings. Any risk assessment should consider the risk to staff, patients and visitors.

Please see section 5 of Annex A for more information in relation to ventilation.

Healthcare worker webinar

To further support healthcare workers and to listen to their concerns directly, we are working with NHS Education Scotland (NES), Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland, COVID-19 Nosocomial Review Group (CNRG) members, staff-side representatives and other clinical experts to develop webinars focussing on the layers of protection in place to keep staff safe and the evidence base that underpins them.

The webinars will be led by clinical experts and will provide an open forum for discussion, where healthcare workers can ask any questions in relation to the existing IPC measures that are in place across NHS Scotland. The webinars will be taking place on the following dates:

- Tuesday 09 March 2021, 1.30 - 3:00 pm
- Wednesday 17 March 2021, 10:00 - 11:30 am

To register, please use the following link, selecting your preferred date: https://learn.nes.nhs.scot/28079/coronavirus-covid-19/protecting-yourself-and-your-workplace-environment#webinars

We will be writing to NHS Boards, Royal Colleges and staff-side representatives separately to publicise the webinars further. We recognise that some staff will be unable to attend, therefore the webinar will be recorded and made available online.

The work by NHS staff throughout the pandemic to put in place vitally important IPC measures has been critical in reducing the spread of COVID-19. Your continued commitment and support at this time is greatly valued and recognised. Thank you again for everything you and your colleagues are doing to ensure that our NHS can continue to care safely, effectively and compassionately for patients across Scotland.

I hope that you find the resources provided in the annexes helpful and please do not hesitate to get in touch if you have any questions or require further support.

Yours sincerely

Amanda Croft

AMANDA CROFT
Chief Nursing Officer

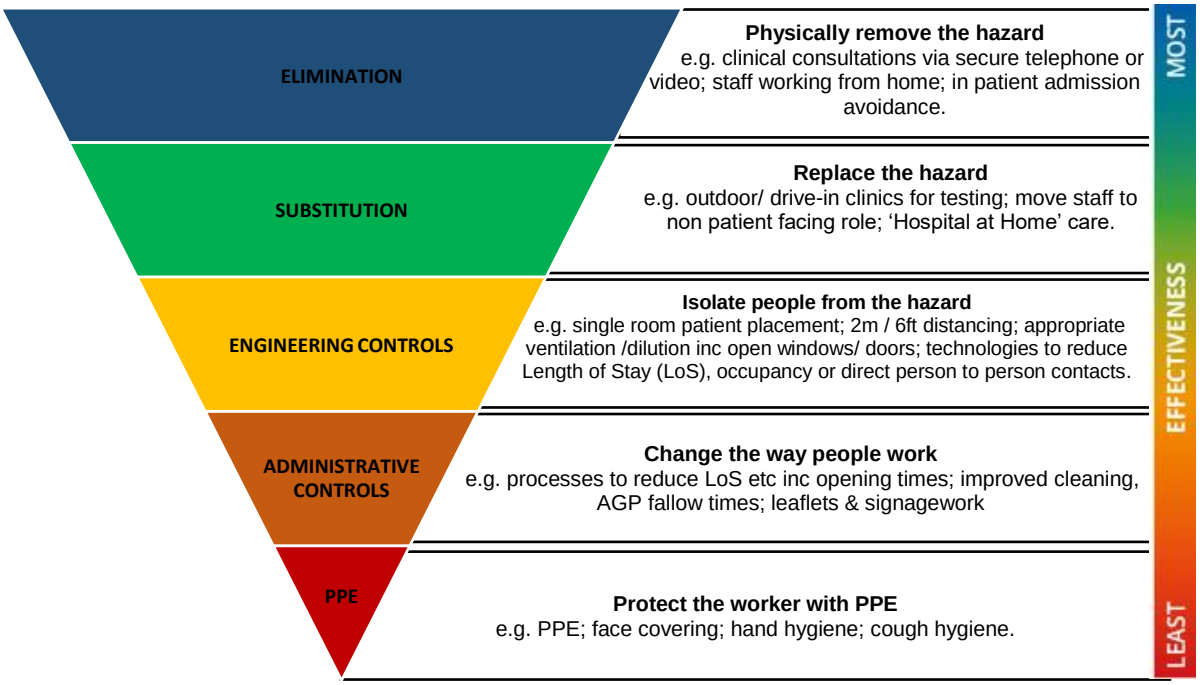
Annex A

Overview of existing policies and lessons learned from recent outbreaks

1. Hierarchy of controls

The principles of the hierarchy of controls is used as an approach to determine how to implement feasible and effective control solutions (i.e. an approach that sets out measures to mitigate risk ranked by their effectiveness).

