

COVID-19 Nosocomial Review Group (CNRG) – Terms of Reference

Context

1. The Chief Nursing Officer (CNO) and Chief Medical Officer (CMO), in consultation with the HCAI/AMR Policy Unit and the National ARHAI service within NHS National Services Scotland (NSS), have identified the need for additional analysis of **nosocomial (hospital associated and onset) transmission of COVID-19** in Scotland.
2. The Scottish Government COVID-19 Nosocomial Review Group will be a time limited expert group chaired by Professor Jacqui Reilly, Nurse Director and Healthcare Associated Infection (HCAI) Executive Lead at NSS.
3. The advisory group will consider the scientific and technical concepts and processes that are key to understanding the evolving COVID-19 situation and potential impacts in hospitals in Scotland. The advisory group will apply the advice coming from the World Health Organisation (WHO), the Scientific Advisory Group on Emergencies (SAGE), the UK-wide Infection Prevention and Control (IPC) guidance cell and other appropriate sources of evidence and information and use it to inform the decision-making process in Scotland during the pandemic.
4. The group will be accountable to the Scottish Government, through the Chief Nursing Officer (CNO), and will provide the CNO with advice. Thereafter, the CNO and the HCAI/AMR Policy Unit will consider the advice and use it to inform policy development. The CNO and HCAI/AMR Policy Unit will consider any cross cutting policy impacts and consult with the CMO, National Clinical Director other Health and Social Care Directors where necessary. The CNRG will also report into the Chief Medical Officer's Scientific Advisory Group (CMO AG) to ensure two-way information and evidence sharing within Scotland but also with wider UK groups, such as the NHSE/I Healthcare Onset COVID-19 Infection (HOI) Group and the UK IPC guidance cell. This will also enable Ministerial updates to the Cabinet Secretary for Health and Sport, the First Minister and other portfolio interests.

Remit

5. **The group will support Scottish Ministers and senior clinical advisers to:**
 - Interpret SAGE outputs and other emerging scientific evidence in relation to nosocomial infection in the context of Scotland.
 - Provide expert advice spanning the disciplines of infection prevention and control, clinical advice, nosocomial infection, clinical advice, epidemiology, virology and statistical modelling.
 - Make recommendations to CNO and CMO in relation to reducing and mitigating against COVID-19 nosocomial infection, including but not limited to the following subject areas: national surveillance, testing, screening, research, guidance and policy.
 - Support the Scottish Government COVID-19 Corporate Analytical Hub, overseen by the Chief Statistician, through analysis of nosocomial infection data in Scotland.
 - Advise the Scottish Government, SGHSC Directorates, and COVID-19 Corporate Analytical Hub on strategic approach to identifying, accessing and using data to support our understanding and response to nosocomial transmission of COVID-19 in Scotland.
 - Develop links with other SG COVID-19 Advisory Groups; including co-opting members to the group as appropriate and taking early decisions on whether any supporting groups should be established.

- Maintain close engagement with SAGE and their nosocomial sub-group, as well as the UK-wide Infection Prevention and Control (IPC) guidance cells.
- Act as a mechanism for approving COVID-19 related ARHAI guidance.
- **The focus of this group will be on nosocomial (hospital associated) infection and transmission, however it will maintain close engagement with colleagues in the Scottish Government, National ARHAI Scotland and Public Health Scotland to ensure findings are shared and that policy recommendations are developed with system considerations and collaboratively.**

The recommendations from the COVID-19 Nosocomial Review Group in Scotland will largely be taken forward by National ARHAI Scotland within NSS. The HCAI/AMR Policy Unit within the Scottish Government will work closely with the group to progress policy development and implementation, as well as providing secretariat support.

The existing identified evidence gaps and the recommendations are outlined in the attached **Annex**.

