

Dear Colleagues

**PUBLICATION OF COVID-19: ENDORSED GUIDANCE FOR NHS SCOTLAND STAFF AND MANAGERS ON CORONAVIRUS - Version 4 (last updated 24 April 2020)**

1. This letter publicises a single national guidance document on coronavirus, that directs staff to verified sources of advice. This will inform a standard approach to occupational health, for application across NHS Scotland.
2. Guidance will be regularly updated as we continue to learn more about the virus, to reflect the latest scientific evidence, and to ensure a best practice approach to staff and patient safety.
3. The document is hosted on the Staff Governance website and we will continue to make sure that up to date advice is readily available.
4. We know this is a challenging time for staff and we appreciate the concerns that have been raised by those with medical conditions, as well as those with parental and carer responsibilities for children and other loved ones.
5. Advice for staff working in Health and Social Care services will sometimes be different to general public health advice. We would like to reassure you that the health, safety and wellbeing of all staff is paramount, and we would, on no account, ask any of you to compromise this, at any time.

**DL (2020)**  
30 March 2020

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**Addresses**

For information

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Please be assured that this guidance is based on the latest advice from our scientific and clinical advisers, **last updated on the 24<sup>th</sup> of April**. As many enquires will be based on individual circumstances, this may not cover everything, but the document makes reference to detailed information, notably from [Health Protection Scotland \(HPS\)](#) and [NHS Inform](#).

We are working in unprecedented times, and we cannot thank staff enough for their tireless efforts in caring for patients. We hope this will provide greater clarity in a rapidly evolving situation and alleviate some of the worries of NHS Scotland staff as they respond to the COVID-19 outbreak.

Yours sincerely,

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**Contents**

**COVID-19: Endorsed guidance for NHS Scotland Staff and Managers on Coronavirus. Version 4.0 (Last updated 24 April 2020) ..... 5**

1. **Why is COVID-19 different from other viruses?..... 5**

2. **How is COVID-19 spread?..... 5**

3. **How do I protect myself and others?..... 5**

**COVID-19 Infection Prevention and Control Guidance (including PPE) ... 7**

**How do I prevent onward transmission of the virus? ..... 10**

**COVID/19: NHS Scotland Laundering and Uniform Policy ..... 10**

**Staff Travel ..... 12**

4. **What childcare provisions are in place? ..... 13**

5. **What should I do if I have a person with a high-risk medical condition in my household? ..... 13**

6. **What should I do if I have a high-risk medical condition? ..... 14**

**Asthma: ..... 16**

**Diabetes: ..... 16**

**Pregnancy: ..... 16**

7. **When will I get testing?..... 17**

**ANNEX A: FAQs for Health and Social Care Workers..... 19**

**ANNEX B: References: ..... 22**

**Version Control**

<b>Version</b>	<b>Date</b>	<b>Summary of Changes</b>
V1.0	30/03/2020	First Publication
V2.0	03/04/2020	Updated PPE guidance (page 6)
V3.0	17/04/2020	<ul style="list-style-type: none"> <li>– Updated Information/Links to Public Health England (PHE) guidance which has changed since 03 April Update</li> <li>– Added Guidance on Uniform on Home Laundering</li> <li>– Added Guidance on Staff Travel Arrangements</li> </ul>
V4.0	24/04/2020	<ul style="list-style-type: none"> <li>– Updated Pregnancy Guidance based on RCOG updates</li> <li>– Updated PPE guidance based on PHE / HPS updates</li> <li>– Revised Childcare Provision section</li> <li>– Included information on Social Distancing</li> <li>– Updates to Uniform guidance</li> <li>– Updates to testing for healthcare workers</li> </ul>

## **COVID-19: ENDORSED GUIDANCE FOR NHS SCOTLAND STAFF AND MANAGERS ON CORONAVIRUS - Version 4 (Last updated 24 April 2020)**

The sudden arrival and rapid spread of COVID-19, and the associated measures that have been implemented by the Scottish and UK Governments, have understandably caused a great deal of concern across the country. Health and social care workers, who are playing a crucial role in the care of those with COVID-19 and are considered key workers, have raised concerns in relation to their exposure and how to keep themselves and their loved ones safe. This document aims to provide guidance around these issues.

This is an unprecedented situation and as we learn more about the virus, advice may change. This guidance aims to cover the most common issues that have been highlighted – if it does not address the issue that you have concern with or give you direction to where you can find out more, please check [NHS Inform](#) and then refer to local board protocols.