The independent HSIB report published in October 2020 titled *'COVID-19 transmission in hospitals: management of the risk – a prospective safety investigation'* highlights the importance of understanding emerging organisational risks and applying the hierarchy of controls (as below) to help mitigate the risk of transmission.



Elimination and substitution are positioned as the most effective measures to mitigate the risk of exposure and transmission by physically removing or replacing the hazard, respectively. Engineering controls are designed to isolate people from the hazard and remove the hazard at the source where possible. Administrative controls focus on changing the way people work and PPE is designed to protect staff. PPE in healthcare is critically important to mitigate against the risk of exposure but it is the last line of defence and it is crucial to ensure all other more effective controls are in place.

Ordered to align with the principles of the hierarchy of controls, paragraphs 2-6 aim to consolidate key extant policies for controlling the transmission of COVID-19 in healthcare settings; highlight lessons learned; and highlight further measures which must be put in place in light of new and emerging evidence.

Please note that **Annex C** provides a summary of communications to date in relation to policies aimed at reducing transmission of COVID-19 in hospital settings. **Whilst this letter is designed to provide a reference point for relevant policy letters, it is not designed to provide a summary of all relevant IPC guidance.** For comprehensive and detailed IPC

guidance, including PPE requirements for different scenarios, you should continue to refer to the Scottish COVID Addendum for acute settings.

2. Vaccination roll-out

- The national rollout of the COVID-19 vaccine is well under way. I would encourage all those that are eligible to receive a vaccine to do so when you are invited and to share your experience with others.
- The launch of the NHS Scotland's vaccination programme promises light at the end of the tunnel but it is important we all remember it is not a quick fix. Even with a vaccine, Scotland will face some restrictions for the foreseeable future, this includes robust IPC measures in hospital settings in line with the Scottish COVID Addendum for acute settings.

3. Staff testing

- NHS Scotland has expanded routine asymptomatic testing of patient-facing staff. As shared previously, details of who is eligible for testing can be accessed here and this is kept under review.
- In-scope staff are tested twice weekly using Lateral Flow Tests (LFTs)*. This builds on the existing weekly PCR testing of asymptomatic staff in oncology, long-term elderly care and long-term mental health wards.
- It is vital that staff continue to adhere to IPC measures regardless of their test result.
    - A negative test does not rule out COVID infection, and as such, it is essential that staff continue to follow IPC advice and national COVID guidelines as normal, even if you register a negative result.
    - Any staff member who tests positive via lateral flow must undertake a confirmatory PCR test.
- Relevant documents and guidance, including the Standard Operating Procedure, FAQs and training materials are available here.
- Staff should continue to be offered testing (regardless of symptoms) as part of an incident or outbreak investigation at ward level if unexpected cases are identified.
- Staff members who develop symptoms must access PCR testing immediately, or if a member of their household member has symptoms or has tested positive.
- **A table providing an overview of all hospital testing, including for patients and staff, is available here (updated on an on-going basis).**

*Anyone who has been vaccinated should continue to undergo asymptomatic testing until we understand better the degree of protection provided by the vaccination, including whether it is still possible to transmit the virus if you've been vaccinated. Additionally, anyone who has been vaccinated can still take part in the SIREN study (SARS-CoV-2 Immunity & Reinfection EvaluatioN). The primary objective of the SIREN study is to determine whether the presence of COVID19 antibodies in healthcare workers is associated with a reduction in the subsequent risk of re-infection over the next year.

4. Patient testing

- All patients admitted to hospital must be tested; if negative initially, they must be tested again on day 5 of their in-patient stay. There should be a mechanism in place locally to ensure testing is undertaken reliably on day 5; such as an alert on the patient administration system.

- All emergency admissions must be tested on admission. All elective surgical patients and planned medical admissions (including endoscopy and bronchoscopy patients) must be tested prior to admission.
- Testing also applies to patient transfers. Details of testing protocols for transfer of non-COVID patient between different wards and hospitals can be accessed via **section 5.3.5** of the Scottish COVID Addendum for acute settings.
- Serial testing of any patient group to reduce nosocomial transmission must be determined locally based on local intelligence (including prevalence and incidence of nosocomial transmission) and risk assessments. Serial testing would be undertaken in addition to the repeat test undertaken on day 5 of the in-patient stay.
- Testing as part of an outbreak - proactive case finding should be supported during an outbreak through selected testing of any suspected symptomatic cases and, when indicated, asymptomatic testing of contacts is key to control and should be determined by the Incident Management Team (IMT).
- Test immediately if clinically indicated. A clinical or a public health professional may consider testing even if the definition of a possible case is not met.
- **A table providing an overview of all hospital testing, including for patients and staff, is available here (updated on an on-going basis).**

Please note that all testing provides a single point in time assessment of whether a person has the virus, it does not always identify whether someone is incubating the virus and therefore will not confirm whether someone might go on to develop the virus.

