

Dear

FREEDOM OF INFORMATION – COVID BRIEFINGS

I write in response to your request for information in relation to covid briefings in NHS Lothian.

Question:

Please release minutes available for health boards daily and/or weekly briefings with relation to decision making surrounding Covid-19 between 1st January 2020 and 31st December 2022.

Answer:

I have enclosed copies of the regular all staff covid briefings issued in NHS Lothian between 1 January 2020 and 31 December 2022.

A large number of daily and weekly meetings were held in the organisation with regard to making decisions relating to covid during this period at executive and site management level and down to individual departments and teams. Due to the volume it would require significant resources to collect the records of all these meetings together from the various departments and to review them for relevance. Under section 12 of the Freedom of Information (Scotland) Act 2002, NHS Lothian is not required to respond to your request if the resources required to do so equate to more than £600 in cost.

I hope the information provided helps with your request.

If you are unhappy with our response to your request, you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at www.itspublicknowledge.info/appeal. If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.



If you require a review of our decision to be carried out, please write to the reviewer at the address at the top of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: <https://org.nhslothian.scot/FOI>

Yours sincerely

ALISON MACDONALD
Executive Director of Nursing Midwifery and AHPs
Cc: Chief Executive

NHS Lothian COVID-19 SPEED READ



For ease of access, please print and leave in staff areas for colleagues.

All Speed Reads are available on intranet in [COVID-19 Base](#) or on the [external site here](#)

ISSUED: 23 December 2021

Important Information

Appeal to Staff – help us deliver the Booster Vaccination Programme – Update

Thanks to all staff who have come forward and offered to assist with the Vaccination Programme following an appeal in the [Speed Read last week](#). The names of those staff who have registered using the link provided have now been passed onto the relevant HSCP and they will be in touch directly about available shifts. Your support is greatly appreciated. However, it is not too late to offer to support the programme if you are clinically trained but currently working in either a non-clinical role or non-front facing clinical role. You would require to undertake the relevant vaccination training depending on your current skills and experience and details of the training can be found at:

<http://intranet.lothian.scot.nhs.uk/Directory/publichealth/Immunisation/Pages/default.aspx>

Once you have completed the relevant training, please click on the link below and provide and submit the details requested to register to assist with the Vaccination Programme. The link is as follows: <https://forms.office.com/r/VYRJKuX6jE>

Thanks for your support.

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ISSUED: 01 June 2021

Important Information

Quarantining and international travel Update

Given the recent government announcements related to international travel, Scottish Government have now updated the guidance on quarantining and self-isolation. They advise that since the requirement for quarantining is now a common occurrence, staff can no longer book foreign travel in good faith on the assumption that a quarantine/self-isolation period will not be required.

On that basis, staff are advised that they need to ensure they take account of both the Foreign and Commonwealth Office and Scottish Government advice in regard to essential international travel as it is vital that every effort is made to prevent new COVID variants entering the UK.

NHS Scotland staff are advised not to travel to an amber or a red list country. Staff who do not adhere to this guidance will not be entitled to paid leave if they are required to quarantine or self-isolate.

The only exception to this will be when a member of staff must travel abroad for essential reasons e.g. as a consequence of a family illness or bereavement. In these circumstances, special leave or home-working (if appropriate) will be granted, during quarantine/self-isolation arrangements.

If staff travel to a country where no quarantine restrictions apply at the time of travel, and the advice changes whilst they are in that country meaning the employee is then required to quarantine on return, the employee should work from home if possible. If this is not possible, staff would be entitled to Special Leave.

To find out more about Scottish Government Guidance on what countries are consider red and amber go to <https://www.gov.scot/publications/coronavirus-covid-19-international-travel-quarantine/>

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Staff Helplines – Updated location

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Important Reminders

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ISSUED: 02 August 2021

Important Information

Lateral Flow Testing

Although COVID-19 case numbers seem to be levelling off, it is still important for staff to continue to do a twice weekly test and to record their results on the portal at: www.covidtestingportal.scot to ensure they and their patients are safe.

A [letter to all staff](#) from Tracey Gillies, Medical Director, Alex McMahon, Director of Nursing and AHPs and Tom Waterson, Employee Director reminded staff that testing is particularly important after vaccination as you can still catch and spread the virus but are more likely to be asymptomatic and therefore unaware that you are infected. The evidence shows that lateral flow testing identifies around 7 in every 10 positive cases and for those who are the most infectious this rises to over 95%. Regular testing, along with PPE, social distancing and vaccination remain the key elements of our response to the pandemic.