### **1. Why is COVID-19 different from other viruses?**

COVID-19 is a new virus that none of our immune systems have encountered before and we are therefore all vulnerable to infection. The vast majority of people who are infected with COVID-19 will only experience mild symptoms and will make a full recovery, with no lasting effects. However, a small proportion will experience more severe symptoms. Because of this, the two key aims of the infection prevention and control measures in health and social care are:

- **Protect** the staff who have greater exposure to COVID-19 from becoming infected.
- **Prevent** onward transmission of the virus to other patients or service users, colleagues and loved ones.

### **2. How is COVID-19 spread?**

COVID-19 is spread through three routes:

- contact with contaminated surfaces
- via respiratory droplets generated by coughing and sneezing
- an aerosolised form of these droplets produced by certain procedures.

### **3. How do I protect myself and others?**

To **protect** yourself and **prevent** onward transmission, it is crucial that standard infection control precautions, combined with transmission-based precautions are in place to target these modes of transmission.

Employers who have people in their offices or onsite must take all reasonable measures to ensure that employees are able to maintain a 2 metre distance from each other. They should also follow NHS Inform and Scottish Government guidance on frequent hand washing (for at least 20 seconds each time, or using hand sanitiser gel if soap and water is not available). Employers can find more information here: [Coronavirus: business and social distancing guidance](#).

**Good hand hygiene with soap and water or alcohol-based rub is the most important measure to prevent spread of COVID-19.**

The Four Nations have updated their common approach to infection prevention and control to reflect the pandemic evolution and the changing level of risk to healthcare exposure to COVID-19 in the UK.

This guidance outlines the infection prevention and control advice for health and social care providers involved in receiving, assessing and caring for patients who are a possible or confirmed case of COVID-19. It should be used in conjunction with local policies.

The following changes have been made to the Four Nation Guidance since the last version of this guidance:

- Updated guidance, new Tables 1,3 and 4, and added links.
- Removed reference to 'first responders' in PPE table 3 and guidance.
- List of guidance updates now included in 'Explanation of the updates to infection prevention and control guidance'.
- Added Frequently Asked Questions on wearing Personal Protective Equipment (PPE).
- Added explanation of the updates to the infection prevention and control guidance.

The guidance is issued jointly by the Department of Health and Social Care (DHSC), Public Health Wales (PHW), Public Health Agency (PHA) Northern Ireland, Health Protection Scotland (HPS), Public Health England and NHS England as official guidance.

Whilst this guidance seeks to ensure a consistent and resilient UK wide approach, some differences in operational details and organisational responsibilities may apply in Northern Ireland, England, Wales and Scotland.

**This guidance is very important to protect you and prevent onward transmission. Please read the sections that are relevant to your role and place of work. The links below have been created for ease of access, with the contents listed below.**

## **COVID-19 Infection Prevention and Control Guidance (including PPE)**

The UK IPC and other useful guidance and resources can be found on the Health Protection Scotland (HPS) [website](#).

### Considerations for acute personal protective equipment (PPE) shortages

1. Purpose and scope of this document
2. Medical masks
3. Gowns and coveralls
4. Eye protection
5. Gloves
6. Aprons
7. Associated legislation

The Scottish Government expect hospitals to support their staff to follow HPS guidance on the appropriate PPE for their role and are very clear that **no single-use equipment should be re-used**.

The Scottish Government continue to encourage healthcare staff to use their dedicated email if they do not have the PPE they need. This is [covid-19-health-PPE@gov.scot](mailto:covid-19-health-PPE@gov.scot). It will be monitored continuously and allow the Scottish Government to act to resolve any specific supply issues more quickly.

