

PE2071/F: Take action to protect people from airborne infections in health and social care settings Scottish Government submission, 28 June 2024

Thank you for your follow-up email of 30 April 2024 on behalf of the Citizen Participation and Public Petitions Committee in relation to PE2071, regarding a call for the Scottish Government to take action to protect people from airborne infections in health and social care settings.

The committee has asked:

“The Scottish Government’s initial response to the Committee explained that there is a robust process in place for creating, updating, and removing COVID-19 guidance and that the information sources and decisions remain under continual review.

The Committee would welcome information on when the latest reviews of information sources and decisions relating to the pause or withdrawal of COVID-19 guidance took place and what the outcomes of those reviews were.”

This will be considered in response to both the extended use of facemask guidance in health and social care settings as well as COVID-19 testing policy.

Extended Use of Face Masks and Face Coverings across Health and Social Care Settings

The latest review on the extended use of face masks and face coverings guidance across health and social care settings occurred between March and April 2023. The agreed outcome of this review was to withdraw the Scottish Government’s extended guidance, which took effect as of 16 May 2023.

This followed advice from National Services Scotland Antimicrobial Resistance Healthcare Associated Infection (ARHAI) and Public Health Scotland (PHS) that health and social care settings should revert to the National Infection Prevention and Control Manual (NIPCM) and the Care Home Infection Prevention and Control Manual (CH IPCM).

The NIPCM and CH IPCM provide evidence-based guidance on the use of personal protective equipment (PPE), including face masks and respiratory protective equipment (RPE) centred on clinical need and risk assessment.

COVID-19 Testing

The Test and Protect Transition Plan published in March 2022 and successive changes to testing policy confirmed that testing for COVID-19 would be kept under regular clinical review as pandemic conditions and associated threat levels changed. In the latest reviews (June 2023 and March 2024), PHS and ARHAI recommended pausing routine testing in health, social care and prisons settings, which was implemented in August 2023, and ending routine testing for care home residents discharging from hospitals or hospices, which will be implemented by 3 June 2024. These changes came after the agreement of Scottish Government clinical advisors,

wide engagement with sectors and trade unions as well as consent from Scottish Ministers.

Earlier in the COVID-19 pandemic and before we had the benefit of vaccinations and treatments, widespread testing was required to reduce transmission, along with other protective measures. Fortunately, we're now in a very different position, with high levels of population immunity and effective treatments for COVID-19 having significantly reduced the direct harms of the virus.

Free testing has therefore ended for most people in Scotland and lateral flow tests are now being used in a much more targeted way to support clinical care and protect high risk individuals. Those eligible for COVID-19 treatments can access tests free of charge, and a list of eligibility criteria for treatment can be found on [NHS Inform](#).

It is still recommended that those with symptoms should try to stay at home and avoid contact with others until recovered. This advice has been informed by expert public health advice and represents a proportionate approach to managing COVID-19. Nonetheless, we recognise that COVID-19 has not gone away, and further changes to testing continue to be kept under regular clinical review.

Respiratory Surveillance

As can be seen above, the extended use of face masks and face coverings across health and social care settings guidance and the COVID-19 testing policy underwent reviews prior to being withdrawn or paused. These reviews included receiving advice from both PHS and ARHAI as well as consideration of the epidemiological context.

The Scottish Government recognises that surveillance of respiratory infections is a critical part of our approach to monitoring and managing the spread and prevalence of COVID-19 and other respiratory viruses in Scotland. As such we support both PHS and ARHAI to undertake surveillance activity.

This surveillance helps us to determine the right public health strategies and timing to manage transmission in the community. PHS is responsible for delivering [Scotland's National Respiratory Surveillance Plan \(publichealthscotland.scot\)](#) with the support of the Scottish Government.

In Scotland, respiratory infection levels and their impact are monitored using various sources of data, including microbiological sampling and laboratory test results from community and hospital settings, NHS 24 calls, primary care consultations, and hospital admissions.

The intelligence generated from these different data sources provide a comprehensive picture of current respiratory illness in Scotland.

It may be helpful to note that epidemiological information on seasonal respiratory infection activity in Scotland including COVID-19 is published online by PHS in their National Respiratory Infection and COVID-19 Statistical Report ([Viral respiratory diseases \(including influenza and COVID-19\) in Scotland surveillance report 16 May 2024 - Viral respiratory diseases \(including influenza and COVID-19\) in Scotland surveillance report - Publications - Public Health Scotland](#)) with the data updated through the PHS interactive dashboard which can be found at <https://scotland.shinyapps.io/phs-respiratory-covid-19/>.

ARHAI is responsible for the development and publishing of the NIPCM. The NIPCM is updated real time with any changes required to be made to guidance as a result of the quarterly evidence reviews and our three yearly full literature reviews. ARHAI Scotland also has the ability to monitor respiratory activity via the outbreak reporting tool which trigger considerations and discussions regarding any additional precautions.

The Scottish Government works closely with both PHS and ARHAI. If data gathered through routine surveillance indicates the need to consider enhanced public health mitigations (in this case the reintroduction of routine facemask/face covering use in health and social care settings) then PHS and/or ARHAI will offer this recommendation as part of their advice to Scottish Government to help shape any policy change.

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

Chief Nursing Officer Directorate