

Primary Care Team Working Together

Frequently Asked Questions (FAQs)
and Additional Resources

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Introduction

This document provides answers to questions raised by General Medical Practices in relation to operationalisation of Public Health Scotland and Scottish Government Guidance for COVID-19, the Respiratory Pathway and the on-going recovery of services.

National Guidance is changing on a regular basis as we learn more about COVID-19. Therefore, whilst the information provided in the FAQ and Appendices is correct at time of publication, you should refer to website links and check current guidance regularly.

***Throughout this document, when we refer to those on the respiratory pathway – this means those that have answered YES to the respiratory screening questions (which include the COVID-19 screening questions).**

Respiratory Pathway

Question: We previously carried out covid screening of patients before they attended the practice according to the high and medium risk covid pathway, but I am now seeing and hearing about a new respiratory pathway. How does that work and is there any difference?

Answer: ARHAI (part of NSS) has developed guidance recognising the likelihood of an increase in respiratory viruses in addition to COVID-19 over the winter season of 2021/22. This [guidance](#) supersedes previous Primary Care COVID-19 IPC guidance and was published on 29th November 2021 to come into effect on **13th December 2021**.

Previously Patients on the Red and Amber pathways were largely managed the same way in terms of IPC precautions. This was because little was known about COVID-19. Over time, we have learned much more about the way in which COVID-19 is transmitted. A change to Respiratory and Non-respiratory pathways signifies a move back towards Standard Infection Control Precautions (SICPs - (which should be applied for all patients regardless of infection status), and Transmission Based Precautions (TBPs – (additional measures applied where there is a known or suspected risk of infection).

As we move through winter it is important we do what we can to reduce the risks of transmissible infection for both staff and for patients. Review your current processes to minimize the risk wherever possible- which will vary depending on the population you serve and how your surgery operates..

Wherever possible Covid and respiratory screening questions should be undertaken by telephone prior to an arranged arrival at the practice. This will help to determine the respiratory infection risk and what pathway the patient should be on if they are to be seen in person (as clinically appropriate). If a clinician is asking the questions they can be adapted to suit the clinicians style. Practices may wish to develop a standard script for receptionists

to use, that can be adapted depending on the circumstances. This could be on your appointment reminder SMS, telephone messaging or at the point of booking in.

A copy of the screening questions can be found within the [Winter respiratory addendum within the National Infection Prevention and Control Manual \(NIPCM\)](#) and in Annex A to this document

For unplanned arrivals at the surgery, screening questions should be completed immediately on arrival where it is safe to do so without delaying any necessary immediate lifesaving interventions.

A summary of the [Winter respiratory addendum within the National Infection Prevention and Control Manual \(NIPCM\)](#) and what it means for General Practice can be found in Appendix 2 of this document

Question: Should patients wait until PCR test result is available before they are seen in person?

Answer: If following telephone or video consultation the patient is suspected or confirmed as having COVID-19 or another respiratory virus and if the matter is non-urgent: if clinically appropriate consider deferring face-to-face consultation until the PCR result is known or the Covid self-isolation period has elapsed. If patient requires to be seen in person the respiratory pathway should be followed.

Infection control, Personal protective equipment (PPE), Physical Distancing, and Cleaning

Question: Do I need to keep wearing scrubs?

Answer: Scrubs are typically worn in operating theatres where there is a high risk of blood and body fluid contamination to the wearer from the procedures undertaken in this setting. There is no requirement for staff within GP practices to be wearing scrubs. Scrubs are not PPE. However, there is recognition that over the last 18 months, many clinical staff have adopted the wearing of scrubs which are considered uniform. Refer to [Scottish Government uniform, dress code and laundering policy](#) for cleaning recommendations.

Question: How often do I need to clean my consulting room?