### Explanation of the updates to infection prevention and control guidance

1. Process for updating the guidance (as published on 2 April 2020)
2. Main changes to the guidance

### Introduction and organisational preparedness

1. Introduction
2. Infection, prevention and control precaution
  - 2.1. Standard infection control precautions (SICPs) definition
  - 2.2. Transmission Based Precautions (TBPs) definition
3. Organisational preparedness for preventing and controlling COVID-19

### Transmission characteristics and principles of infection prevention and control

1. Routes of transmission
2. Incubation and infectious period
3. Survival in the environment

### Reducing the risk of transmission of COVID-19 in the hospital setting

1. Transmission based precautions
2. Duration of precautions

3. Standard precautions
  - 3.1. Hand hygiene
  - 3.2. Respiratory and cough hygiene – ‘Catch it, bin it, kill it’
  - 3.3. Patient use of face masks
4. Patient placement - inpatient settings
  - 4.1. Negative pressure isolation rooms
  - 4.2. Single rooms
  - 4.3. Cohort areas
  - 4.4. Staff cohorting
  - 4.5. Managing visitors
5. Managing visitors
6. Moving and transferring patients
  - 6.1. Moving patients within the same hospital
  - 6.2. Transfer from primary care/community settings
  - 6.3. Moving patients between different hospitals
7. Critical care
8. Operating theatres (where these continue to be used for surgery)
9. Environmental decontamination
  - 9.1. While the patient is in the room
  - 9.2. Cleaning the room once the patient has been discharged or left the room
10. Waste
11. Linen
12. Staff uniform
13. Management of equipment and the care environment
14. Environment
15. Handling the deceased

#### [COVID-19 personal protective equipment \(PPE\)](#)

1. Scope and purpose
2. Rationale for updated guidance
3. Main changes to previous guidance
4. Safe ways for working for all health and care workers
5. Summary of PPE recommendations for health and social care workers
6. Sessional use of PPE
7. Risk assessment
8. PPE guidance by healthcare context
  - 8.1. Aerosol generating procedures
  - 8.2. Higher risk acute inpatient care areas
  - 8.3. Inpatient areas
  - 8.4. Emergency department and acute admission areas
  - 8.5. Transfer of cases and other duties requiring close contact
  - 8.6. Operating theatres and operative procedures
  - 8.7. Labour ward
  - 8.8. Ambulance staff and paramedics

- 8.9. Primary care, ambulatory care and other non-emergency outpatient clinical settings
- 8.10. Individual's home or usual place of residence
- 8.11. Community and social care settings, including care homes, mental health and other overnight resident facilities
- 8.12. Pharmacy
- 8.13. Collection of nasopharyngeal swab(s)
- 8.14. Care to vulnerable groups undergoing shielding
9. Patient use of PPE
10. Recommended PPE types and rationale for use
  - 10.1. Filtering face piece class 3 (FFP3) respirators
  - 10.2. Fluid resistant surgical masks
  - 10.3. Eye and face protection
  - 10.4. Disposable aprons and gowns
  - 10.5. Disposable gloves
11. Best practice in use of PPE and hand hygiene

**Note: we are currently experiencing sustained transmission across the UK.**

[Table 1](#) summarises recommended PPE for health care workers by secondary care inpatient clinical setting for both NHS and independent sectors.

[Table 2](#) summarises recommended PPE for primary, outpatient and community care settings.

[Table 3](#) summarises recommended PPE for ambulance, paramedics, transport and pharmacists.

[Table 4](#) summarises additional considerations, in addition to standard infection prevention and control precautions, where there is sustained transmission of COVID-19, taking into account individual risk assessment for this new and emerging pathogen, for both the NHS and independent sectors.

NB – there are additional resources to aid correct PPE usage available [here](#) and [here](#).

[COVID-19: personal protective equipment use for non-aerosol generating procedures](#)

- Guidance on the use of personal protective equipment (PPE) for non-aerosol generating procedures (AGPs).

[COVID-19: personal protective equipment use for aerosol generating procedures](#)

- Guidance on the use of personal protective equipment (PPE) for aerosol generating procedures (AGPs)

## [Occupational health and staff deployment](#)

### [Glossary of terms](#)

Best practice guides:

- [Best practice hand rub](#)
- [Best practice hand wash](#)
- [Best practice management of blood and body fluid spills](#)

### [Facial hair and FFP3 respirators](#)

### [Routine decontamination of reusable equipment](#)

## **How do I prevent onward transmission of the virus?**

Strick adherence to standard infection control and transmission-based precautions will minimise the risk of onward transmission. Guidance around standard infection control and transmission-based precautions can be found within the National Infection Prevention and Control Manual ([NIPCM](#)).

## **COVID/19: NHS Scotland Laundering and Uniform Policy**

The appropriate use of personal protective equipment (PPE) will protect staff uniform from contamination in most circumstances. Where a uniform has been worn, in conjunction with appropriate PPE and is not visibly contaminated with blood, or other bodily fluids, (including COVID/19 contamination) there is no evidence that it poses any risk to healthcare workers, their families or the public. Safe practices must also be applied to staff who wear their own clothes for work.

