

[REDACTED]@aol.com

Our Reference: 202000033308
Your Reference: PPE Guidance

01 May 2020

Dear [REDACTED]

Thank you for your email of 1 April 2020 to the Cabinet Secretary for Health and Sport, Jeanne Freeman MSP about why guidelines from Health Protection Scotland (HPS) for the use of Personal Protective Equipment (PPE) differs from the guidance from the World Health Organisation (WHO). As you will appreciate, the Cabinet Secretary receives a high volume of correspondence and is unable to respond to everyone personally. I have been asked to reply on Ms Freeman's behalf.

I understand that you are concerned given the current situation. Our national expert body, Health Protection Scotland (HPS), jointly with the Department of Health and Social Care, Public Health Wales, Public Health Agency Northern Ireland, Public Health England (PHE) and NHS England published updated PPE guidance in relation to COVID-19 on Thursday 2 April. The revised guidance is available [here](#).

The guidance outlines what type of PPE frontline health and social care workers should be wearing in different settings and scenarios. The guidance itself recommends the safest level of PPE to protect health and social care workers and it specifies the type of PPE that should be worn in the various healthcare and social care settings where patients or residents could be cared for. Importantly, the updates reflect the fact that COVID-19 is now widespread in the community, meaning clinicians and care workers are more likely to see people with the virus, some of who will not have symptoms yet.

New tables have been added to the guidance, which clearly explain the PPE required for different common clinical and care scenarios. The [first table](#) relates to acute hospitals and the [second](#) is for primary care, outpatient and community care.

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Given the recognised sustained community transmission of COVID-19, the guidance importantly includes [detailed advice](#) around risk assessing use of PPE, including aprons, gowns, Fluid-Resistant Surgical Masks and eye protection, in a range of different clinical and care scenarios. The guidance also asks that organisations themselves undertake risk assessments to ensure that they provide the correct PPE for the safety of their staff.

You will see that the guidance is also clear that, in line with agreement from the Health and Safety Executive, in certain circumstances, some PPE – particularly masks and eye protection - can be worn for a full session, and doesn't need to be changed between patients. This will ensure that health and social care workers can safely carry out their work; particularly when they are working in areas where there is a high risk of COVID-19 transmission such as Emergency Departments or intensive care units. The Health and Safety Executive has reviewed the guidance and agreed the appropriate sessional use of some PPE.

The WHO guidance is broadly aligned to this UK-wide guidance, with a similar rationale in advocating the use of PPE in health and social care settings and requiring the correct use of PPE in the correct setting. However, in recognition of the fact that there is some evidence of sustained transmission of COVID-19, the UK-wide guidance also includes additional considerations which are overarching of standard HPS precautions. Pertinent to health and social care staff in any setting, these additional considerations allow the care giver to decide on the use of PPE based on their assessment of risk from the patient to themselves.

Thank you for taking the time to write to Ms Freeman with your query. I hope this information is useful. I sincerely thank you and your colleagues for supporting the delivery of health and social care during this unprecedented time of need.

Yours sincerely

[Redacted signature]

[Redacted name]
CNO : Nursing and Midwifery Policy Unit

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[REDACTED]

From: Sarah Boyack MSP <Sarah.Boyack.MSP@Parliament.scot>
Sent: 04 May 2020 14:06
To: Scottish Ministers
Subject: (Case Ref: SB1162) - Guidelines for Washing Hands with Soap and Water

Follow Up Flag: Follow up
Flag Status: Flagged

Categories: MICASE

[REDACTED]

Dear Ms Freeman

I am writing on behalf of a constituent who has been in touch regarding the guidelines to wash hands with soap and water.

I have copied the text of my constituent's letter below for your information. I would be very grateful if you could clarify this matter to allow me to respond to my constituents query.

Best wishes

Sarah

Sarah Boyack MSP
The Scottish Parliament
Edinburgh
EH99 1SP

'Due to COVID-19, handwashing by healthcare professionals has become more frequent resulting in dry, cracked and sore hands.

The reason I am contacting you is that the current UK guidelines state to wash hands in 'soap and water'. One health board in Scotland is stopping the use of soap substitutes and only using soap to wash hands. This may result in increased hand dermatitis and many healthcare professionals needing topical steroids. Furthermore, hand dermatitis is often very painful and uncomfortable. If we can help prevent this, we should. I propose that the guidelines could be updated to advise people to wash hands in 'soap or foaming soap substitute and water'.

