**From:** [redacted]
**To:** Laura Imrie
**Cc:** [redacted]
**Subject:** FW: Ventilation wording in NIPCM
**Date:** 22 December 2023 16:50:00
**Attachments:** [redacted]

---

Hi all,

SG received a letter from RCN regarding a media statement issued by WHO on 19th Dec advising universal masking in healthcare settings again. worldhealthorganizationdepartmentofcommunications.cmail20.com/t/d-e-vkkjyud-jyyhcddb-f/

A further publication was released yesterday and it focuses universal masking on a 'targeted' approach and significant COVID19 impact.

WHO-2019-nCoV-IPC-guideline-summary-2023.4-eng.pdf

Following discussion with Jacqui Reilly, CNO and SG this morning, they have responded to RCN advising that our guidance will not be changing at this time. Attached is the draft letter which I provided comment on however following discussion with SG, they have decided to leave in the ventilation paragraph.

I have agreed that we will review the last SBAR we did around extended use of facemasks (also attached) to take account of the documents above. I am back in on Friday 29th December and can set the wheels in motion for this however I wanted to keep you all in the loop should any of this come up again in the days before.

Merry Christmas all!!
[redacted]

[redacted]
ARHAI Scotland
NHS Scotland Assure
**NHS National Services Scotland**
Tel: [redacted] | [redacted]@nhs.scot | [redacted]



---

**From:** [redacted]
**Sent:** Friday, December 22, 2023 1:47 PM
**To:** [redacted]@gov.scot
**Subject:** RE: Ventilation wording in NIPCM

Hi [redacted],
Just one tweak and a suggestion for some removal of content. Reds well.
Could you give me a quick teams call when you have a sec.
Cheers,
[redacted]

[redacted]
ARHAI Scotland
NHS Scotland Assure
**NHS National Services Scotland**
Tel: [redacted] | [redacted]@nhs.scot | [redacted]



---

**From:** [redacted]@gov.scot <[redacted]@gov.scot>
**Sent:** Friday, December 22, 2023 1:05 PM
**To:** [redacted]@nhs.scot>
**Subject:** RE: Ventilation wording in NIPCM

Hi [redacted]

Here is a copy of the draft response – would you mind having a quick look over for accuracy?

Many thanks

[redacted]

---

**From:** [redacted]
**Sent:** 22 December 2023 12:38
**To:** [redacted]@nhs.scot>
**Subject:** RE: Ventilation wording in NIPCM

Hi [redacted]

Brilliant, thanks for that. My letter is higher level than that so I am hoping it is covered.

Are you free to check over the content of the letter just now? If so, I will send on I am still trying to finish at 4pm (at the latest) so in a bit of a rush to get everything off….

[redacted]

---

**From:** [redacted]@nhs.scot>
**Sent:** 22 December 2023 12:16
**To:** [redacted]@gov.scot>
**Subject:** RE: Ventilation wording in NIPCM

Hi [redacted]
I have asked a scientist to have a look at the WHO paper published yesterday but below are my thoughts on each point for the time being. There are a few at the end re. staff testing and I haven't explored thoughts around them at this stage.
[redacted]

Point 1 - WHO recommends adhering to the ventilation rate requirements for health-care facilities in the context of COVID-19: • 160 l/s/patient for airborne precaution rooms • 60 l/s/patient for general wards and outpatient department.

- We refer to ventilation in Appendix 18, Hierarchy of controls but would need HFS to interpret this statement and give a baseline for technical requirements in NHS Scotland facilities.

Point 2 – WHO suggests considering the use of physical barriers such as glass or plastic windows for areas where patients first present, such as screening and triage areas, the registration desk at the emergency department and the pharmacy window.

- We no longer advise this in the NIPCM. This went with the COVID addendum. I would suggest that most front door areas still have this in place.

Point 3 - Maintain a physical distance of at least 1 metre between and among patients, staff and all other persons in health-care settings, when feasible.

