



E: cno@gov.scot

Dear Colleagues

EXTANT GUIDANCE ON INFECTION PREVENTION AND CONTROL, FACE MASK AND FACE COVERING USE AND PATIENT TESTING FOR COVID-19 INFECTION

I am writing to you during a time of unprecedented service and workforce pressure. I continue to recognise your ongoing commitment to delivering healthcare to the people of Scotland.

We are undoubtedly at a critical juncture and given that guidance and policies have been updated over the course of the last few years; I wanted to take this opportunity to restate the extant guidance regarding infection prevention and control, face mask and face covering use in healthcare settings and guidance on patient testing for COVID-19 infection.

National Infection Prevention and Control Manual

The [National Infection Prevention and Control Manual \(NIPCM\)](#) was relaunched on 11 July 2022. This updated resource reflects the learning from the pandemic and emphasises the ongoing importance of infection prevention and control (IPC) in all health and care settings.

The return to the NIPCM marked a move back to pre-pandemic IPC practices with patient placement based on an assessment of risk alongside application of routine standard infection control precautions (SICPs) and transmission based precautions (TBPs).

I recognise that during the current system pressures Boards may have to 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 governance arrangements.

From the Chief Nursing Officer

Professor Alex McMahon

16th January 2023

DL (2023) 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

Enquiries

Scottish Government
Directorate for Chief Nursing Officer
Email: cno@gov.scot



Extended use of face masks and face coverings in hospitals, primary care and community healthcare settings

The extended use of facemasks and face coverings guidance was reviewed in October 2022. This review resulted in facemasks and face coverings continuing to be strongly recommended for use in hospitals, primary care and wider community healthcare settings for the time being.

The outcome of this review recognises that healthcare settings care for the most clinically vulnerable individuals, for whom COVID-19 and other respiratory infection still poses a greater risk.

The use of facemasks by healthcare staff is strongly recommended when providing patient care or passing through a clinical area.

As well as this, any individual visiting or attending an acute hospital, community healthcare setting or primary care premises is strongly recommended to continue to wear a face covering. However, no one should be refused care if they are unable to tolerate a facemask.

The extended use of face mask and face covering guidance can be found [here](#).

Note - the [Coronavirus \(COVID-19\): use of face coverings in social care settings including adult care homes](#) guidance remains the same. This guidance for social care settings differs from healthcare settings. Residents, staff and visitors to social care settings do not need to routinely wear a facemask, except in particular circumstances. Healthcare professionals should follow this guidance when visiting social care settings, including private homes.

Testing for COVID-19 in healthcare settings

Asymptomatic testing of health and social care staff and most of the asymptomatic testing of patients in hospital was paused on 28th September 2022.

As detailed in [DL \(2022\) 32](#), the rationale for pausing asymptomatic testing for COVID-19 in high risk settings

included the high level of population immunity as a result of vaccination and natural immunity from prior infection. Due to immunity, each individual COVID-19 infection episode has a much lower risk of causing severe disease.

A summary of the COVID-19 testing changes are as follows:

- Pause asymptomatic health and social care worker testing
- Pause admission testing and pre-elective surgery testing
- Continue pre-elective surgery testing of immunocompromised patients using a lateral flow device (LFD) test
- Continue testing of patients prior to discharge to care homes / hospices using a lateral flow device (LFD) test
- Continue symptomatic testing of staff (LFD) and patients (LFD/ PCR test)
- Continue outbreak testing on the advice of Infection Control Doctors (ICDs)

For more information please see [Appendix 21 of the National Infection Prevention and Control Manual](#) which details the current guidance on patient testing for COVID-19 within healthcare environments.

LFD tests (or other non-PCR based tests) should be used for all asymptomatic patient COVID-19 testing. Patients presenting with viral respiratory symptoms require a laboratory based PCR test. Testing of patients with viral respiratory symptoms should also consider other respiratory pathogens.

Confirming Arrangements for COVID-19 testing before care home discharge

Current national policy remains that all people being admitted to an older adult care home from either the community or hospital usually require LFD tests for COVID-19 before admission. This is outlined in [Table 1](#) of [PHS COVID-19 guidance for social, community and residential care settings](#).

It is important to highlight that there are some circumstances when testing before admission to an older adult care home is not advised. For example, COVID-19 recovered individuals that have completed their 10-day self-isolation period in hospital prior to discharge, or individuals who had an

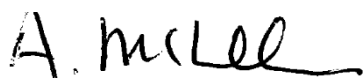
overnight stay in hospital, do not require to be tested on admission to the care home. See section on [admissions to older adult care homes from hospital](#) and [service users who temporarily leave the care home](#) for more details on service users returning to older adult care homes from other settings. All admissions to residential care settings, including older adult care homes, should be asked the [respiratory screening questions](#) regardless if they are being tested or not.

For all other social and residential care settings, no testing is required for admission purposes unless a risk assessment by Health Protection Team or clinician advises otherwise. Refer to [PHS COVID-19 guidance for social, community and residential care settings](#) for more information.

Test results should continue to be communicated where appropriate with social care services - care homes and homecare providers - as well as with families.

I hope you find this information useful and as ever, you have my sincere thanks for everything you are doing.

Yours sincerely,



PROFESSOR ALEX MCMAHON
CHIEF NURSING OFFICER