Where appropriate, Boards are also encouraged to maximise the use of clinical consultations via secure telephone or video to minimise the number of patients attending healthcare settings in person. In addition, DL(2021)05 published on 2 February reminded NHS Boards of the regulations which place a duty on employers to take all reasonable steps to minimise the spread of coronavirus; this includes supporting employees to work from home where their role can be safely undertaken remotely.

5. Ventilation

- As highlighted by the HSE in their resource: *"Ventilation and air conditioning during the coronavirus (COVID-19) pandemic"*, good ventilation can help reduce the risk of transmission.
- As outlined in previous CNO letters, NHS Scotland Boards ventilation must comply with *Scottish Health Technical Memorandum (SHTM) 03-01: Ventilation for healthcare premises* and must ensure that the principles of *SHTM-00: Best practice guidance for healthcare engineering* are adhered to.
- NHS Scotland Boards must ensure that planned preventative maintenance is carried on ventilation systems to ensure functionality of air handling units, including correct delivery of assigned air change rates.
- Where the standard of ventilation is not met (for example in older estates), NHS Scotland Boards must ensure there is consistent engagement with engineering, estates and IPC expertise to assess and manage the risks associated with transmission of COVID-19 and ensure patients are placed appropriately.
- Having undertaken a risk assessment, Boards should take steps to optimise ventilation safely where possible and apply additional mitigation controls aligned to the hierarchy of controls. Any risk assessment should consider the risk to staff, patients and visitors.
    - In terms of optimising ventilation, this might include partially opening windows, doors or vents if it is safe to do so and after a clinical risk assessment; NB fire

doors should not be propped open. Airing rooms as frequently as you can will help improve ventilation.

- Additional general ventilation resources:
  - CIBSE: Covid-19 Guidance: Ventilation
  - SAGE: Role of ventilation in controlling SARS-CoV-2
  - SAGE: Potential applications of air cleaning devices
- Please also note that the COVID-19 Nosocomial Review Group (CNRG) is actively reviewing the evidence as it emerges and considering whether any further risk assessment guidance is required in this regard.

6. Extended use of face masks for staff, visitors and patients

- The extended use of Fluid Resistant Surgical Masks (FRSMs) by health and social care workers and the wearing of face masks or coverings is designed to protect staff, patients and visitors.
- The Scottish Government has published guidance on extended use of face masks and coverings in hospitals, care homes, primary care and community care settings. **Please note that this is under active review at present and any further changes will be communicated to you.**
- Under the regulations, it is **mandatory for staff, patients and visitors to wear face coverings/masks in indoor communal spaces in workplaces, including in health and care settings**.
- There are exemptions to the requirement, which include circumstances where wearing a mask would compromise their care (for example, if receiving oxygen therapy), or where they are unable to tolerate a face mask or covering. The full list of exemptions are included under Schedule 7 of The Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Regulations 2020 (legislation.gov.uk)
- Face covering exemption cards were launched at end of October in Scotland - physical and digital exemption cards are available to request online: www.exempt.scot or via a free helpline on 0800 121 6240.

a. **For staff:** FRSMs (Type IIR face masks) should be worn by anyone providing direct or indirect patient care, regardless of the pathway and at all times during their shifts. Anyone entering a care area (clinical and non-clinical staff) should wear an FRSM. Staff working in other areas of health and social care settings – i.e. outwith the immediate care area – are also required to wear face masks. This includes during breaks, except when eating/drinking.

b. **For patients**: In order to reduce patient-to-patient transmission, face masks should be made available and worn by all hospital in-patients across all pathways where it can be tolerated and does not compromise clinical care (for example, when receiving oxygen therapy), or fall under one of the exemptions specified in the regulations. This also applies to patients who are being transferred or transported to hospital.

   This is particularly important when patients are moving outwith their immediate bed space (i.e. within 2m of other people), including when moving around a multi-occupancy room, a ward, department and/or hospital and when transferring between wards, departments and/or hospitals. However, patients should also wear face masks when in bed as much as possible. Even when patients are in single rooms, they should wear a mask whenever anyone enters their room, i.e. including when receiving direct care or receiving visitors.