- Physical distancing went with the COVID addendum. For inpatients we advise bed spacing in line with current HFS guidance which is greater than 2m. I think we also need to be cognisant of the fact that in healthcare settings, physical distancing rarely is feasible however we have other controls as laid out in the hierarchy of controls and including SICPs and TBPs.

Point 4 - WHO suggests targeted continuous medical mask use in health-care facilities in situations with minimum to moderate impact of COVID-19 on the health system. Remarks: • Targeted, continuous masking is the practice of wearing a medical mask by all health and care workers and caregivers in clinical areas during all routine activities throughout the entire shift. • In non-patient areas, staff who have no patient contact are not required to wear a medical mask during routine activities. • If caring for a suspected or confirmed COVID-19 patient, please see the recommendation on mask type for health and care workers.

- They use the term 'targeted' here. The NIPCM targets the use of masks for patients suspected and confirmed to have COVID-19. As per this morning's discussion we need to consider what our parameter would be in Scotland for stepping up controls. How do we define if the current pressures on the system as a result of COVID are minimum to moderate?

Point 5 -WHO recommends universal masking in health-care facilities when there is a significant impact of COVID-19 on the health system. Remarks • Universal masking is the practice of all health and care workers and other staff, caregivers, visitors, outpatients and service providers wearing a well[1]fitted medical mask at all times within the health facility and in any common area (e.g. cafeteria, staff rooms). • Inpatients are not required to wear a medical mask unless physical distancing of at least 1 metre cannot be maintained (e.g. during examinations or bedside visits) or when outside of their care area (e.g. when being transported), provided the patient is able to tolerate the mask and there are no other contraindications. • If caring for suspected or confirmed COVID-19 patients, please see the recommendation on mask type for health and care workers

- At this point in time I would argue that we do not have significant impact of COVID-19 on the health system. That said, and as above, how do we define the current pressures and what is our parameter for steeping up controls. Recognising that the impact could increase over the coming weeks and months, we will review the extended use of facemasks SBAR and consider this recommendations within that review.

Point 6 - Appropriate mask fitting should always be ensured (for respirators, through fit testing and a user seal check when a filtering facepiece respirator is put on; and for medical masks, through methods to reduce air leakage around the mask) as well as compliance with appropriate use of PPE and other standard and transmission-based precautions.

- Laid out in NIPCM

Point 7 - A respirator or a medical mask should be worn along with other PPE – a gown, gloves and eye protection – by health and care workers providing care to a patient with suspected or confirmed COVID-19

- Laid out in NIPCM

Point 8 - Suggested factors for informing the choice of the type of mask include a risk assessment and health and care workers' values and preferences. WHO suggests respirators be used in care settings where ventilation is known to be poor or cannot be assessed, or the ventilation system is not properly maintained.

- We note in the NIPCM (Appendix 18 Hierarchy of controls) that respirators may be used if ventilation poor. The following wording is used; *When caring for service users with infections spread by the droplet or airborne route, ventilation plays a key role in IPC. If the risk assessment concludes that an unacceptable risk of transmission remains within an environment after rigorous application of the HoC (e.g. unable to defer service user care, area poorly ventilated AND overcrowded) and only if there are no other more optimal lower risk areas suitable for service user placement, then health and care organisations may consider utilising the area for this purpose with provision of respiratory protective equipment (RPE) (FFP3 respirators) for the staff working in this area. This takes account of guidance issued by the World Health Organization (WHO) occupational health and safety for healthcare workers*

Point 9 - WHO suggests using airborne precautions while performing aerosol-generating procedures (AGPs) and, based on a risk assessment, when caring for patients with suspected or confirmed COVID-19.

- NIPCM advises airborne precautions when undertaking an AGP on any patient with suspected or known infection. The statement above in point 8 also advises use of respirators if risk assessment deems necessary.