The advice from WHO regarding washing hands in soap and water is based on the principles of good hygiene, not any antiviral efficacy. The coronavirus causing the current pandemic is novel, which means that there are no products anywhere that can actually claim efficacy against it, unless they have undergone appropriate testing. Below are 2 statements on surfactant effect on viruses and effectiveness of non-soap cleansers in relation to QV Gentle Wash. These statements are made by our scientific communication manager, Dr Ian Harrison, the documents can be sent to you upon request.

1.

'In the wake of the ongoing COVID-19 global pandemic, Ego Pharmaceuticals has received questions regarding the effectiveness of its non-soap based cleansers such as QV Wash and QV Gentle Wash for hand hygiene.

In short, both soap and non-soap based cleansers do exactly the same thing; they clean the skin. Non-soap based cleansers will work just as well as soap. The difference is in how the products are made and the ingredients that are used, not in their effectiveness. Soap, owing to a naturally high pH, can be irritating to the skin, whereas non-soap based cleansers are usually pH balanced, so they are gentler on the skin.

Both soap and non-soap based cleansers work by lifting dirt and contaminants from the skin. The act of hand washing itself also plays a part; rubbing your hands together can actually help to lift contaminants from the skin while you wash. In fact, the mechanical action of washing your hands is a major reason why cleansing with water and either soap or a non-soap based

cleanser is the preferred method for hand hygiene.'

2.

'In the wake of the ongoing COVID-19 global pandemic, Ego Pharmaceuticals has received questions regarding the effects of surfactants found in soap and non-soap based cleansers on viral envelopes.

Research is limited on this topic, and specific studies that test the effects of soap or non-soap based cleansers on viruses are few.

The little evidence available suggests that enveloped viruses may be inactivated when the hydrophobic group of a surfactant fuses with the lipid bilayer of the viral envelope, leading to disruption and eventual disassembly of the envelope.¹ Some have suggested that the effect of surfactants on the lipid components of viruses may make them efficacious against all lipid-enveloped viruses,² but more work is needed in this area to support this view.

Washing with water and soap or a non-soap based cleanser is recommended based on the principle of limiting the spread of disease through good hygiene. Remember to wash your hands thoroughly for at least 20 seconds and avoid touching your face with unwashed hands.'

WHO references:

"Current evidence indicates that the COVID-19 virus is transmitted through respiratory droplets or contact. Contact transmission occurs when contaminated hands touch the mucosa of the mouth, nose, or eyes; the virus can also be transferred from one surface to another by contaminated hands, which facilitates indirect contact transmission. Consequently, hand hygiene is extremely important to prevent the spread of the COVID-19 virus." <https://www.who.int/who-documents-detail/interim-recommendations-on-obligatory-hand-hygiene-against-transmission-of-covid-19><https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.who.int%2Fwho-documents-detail%2Finterim-recommendations-on-obligatory-hand-hygiene-against-transmission-of-covid-19&data=02%7C01%7CNeil.Findlay.msp%40parliament.scot%7C8b3bc74d04ea428a296f08d7ec46567e%7Cd603c99ccfdd4292926800db0d0cf081%7C1%7C0%7C637237659150049718&sdata=ZH912LM0EMkJTkqaG%2B%2FQ8ozuji%2FOzGSwUN9LxJWccA%3D&reserved=0>

"Clean hands protect against infection"

https://www.who.int/gpsc/clean_hands_protection/enhttps://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.who.int%2Fgpsc%2Fclean_hands_protection%2Fen%2F&data=02%7C01%7CNeil.Findlay.msp%40parliament.scot%7C8b3bc74d04ea428a296f08d7ec46567e%7Cd603c99ccfdd4292926800db0d0cf081%7C1%7C0%7C637237659150049718&sdata=BZar8kJlGln3ZiFYULtELwdBf3FbhIztGhp%2BSCfwU%3D&reserved=0

I hope you take the time to consider my request for the guidelines to be changed from washing hands with 'soap and water' to washing hands with a 'soap or foaming soap substitute and water' as this would help many people suffering from dry, cracked and sore hands.'

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Your Reference: PPE Guidance

[REDACTED]

[REDACTED]

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Dear Jeane,

Can you please clarify why the guidelines from Health Protection Scotland for the use of PPE differs from the guidance from WHO.