Answer: Environmental cleaning in the respiratory pathway should be undertaken as per the [Winter respiratory addendum within the National Infection Prevention and Control Manual \(NIPCM\)](#)

In settings such as GP practices where there are multiple consultations each day, cleaning should be undertaken between service users in addition to wider environmental cleaning using the appropriate cleaning product depending on the pathway the service user is on. This means ensuring that any surfaces touched by the patient are cleaned e.g. chair, treatment bed and where the patient is symptomatic of a respiratory virus (i.e. the respiratory pathway), cleaning should include items in the immediate environment which may have become contaminated.

Consultation rooms and waiting areas used for the respiratory pathway* should have domestic cleaning undertaken at least twice daily; one full clean and one clean of touch surfaces. This should be undertaken using a chlorine based detergent to ensure harmful pathogens contaminating the environment are eliminated.

Cleaning products and frequency does not correlate with consultation time period but rather it relates to the pathway the patient is on. See explanation above.

Question: If a member of admin or reception staff asks me what the current recommendations are for PPE in an office or reception environment, what should I tell them?

Answer: Current guidance recommends the use of a face covering in a non-clinical workplace setting where 2 metre physical distancing cannot be maintained, so this would suffice in an office or reception area. However, it is recommended that staff wear a fluid resistant surgical mask (FRSM) if they enter a clinical space – for example, if a receptionist needed to enter a clinical room to get a prescription signed. Therefore, it may be more prudent for staff to wear a FRSM mask at all times.

Question: Do I need to wear a face mask with all patients?

Answer: YES, you need to wear a Fluid Resistant Surgical Mask (FRSM) when within 2 metres of all patients regardless of presenting symptoms or absence of respiratory symptoms otherwise you will become a contact if they ended up subsequently having COVID-19 and you'd seen them within the infectious period. You should also wear a FRSM when moving around the GP practice as part of the Scottish Government Extended use of Face Masks and face coverings in hospitals, primary care and wider community care. Detail of when to wear other items of PPE can be found in the [Winter respiratory addendum within the National Infection Prevention and Control Manual \(NIPCM\)](#)

Question: What physical distancing should we follow now?

Answer: 2 metres physical distancing must remain for all patient areas on the respiratory pathway* and for all staff if FRSM is removed e.g. when eating/drinking/changing. Physical distancing may be reduced to 1 metre in all other areas. See [Winter respiratory addendum within the National Infection Prevention and Control Manual \(NIPCM\)](#)

Question: The Practice along the road is doing something different, where do I get expert help from to provide reassurance that what I am doing is correct?

Answer: Different practices may operate with slight differences determined by the size and layout of the practice and the services offered within the practice/building. You should continue to refer to the [National Infection Prevention and Control Manual \(NIPCM\)](#) which is the single point of reference for Infection Prevention Control guidance in Scotland. You may also find helpful information on the Public Health Scotland (PHS) COVID-19 guidance landing page. If you have any queries about the Winter respiratory addendum then please email nss.hpsinfectioncontrol@nhs.scot

Question: What do we expect patients to wear when entering our buildings?

Answer: Members of the public are expected to comply with Scottish Government recommendations to wear a face covering when entering any primary care premises. You do not need to supply them with a fluid resistant surgical mask from your PPE stock if they have their own face coverings, so it is worth reminding them to wear a face covering when they book their appointment and to have a reminder as they enter the building. However, if they attend and have forgotten a face covering, they should be supplied with a FRSM.

Question: Our waiting room is tiny, do patients have to comply with 1 metre physical distancing?

Answer: 2 metres physical distancing must remain for all patient areas on the respiratory pathway and for all staff if FRSM is removed e.g. when eating/drinking/changing. Physical distancing may be reduced to 1 metre in all other areas. See [Winter respiratory addendum within the National Infection Prevention and Control Manual \(NIPCM\)](#)

Question: Are there any situations when we should revert back to 2 metre physical distancing rather than 1 meter?

Answer: 2 metres physical distancing must remain for all patient areas on the respiratory pathway and for all staff if FRSM is removed e.g. when eating/drinking/changing.

Question: So, if we screen patients over the phone, is there anything else we can do to reduce the risk of people bringing COVID-19 into the practice?