Point 10 - A respirator should always be worn along with other PPE by health and care workers performing aerosol[1]generating procedures (AGPs) and by health and care workers on duty in settings where AGPs are regularly performed on patients with suspected or confirmed COVID-19, such as intensive care units (ICU), semi intensive care units or emergency departments

- We do not state this however we do note that patients with suspected/confirmed respiratory infections should be cared for in single rooms which would negate the need for all staff outside of the room to wear AGP PPE

Point 11 - For COVID-19, health-care settings should use standard precautions for the cleaning and disinfection of the environment and other frequently touched surfaces

- We would use enhanced cleaning in COVID areas with chlorine based detergent.

Point 12 - Health-care waste generated from care provided to suspected or confirmed COVID-19 patients should be segregated according to existing guidelines (e.g. non[1]infectious, infectious, sharps) for disposal and, where necessary, treated per national/subnational/local regulations and policies

- Laid out in NIPCM

Point 13 - Health-care facilities should follow standard processes for handling, transporting, sorting and laundering of linens for patients with suspected or confirmed COVID[1]19. Remark: This process should adhere to national/subnational/local policies as well as ensure the implementation of standard precautions.

- Laid out in NIPCM

Point 14 - Health and care workers and other persons involved in handling the deceased should follow standard precautions according to risk-assessment and existing national/subnational/local protocols for managing and handling the bodies of deceased persons infected with COVID-19

- Laid out in NIPCM

Point 15 - WHO suggests that the designation of a specific operating theatre for patients with suspected or confirmed COVID-19 infection is not needed.

- Not contained within the NIPCM however any clinical area including a theatre containing a patient who has a suspected or known infection would have a full enhanced clean prior to the next case.

Point 16 - Terminal cleaning of operating theatre after surgical intervention/procedures for patients with suspected or confirmed COVID-19 should be performed according to national/subnational and local policies for transmission based precautions

- Not contained within NIPCM however any clinical area including a theatre containing a patient who has a suspected or known infection would have a full enhanced clean prior to the next case.

Point 17 - Countries should have national and subnational testing strategies for the detection of SARS-CoV-2 infections in health and care workers

- Not within the remit of NIPCM.

Point 18 - Passive screening of symptoms for SARS-CoV-2 and other respiratory infections should be performed based on self-monitoring and reporting of symptoms by health and care workers

- Not within remit of NIPCM

Point 19 - Health and care workers should be prioritized for SARS[1]CoV-2 testing in the context of COVID-19 testing policies for both the community and health-care facilities.

- Not within the remit of the NIPCM

Point 20 - Health-care facilities should have protocols for reporting and managing health and care workers' occupational and non-occupational high-risk exposures to COVID-19

- Not within remit of NIPCM

Point 21- Any health and care worker who has signs or symptoms of SARS-CoV-2 infection should be excluded from their activities at work that require providing in person care to patients or other activities in the healthcare facility where they are in contact with other health and care personnel. They should furthermore consult with their occupational health and safety department and plan for isolation in a designated setting for the duration of the required period of isolation outlined by their local policy

- Not within remit of NIPCM

Point 22 - We suggest 10 days of isolation for individuals who are symptomatic due to SARS-CoV-2 infection (very low certainty of evidence)

- Laid out in NIPCM

Point 23 - We suggest 5 days of isolation for individuals who are asymptomatic with SARS-CoV-2 infection (very low certainty of evidence)

- We do not state an isolation time for asymptomatic cases. This would require clinical assessment and consideration of previous test results if available to understand if new or old disease.

Point 24 - We suggest the use of rapid antigen testing to reduce the period of isolation (very low certainty of evidence).

- Not within remit of NIPCM. However POCT no longer routinely used in healthcare.

[redacted]
ARHAI Scotland
NHS Scotland Assure
**NHS National Services Scotland**
Tel: [redacted] | [redacted]@nhs.scot | [redacted]

**We are NHS National Services Scotland**. We offer a wide range of services and together we provide national solutions to improve the health and wellbeing of the people of Scotland. **Find out more about our services at www.nss.nhs.scot**

---

**From:** [redacted]@gov.scot <[redacted]@gov.scot>
**Sent:** Friday, December 22, 2023 11:29 AM
**To:** [redacted]@nhs.scot>
**Subject:** RE: Ventilation wording in NIPCM

Perfect, thank you!

