## Chief Nursing Officer Directorate

Fiona McQueen, Chief Nursing Officer



T: 0131-244 2314 F: 0131-244 3465 E: fiona.mcqueen@gov.scot

Sally Loudon Chief Executive CoSLA

By E-mail

5 April 2020

Dear Sally,

Further to the recent publication of guidance on PPE requirements in health and social care provision in the context of COVID, I am writing to provide a short piece of supplementary guidance. I am grateful to you for raising these further points with me.

The guidance advises on PPE requirements in a range of situations, depending on the situation of the person concerned:

- the person being cared for is suspected of, or confirmed as having COVID;
- the person is neither suspected to be, nor confirmed as COVID positive; or,
- the person had not been expected to be suspected or confirmation as COVID positive, but then displayed symptoms on visiting their home.

The guidance is for the health and social care profession, but not specific to any aspect – so, for example, a home care worker would be expected to wear the same PPE as a community nurse, depending on the situation described above.

Where the person is neither suspected to be, nor confirmed as COVID positive, care at home staff carrying out personal care should wear what they have always worn – that is, an apron and gloves; and no mask.

This applies regardless of the 2m distance. The same would apply to a community nurse visiting the same client: they too would wear gloves and apron, and no mask.

Furthermore, home care workers and community staff going into people's houses should only wear a mask when they suspect the person has COVID, <u>and</u> they cannot keep a 2m distance.

If this is not suspected – or if they can keep a 2m distance – then they do not need to wear a mask.

It is important that a risk assessment is undertaken – which involves the question of new, dry, persistent cough and/or a high temperature. If neither of these exist – there is no requirement for a mask.







On a related point, I can confirm that the PPE guidance issued on 2 April, in the form of 4 posters, related to health and social care workers only but not the wider workforce. HPS will issue further updated guidance for workers in the wider public sector and others giving advice about how to minimise risks of infection. I hope at present that this guidance will issue tomorrow, 6 April.

I am grateful for the opportunity to clarify these points, and am happy to help in any way I can. The Scottish Government has also established a central mailbox for queries about PPE in Health and Social Care: **covid-19-health-ppe@gov.scot**. It may also be helpful for further local conversations to take place between IJBs and local health protection teams, or nurse directors.

The following Health Protection Scotland guidance may also be useful:

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

This contains advice on infection prevention and control, including PPE (see section 1.8). It also includes, as Appendix 5, the PHE recommended PPE for primary, outpatient and community care.

On the related issue of *supply* of PPE, I can assure you that the Scottish Government is closely engaged with stakeholders on the range of issues involved – identifying needs, securing supply through a variety of routes, and ensuring distribution. For example, NSS is working closely with IJB Chief Officers to ensure appropriate supply for social care. I know my colleagues are in touch with you about this on-going work.

Yours sincerely,

France ( William

FIONA McQUEEN
Chief Nursing Officer