Answer: Reducing the risk of transmissible disease in your practice is a process with national, local and practice based components. It is also a good idea to keep your website and phone systems up to date with advice and to have door signage asking people not to enter without calling first if they have any symptoms of COVID-19 or other respiratory infections.

Question: If we are asking respiratory screening questions, do we still have to triage every patient?

Answer: There is no mandatory requirement to clinically triage every patient before they attend, it is entirely up to the practices what process you use, but you need to have confidence that you will not have patients with any transmissible infectious illness coming in unannounced; be that norovirus, meningitis or a respiratory based infectious disease.

Question: Can I use hand gel on gloves?

Answer: No. Gloves should be disposed of immediately after you have completed a task – this means you may have to change them more than once when undertaking a patient consultation. They must never be worn to move between patients or tasks and must never be gelled or washed.

Question: Do I need to double glove?

Answer: No. Double gloving is not necessary and affords you no greater protection against winter respiratory viruses including COVID-19

Question: What PPE do team members have to change between patients and what can be worn for a whole session?

Answer: The **only** PPE which should be worn on a sessional basis are FRSMs and, on the respiratory pathway, eye protection. All other PPE is single use and **must** be changed between patients. Fluid-resistant (Type IIR) surgical masks (FRSM) should be changed if wet, damaged, soiled, uncomfortable and if you move from the respiratory to the non-respiratory pathway. See the Winter respiratory addendum within the [National Infection Prevention and Control Manual \(NIPCM\)](#) for more information

Question: What are we going to do with all the plastic generated by PPE use?

Answer: National Services Scotland are responsible for procuring PPE in Scotland and they are considering sustainable options and are very conscious of the amount of waste generated by PPE use. This is one of the reasons why it is important to use PPE appropriately and not to overuse PPE where it is not needed.

Question: How do we train members of the team to use PPE appropriately?

Answer: See [Winter respiratory addendum within the National Infection Prevention and Control Manual \(NIPCM\)](#) for information on PPE types and donning and doffing of PPE. There is also a donning and doffing video, [The Correct Order for Donning, Doffing and Disposal of PPE](#)

Question: What else do we need to be aware of?

Answer: The important things to be aware of are any changes in Scottish Government Policy or Infection Prevention and Control Guidelines, and having an understanding of any restrictions in your area along with local arrangements and advice. It may be more prudent to have one person in the practice keeping an eye on these issues and someone responsible for communication with patients and staff (website and phone message updates, for example). Also look out for local advice from your Health Board Infection Prevention Control teams or from your local Primary Care Department.

Question: How do we keep patients up to date with all these changes? It's very confusing for them and we are facing increased complaints and dissatisfaction?

Answer: Communicating with patients is really important and good clear communication can help to reduce the number of complaints and concerns from patients. Having a clear and up to date practice website and messaging on your answerphones as well as posters at the front door is important. Daily staff briefings may help aid communication and provide the necessary support. Supporting practice staff particularly receptionists (patient advisors/care navigators) to communicate with patients is also advised.

Signposting your patients to NHS Inform for practical advice and information both about COVID but also about the other services available in primary care might be helpful.

Question: When is this all likely to change so we can go back to pre-COVID-19 measures?

Answer: It is unlikely that we will return to pre-COVID-19 measures entirely. However, scientific evidence is constantly under review and any changes in guidance will be made when it is considered safe to do so. Both Public Health Scotland, ARHAI Scotland and Scottish Government produce guidance and policy in relation to COVID-19 and the current situation, so it is important to keep up to date with this. It remains important for practices to be aware of changes as they happen in order that they can review internal policies and procedures, amend as necessary and communicate these to patients and staff in a timely manner.

Hand Washing and Skin Care

Question: What is the guidance around hand hygiene?

Answer: Hand hygiene is considered one of the most important practices in preventing the onward transmission of any infectious agents including COVID-19. Hand Hygiene should be performed in line with the National Infection Prevention and Control Manual (NIPCM) and all staff should;

- Be bare below the elbow when working in clinical practice
- Must not wear hand/wrist jewellery (see NIPCM for jewellery exceptions)
- Ensure finger nails are short and clean and must not wear false nails or nail products
- Cover all cuts/abrasions with a waterproof dressing

Examples of when hand hygiene should be performed and how to perform hand hygiene can be found in the [National Infection Control Manual](#).