ARHAI Scotland has produced a poster within information for patients: http://www.nipcm.hps.scot.nhs.uk/media/1552/covid_patient_facemasks_hospitals_ver5.pdf

It is recognised that it will be impractical for patients to wear face masks at all times and these will have to be removed for reasons such as eating, drinking, sleeping or showering. When sleeping, patient heads should be at least 2 metres apart (i.e. centre of bed to centre of adjacent bed at least 2.7m, ≥2.9m preferred; centre of patient treatment chair/trolley to centre of adjacent chair/trolley at least 2.5m).

Built environment physical distancing guidance and signage is publicly available at: NHSS Social Distancing Guidance & Signage (nhsnss.org).

It is recognised that some patients may require respite from wearing a mask for long periods of time. If so, they should be supported to do so whilst remaining within their bed space and more than 2 metres from all other individuals. Patients should be encouraged to put on a new mask after a reasonable period of respite time.

c. **For out-patients and visitors**: All out-patients and visitors must wear a face mask or face covering upon entering health and care settings. Surgical masks are provided at the entrance to hospitals for any individual who requires one. Visitors may also be asked to wear additional PPE in line with the Scottish COVID Addendum for acute settings.

   Visitors must not visit if they have suspected or confirmed COVID-19, or if they have been advised to self-isolate for any reason; COVID-19 hospital visiting guidance is available here. Where essential visiting takes place, visitors must wear a face mask/covering upon entering the hospital, throughout the visit (as well as additional PPE where required).

   As above, it is required by law that all individuals wear face masks/coverings in health and care settings (unless exempt). Any individual who is exempt, should apply for a face covering exemption card via www.exempt.scot or via a **free helpline** on **0800 121 6240.**

NHS Scotland Boards must ensure that information is provided to patients and visitors regarding the legal requirement to wear face masks and coverings whilst in hospital. Where patients are planned admissions, they should be communicated with in advance of their admission so they are clear on the national policy in relation to the requirement to wear face masks or coverings (unless exempt).

7. Lessons learned and further IPC measures for NHS Scotland Boards

Information shared by NHS Scotland Boards with National Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland in relation to nosocomial transmission continues to provide invaluable insight into the effectiveness of existing measures and helps to identify areas where lessons can be learned and measures strengthened. This information is for learning purposes and to support NHS Scotland Boards to continue to drive improvement and reduce nosocomial transmission.

i) Testing, patient placement and transfers

- Robust triage and admission testing to ensure that patients are placed on the appropriate pathway is essential for mitigating the risk of nosocomial transmission.
- It is important to recognise that there is a cohort of atypical presentation, particularly older people. Symptom vigilance remains key for the duration of an in-patient stay and testing of symptomatic patients must be undertaken immediately.
- Wherever possible, if a patient is suspected COVID-19 but their status is unknown they must be isolated until the result is known. Where patients test negative on admission, they must be retested on day 5 of their in-patient stay.
- Evidence indicates that transferring patients multiple times can significantly increase the number of staff and patient contacts, resulting in a heightened risk of rapid transmission across hospital settings.
- Every effort should be made to ensure that patient movement is minimised as far as possible; this may be achieved by the development of patient and staff cohorts to reduce the number of potential patient/staff contacts.
- Details of testing protocols for transfer of non-COVID patient between different wards and hospitals can be accessed via **section 5.3.5** of the Scottish COVID Addendum for acute settings.

ii) Staff break rooms, social spaces and changing rooms

- Evidence suggests that areas where staff congregate socially (e.g. for breaks) tend to be particularly high-risk in terms of transmission, with less physical distancing, lower compliance with FRSM use and poorer ventilation.
- It is vital that NHS Scotland Boards ensure that facilities exist for staff to have physically distanced breaks and that staff are reminded of the importance of physical distancing, both on and off duty. In addition, when removing FRSMs to eat and drink, staff should be encouraged to avoid areas that are poorly ventilated and do not allow for physical distancing. Spaces for staff breaks inside and out, should be identified, risk assessed, designed to support safe use and this information shared with staff. Publicly available guidance is available here: NHSS Social Distancing Guidance & Signage (nhsnss.org)
- Staff should be encouraged to stagger tea and lunch breaks to minimise the number of staff in break rooms or social spaces at any one time.
- With regard to changing rooms, occupancy signage should be used and staff should wear FRSMs and physically distance. Maximum occupancy should not be exceeded and rooms should be cleaned in accordance with national guidance; as above. Every effort should be made to minimise occupancy e.g. stagger starts, plus safely increase fresh air and ventilation air exchanges where possible.
- Physical distancing compliance in these key spaces should be regularly monitored, discussed with staff, and safety communications updated to ensure any improvements are both identified and acted on.

iii) Car sharing

- There have been several instances reported where COVID-19 transmission has been hypothesised as resulting from staff car sharing; this is predominantly a result of the individuals' close proximity and lack of good ventilation within vehicles. We have worked with our staff-side and partnership colleagues around this and recognise that

there are occasions where car sharing is unavoidable and there are challenges in minimising this e.g. inequalities, rural training, parking availability and staff security.

