

Dear Colleagues,

## **Further Updates for Healthcare Professionals - Affecting staff testing, and amendments to guidance.**

### **Background**

As we move through the COVID-19 pandemic towards an endemic state, we continue to scale back our COVID-19 responses. Cases of nosocomial COVID-19 transmission in Scottish hospitals largely follow overall changes in COVID-19 incidence seen in the community. However, healthcare settings represent a cohort where mitigations have remained stringent since the outset of this pandemic. As we have moved to a lower threat level, it is therefore necessary for us to consider what the next stages regarding COVID-19 management within health and care settings look like.

### **Asymptomatic COVID-19 testing**

All non-patient facing healthcare workers (HCW) should now cease routine workplace asymptomatic testing.

Following discussions at the April COVID-19 Nosocomial Review Group (CNRG) and subsequent agreement by Cabinet Secretary for Health and Social Care, we ask that only patient facing staff (including patient facing primary care staff) continue to lateral flow device (LFD) test twice weekly. This is a return to the original scope of the asymptomatic HCW LFD testing pathway and in accordance with the [Testing Transition Plan](#) of 'testing to protect those in highest risk settings'.

Also, to align with the Transition Plan, the previous selfisolation guidance has been replaced with [DL\(2022\)12](#). This DL sets out updated guidance for health and social care staff who develop symptoms of respiratory infection; those with a positive test for COVID-19; and those who have a household member or overnight contact who has tested positive for COVID-19.

All patient facing staff are reminded to record LFD results (positive, negative and void) on the portal [Welcome - COVID Testing Portal \(service-now.com\)](#).

For more information on the above, please refer to our webpage, [Coronavirus \(COVID-19\): asymptomatic staff testing in NHS Scotland - gov.scot \(www.gov.scot\)](#).

Guidance on carrying out LFD tests can be found [on TURAS](#).

From the

**Chief Nursing Officer  
Chief Medical Officer  
National Clinical Director  
Director for Primary Care**

11 May 2022

DL (2022) 13

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### For Action

NHS Scotland Chairs,  
NHS Scotland Chief Executives,  
Chief Officers Health and Social Care Partnerships  
Local Authorities  
HR Directors,  
Medical Directors,  
Nurse Directors,  
Primary Care Leads,  
Directors of Pharmacy,  
Directors of Public Health,  
Directors of Dentistry,  
Optometric Advisors,  
All Independent Contractors (Dental, Pharmacy, General Practice and Optometry),  
Infection Control Managers  
Infection Control Doctors  
Infection Control Nurses  
Estate Management  
Board Testing Leads

### Enquiries

Scottish Government  
Directorate for Chief  
Nursing  
Officer  
E-mail: [cno@gov.scot](mailto:cno@gov.scot)

For further information on COVID-19 please refer to the [NHS inform](#) website.

### **Transition from the Scottish Winter 2021/22 Respiratory Infections in Health and Care settings - Infection Prevention and Control Addendum to the National Infection Prevention and Control Manual**

NHS NSS Antimicrobial Resistance Hospital Associated Infection (ARHAI) Scotland has provided a series of COVID19 guidance documents over the course of the pandemic. As pandemic controls have de-escalated in community as well as health and care settings, following consultation, ARHAI is now commencing the process of transition from the Winter Respiratory IPC Addendum back to the National Infection Prevention and Control Manual (NIPCM).

Guidance required to transfer from the Winter Respiratory IPC addendum to the [NIPCM](#) for acute settings going forward will take place week beginning 9<sup>th</sup> May 2022. Transition will be supported by an [infographic](#) and an [accompanying document](#) detailing specific updates to each of the chapters of the NIPCM with relevant hyperlinks where required.

Following transfer of content to the NIPCM, the [Winter Respiratory IPC addendum](#) will remain live allowing Health boards a number of weeks to fully transition back to the NIPCM with an expected implementation date (and formal launch) of Monday 11<sup>th</sup> July, at which point the Winter Respiratory IPC addendum will be removed from the website.

Social and Community Care settings will have their own appendix within the NIPCM and will have a separate soft launch at a later date, with the intention to align a new Community Care Manual with the formal launch of the updated NIPCM in July 2022.

### **Standards on Healthcare Associated Infections and Indicators on Antibiotic Use**

In October 2019, a letter was sent to NHS Scotland Boards by the former Chief Nursing Officer on the required

antibiotic use indicators and healthcare associated infection (HAI) targets (**Annex A**). The standards and indicators were:

- a) A 10% reduction of antibiotic use in Primary Care (excluding dental) by 2022.
- b) The use of WHO Access antibiotics (NHSE list)  $\geq 60\%$  of total antibiotic use in acute hospitals by 2022.
- c) The use of intravenous antibiotics in secondary care defined as DDD / 1000 population / day will be no higher in 2022 than it was in 2018.
- d) **Gram-negative bacteraemia (healthcare associated E. coli bacteraemia) (ECB):** A reduction of 50% in healthcare associated infections by 2023/24, with an initial reduction of 25% by 2021/22.
- e) **Staphylococcus aureus bacteraemia (SAB):** Reduction of 10% in the national rate of healthcare associated SAB from by 2022.
- f) **Clostridioides difficile infection (CDI):** Reduction of 10% in the national rate of healthcare associated Clostridioides difficile infection, with (CDI) by 2022.

Percentage reductions in SABs, CDI and ECB were measured against individual NHS Scotland Boards' current levels, rather than taking a "best in class" approach as previously.

In Scotland, the target relating to use of WHO Access antibiotics in acute hospitals has already been met, and it is considered likely that targets (a) and (c) will also be met within the original timescale. However, given the service pressures caused by COVID-19 related activity, it is likely that some of the previously agreed HAI targets will not be met in 2022. **In recognition of this, the previously agreed standards and indicators for 2022 will be extended by one year (to 2023).**

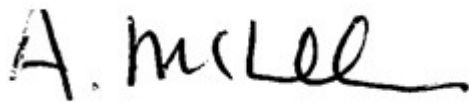
Extending the standards and indicators by one year allows ARHAI to ascertain which of the existing standards and indicators were met solely due to the pandemic and for HAI Policy Unit to consider whether the infections currently measured are still the relevant infections for targeted surveillance. New standards and indicators will be considered as part of the HAI strategy refresh and will align with the strategic framework.

**Recommendation of surgical site infections (SSI) and enhanced surveillance**

During wave one of the COVID-19 pandemic, NHS Boards were informed on 25 March 2020, via [a CNO letter](#), that due to resource capacity, enhanced surveillance and surveillance of surgical site infections (SSI) could be paused.

Given the shift in the Scottish COVID-19 situation, the reporting of SSI and enhanced surveillance/screening of HAIs is to be resumed in the latter half of 2022 (quarter 4).

Yours sincerely,



Professor Alex McMahon  
Chief Nursing Officer

Annex A



HCAI - CNO letter -  
to NHS boards - new :