---

**From:** [redacted]@nhs.scot>
**Sent:** 22 December 2023 11:27
**To:** [redacted]@gov.scot>
**Subject:** RE: Ventilation wording in NIPCM

We're in the midst of it now[redacted]. Ill drop you an email when we're complete.

[redacted]
ARHAI Scotland
NHS Scotland Assure
**NHS National Services Scotland**
Tel: [redacted] | [redacted]@nhs.scot | [redacted]

**We are NHS National Services Scotland**. We offer a wide range of services and together we provide national solutions to improve the health and wellbeing of the people of Scotland. **Find out more about our services at www.nss.nhs.scot**

---

**From:** [redacted]@gov.scot <[redacted]@gov.scot>
**Sent:** Friday, December 22, 2023 11:26 AM
**To:** [redacted]@nhs.scot>
**Subject:** RE: Ventilation wording in NIPCM

Thanks for passing that on [redacted].

Have you had the chance to look at the updated guidance? Just wanted to check what your thoughts were around all of the interventions listed for Health care settings – does the manual cover all of this?

[redacted]

---

**From:** [redacted]@nhs.scot>
**Sent:** 22 December 2023 11:22
**To:** [redacted]@gov.scot>
**Subject:** RE: Ventilation wording in NIPCM

Hi [redacted]
[redacted] has obviously been checking her mail on her day off and sent me the following point which is worth having in mind as you compile the letter.
Thanks

**I quickly read the RCN letter - they are using the dashboard from PHS which reports "hospitalisation COVID" however this is misleading and we have asked PHS to clarify in the past where people are admitted for management of a respiratory virus versus those who are found to have it on**

**admission. Some ER still testing everyone being admitted therefore these numbers will raise as the virus circulates in the community and if this is the data being used it looks like people are becoming unwell and needing hospital treatment which would be worrying however I don't think this is what is actually being counted in the PHS data.**

[redacted]
ARHAI Scotland
NHS Scotland Assure
**NHS National Services Scotland**
Tel: [redacted] | [redacted]@nhs.scot | [redacted]



---

**From:** [redacted]@gov.scot <[redacted]@gov.scot>
**Sent:** Friday, December 22, 2023 10:57 AM
**To:** [redacted]@nhs.scot>
**Subject:** RE: Ventilation wording in NIPCM

Thanks [redacted] – this is very helpful.

I will craft a response and will share with you – just to check for factual accuracy! Hope that is ok?

[redacted]

---

**From:** [redacted]@nhs.scot>
**Sent:** 22 December 2023 10:52
**To:** [redacted]@gov.scot>
**Subject:** Ventilation wording in NIPCM

Hi [redacted]

Below is the link to appendix 18 of the NIPCM – Hierarchy of controls which contains the ventilation considerations.
I've pasted the wording below and highlighted the key points in red.
National Infection Prevention and Control Manual: Appendix 18 - Hierarchy of controls (scot.nhs.uk)

**Patient/service user placement**
Recognising that many service users with a transmissible infection require to be admitted to health and care settings, placement is an important factor in preventing onward transmission coupled with the other elements of SICPs and TBPs. **Health and care settings must seek to identify and prepare the most suitable clinical/care area for planned placement of service users with a known or suspected infection or colonisation. Where possible, this process should form part of organisational IPC planning undertaken for each clinical/care area in advance rather than at the time of service user admission/attendance. Health and care facilities should assess clinical/care areas considered most to least optimal for placement of service users with transmissible infection which also needs to take account of clinical need and service access and take the form of a structured risk assessment.** When caring for service users with infections spread by the droplet or airborne route, ventilation plays a key role in IPC. **If the risk assessment concludes that an unacceptable risk of transmission remains within an environment after rigorous application of the HoC (e.g. unable to defer service user care, area poorly ventilated AND overcrowded) and only if there are no other more optimal lower risk areas suitable for service user placement, then health and care organisations may consider utilising the area for this purpose with provision of respiratory protective equipment (RPE) (FFP3 respirators) for the staff working in this area.** This takes account of guidance issued by the World Health Organization (WHO) occupational health and safety for healthcare workers. As a minimum, the risk assessment should take account of the following:
• Does the room capacity allow for all bed/treatment chairs to meet bed/chair spacing requirements in line with current guidance and taking into consideration ergonomics?
• Is the area mechanically ventilated and meets a minimum of 6 air changes per hour (ACH)?