Question: How do I keep my skin safe?

Answer: See section 1.2 of the [National Infection Control Manual](#) which includes the following points;

- Dry hands thoroughly after hand washing using disposable paper towels.
- Use an emollient hand cream during work and when off duty.
- Do not use or provide communal tubs of hand cream in the care setting.
- **Staff with skin problems should seek advice from Occupational Health or their GP.**

Question: How often can I use hand gel before I need to wash my hands?

Answer: There is no maximum number of times, however, your hands must be washed using liquid soap and water if visibly soiled or after a consultation with a patient with a vomiting or diarrheal illness.

Question: Can hand wipes be used?

Answer: Hand wipes should only be used by staff in health and care settings where there is no running water available. In this case they should use hand wipes followed by ABHR (alcohol based hand rub) and wash their hands at the first available opportunity.

Question: What alcohol based hand rubs are recommended?

Answer: ABHR (alcohol-based hand rub) solutions containing 62-90% alcohol by volume are the preferred product for hand hygiene in health and care settings

Question: Are foams safe?

Answer: ABHR (alcohol-based hand rub) solutions containing 62-90% alcohol by volume are the preferred product for hand hygiene in health and care settings.

The Environment and Building

Question: Can we open our doors and allow the general public into the building.

Answer: Yes if that is what suits your practice system, it is up to practices how you manage your entrances although signage should be clear and prominent. Patients should continue to be encouraged to telephone the practice first rather than presenting at the premises without an appointment especially if they have respiratory symptoms.

One of the most important pandemic control measures which can be deployed by GP practices is the display/provision of key information for patients and visitors to the setting which will help reduce transmission of COVID-19 and other respiratory viruses. Information relating to physical distancing, symptomology and hand hygiene should be provided/displayed as a minimum

Question: How should we manage patient flow?

Answer: It is up to practices how you manage patient flow but some operational examples for managing patient flow in your practice might include;

- Clinic waiting areas – ensure 2m physical distancing for respiratory pathway areas and 1m physical distancing in all other areas.
- If possible, separate those patients with respiratory symptoms following screening
- Advise in appointment letters, over the phone, on websites and on front door posters that any individual testing positive to Covid-19, displaying respiratory symptoms (except those under 12) or living in a household with someone who has symptoms, or who has been identified as a contact, should not attend the practice in person but should telephone for advice initially.
- Advise in appointment letters and on the phone not to attend too early for appointments to avoid people waiting around longer than necessary in waiting areas.
- Use signage at entry points advising of necessary precautions.
- If possible, arrange a one-way system for entry and exit.
- Remind patients at the time of arranging the appointment or in an appointment letter to wear a face covering when attending the practice
- Continue to use screens at front reception desks
- If a patient on the respiratory pathways requires to be seen in person considering seeing them at the end of the surgery or at the end of the day when the waiting room is quieter
- Some practices have asked patients to wait in their cars (where this is possible)

Question: We have a narrow entrance way which will make 2 metre physical distancing difficult?

Answer: Unless there are separate routes into the building then physical distancing between different pathways can't be differentiated at entrances. Patients should adhere to 1 metre physical distancing until they reach the waiting area. Although some will be symptomatic, they will be in transit and wearing a face covering therefore minimal exposure risk to others.

Question: I don't currently have a red/ High risk pathway in the practice do I now need one?

Answer: No but as per the guidance you should be thoughtful, carry out appropriate risk assessment and have plans in place for the management of patients with respiratory symptoms

Question: How should I manage ventilation – do I keep the door and windows open

Answer: Windows and doors can be opened to increase ventilation. Please also read the guidance provided as follows in section [5.3.1 of the Infection Control Manual](#)

Question: How should we manage a situation where a symptomatic child needs seen and the parent isn't symptomatic?