Feedback highlighted some glitches in the recording portal which have been fixed. Staff are encouraged to try the portal again if they have previously found it difficult as this should now be much easier. A user guide has been developed to support staff in recording their results. The guide is stored [here](#) on the Staff Testing section of the COVID-19 hub.

If a lateral flow test is positive, the staff member should arrange for a PCR test. [Guidance](#) on where to apply for the test and the process is available on the COVID-19 hub.

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ISSUED: 02 December 2021

Important Information

Risk Assessment for Pregnant Staff

In April 2021, with the lifting of shielding the guidance for pregnant staff was updated to advise of the need to apply a risk assessment-based approach to each individual and continue to work if it is safe to do so. At that stage the guidance advised that a more precautionary approach should be taken for women who were 28 weeks pregnant and over in light of the increased risk with consideration of redeployment or home-working if the risk assessment required this. This [guidance](#) has now been reviewed nationally and updated to reflect the evidence of the risk to unvaccinated staff who are pregnant. The guidance remains a [pregnancy risk assessment](#) must be undertaken for all pregnant staff but the reference to a more precautionary approach for those at 28+ weeks gestation has been replaced by a more precautionary approach in light of the increased risk to pregnant women who are unvaccinated at any gestation. On that basis, managers of pregnant staff should work with their staff member to review the risk assessment to ensure it is still appropriate with this change to the risk profile. There may be situations where it is felt that a change in place of work is advisable e.g. away from direct work with Covid positive or suspected positive patients.

Annual Leave Carry Over 2021-22 And Buyback

As advised in the Speed Read of 10 November the policy related to annual leave has been updated by Scottish Government in recognition that the service remains under significant pressure and staff may have carried over leave from both 2019/20 and 2020/21 leave years. The revised position is:

- Where possible, staff should take all of their annual leave entitlement for 2021/22 including any carried over annual leave;
- Where it is not possible to take the full entitlement, all staff should at least take their statutory leave of 28 days (20 days of their leave entitlement and 8 public holidays) for the 2021/22 leave year. The statutory entitlement stated reflects the entitlement for a five-day worker. The statutory entitlement is **the equivalent of 5.6 week's** leave.
- Staff who are unable to take all their accumulated leave because of pressure on the service will have the option to accept payment in exchange for up to 10 days leave at a rate of time and a half subject to the requirement to take the statutory entitlement. This will be until 31 March 2022 for Agenda for Change

and Executive and Senior Manager staff and the personal 2021-22 leave year for Medical and Dental staff.

- Where staff have been unable to take their leave due to service pressures and opt to carry over the leave rather than receive payment, the normal 5 day carry forward rule will not apply to these staff.

Further guidance has now been received which includes [FAQs](#) to clarify some issues. These include: the payrates that will apply; the scope for staff on long-term sick leave to qualify; and further clarity on the number of days which can be bought back.

For eligible staff who wish to obtain payment for leave they have been unable to take due to service pressures, Managers should email the payroll team at - PayrollRegistry@nhslothian.scot.nhs.uk with the following details: name, payroll number and hours due.

Lateral Flow Testing

Staff will be aware that the Scottish Government have been advising members of the public to take tests prior to spending time in crowded places or with family members to minimise the spread of COVID-19 in advance of and during the festive period. The identification of the new variant, Omicron, has made this an even more important part of our defences against the spread of the virus. All staff are therefore reminded of the availability of lateral flow testing kits and are urged to participate in the twice weekly testing programme to keep your patients, colleagues, family and friends safe.

SIGN 161 Update

Scottish Intercollegiate Guidelines Network (SIGN) have published an update to SIGN 161: Managing the long-term effects of COVID-19 in November 2021

Please click [here](#) to take you to the updated version of the SIGN guideline page on the Intranet

This guideline has been developed collaboratively by SIGN, the National Institute for Health and Care Excellence (NICE) and the Royal College of General Practitioners (RCGP) It was developed using a standard methodology based on a systematic review of the evidence. SIGN, NICE, and the RCGP are developing the guideline using a **'living' approach, which means that targeted areas of the guideline will be continuously reviewed and updated** in response to emerging evidence.