- In terms of risk mitigation, we encourage NHS Scotland Boards to consider innovative interventions to reduce this risk of car sharing, such as providing bikes and seeking free or alternative areas for staff to park. Clearly this will require local consideration.
- Where there is no alternative to car sharing, we ask that staff adhere to the guidance in **section 5.11.1** Scottish COVID Addendum for acute settings to reduce the risk of transmission. This includes the wearing of FRSMs at all times during the journey; sitting as far apart as possible; and keep windows open to ensure good ventilation.

iv) Personal Protective Equipment (PPE)

- In light of the increased transmissibility of the new SARS-CoV-2 variants, the UK IPC Cell undertook a review of the evidence and the extant guidance. Having reviewed the available evidence, the expert advice from the UK IPC cell is that the current evidence does not support a change to the existing respiratory PPE requirements at present, given that the predominant mode of transmission has not changed. Adherence to existing IPC measures remains vital.
- Where there have been instances of transmission within hospital settings, NHS Scotland Boards have often reported PPE breaches. Examples include removal of masks to answer the telephone, as well as sessional use of gloves/aprons - which are in fact single use in all pathways.
- There has also been some reported instances of staff not wearing appropriate PPE (FRSM instead of FFP3) in high-risk Aerosol Generating Procedures (AGP) zones resulting in transmission events.
- It is imperative that local assurance monitoring and real-time feedback continues in line with the mandatory National Infection Prevention and Control Manual (NIPCM) to support staff and ensure their safety and that of their patients.
- All staff should exercise the risk assessment process when selecting PPE in line with the transmission-based precautions for COVID-19, as set out in the Scottish COVID-19 IPC addendum for acute settings.

Annex B

Summary of communications: policies aimed at reducing transmission of COVID-19 in hospital settings (March 2020 – December 2020)

Issued	CNO Letters
09/12/20	Guidance on expansion of twice weekly testing for patient facing staff within hospitals, the Scottish Ambulance Service and COVID-19 Assessment Centres – Latest guidance on staff testing can be accessed here
27/11/20	Letter on the Testing Expansion Plan – Staged Roll-out – Summary table providing an overview of all hospital testing requirements here (updated on ongoing basis); Testing section of COVID Addendum here; and Chief Executive letter on Testing Expansion Plan here
27/10/20	The Scottish COVID-19 Infection Prevention and Control (IPC) Addendum for acute healthcare settings - Accessed here
19/10/20	Letter reiterating existing IPC policies and guidance in light of increasing transmission – Scottish COVID Addendum for acute settings - latest guidance on IPC consolidated here
16/10/20	Letter on serial testing of patients determined by local epidemiology – Summary table providing an overview of all hospital testing requirements here (updated on ongoing basis); Testing section of COVID Addendum here; and Chief Executive letter on Testing Expansion Plan here
22/09/20	Letter re guidance for physical distancing requirements in NHS Scotland *For ease of reference: Built environment physical distancing guidance and signage is publicly available at: NHSS Social Distancing Guidance & Signage (nhsnss.org).*
18/09/20	Letter re revised guidance on the extended use of facemask guidance and face coverings in hospitals, primary care, wider community care and adult care homes. Guidance found here
14/08/20	Letter on publication on UK IPC guidance for the remobilisation of health and care services - Scottish COVID Addendum for acute settings - latest guidance on IPC consolidated here and UK Guidance for the remobilisation of services within health and care settings

03/07/20	Letter and guidance on asymptomatic staff testing in high-risk specialties. Latest guidance of staff testing can be accessed here
01/07/20	Letter re assurance - COVID-19 Remobilisation plans to reduce the risk of nosocomial COVID-19 - Scottish COVID Addendum for acute settings - latest guidance on IPC consolidated here and UK Guidance for the remobilisation of services within health and care settings
29/06/20	Letter on COVID-19 Remobilisation plans to reduce the risk of nosocomial COVID-19 - Scottish COVID Addendum for acute settings - latest guidance on IPC consolidated here and UK Guidance for the remobilisation of services within health and care settings
23/06/20	Letter re interim guidance on the wider use of facemasks and face coverings in health and social care. Guidance found here
26/05/20	Letter on guidance on the reuse of PPE - Scottish COVID Addendum for acute settings - latest guidance on IPC consolidated here and UK Guidance for the remobilisation of services within health and care settings
02/04/20	Letter on publication of revised COVID-19 UK IPC guidance - Scottish COVID Addendum for acute settings - latest guidance on IPC consolidated here and UK Guidance for the remobilisation of services within health and care settings
25/03/20	Letter to NHS Scotland Boards regarding revised HAI surveillance requirements