Health Protection Scotland have reviewed and appraised the published literature around uniforms including our [National Uniform, Dress Code and Laundering policy](#), and have confirmed that existing infection control procedures, including arrangements for laundering uniforms and scrubs still apply for COVID/19.

### **Key information**

#### *Home laundering*

Hospital laundries can be used to launder uniforms, but only where they are available. Health Boards with on-site laundries will have a local policy in place to label uniforms for collection and return to staff.

Where on-site laundries are not available, used uniforms or staff who are wearing their own clothes, that are not contaminated with blood or bodily fluids (including COVID/19 contamination), should be laundered at home.

They should be taken home in a disposable plastic bag, which will be made available to staff. This bag should be disposed of into the household waste stream. Uniforms should be:

- washed separately from other items
- in a load not more than half the machine capacity
- at the hottest temperature appropriate for the fabric, then ironed or tumble dried

Alginate bags should not be used in domestic washing machines.

Washing with detergents at 30°C will remove most Gram-positive micro-organisms, and a ten-minute wash at 60°C is sufficient to remove almost all microorganisms, and microbiologists have confirmed there is little risk from the rest.

**There is no scientific evidence to suggest that home laundering is a less effective method of laundering non-contaminated uniform.**

It is best practice to change into and out of uniforms at work and not wear them when travelling. This is based on public perception rather than evidence of an infection risk. This does not apply to community health workers who are required to travel between patients in the same uniform.

Healthcare facilities should provide changing rooms/areas where staff can change into uniforms on arrival at work and these should be used for the duration of the COVID/19 pandemic. This includes shoes, which should be left on site, and staff change into outside shoes on site.

#### *Contaminated uniforms*

Uniforms that have been contaminated by patient blood or bodily fluids (Including COVID-19 related contamination) should be sent to on-site or facilities laundries in an alginate bag as infected linen and not taken home to wash.

**Under no circumstances should theatre scrubs or PPE be laundered at home.**

#### *Uniform supply and demand*

Staff are not putting themselves, their families or patients at increased risk by following current guidelines on changing uniforms and scrubs – one per shift or session, **unless the uniform becomes contaminated.**

Uniformed staff should continue to wear their uniforms, unless they are required to wear theatre scrubs.

Non-uniformed staff will be allocated suitable work wear if required for roles they are performing for the duration of the pandemic. However, where staff are wearing their own clothes in conjunction with appropriate PPE, there is no evidence of infection risk, for staff who are laundering non-contaminated clothes at home.

Staff transferring to other locations/boards to help with the pandemic should take their own uniforms with them, where possible.

Health care students taking up paid employment to help with the outbreak should continue to wear their student uniforms, where possible.

### **Staff Travel**

Symptomatic individuals, and asymptomatic individuals living in the same household as a possible/confirmed case of COVID-19, should follow household isolation (stay at home) advice on [NHS Inform](#).

Anyone that develops symptoms consistent with COVID-19 whilst at work (fever or new persistent cough), should follow national guidance and head directly home to self-isolate. Travel home should be via a means that minimises risk of onward transmission as much as is possible.

In line with national guidance, individuals should follow general infection prevention and control measures, including practicing good hand hygiene, and follow social distancing advice (i.e. maintaining 2m social distancing) wherever possible.

Where maintaining 2m social distancing in a car with someone from a different household is difficult, alternative travel arrangements should be made if at all possible, to allow social distancing to be maintained.

We recognise that making alternative travel arrangements will not always be possible, so where people from different households are sharing a private vehicle (car, taxi, minibus, lorries), then consideration should be given to how social distancing can be applied within the vehicle, where possible. If you can adhere to social distancing whilst travelling, then do so. Where this is not possible and you are travelling with non-household members, limit the number of passengers and space out as much as possible.

Again, the following general infection prevention and control measures should always be followed:

- Hand hygiene - use handwashing facilities or, **IF NOT** available, alcohol-based hand rub before and after journeys.
- Catch coughs and sneezes in tissues or cover mouth and nose with sleeve or elbow (not hands), dispose of the tissue into a bin and wash hands immediately.