Answer: If a parent brings a symptomatic child to the practice they shouldn't be expected to wait in a different waiting area from their child. They should be directed to the respiratory pathway; this may mean an asymptomatic parent is exposed however this is lower risk than the child being directed to the non-respiratory waiting area and exposing higher numbers.

Question: What changes do we need to make to the front of the GP reception area?

Answer: 2 metre physical distancing should be in place for respiratory pathway areas and 1 metre physical distancing in all other areas. Patients are still being asked to wear face coverings unless exempt.

Some of the things to consider include the following.

- Consider the flow of patients into the building – you may wish to limit numbers at any one time if the area is small or your footfall is considerable. If this is the case, how will those waiting outside be managed/kept safe/communicated with?
- If it is possible you may be able to mark out a one-way system so that you have an entry and exit door.
- It may be possible to mark out the floor to ensure distancing in line with current national guidance.
- Some practices have installed clear plastic screens on their counters/reception desks.
- Public messaging on websites and at front door to explain to your patients the changes you are making is also extremely important together with advising patients not to attend

if they are exhibiting any symptoms of Covid-19 or other respiratory infections (fever, persistent cough or anosmia).

- For patients making appointments over the phone, it might be necessary to remind them to bring a face covering to the appointment with them and notify the surgery in advance if they develop respiratory symptoms prior to attending for their appointment.

Because you know your own environments and buildings better than anyone, only the business (practice) can risk assess the situation and make decisions about how it can best comply with physical distancing measures.

Question: Is there any information around about signage?

Answer: The following documents may be of interest:

[Staying COVID-19 Secure](#) and [Creating a Safe Workplace](#)

But the most important advice would be to keep signage and posters clear and up to date. Staff may still need to be on hand to help and direct patients where necessary.

Question: We have carpets in some clinical rooms. Do we need to change them?

Answer: Ideally, the use of examination rooms that are carpeted should be avoided. It makes sense that if you have a consultation room with easily washable linoleum, then this would be the ideal place to see patients who may be at risk of carrying an infectious disease. However, there is currently no requirement for all carpets to be replaced. For carpeted floors/items that cannot withstand chlorine-releasing agents, consult the manufacturer's instructions for a suitable alternative to use following, or combined with, detergent cleaning.

All consultation rooms should be kept clutter free with equipment kept in closed cupboards to minimise potential for contamination. Soft furnishings should be avoided where possible. It is also advisable, that when replacing any fixtures or furniture due to wear and tear consider the most up to date guidance and decide on the most appropriate materials for replacement furnishing used within clinical areas. This should be chosen for ease of cleaning and compatibility with detergents and disinfectants. They should be covered with material that is impermeable, (for example, easily washable chairs and flooring)

Test and Protect

Question: Where should patients go for more information on getting tested?

Answer: Patients should be signposted to the [NHS Inform](#) site that can provide them with further details about both getting tested and other information relating to protection.

Miscellaneous and General

Question: Peak flows – are they still OK to do?

Answer: Measuring peak flows and carrying out Spirometry are not considered Aerosol Generating Procedures (AGPs) and therefore the PPE and cleaning controls required for AGPs do not apply. Therefore, undertaking these activities can be risk assessed in the same way as other patients presenting with non COVID-19 symptoms. Your health board may have additional local guidance in place. NES also recently ran an update on Spirometry for General Practices Nurses which can be asked on TURAS here: <https://learn.nes.nhs.scot/57491/cpd-connect/general-practice-nursing/spirometry-update-july-2021>

Question: As we have come out of lockdown, over the summer we had more visitors to the area? If we are in a pandemic, do we have to register temporary patients.

Answer: Yes, you should register temporary patients and provide necessary treatment in the same way as you have always done.

Question: If a patient wishes to register with us and they are within our catchment area, do we have to register them if we are in a pandemic?