Annex C

IPC Communication Assets for NHS Scotland Boards

A number of resources have been provided to help staff implement national policies and guidance and mitigate the risk of nosocomial transmission of COVID-19. The resources have been developed by ARHAI Scotland, NES and the Scottish Government. The pack provides key messages, sample scripts and a range of assets for Boards to use in staff facing communications. Key links from the pack are provided below:

Public resources in the public domain

- https://www.hps.scot.nhs.uk/web-resources-container/covid-19-wearing-a-non-medical-face-mask-or-face-covering/

Staff resources already in the public domain

- COVID-19: Safe Practice In Acute Healthcare Settings Infographic (https://www.hps.scot.nhs.uk/web-resources-container/covid-19-safe-practice-in-acute-healthcare-settings-poster/)
- COVID-19: Wearing a Face Mask (Staff) Poster (https://www.hps.scot.nhs.uk/web-resources-container/covid-19-wearing-a-face-mask-poster-staff/)
- COVID-19: Wearing a Face Covering Poster (https://www.hps.scot.nhs.uk/web-resources-container/covid-19-wearing-a-non-medical-face-mask-or-face-covering/)
- Safe working Key messages in the workplace - Poster - Version 2
- 5 Key messages for the health and social care sector - 3 July 2020

Stop the Spread - COVID-19 good practice points poster

- https://www.hps.scot.nhs.uk/web-resources-container/stop-the-spread-covid-19-good-practice-points-poster/

NEW - COVID-19 Vaccinations

- For staff – PPE for delivery of COVID-19 vaccinations: https://hpspubsrepo.blob.core.windows.net/hps-website/nss/3006/documents/8_covid-19-vaccination-poster-staff-v4.pdf
- For public/patients – Attending for your COVID-19 vaccination: https://hpspubsrepo.blob.core.windows.net/hps-website/nss/3006/documents/9_covid-19-vaccination-poster-public-v4.pdf

NEW - Wearing a Face Mask – Information for Patients

- http://www.nipcm.hps.scot.nhs.uk/media/1552/covid_patient_facemasks_hospitals_ver5.pdf

Annex D

Compliance monitoring and quality indicators – Self-assesment tool – FOR BOARD INTERNAL USE

Chief Executives and Executive Teams must ensure that staff are supported to implement national policies and guidance and that you are monitoring and providing assurance of compliance within your NHS Scotland Board. I ask that you work with your Employee Directors and HAI Executive Leads in this regard specifically.

Scotland's National Infection Prevention and Control Manual (NIPCM) is mandatory in all NHS settings and this includes the Scottish COVID Addendum for acute settings. This includes establishing and maintaining a robust assurance, monitoring and quality improvement process to support frontline staff turn national policy and guidance into practice, in line with the mandatory requirements of the NIPCM.

In addition, NHS Scotland Boards are required to continue to assess the risks and mitigations associated with nosocomial transmission.

To support Boards, we have developed a self-assessment tool for internal use. I would encourage Executive Teams to review and complete this in order to provide local assurance of the following:

a) **How staff are supported to implement national policies and guidance and the processes in place to monitor compliance**, in line with the mandatory requirements within the National Infection Prevention and Control Manual (NIPCM) and the COVID Addendum for acute settings; and,

b) **How you are reviewing quality indicators which support IPC (for example safe staffing, sickness absence/monitoring and bed capacity) to ensure you understand the level and risk of nosocomial transmission within your NHS Scotland Board and have mitigations in place**.

This is for internal Board use and does not need to be returned.

Self-Assesment Tool

The purpose of this self-assessment tool is to provide assurance and confirmation of the following:

a) Staff are supported to implement national policies and guidance and that there are processes in place to monitor compliance, in line with the mandatory requirements within the National Infection Prevention and Control Manual (NIPCM) and the COVID Addendum for acute settings; and,

b) You are reviewing quality indicators which support IPC (for example safe staffing, sickness absence/monitoring and bed capacity) to ensure you understand the level and risk of nosocomial transmission within your Board and have mitigations in place.

a) Staff are supported to implement national policies and guidance and that there are processes in place to monitor compliance, in line with the mandatory requirements within the National Infection Prevention and Control Manual (NIPCM) and the COVID Addendum for acute settings;