This guideline covers the care of people who have signs and symptoms that develop during or after an infection that is consistent with COVID-19, which continue for more than four weeks and are not explained by an alternative diagnosis. These recommendations will be of interest to general practitioners (GPs) and members of the primary care team, healthcare professionals in specialist secondary care services, occupational therapists, rehabilitation medicine staff, and social workers. It will also be of interest to people experiencing long-term symptoms of COVID-19, their family and carers, supportive organisations in the voluntary sector and policy makers.

CMO Letter Regarding New Variant

The Chief Medical Officer, Dr Gregor Smith, has published a new letter providing a further update on the delivery of the COVID-19 vaccination programme and the subsequent Green Book changes. You can read it [here](#).

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Staff Helplines – Updated location

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ISSUED: 3 February 2021

Important Information

Covid-19 Staff Vaccination— First & Second Dose Appointments

Since December 2020 NHS Lothian's Staff Vaccination Programme has delivered approximately 40,000 first dose vaccinations to eligible staff across Health & Social Care in Lothian.

The local vaccination programme for staff will now focus on delivery of 2nd dose clinics to all of the above, within the 12 week window advised.

Access to first dose appointments will be made available at the mass vaccination venues for eligible staff who have not yet had a first dose appointment.

If you meet the Staff Eligible Criteria and still require your first dose of COVID-19 vaccine please email your name, employer, role and contact telephone number to:

loth.massvaccinationstaff@nhslothian.scot.nhs.uk A member of the team will respond with next steps.

More information on how these appointments will be administered [can be found here](#).

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ISSUED: 04 FEBRUARY 2021

Important Information

Annual Leave for Shielding Staff

Previously, in the first phase of lockdown, staff who were shielding were not required to take annual leave while shielding given the strict restrictions they had to follow. As restrictions have eased, and were ultimately paused at the end of July 2020, staff in the shielding category were advised to plan their annual leave for the rest of the year as were non-shielding colleagues.

In the most recent period of lockdown, the restrictions placed on staff in the shielding category are broadly similar to the rest of the population, with the exception of attending the workplace and using public transport. On that basis, shielding staff can access the same level of activity during annual leave as other staff. Therefore, the expectation is that leave that is already booked should be taken and staff should be encouraged to take any remaining leave before the year end (31 March 2021).

Managers are advised to have these conversations with any shielding staff members as soon as possible. Leave that had been planned between the re-introduction of shielding and this communication should be considered on a case by case basis and dependent on the discussions that have taken place to date with their manager. With regard to the carry-over of annual leave to the 2021/22 leave year, as advised for other staff, where a member of staff has been unable to take their full entitlement due in particular to the restrictions placed in the early phase of lockdown, this can be considered a COVID related reason to allow for **carry over above the standard one week's leave.**

Reminder: First & Second Dose Vaccination Appointments

The staff vaccination programme is now focusing on delivery of second dose vaccinations within the advised 12-week window. Clinics will commence from 15 February 2021. Staff who received a first dose will be contacted by letter to confirm their appointment.

Eligible staff who were not able to get a first dose will be able to attend the Mass Vaccination Clinics which are open. Staff who are eligible include health & social care workers providing care closely and regularly to, or coming into close contact with, those who are clinically very vulnerable to COVID.

If you meet this criteria, and still require your first dose of COVID-19 vaccine, please email your name, employer, role and contact telephone number to: loth.massvaccinationstaff@nhslothian.scot.nhs.uk A member of the team will respond with next steps.

More information and FAQs about the appointments [can be found here.](#)

Occupational Health: Reminder Regards Process for Management Referrals

Whilst responding to the COVID-19 priorities, Occupational Health have had to prioritise specific management referrals. As previously advised, if managers do have a case they wish to refer, they are asked to discuss it in the first instance with HR Enquiries or the Employment Relations Practitioner supporting the case. The Practitioner will then confirm to the manager whether the case meets the current criteria for progression to referral. Please be aware that the only referrals that will be progressed will be those that come via this route with no direct referrals being accepted via Cohort at this time.

Referrals for musculoskeletal problems continue to be picked up by the Occupational Health Physiotherapy Service. Please use the self-referral pathway detailed on the Intranet.