Answer: Yes, you should register them in the normal way. Registration forms can be downloaded from your website and emailed in to you. There is useful information for patients on how to register with a GP Practice on [NHS Inform](#)

Annex A

Screening Questions

The process of covid-19 and respiratory screening assessment will vary depending on both the health and care facility and the type of service provision but wherever possible, respiratory screening questions should be undertaken by telephone **prior** to an arranged arrival at the facility for all service users and any accompanying carers

NB: Any person who has previously tested positive for SARS-CoV-2 by PCR should be exempt from being re-tested within a period of 90 days from their initial symptom onset, or the first positive test, if asymptomatic, unless they develop new possible COVID-19 symptoms. This is because fragments of inactive virus can be persistently detected by PCR in respiratory tract samples for some time following infection.

Further information on Respiratory screening assessment to determine transmission risk available in [Winter \(21/22\), Respiratory Infections in Health and Care Settings Infection Prevention and Control \(IPC\) Addendum](#)

Respiratory Screening Questions

Covid-19 Screening Questions

- Do you or any member of your household/family have a confirmed diagnosis of COVID-19 diagnosed in the last 14 days?
- Do you or any member of your household/family have suspected COVID-19 and are waiting for a COVID-19 test result?
- Have you travelled internationally in the last 10 days to a country that is on the Government red list?
- Have you had contact with someone with a confirmed diagnosis of COVID-19, or been in isolation with a suspected case in the last 10 days?
- Do you have any of the following symptoms;
 - High temperature or fever?
 - New, continuous cough?
 - A loss or alteration to taste or smell?

General respiratory screening questions

- Do you have any new or worsening respiratory symptoms not already mentioned which suggest you may have a respiratory virus?
- Have you been had a laboratory test with a confirmed respiratory virus/ infection such as influenza in the last 14 days.

Annex B Summary of Respiratory Guidance Winter Addendum for General Practice

	Patient answers YES to screening questions	Patient answers NO to screening questions
Attending the Practice	<ul style="list-style-type: none"> • Apply Transmission Based Precautions (TBPs) • Non-urgent - advise patient to arrange a COVID-19 PCR test if patient has one of the 3 cardinal COVID-19 symptoms. If clinically appropriate ask to defer until after isolation period is complete • Consider video or phone consultation where suitable • Needs to be seen in person – ask to attend at allocated time. • Patients should attend the practice unaccompanied where possible. • Children with symptoms of mild and moderate bronchiolitis or lower respiratory tract infection should initially be reviewed in primary care settings 	<ul style="list-style-type: none"> • Apply Standard Infection Control Precautions (SICPs) • Book in for appointment as normal • Advise patient to inform the practice if they develop respiratory symptoms prior to their appointment Patients should attend the practice unaccompanied where possible.
Entrances	<ul style="list-style-type: none"> • Patients to wear face coverings • Patients to maintain physical distancing of a minimum of 1 metre • Provide alcohol-based hand rub and/or hand washing facilities and advise of use on entry • Signage should encourage patients to report any respiratory symptoms on arrival. 	<ul style="list-style-type: none"> • Patients to wear face coverings • Patients to maintain physical distancing of 1 metre • Provide alcohol-based hand rub and/or hand washing facilities and advise of use on entry • Signage should encourage patients to report any respiratory symptoms on arrival.
Segregation in Waiting Areas	<ul style="list-style-type: none"> • Practices which are small and are unable to identify 2 separate waiting areas may consider the use of partitions to divide the pathways within waiting areas. • Provide clear signage for patients to indicate any separate area. • If answering YES to any of the screening questions, direct patient to the appropriate respiratory waiting area and advise that they should remain seated until called. 	<ul style="list-style-type: none"> • Practices which are small and are unable to identify 2 separate waiting areas may consider the use of partitions to divide the pathways within waiting areas. • Provide clear signage for patients to indicate any separate area. • If answering NO to screening questions, advise patients of where to sit in the waiting room. Patients should be asked to remain seated in general waiting room until called. Patients from the same family can sit together provided they all answer NO to screening questions.