- Practice social distancing. For example, sit or stand approx. 2 metres (6 feet) from other passengers, travel in larger vehicles where possible or use vehicles with cab screens, if available.
- Clean vehicles between different drivers or passengers as appropriate

#### *Travel by Trainees and Students to Hospital Accommodation*

Accommodation offered by hospitals to trainees and students in order to undertake work should not be treated as a first or second home for the purposes of current travel restrictions. In this respect, trainees should be able to travel to and from their family or principal home as required.

#### **4. What childcare provisions are in place?**

Health workers should contact their local authority for access to keyworker childcare. They will be prioritised for local childcare places. This is for critical childcare provision only – where key workers would otherwise be unable to fulfil their critical functions if they do not have childcare. If it is at all possible for children to be at home, then they should be. Depending on their role, other NHS staff may also be considered as key workers for critical childcare provision by local authorities. Full details about the types of workers that may qualify is set out in the [guidance on school closures](#) that has been agreed by the Scottish Government and Local Government. As far as possible the childcare provided should include early years and out of hours care as well as childcare for school aged children. However, this will depend on the provision that local authorities are able to make in their local areas.

If you are struggling with childcare provision, we encourage you to liaise with your regular childcare provider or school or direct with your local council for any further advice and support that they may be able to provide, however, if no solution can be found there is a dedicated team within Scottish Government to help ([keyworkers@gov.scot](mailto:keyworkers@gov.scot)).

#### **5. What should I do if I have a person with a high-risk medical condition in my household?**

Household members are at no greater risk of getting COVID-19 if staff members follow effective infection control and strict hygiene measures. If you live with a person with a high-risk medical condition, it is particularly important to protect them from transmission of COVID-19. They should already be following the Government's advice on shielding, which can be found [here](#). Strict adherence to the measures above should be followed for their protection. In addition, don't forget about good hygiene of your personal objects and clothing that may have been in contact with the virus (e.g. phones/shoes etc).

## 6. What should I do if I have a high-risk medical condition?

There are certain groups of staff that are at a higher risk of suffering more severe symptoms if they are infected with COVID-19. The aim of the occupational health guidance is to minimise this risk as much as possible, whilst maintaining the workforce to deliver the care that is required. It is not possible to cover every individual's circumstances in this guidance, but guidance on common issues are covered below and builds on the [Guidance for Health and Social Care and Emergency Workers with Underlying Health Conditions](#) that was previously issued. If you are unsure if this applies to you, contact your line manager and follow local board protocols.

Staff in the highest risk of severe disease group will receive an individualised letter from the Chief Medical Officer offering advice and support on [shielding measures](#) that must be followed. Any discussion about whether or not individuals may have received the letter incorrectly, or where their clinical circumstance have changed, should be undertaken with occupational health in the individual's employing Board. If access to occupation health services are not available, employees should discuss their circumstances with their GP or the clinician supervising their care. Unless there has been such a discussion, we would expect staff to comply with the advice contained in the letter from the Chief Medical Officer.

### Highest Risk of Severe Disease

There are some clinical conditions which put people at the highest risk of severe illness from COVID-19 compared other medical conditions. People in this highest risk group include:

- solid organ transplant recipients
- those with cancer who are undergoing active chemotherapy or radiotherapy for lung cancer
- those with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
- those having immunotherapy or other continuing antibody treatments for cancer
- those having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors.
- those who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs.
- those with severe respiratory conditions including all cystic fibrosis, severe asthma (see definition below) and severe COPD
- those with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell)
- those on immunosuppressive therapies sufficient to significantly increase risk of infection
- those who are pregnant with significant congenital or acquired heart disease

If you have any of these conditions you should be following [shielding measures](#) for a minimum of 12 weeks. You should be transferred to duties that could be undertaken at home whilst shielding or remain away from work until the shielding period has been formally withdrawn. If you have been advised to shield and you cannot work from home, you are entitled to be paid as if at work.

Workers over 70 years of age should also be transferred to duties that can be undertaken at home, or into non patient facing roles, maintaining strict [social distancing](#) and hygiene measures.