3 weeks ago at work we dealt with a patient with regular flu and followed local guidelines and wore gowns, gloves and masks while undertaking a diagnostic procedure (not AGP). Now we are expected to just wear a thin apron and mask for a patient with the deadly Covid 19 infection.

Please can you clarify?

Regards

[REDACTED]

Specialist Radiographer



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E :scottish.ministers@gov.scot

Sarah Boyack (MSP)
Sarah.Boyack.MSP@Parliament.scot

Our Reference: 202000034221
Your Reference: (Case Ref: SB1162) - Guidelines for Washing Hands with Soap and Water

19 May 2020

Dear Sarah

Thank you for your correspondence of 4th May 2020 about your constituent who has been on touch regarding the guidelines to wash hands with soap and water.

Please, accept my apologies for the delay in responding and pass on my thanks to your constituent for getting in touch to raise these issues.

Hand Hygiene is one of the most effective actions to reduce the spread of pathogens and prevent infections, including the COVID-19 virus. Conducting hand hygiene at the right time, using the right technique, with either Alcohol-Based Hand Rub (ABHR) or soap, water and disposable or clean towels is critical.

Nurses and other healthcare staff should follow the National Infection Prevention and Control Manual to prevent spreading infection to those in the healthcare setting.

The guidance recognises the importance of skin care and that hands should be dried thoroughly after hand washing using disposable paper towels. An emollient hand cream should be used during work and when off duty. Staff with skin problems should seek advice from Occupational Health or their GP.

I hope this information is helpful to you and your constituent.

GRAEME DEY



Your Reference: [REDACTED]

[REDACTED],

[REDACTED] gmail.com

Dear Cabinet Secretary

Nicola has been approached by a constituent, [REDACTED], saying he is very unhappy about the standard of PPE guidance and specifications used by Scottish Government. He insisted medical bodies including BMA and W.H.O. advise a higher standard is needed. He further added that the Scottish Government have been told this and that he will contact the press unless he receives an urgent response.

Nicola has asked me to pass this to you for a response.

Yours sincerely

[REDACTED]



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ASSOCIATION OF PAKISTANI PHYSICIANS-
SURGEONS AND ALLIED HEALTHCARE
PROFESSIONALS SCOTLAND

E-mail: officeappsscotland@gmail.com

Your ref: PPE related guidance concerns raised by APPS Scotland Members and Affiliates
Our ref: 202000029309
20th May 2020

Dear Colleagues

Thank you for your letter dated the 15th of April to the First Minister. I am responding as the issues you raise fall within my ministerial portfolio. Please accept my apologies for the delay in this response.

I would like to take this opportunity to offer my sincere appreciation for the continuous service provided by Association of Pakistani Physicians Surgeons and Allied Health Professionals of Scotland (APPS Scotland) members and affiliates alongside all Health and Social Care staff in Scotland. I appreciate this is a challenging and worrying time for all communities. I am grateful that the APPS Scotland members and affiliates have raised their concerns, given the current COVID-19 pandemic and in relation to BAME Health and Social Care staff and communities.

At the Four Nations level, the Office for National Statistics (ONS) has work underway to match data on COVID-19 deaths to other data sets to understand more about how ethnicity and deprivation are related to mortality. The intention of this work will look at this in some detail and to inform what next we can do to minimise any risk.

The ONS analysis found that people from all minority ethnic groups apart from Chinese and mixed ethnicity are at greater risk of a coronavirus (COVID-19)-related death than the white population, in England and Wales. In particular, black men and women are nearly twice as likely, as similar white people to experience a COVID-19 death.

The ONS analysis has looked at different geographical and social factors, such as household overcrowding and education attainment. The ONS analysis did not however correct for co-morbidities and underlying health conditions such as cardiovascular disease and diabetes are known to affect Asian and Black ethnic groups more. People in Asian and Black minority ethnic groups also often work in key frontline occupations.

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This data has not been adjusted for comorbidities and when it is some of the data may be corrected. The data will also be broken down by those aged 50 and under (the majority of working age population) and with risk ratios included.

Analytical partners across the Scottish Government, National Records for Scotland, Public Health Scotland and the NHS are working together to consider how we can better understand the impact of COVID-19 on those from all minority ethnic communities including from Black and Asian backgrounds. The CMO Advisory Group in Scotland will consider the findings, including the implications for key frontline workers.