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ISSUED: 09 June 2021

Important Information

Clarifying visiting guidance

At present, different part of NHS Lothian board area are in different COVID levels:

- West Lothian & East Lothian are in Level 1
- Edinburgh City & Mid Lothian are in Level 2

Different visiting guidance applies in each level – with 2 members of the same household permitted to visit together in level 1 areas.

Some specialist services may transfer patients between hospitals in level 1 and level 2 areas which may create confusion in the approach to visiting between these areas and challenges in communicating this with patients and their relatives.

As a pragmatic precautionary approach, NHS Lothian has adopted a position which takes account of ongoing infection prevention & control advice to minimise the risk of transmission of COVID 19 and current Scottish Government guidance on hospital visiting which requires Boards to ensure visiting is supported in a way which is flexible, compassionate and patient centred.

Until all NHS Lothian geographical areas are in the same level:

1. NHS Lothian will default to the visiting guidance for level 2 area across all in-patient areas: Support from at least 1 person plus Essential visiting (end of life, stress, distress)
2. On individual patient risk assessment by clinical teams, support visiting in line with level 1: Support from at least two people from the same household at the same time, or two people from different households and maintain 2m physical distancing plus Essential visiting

This situation will be kept under review and updated as the current restrictions are updated.

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ISSUED: 17th December 2021

Important Information

Appeal to Staff – Help us Deliver the Vaccination Programme – Next Steps

Following the appeal earlier today for staff to assist with the Vaccination Programme, details of how you can register to undertake shifts are outlined below.

As a reminder, we are looking for those staff who are clinically trained but currently working in either non-clinical roles or non-front facing clinical roles who are willing to vaccinate. To make the allocation of shifts easier, you will be assigned to a Health and Social Care Partnership of your choice and then may be offered shifts in any of the Vaccination Centres operating in that HSCP.

Once you have completed the relevant training as outlined in the Speed Read issued earlier today, please click on the following link and provide and submit the details requested. The link is <https://forms.office.com/r/VYRJkuX6jF>.

Once your details have been received, they will be shared with the appropriate HSCP and someone from the HSCP will be in touch to take things forward. Further information about the process is also contained in the Frequently Asked Questions below.

Thank you in anticipation for your support.

Frequently Asked Questions

Q If I agree to pick up some additional shifts in the Vaccination Centre how will I be paid?

A You will be paid excess or overtime hours for additional shifts worked.

Q At what rate will the excess or overtime hours be paid?

A You will be paid at your normally hourly rate as per your contract of employment.

Q If I work part time, can I be paid overtime for any additional hours worked?

A No, you will only be paid overtime for any hours worked beyond 37.5 hours per week.

Q If my manager agrees that I can work some shifts in the Vaccination Centre during my normal working hours will I still be paid extra for these shifts?

A No, if you undertake the shifts in the Vaccination Centre during your normal working hours, you will not be paid any additional monies as you are already being paid for these hours.

Q I was due to be on leave over the next couple of weeks, but my Christmas plans have changed, can I cancel my leave and undertake some shifts in the Vaccination Centre?

A Yes, if you agree this with your manager you will be able to cancel planned annual leave and undertake Vaccination shifts. The leave can be taken at a later date.

Q What will I do about a uniform?

A It is hoped to have some Scrub Tops available on each Vaccination Site for temporary staff to use but you will be guided further by the Clinical Lead on this issue.

Q Will I be working as a Registered or Unregistered Vaccinator?

A If you are a registered professional and your registration is still current you will work as a Registered Vaccinator but if your professional registration is no longer valid you will work as a Non-Registered Vaccinator.

Q If I require any further information about the process for registering for shifts who should I contact?

A You should contact Ruth Kelly, Deputy HR Director on ruth.kelly@nhslothian.scot.nhs.uk

A Message for NHS Staff in Office-Based Roles from Dona Milne, Director of Public Health and Health Policy

We know that the majority of our office-based teams are currently working from home. However there will be times that some of our staff will need to come into the office.

When you do come into the office, can I please ask that you adhere to the following guidance and help keep everyone safe:

- Regular LFDs should be taken. You can get a new box at most sites. For Waverly Gate they are available from upstairs on the 5th floor without a form, please just ask.
- Don't come into the office if you have Covid symptoms and are seeking a test. Let your manager know the result when you have it.
- If you have a cold or other respiratory illness (non-covid symptoms) it would be wiser to work from home, please speak to your line manager.
- Ensure that you wear a mask at all times when walking around the office.
- Always adhere to social distancing.