Policy	**Staff are supported to implement policy/ guidance** (Yes/No)	**Compliance monitoring is in place** (Yes/No)	**Further detail** *e.g. Collected through Excellence in Care (EiC) dashboard. Data available at ward level on dashboard and used for improvement Positive messaging at leadership level and best practice /lessons learned shared through…*
Compliance with National Infection Prevention and Control Manual (NIPCM) • Compliance with Standard Infection Prevention and Control Precautions (SICPs) and Transmission Based Precautions (TBPs) – monitoring in place • IPC education provided to all staff			

Policy	**Staff are supported to implement policy/ guidance** (Yes/No)	**Compliance monitoring is in place** (Yes/No)	**Further detail** *e.g. Collected through Excellence in Care (EiC) dashboard. Data available at ward level on dashboard and used for improvement Positive messaging at leadership level and best practice /lessons learned shared through…*
National Cleaning Services Specification • Compliance monitoring using Facilities Monitoring Tool (FMT) • Education and training provided			
COVID Addendum for acute settings • Appropriate PPE use • Occupational safety – e.g. staggered lunch breaks, minimise car sharing etc • Physical distancing			
Extended use of face masks and/or coverings by patients, visitors and staff Coronavirus (COVID-19): interim guidance on the extended use of face masks and face coverings in hospitals, primary care, wider community care and adult care homes - gov.scot (www.gov.scot)			

Policy	**Staff are supported to implement policy/ guidance** (Yes/No)	**Compliance monitoring is in place** (Yes/No)	**Further detail** *e.g. Collected through Excellence in Care (EiC) dashboard. Data available at ward level on dashboard and used for improvement Positive messaging at leadership level and best practice /lessons learned shared through…*
HAI Surveillance *(note that enhanced surveillance is paused at present, as is SSI surveillance)* • *Hospital onset COVID-19 and COVID-19 clusters* • *Staphylococcus aureus* bacteraemia (SAB) • *Clostridioides difficile* Infection (CDI) • Escherichia coli bacteraemias (ECBs) • Local surveillance of alert organisms and alert conditions • Multi-drug resistant organism (MDRO) Screening • HCAI in Intensive Care Units (SICSAG)			*(Example: electronic surveillance only due to capacity of IPCT)*
Antimicrobial Use • Guidance available at ward level • Audits in place with feedback			
Compliance with HCAI Standards (February 2015) • Local assurance process in place			*(Example: Local inspection programme suspended for low risk areas but targeted at areas where there has been a change of use)*

Policy	**Staff are supported to implement policy/ guidance** (Yes/No)	**Compliance monitoring is in place** (Yes/No)	**Further detail** *e.g. Collected through Excellence in Care (EiC) dashboard. Data available at ward level on dashboard and used for improvement Positive messaging at leadership level and best practice /lessons learned shared through…*
Patient testing in line with national policy: Summary table providing an overview of all hospital testing requirements here (updated on ongoing basis)			
Staff testing in line with national policy: Summary table providing an overview of all hospital testing requirements here (updated on ongoing basis)			

b) You are reviewing quality indicators relating to IPC to ensure you understand the level and risk of nosocomial transmission within your Board and have mitigations in place.

Sound assurance and governance is essential to implementation of policy - data is information for action. Existing systems may be replaced by Command structures but how do you assure yourself that routinely collected HAI data is receiving the attention it requires?

	Yes/No	Mitigation/assurance process
Is your Infection Control Committee or Board Clinical Care Governance Committee meeting regularly, in line with the Committees' Terms of Reference?		
At Department or Directorate level are HAI data (COVID and non COVID) being acted upon?		

Annex E

Questions to consider in relation to controlling the risk of nosocomial infection – FOR BOARD INTERNAL USE

The following questions have been taken directly from Healthcare Safety Investigation Branch (HSIB) report (October 2020) and are attached here as a helpful checklist **for NHS Scotland Board internal use** and does not need to be returned. However, I ask that you consider and share the report and the checklist with your HAI Executive Lead, Infection Prevention and Control Team (IPCT), Estates Teams and relevant governance groups to ensure they can act on its findings and recommendations.

The full report, titled *'COVID-19 transmission in hospitals: management of the risk – a prospective safety investigation'* is available here: hsib-summary-report-covid-19-transmission-hospitals.pdf

People	Yes/No	Comments
Have efforts been made to reduce the number of people moving within a ward or hospital?		
Do staffing levels enable staff to remain in the same cohort for the purpose of allocating to wards, shift and break patterns?		
Is data collated to understand trends of sickness and absence among staff, including bank/agency staff, to identify early signals of increased prevalence of COVID-19?		
Is there a feedback system for wards or departments to understand trends in sickness and absence of staff and transmission rates?		
Is there a feedback system for wards or departments to understand trends in sickness and absence of staff and transmission rates?		