For more information on these conditions, please review the [Guidance for Health and Social Care and Emergency Workers with Underlying Health Conditions](#)

### **Raised Risk of Severe Illness**

For those at **Raised Risk of Severe Illness**, staff can continue to work as long as they practice social distancing and strict hygiene measures. These members of staff should not be working face to face with confirmed or suspected cases of COVID-19. Managers should follow a risk assessment process for staff with these underlying health conditions:

- chronic (long-term) respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
- chronic heart disease, such as heart failure
- chronic kidney disease
- hypertension
- chronic liver disease requiring immunosuppressive medication or having progressed to severe fibrosis or cirrhosis.
- chronic neurological conditions requiring regular treatments such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
- diabetes
- splenic dysfunction
- a weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets or chemotherapy
- being seriously overweight (a BMI of 40 or above)

A more exhaustive list of conditions, including exceptions, can be found in [Guidance for Health and Social Care and Emergency Workers with Underlying Health Conditions](#).

We have outlined the three most common asks from staff, but for more specific information on the definition of these conditions, please refer to the [Guidance for Health and Social Care and Emergency Workers with Underlying Health Conditions](#).

### **Asthma:**

Severe Asthma is defined as anyone receiving high dose long term steroid, methotrexate, azathioprine, MMF, omalizumab, mepolizumab or benralizumab, or three times a week azithromycin; or has had 3 or more short courses of steroids for exacerbations in the past year. If you are in this group, you should be asked to work from home if possible

If you have stable asthma you should continue to work and protect yourself by taking your regular medication. You do not require any additional precautions beyond the established infection control methods and strict hygiene measures.

### **Diabetes:**

Diabetes is considered a condition with an increased risk of severe illness. Risk assessments are advised for individual members of staff with diabetes due to variations. If following risk assessment, staff are able to continue their role, they should follow the infection measures detailed above.

### **Pregnancy:**

The [Royal College of Obstetrics and Gynaecology](#) (RCOG) provides guidance on what health and social care workers should do if they are pregnant (last updated 21<sup>st</sup> April). Existing legislation protecting pregnant women must be followed. The central aspect of this protection is based on risk assessment of each individual pregnant worker's working environment and the role they play.

The [recommendations](#), summarised below, have been made by the RCOG, the Royal College of Midwives and the Faculty of Occupational Medicine to assist pregnant healthcare workers, line managers, and occupational health teams in conducting this risk assessment:

#### *Protection of all pregnant healthcare workers:*

Every pregnant worker should have a risk assessment with their manager, which may involve occupational health. Employers should modify the working environment to limit contact with suspected or confirmed COVID-19 patients to minimise the risk of infection as far as possible.

In the light of the limited evidence, pregnant women can only continue to work in direct patient-facing roles if they are under 28 weeks' gestation and if this follows a risk assessment that recommends they can continue working, subject to modification of the working environment and deployment to suitable alternative duties. Pregnant women of any gestation should not be required to continue working if this is not supported by the risk assessment, as per the Management of Health and Safety at Work Regulations 1999 (MHSW). If a risk assessment indicates that a pregnant woman under 28 weeks' gestation can continue to work in a patient facing role, and the woman chooses to do so, she should be supported by her employer.

### Choices for pregnant healthcare workers prior to 28 weeks' gestation:

Following a risk assessment with their employer and occupational health, pregnant women should only be supported to continue working if the risk assessment advises that it is safe for them to do so. This means that employers must remove any risks (that are greater in the workplace than to what they would be exposed to outside of the workplace), or else they should be offered suitable alternative work.

Some working environments (e.g. operating theatres, respiratory wards and intensive care/high dependency units) carry a higher risk of exposure to the virus for all healthcare staff, including pregnant women, through the greater number of aerosol-generating procedures (AGPs) performed. When caring for suspected or confirmed COVID-19 patients, all healthcare workers in these settings are recommended to use appropriate PPE. Where possible, pregnant women are advised to avoid working in these areas with patients with suspected or confirmed COVID-19 infection.

### Healthcare workers after 28 weeks' gestation or with underlying health conditions

For pregnant women from 28 weeks' gestation, or with underlying health conditions such as heart or lung disease at any gestation, a more precautionary approach is advised. Women in this category should be recommended to stay at home.

Staff in this risk group who have chosen not to follow government advice and attend the workplace must not be deployed in roles where they are working with patients. Services may want to consider deploying these staff to support other activities such as education or training needs (e.g. in IPC or simulation).

### New mothers wanting to return to the workforce

Any mother thinking of returning early from maternity leave should be allowed provided she is fit and healthy to work, subject to any employment law restrictions, and following the same infection control and strict hygiene measures.

