Medical Directors
Nurse Directors

Hospital Clinicians

Primary Care

Health Board Shielding Teams

Health Board Shielding Executive Leads

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| Directorate for Chief Medical Officer Dr Gregor Smith Interim Chief Medical Officer |  |

**For immediate cascade to Primary Care, Hospital Clinicians and Health Board Shielding Teams**

9 July 2020

Dear colleagues,

**SHIELDING – NEXT STEPS**

Thank you for your ongoing support for those who have been asked to shield.

I write to provide updates on shielding in Scotland.

**1. Shielding Advice – The Next Steps**

The prevalence of COVID-19 in the community continues to fall. As a result, the advice provided to those asked to shield continues to change.

From 10 July, I will advise those asked to shield that they can:

* stop physical distancing from the people they live with
* use indoor toilets in other people’s houses
* meet up to 8 people from 3 other households outdoors in a single day
* travel further than 5 miles from their house, as far as they want
* book places to stay, such as self-catering accommodation, or travel to a second home, as long as they only stay with people they live with at home
* form a ‘household group’ with one other household – this means that they can visit the other household indoors and stay over, without physical distancing

A shielding route map which outlines expected changes from 17 July and 24 July is included at Annex A (separate document).

As long as the prevalence of COVID-19 remains low, it is possible that shielding advice may be paused from 1 August. If so, those asked to shield would be able to return to COVID-secure work places with physical distancing, and children who are on the Shielding List could return to school at the same time as the wider population. If shielding is to be paused this will be confirmed towards the end of July.

**2. Maintaining the Shielding List**

Although the advice to shield may pause from 1 August, I will continue to monitor to the prevalence of COVID-19. Should the prevalence increase in the future, my advice to shield may be reactivated. If this happens, those on the Shielding List and clinical colleagues will be updated. As a result, it is important that the Shielding List remains active and up-to-date.

* I am grateful for your continued discussions with new patients who meet the criteria for inclusion on the Shielding List
* Please continue to let your health board team know when you have agreed to add a new patient to the Shielding List, in order that Public Health Scotland has an accurate list of those people in Scotland who should be on the Shielding List

**3. Patient Letter**

I have written to those asked to shield outlining the above changes. This is included in the enclosed Annex A.

Thank you again for all that you are doing to support those who have been asked to shield.

Yours sincerely,



**DR GREGOR SMITH**

INTERIM CHIEF MEDICAL OFFICER