Core members

6. Members are infection prevention and control experts, clinicians and academics spanning the disciplines of epidemiology, virology, public health and statistical modelling.
- Professor Jacqui Reilly, NHS National Service Scotland (NSS) and Glasgow Caledonian University (Chair)
 - Assistant Chief Nursing Officer for HAI, SG
 - Laura Imrie, Lead consultant for National ARHAI service, NSS
 - Professor Tom Evans, University of Glasgow and Consultant in Infectious Disease and General Medicine
 - Dr Colin Ramsay/Dr Maria Rossi, Public Health Scotland
 - Professor Matt Holden, University of St. Andrews
 - Professor Chris Robertson, University of Strathclyde and NSS
 - Professor Stephen Reicher, University of St. Andrews
 - Professor Alex McMahon, Chair of SEND and HAI Executive Lead/Professor Hazel Borland, Nurse Director and SEND
 - Dr Andrew Seaton, Scottish Antimicrobial Prescribing Group (SAPG)
 - Ruth Robertson, NSS Head of Programme, Healthcare Associated Infections
 - Sandra Devine, Infection Control Managers' Forum
 - Dr Aleks Marek, Chair, Infection Control Doctors
 - Pamela Joannidis, Chair, Infection Control Nurses
 - Dr Emmanuel Okpo, SD'sPH Group representative on behalf of NHS Grampian, Director of Public Health
 - Kate Templeton, Consultant Clinical Scientist, NHS Lothian
 - Dr Martin Connor, Consultant Microbiologist, Clinical Lead SMVN
 - National Clinical Lead for Quality and Safety, SG
 - Dr Alastair Leckie, Consultant in Occupational Medicine, Director NHS Lothian Occupational Health and Safety Service
 - Interim Deputy Chief Medical Officer and/or Senior Medical Officer, Chief Medical Officer Directorate
 - Professional Advisors, Chief Nursing Officer Directorate
 - Susan Grant, Principal Architect, NHS Health Facilities Scotland
 - Shona Cairns, Lead Healthcare Scientist/Epidemiologist, National ARHAI Service
 - Emma Hooker, Principal Healthcare Scientist, National ARHAI Service

Membership will be kept under review.

Meetings

8. The Scottish COVID-19 Nosocomial Review Group will meet fortnightly virtually for 120 minutes. Meetings are held on Friday mornings.

Frequency and timing of meetings will be kept under review.

Scottish Government COVID-19 Nosocomial Review Group Secretariat -

- **Final Version as agreed by Group on 07 May 2020;**
- **Subsequently reviewed and updated on:**
 - **14 May, 21 May, 28 May, 04 June, 24 June, 01 September and 18 September 2020;**
 - **01 February 2021.**



Key identified evidence gaps in relation to nosocomial infection

- Definition of healthcare associated (HAI) COVID-19, now agreed in principle by ECDC, should be applied to Scottish data to enable consistency and comparisons.
- Transmission dynamics in hospitals and care settings for COVID-19 and how much of this is HAI in Scotland.
- Epidemiology and key risk factors for HAI COVID-19 in hospitals .
- HAI attributable mortality for COVID-19 in Scotland.
- Effective strategies for admission and wider testing in hospitals.
- Epidemiology and key risk factors for healthcare workers with COVID-19.
- Healthcare worker testing in hospitals.

Current recommendations in relation to nosocomial transmission

- 1.1 Implement and publish the UK agreed, based on ECDC, COVID-19 HAI case definition in Scotland.
- 1.2 Scope all the existing HAI data and wider national datasets in Scotland, and consider use of local NHS board data (which is more timely although not quality assured for record linkage) to determine the proportion of COVID-19 cases meeting the agreed case definition and examine epidemiology of deaths associated with HAI in patients and HCWs involved in identified clusters.
- 1.3 Scope WGS merits in understanding the transmission within clusters and incidents reported in health and care settings and consider implementing this in pilot sites (connecting to the SAGE nosocomial work to date on this matter being led by public health microbiology colleagues in PHS in Scotland).
- 1.4 Consider optimum strategy for hospital admission screening/ testing for COVID-19 in asymptomatic patients with follow up during their inpatient stay.
- 1.5 Consider workforce testing policy for asymptomatic healthcare workers.
- 1.6 Consider adopting the ECDC LTCF national surveillance of HAI COVID-19 protocol in community hospitals.
- 1.7 Formally review the wider published evidence to inform any potential additional IPC measures to prevent HAI COVID-19.
- 1.8 Identify the research needs for nosocomial COVID-19.