## **7. When will I get testing?**

Scottish Government updated its [guidance](#) on the 24<sup>th</sup> of April to prioritise available testing capacity to enable key workers in health and social care to return to work. This reflects the limited laboratory capacity available at the moment, and the need to address staffing pressures in critical health and social care services. There is additional capacity available as part of the UK Government testing for key workers.

The guidance recommends that testing should be prioritised for health and social care staff working in areas with critical staffing challenges, as identified locally. It also recommends that testing should be prioritised for the health and social care workers who are not experiencing symptoms but in 14 day household-isolation where the symptomatic household member is tested, rather than those who are symptomatic

and in 7 day individual isolation, in order to maximise the reduction in working days lost.

## ANNEX A: FAQs for Health and Social Care Workers

<p><b>Should I be working from home where possible?</b></p>	<p>As it stands, if you are able to perform your job from home you should do this – this is part of the Scottish and UK Government’s measures to prevent the transmission of COVID-19.</p> <p>This will be difficult for the majority of roles in health and social care. As part of the key worker group, you will not face any sanctions if you have to commute to your place of work.</p> <p>If you do not care for patients with suspected or proven COVID-19, you should still undertake the social distancing measures, as much as is practicable, set out by the Government.</p> <p>Information on these can be found <a href="#">here</a>.</p>
<p><b>How can I protect my household?</b></p>	<p>The most important thing you can do to protect yourself and prevent transmission to others is to practice good hand hygiene and use the appropriate PPE for the tasks that you are required to do. This, in addition to the guidance above and ensuring you don’t inadvertently contaminate any objects you are bringing home, will mitigate the risk of onward transmission.</p>
<p><b>My child has a high-risk medical condition, should I be coming to work?</b></p>	<p>Please see the section above entitled ‘<a href="#">What should I do if I have a person with a high-risk medical condition in my household?</a>’</p> <p>You should practice the standard infection control and transmission-based precautions and maintain good hand hygiene. You should also attempt <u>shielding</u> as much as possible, although this may be very challenging.</p>
<p><b>Should I come to work if one of my household members is in the high-risk or shielding category?</b></p>	<p>Yes, you should continue to come to work if you are able to do so. The measures above to protect you and prevent transmission will also protect them.</p>
<p><b>I have asthma – should I be working?</b></p>	<p>If you only have stable asthma, you should continue to work. If you have <a href="#">severe asthma</a>, you are at the raised risk of severe illness and should speak to your line manager to discuss your options.</p>

<p><b>I am diabetic – should I be working?</b></p>	<p>Please see the section above on <a href="#">diabetes</a> and discuss this with your line manager.</p>
<p><b>I am pregnant – should I be working?</b></p>	<p>Please see the section above on <a href="#">pregnancy</a> and discuss this with your line manager.</p>
<p><b>I am not sure if I should be doing patient facing work with my underlying health condition – where can I go for guidance?</b></p>	<p>You should speak to your line manager in the first instance. If they are unable to give you guidance, they should contact your occupational health team.</p>
<p><b>I cannot social distance in my workplace, but I have an underlying condition – how can I make sure I am protected at work?</b></p>	<p>Your employer should help to achieve this, but depending on your role it may be difficult. Consider your ability to work from home or perform a modified role within your team or organisation.</p>
<p><b>I am not sure if I have the right protection equipment for my job – where can I go for guidance?</b></p>	<p>You should speak to your line manager. This guidance should help you identify which equipment you need to protect yourself and prevent onward transmission.</p>
<p><b>I need to work but my child’s school is closed?</b></p>	<p>Local authorities are responsible for putting appropriate arrangements in place to support parents and carers defined as key workers. Guidance can be found <a href="#">here</a>. Please contact your local authority for information about the arrangements they are putting in place. See the contact details for your local authority <a href="#">here</a>. If you have further queries, please contact <a href="mailto:keyworkers@gov.scot">keyworkers@gov.scot</a></p>
<p><b>How do I know if I am a “Key Worker”?</b></p>	<p>Please contact your local authority for information about the arrangements they are putting in place. See the contact details for your local authority <a href="#">here</a>. If you have further queries, please contact <a href="mailto:keyworkers@gov.scot">keyworkers@gov.scot</a></p>
<p><b>I can’t access childcare under the key worker scheme, what am I entitled to under carer’s leave?</b></p>	<p>Where there is no alternative childcare available, paid carer’s leave will be given to staff and they will be paid as if at work, for the duration of each absence. Absences for this should be recorded as Special Leave Coronavirus.</p>
<p><b>I haven’t been tested yet, when will I?</b></p>	<p>NHS Boards have been issued guidance on how to prioritise testing, which can be found <a href="#">here</a>.</p>