Ministers are placing minority ethnic issues at the centre of wider work to look at how COVID-19 is impacting unequally on different communities. All of this will be central to our long-term exit/recovery to ensure that our strategies and support fairly reflects unequal impacts, and contributes to longer-term elimination of deep-rooted and persistent inequalities.

In terms of PPE guidance, our national expert body Health Protection Scotland (HPS), jointly with the Department of Health and Social Care, Public Health Wales, Public Health Agency Northern Ireland, Public Health England (PHE) and NHS England published updated PPE guidance in relation to COVID-19 on Thursday 2 April. The revised guidance is available on the [HPS website](#).

During 28-29 March, the World Health Organization (WHO) confirmed that the UK guidance is consistent with WHO recommendations for protecting healthcare workers against COVID-19. The Health and Safety Executive (HSE) conducted a rapid review of the guidance which concluded that aprons offer a similar level of protection to gowns and that FFP2 respirators offer protection against COVID-19 and can therefore be used during high risk procedures, if FFP3 respirators are not available.

Secondly, WHO recommends full arm gowns when seeing any suspected or confirmed case of COVID-19. The UK guidance also recommends full arm gowns in high risk procedures and aprons for other procedures, which is consistent with the UK 'bare below the elbow' policy as part of our long term strategy to reduce healthcare associated infections and effective hand hygiene. HPS advice is that the cross contamination from gowns for infection can be carried by the gown sleeves and when bare below the elbows to therefore follow hand hygiene guidance of scrubbing hands, wrists and forearms.

The WHO clearly states that COVID-19 is transmitted via droplets but can be airborne when undertaking certain procedures known as Aerosol Generating Procedures (AGP). PHE have a list of these on their [website](#) and this list is constantly reviewed by the National Emerging Respiratory Virus Transmission Advisory Group (NERVTAG) of which Scotland is a member.

The UK guidance outlines what type of PPE frontline health and social care workers should be wearing in different settings and scenarios. The guidance itself recommends the safest level of PPE to protect health and social care workers and it specifies the type of PPE that should be worn in the various healthcare and social care settings where patients or residents could be cared for. Importantly, the updates reflect the fact that there is evidence of sustained transmission of COVID-19 which may be indicative of asymptomatic carriage within the community.

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You will see that new tables have been added to the guidance, which clearly explain the PPE required for different common clinical and care scenarios. The [first table](#) relates to acute hospitals and the [second](#) and [third](#) are for primary care, outpatient and community care, ambulance staff, paramedics, first responders and pharmacy. Given the recognised sustained community transmission of COVID-19, the guidance importantly includes [detailed advice](#) around risk assessing use of PPE, including aprons, gowns, fluid-resistant surgical masks and eye protection, in a range of different clinical and care scenarios, including community and social care settings. The guidance also asks that organisations themselves undertake risk assessments to ensure that they provide the correct PPE for the safety of their staff.

You will see that the guidance is also clear that, in line with agreement from the HSE, in certain circumstances, some PPE – particularly masks and eye protection - can be worn for on a sessional basis, and do not need to be changed between patients. This will ensure that health and social care workers can safely carry out their work; particularly when they are working in areas where there is a high risk of COVID-19 transmission such as Emergency Departments or intensive care units.

To provide absolute clarity on what PPE changes mean for health and social care staff working on the frontline, HPS has helpfully produced visual posters specifying what kind of PPE should be worn in which setting or scenario. The posters have been made available on the COVID-19 section of the [HPS website](#) so that they can be printed and displayed in each of the respective settings.

Please be assured that the Scottish Government continue to work tirelessly with NHS partners, Royal Colleges and Unions, Health and Social Care Partnerships, and with colleagues in other UK nations to ensure vital supplies of PPE are procured and distributed to all areas of health and social care in Scotland.

The Scottish Government has introduced measures to improve the distribution of PPE, including a single point of contact for all health boards to manage local PPE supply and distribution. The Scottish Government also has a new dedicated email address for staff, MSPs or members of the public to raise specific supply issues only (not clinical advice). This is covid-19-health-PPE@gov.scot. It will be monitored continuously and allow us to act to resolve any specific supply issues more quickly.

I hope this is helpful. I would like to take this opportunity to thank all APPS Scotland members and affiliates for your dedication, commitment and important work during the COVID-19 pandemic.

JEANE FREEMAN

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