Have people been supported to work (and communicate) while maintaining two-metre social distancing?		
Has critical information been presented to staff to enable staff to understand what is required to minimise risk of transmission?		
Have strategies been developed to ensure there is an understanding at all levels of the organisation of specific challenges to the management of risk of transmission within a ward environment?		
Have frontline staff been involved in the development of critical information to clarify expectations of behaviours required to minimise transmission?		
Has appropriate personal protective equipment (PPE) been provided in line with infection prevention and control (IPC) guidance to mitigate the risk of transmission due to patient behaviour?		
Equipment		
Is there an understanding of how ventilation systems can help to manage the risk of airborne virus transmission?		
Has it been possible to modify ventilation systems to manage the risk of airborne transmission?		
Have additional modifications been made within the physical infrastructure to minimise the risk of transmission of COVID-19?		
Has technology been implemented to support ward activities to reduce the		

number of staff on a ward and promote social distancing?		
Has sharing of equipment between patients or staff been limited or has additional equipment been ordered?		
Has hand sanitiser been located next to commonly used equipment or areas where clinical activities take place?		
Has a systems approach been adopted by the organisation to ensure a continual provision of PPE? For example, monitoring stock, consistency in type procured, location on ward, education and training support.		
Has the provision of staff uniforms by the organisation been considered to help mitigate staff transmission risks from personal clothing?		
Task		
Has the process for COVID-19 test results been optimised to quickly confirm individuals' COVID-19 status?		
Have measures been taken to ensure patients awaiting COVID-19 test results are physically distanced from other patients and preferably separated by physical barriers?		
Has it been possible to ensure staff exposed to COVID-19 positive patients are tested and segregated from caring for non-COVID-19 confirmed patients?		
Has the frequency of cleaning been increased?		
Have the number of bins been increased and are they placed near to hand washing		

facilities to prompt staff to correctly doff PPE?		
Has there been effective messaging to staff and the public to make clear the expectations regarding PPE and behaviours to support IPC guidance?		
Have the number of bins been increased and are they placed near to hand washing facilities to prompt staff to correctly doff PPE?		
Have the number of bins been increased and are they placed near to hand washing facilities to prompt staff to correctly doff PPE?		
Environment		
Have a sufficient number of side rooms been identified to accommodate patients with an unconfirmed COVID-19 status?		
Have patients been physically separated, or have physical barriers been put in place to limit risk of transmission?		
Has every effort been made to safely increase ventilation and air exchange?		
Has the layout and design of the environment and equipment been positioned to enable the movement of people within ward spaces to increase social distancing and reduce interaction with high-touch areas?		
Have local sites combined resources to ensure poor environments for the isolation or separation of unconfirmed COVID-19 patients can be avoided?		

Have clinical and non-clinical spaces been modified to increase ventilation and ensure adequate air changes and appropriate distribution and extraction?		
Has the effectiveness of ventilation, sanitation and drainage systems been assessed, and have any requirements identified from their maintenance been addressed?		
Have high-contact areas been reduced through increasing availability of, and implementation of, no-touch technologies such as door opening mechanisms?		
Have non-patient facing ward activities such as handovers been modified to optimise social distancing or supported through technical solutions?		
Has the risk of transmission been mitigated by the design of the physical environment and can the use of PPE compensate for the remaining risk?		
Organisation		
Has the organisation done as much as is practicable to ensure the physical infrastructure can separate different patient pathways?		
Has the organisation accessed analysts to understand the data and signals indicative of an increase in transmission among patients and staff?		
Has the organisation recognised and applied engineering controls (for example physical spaces, ventilation, barriers, hand		

hygiene facilities, separation of equipment and people through design) where possible and effectively as an integral element of IPC measures?		
Has the organisation used a prospective hazard analysis to identify, address and evaluate mechanisms to manage emerging risks rather than just relying on retrospective learning from incidents of transmission?		
Has the organisation identified when trade-offs are emerging and adaptations required by staff to manage existing demands?		
Has the organisation developed an effective communication system to ensure staff gain feedback on performance relative to IPC guidance?		
Has the organisation developed an effective approach to ensuring guidance and policies delivered are usable and practical for staff?		
Has the organisation developed a process to monitor, evaluate and learn from the effectiveness of existing administrative measures (for example hand hygiene, cleaning, use of signage and barriers)?		
Has the organisation ensured, as far as practicable, supplies of consistent and appropriate PPE?		