<p><b>I have seen other PPE guidance, what should I be using?</b></p>	<p>It is important to reiterate that in Scotland, guidance produced by HPS, PHE and the Scottish Government Health and Social Care Directorate (SGHSCD) has national standing. Royal Colleges and other professional organisations producing supplementary IPC guidance are encouraged to use the HPS guidance as a single source of information.</p> <p>Some guidance has been produced which diverges from that published by HPS, particularly regarding what is and is not classified as an Aerosol Generating Procedure (AGP). Health Boards are requested to use the Health Protection Scotland / Public Health England list of AGPs as the single source of information.</p>
<p><b>How does this guidance compare to the WHO guidance?</b></p>	<p>The WHO confirmed that UK guidance is consistent with WHO recommendations for protecting healthcare workers against COVID-19. The UK guidance has some marginal differences from WHO guidance, these are:</p> <ul style="list-style-type: none"> <li>– the UK recommends FFP3 respirators for use during higher risk procedures, however, does state that FFP2 can be used if FFP3 are not available, following a rapid Health and Safety Executive (HSE) review.</li> <li>– recommends full arm gowns when seeing any suspected or confirmed case of COVID-19. The UK guidance also recommends full arm gowns as part of airborne precautions and aprons for other procedures, which is consistent with the UK ‘bare below the elbow’ policy as part of our long-term strategy to reduce healthcare associated infections and effective hand hygiene.             <ul style="list-style-type: none"> <li>▪ COVID-19 is not airborne, it is droplet carried. We know the cross contamination from gowns for infection can be carried by the gown sleeves and the advice therefore is bare below the elbows and undertake good hand hygiene, including your wrists and forearms.</li> </ul> </li> </ul>

<p><b>Should patients wear PPE?</b></p>	<p>In clinical areas, communal waiting areas and during transportation, it is recommended that possible or confirmed COVID-19 cases wear a fluid-resistant (Type IIR) surgical face mask (FRSM) if this can be tolerated. The aim of this is to minimise the dispersal of respiratory secretions, reduce both direct transmission risk and environmental contamination. A FRSM should not be worn by patients if there is potential for their clinical care to be compromised (for example, when receiving oxygen therapy via a mask). An FRSM can be worn until damp or uncomfortable.</p>
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**ANNEX B: References:**

Coronavirus (COVID-19)

- Health Protection Scotland

<https://www.hps.scot.nhs.uk/a-to-z-of-topics/wuhan-novel-coronavirus/>

Coronavirus (COVID-19)

- NHS Inform

<https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19>

COVID-19 [Guidance]: infection prevention and control

- Public Health England (N.B. accepted by Health Protection Scotland)

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

COVID-19: Information and Guidance for Social or Community Care & Residential Settings. Version 1.6.

- Health Protection Scotland.

<https://www.hps.scot.nhs.uk/web-resources-container/covid-19-information-and-guidance-for-social-or-community-care-and-residential-settings/>

Coronavirus (COVID-19): Shielding

- NHS Inform

<https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-shielding>

Rapid Review of the literature: Assessing the infection prevention and control measures for the prevention and management of COVID-19 in healthcare settings. Version 1.0.

- Health Protection Scotland

<https://www.hps.scot.nhs.uk/web-resources-container/rapid-review-of-the-literature-assessing-the-infection-prevention-and-control-measures-for-the-prevention-and-management-of-covid-19-in-healthcare-settings/>

Aerosol Generating Procedures (AGPs). Version 1.1.

- Health Protection Scotland

<https://www.hps.scot.nhs.uk/web-resources-container/transmission-based-precautions-literature-review-aerosol-generating-procedures/>

Coronavirus (COVID-19) virus infection and pregnancy. Occupational health advice for employers and pregnant women during the COVID-19 pandemic. Version 2.1.

- Royal College of Obstetrics and Gynaecology

<https://www.rcog.org.uk/coronavirus-pregnancy>

Testing for COVID-19 Infection to Enable Key Workers to Return to Work.

- Scottish Government

<https://www.sehd.scot.nhs.uk/publications/DC20200427guidance.pdf>