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Sent by email to [REDACTED]

22 December 2023

Dear [REDACTED]

Thank you for your letter dated 21 December 2023 regarding the World Health Organisation's media statement: Covid 19 variant of interest JN.1.

The WHO media statement (published on 19 December 2023) advises health workers and health facilities to:

- Implement universal masking in health facilities, as well as appropriate masking, respirators and other PPE for health workers caring for suspected and confirmed COVID-19 patients.
- Improve ventilation in health facilities.

You will be aware that WHO published further [Infection Prevention and Control \(IPC\) guidelines for Covid 19](#) on 21 December 2023. This guidance gives more detailed advice than the previously published media statement on IPC measures in healthcare facilities for patients with suspected or confirmed Covid 19. As per the standard process, Antimicrobial Resistance Healthcare Associated Infection (ARHAI) Scotland are currently reviewing what is included within this updated guidance and will assess in line with the content of the National Infection Prevention and Control Manual (NIPCM) for Scotland.

In respect of what you have highlighted in your letter the updated guidance gives the following advice regarding mask use in healthcare settings:

- *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.*
- *WHO recommends universal masking in health-care facilities when there is a significant impact of COVID-19 on the health system.*

As you correctly state the NIPCM for Scotland does not require standardised universal making for Covid 19 and decisions on the use of respiratory protective equipment (RPE) are based on individual risk assessment as laid out in [chapter 2](#) of the NIPCM and [appendix 18](#).

As well as the risk assessment, which focuses on IPC, Health and Social Care workers in Scotland are also able to access RPE based on their personal preference as per [DL\(2022\)10](#).

In your letter you also raise concerns about the adequacy of ventilation in general ward and outpatient areas within hospital buildings and believe that action must be taken to assess and improve this. With regards to ventilation in health facilities the updated WHO guidance states:

- *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 departments*

As you will be aware the NIPCM for Scotland advises that:

“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.”

It then further reiterates the key role of ventilation in IPC and provides further guidance on mitigations should the risk assessment conclude that there is an unacceptable risk of transmission within an environment after rigorous application of the Hierarchy of Controls.

We recognise the concerns you raise with regards to increased service pressures over the winter period. The Scottish Government and COSLA have been supporting the system to be as ready as possible for the pressures it will face since the end of last winter; so that people can continue to access health and social care services and support when they need it most. The [Winter Preparedness Plan](#) (jointly published by Scottish Government and COSLA in October) is the articulation of this planning and preparatory work and seeks to address the specific operational pressures experienced across the health and social care system over winter.

I would like to reassure you that Antimicrobial Resistance Healthcare Associated Infection (ARHAI) Scotland and Public Health Scotland (PHS) continue to monitor and analyse COVID-19 and other respiratory infections data, including variants, hospital clusters and deaths. This is considered alongside reviews of the current scientific literature and international guidance (inclusive of WHO IPC guidance). Scottish Government regularly reviews this information together with any new emerging evidence. Any change to guidance would consider the epidemiological context and the latest scientific evidence and is continually under review.

I can confirm that PHS have undertaken their own risk assessment of JN.1 and while JN.1 does appear to be the current fastest growing lineage in Scotland, there has not been any signal of increased severity of disease through hospitalisation, ICU admissions or deaths. ARHAI Scotland also continue to review the local healthcare data to support wider risk assessment.

ARHAI Scotland and NHS National Education for Scotland have collaborated to relaunch a series of key IPC messages that can be used to support health and care settings over this winter period. They aim to raise awareness and help support communications around staying well during the winter. I would appreciate it if you could share these [messages](#) with your members.

I hope this letter addresses the concerns you have raised and that you are able to reassure RCN members that appropriate action is being taken by Scottish Government and NHS Scotland.

Yours Sincerely,