	<ul style="list-style-type: none"> • Patients from the same family can sit together. • If patients cannot wait in a separate area, risk assess how best to manage these patients if they need to attend for in person consultation. Waiting in cars may be possible until called. • Remove toys and books/magazines in these waiting areas to encourage children to sit with parents/carers rather than circulating. Informing parents in advance that they can bring a book or toy would be helpful. Encourage parents to keep children seated. • Children should be supported by parents/carers to maintain good hand and cough hygiene. • Clean these areas as per guidance laid out in the environmental cleaning section for the respiratory pathway 	<ul style="list-style-type: none"> • Remove toys and books/magazines in these waiting areas to encourage children to sit with parents/carers rather than circulating. Informing parents in advance that they can bring a book or toy would be helpful. Encourage parents to keep children seated. • Children should be supported by parents/carers to maintain good hand and cough hygiene. • Clean these areas as per guidance laid out in the environmental cleaning section for the non-respiratory pathway
Consulting Rooms	<ul style="list-style-type: none"> • Where patients cannot be managed by phone or video and require in person assessment, they should ideally be seen in a consultation room dedicated for this patient group. • Where practical and as clinically appropriate, they should be seen at the end of surgery or the end of the day (which may make cleaning of rooms easier) • Ensure good ventilation-e.g.open windows 	<ul style="list-style-type: none"> • Where practical, these patients should be seen in a dedicated consulting room for the non-respiratory pathway. • Clean any patient equipment used during the consultation and touch points between patients – see Safe Management of Care Environment in Winter Respiratory Addendum
PPE	<ul style="list-style-type: none"> • Within 2 meters of a patient, wear a fluid resistant surgical mask (FRSM) – single or sessional use • Wear gloves ONLY if contact with blood and body fluid anticipated, single use • Wear apron (gown if excessive splashing) ONLY if contact with the patient is anticipated, single use 	<ul style="list-style-type: none"> • Within 2 meters of a patient, wear a fluid resistant surgical mask (FRSM) – single or sessional use • Risk assess use of gloves, apron (or gown if excessive splashing) and eye or face protection. Wear if contact with blood or bodily fluids anticipated

	<ul style="list-style-type: none"> • Eye or face protection within 2 meters of patient with respiratory symptoms, single or sessional use 	
Cleaning	<p>Cleaning by clinical staff;</p> <ul style="list-style-type: none"> • Clean any patient equipment used during the consultation and touch points between patients – see Safe Management of Care Environment in Winter Respiratory Addendum <p>Domestic service</p> <ul style="list-style-type: none"> • At least twice daily • 1st clean - Full clean • 2nd clean - Touch Points/ Surfaces (assume this may be done by clinical staff) • A minimum of 4 hours should have elapsed between the first daily clean and the second daily clean. Where a room has not been occupied by any staff or service user since the first daily clean was undertaken, a second daily clean is not required. 	<p>Cleaning by clinical staff;</p> <ul style="list-style-type: none"> • Clean any patient equipment used during the consultation and touch points between patients – see Safe Management of Care Environment in Winter Respiratory Addendum <p>Domestic service At least daily</p>
Cleaning Product	<ul style="list-style-type: none"> • Combined detergent/disinfectant solution at a dilution of 1000 ppm av chlorine or general purpose, neutral detergent in a solution of warm water followed by a disinfectant solution of 1000ppm av chlorine 	<ul style="list-style-type: none"> • General purpose detergent

Annex C

Training and other Resources

Most approved training resources relating to Covid-19 and Infection Control can be found on Turas Learn. Resources are written by those working in the NHS, approved by the NHS and are free. All members of the team can register for an account.

Infection control training is provided on Turas Learn:

<https://learn.nhs.scot/2482/infection-prevention-and-control-ipc-zone>

A useful resource can also be found in Turas Learn for infection control training in dental practices (although a different environment the principles still apply to other primary care settings)

[COVID-19 Infection Control and Decontamination for the Dental Practice | Turas | Learn \(nhs.scot\)](#)

There is also lots of helpful information on the ACAS website:

<https://www.acas.org.uk/advice>

There is further information which may be of help on the NHS Inform website:

<https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19>

Training resources for vaccinators can be found at:

[COVID-19 vaccination programme | Turas | Learn \(nhs.scot\)](#)