Ventilation in health and care settings Adequate ventilation reduces the number of infectious particles in the air by dilution. It helps reduce the risk of transmission of infections spread by the droplet/airborne route – the risk is greater in areas that are poorly ventilated. This section is not intended to contain technical detail on ventilation but rather provide over-arching advice on the considerations for health and care settings in the context of infections spread by the droplet/airborne route and risk reduction. The content below should be read in conjunction with the relevant national guidance relating to ventilation in the built environment. Several studies have linked transmission of respiratory viruses to recirculating air conditioners, with the high velocities created by these units potentially allowing larger viral aerosols to remain airborne over longer distances. It is also possible that directional flow from desk fans could have a similar effect however the evidence of this is weak. Fans should be avoided as much as Version 2.0, 5 December 2022 5 possible and should not be used without prior local risk assessment. An SBAR details the considerations for risk assessing fan use. (SHTM 03-01 Part A) Ventilation for Healthcare - Design and validation details the ventilation requirements for health and care settings and notes that 6 ACH is considered adequate for general areas within health and care settings. Some areas of health and care, for example theatres, treatment rooms, dental surgeries, require higher specification of mechanical ventilation as outlined in the section below titled 'mechanical ventilation'. Dental settings may also refer to SDCEP Ventilation Information for Dentistry. It is recognised that many health and care areas are not installed with mechanical ventilation systems to achieve a minimum of 6 ACH and NHS boards/care providers are not required to upgrade ventilation throughout all their estate (unless this is part of the existing strategic plans). However, it should be noted that where mechanical ventilation provides 6 ACH or more, that respiratory pathogen transmission risk is reduced. Service users with confirmed or symptoms of a transmissible respiratory infection must not be placed in a positive pressure room.

[redacted]
ARHAI Scotland
NHS Scotland Assure
**NHS National Services Scotland**
Tel: [redacted] | [redacted]@nhs.scot | [redacted]





---
This email is intended for the named recipient only. If you have received it by mistake,
please (i) contact the sender by email reply; (ii) delete the email from your system; .
and (iii) do not copy the email or disclose its contents to anyone.

---

**********
This e-mail (and any files or other attachments transmitted with it) is intended solely for the attention of the addressee(s). Unauthorised use, disclosure, storage, copying or distribution of any part of this e-mail is not permitted. If you are not the intended recipient please destroy the email, remove any copies from your system and inform the sender immediately by return. Communications with the Scottish Government may be monitored or recorded in order to secure the effective operation of the system and for other lawful purposes. The views or opinions contained within this e-mail may not necessarily reflect those of the Scottish Government.
**********

---
This email is intended for the named recipient only. If you have received it by mistake,
please (i) contact the sender by email reply; (ii) delete the email from your system; .
and (iii) do not copy the email or disclose its contents to anyone.

---

**********
This e-mail (and any files or other attachments transmitted with it) is intended solely for the attention of the addressee(s). Unauthorised use, disclosure, storage, copying or distribution of any part of this e-mail is not permitted. If you are not the intended recipient please destroy the email, remove any copies from your system and inform the sender immediately by return. Communications with the Scottish Government may be monitored or recorded in order to secure the effective operation of the system and for other lawful purposes. The views or opinions contained within this e-mail may not necessarily reflect those of the Scottish Government.

**********

---



---

**********



**********