- Business meetings should be held via Microsoft Teams, while face to face business meetings should only take place where essential to try and minimise direct contact and unnecessary use of public transport.
- If you are meeting face to face in a room with others, please ensure there is good distancing
- Clean your desk before and after using.

We know that you already know this, but it is just a reminder because it is so important now for us to protect ourselves and others.

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ISSUED: 20 December 2021

Important Information

Changes to Hospital Visiting

Visiting guidance is being updated to protect you and our patients and ensure we can maintain essential services.

We remain committed to supporting a safe and proportionate level of hospital visiting for all our patients, but one which takes account of wider Public Health messaging in relation to COVID-19 and the Omicron variant, and the severe staffing pressures we are experiencing across NHS Lothian.

1. Except in emergency or very exceptional circumstances, all visitors are expected to take a Lateral Flow test in advance of their visit and only attend if this is negative. As always, visitors are expected to take simple precautions such as wearing a mask throughout their visit, sanitising their hands and maintaining physical distancing.
2. Ward staff should actively remind visitors of the need to undertake LFD testing when confirming a visiting appointment, but are not expected to monitor or enforce compliance **with visitors' tests**.
3. In all cases, except for exceptional circumstances such as end of life, the care of patients with dementia or patients who are very distressed, patients should receive no more than one visit per day. This is important to reduce the number of people patients have contact with at present and must be enforced by ward staff.

Thanks in advance for all your continued efforts and support.

Visits to non-outbreak wards (All adult services including Mental Health Services)

One designated person can visit a patient each day in an adult non-outbreak ward. To manage the total number of people in a ward at one time, visiting slots must be managed and no more than one visitor can be invited into shared patient bedrooms at one time.

Ward staff are not expected to monitor or enforce compliance with these precautions but should feel confident to remind visitors of safe behaviour during visits (e.g., wearing a mask).

Outbreak wards (All wards and departments)

Visits are restricted to essential visits only however, once the outbreak has ended, visits will return to the relevant non-outbreak guidelines.

End of life

Visiting at end of life will continue to be supported in all wards and services and should not be limited to a designated visitor only in most areas. All those visiting a loved one during end-of-life care should be reminded of the measures required to keep themselves, staff and others safe.

This includes not visiting if unwell without first speaking to a member of staff (see below), wearing a face mask in public places or when speaking to staff and following hand hygiene precautions on entering and **leaving the patient's room. The Infection Prevention & Control team are also available to** support ward staff in undertaking risk assessments and providing advice to families around how to undertake this safely.

Infection Control and Prevention should be contacted for advice should someone who is COVID-19 positive (or has another transmissible infection) wish to visit someone receiving end-of-life care.

The Chief Nurse/AND for the service must also be made aware. All precautions defined by Infection Control must be taken, and staff should have support to manage these difficult situations.

Obstetrics

A birthing partner will continue to be welcomed for all antenatal care and labour/delivery, but additional visitors are not advised at this time.

Neonatal and Children's & Young Peoples services (including Mental Health)

There can be two designated visitors for each child or young person. These visitors may visit at different times on the same day.

Patients with dementia or mental health stress/distress (any setting)

It is important that patients with dementia or mental health/stress distress can be regularly supported by a designated visitor. More flexibility can be offered for the timing and duration of visits for these patients. It may be appropriate to offer more than one visit per day.

Organising Visits

All services will be supported to adopt patient-centred risk assessments to facilitate any visiting out with these arrangements where there are exceptional circumstances. These guidelines will be reviewed again in early January 2022.

Wards will operate a visiting schedule (mainly in areas with multiple occupancy bays).

The mechanism for recording visitors and their contact details for Test and Protect must be maintained.

To safely manage the total number of people in the ward at any one time, visitors should be asked/reminded **to comply with their allocated visiting time to avoid multiple 'households' inadvertently mixing at this time.**

If there are too many people in an area, or treatment procedures are being carried out the visitors may be asked to leave temporarily.

Visiting guidance for the public

Information on public visiting guidance is being updated [here](#) and we will be sending round a printable document which we would encourage ward staff to make available locally for designated visitors.

Minimising the impact of the Omicron Variant

As you will be aware from press reports, the spread of Omicron is accelerating rapidly, and we have already seen the impact in NHS Lothian with large numbers of staff either contracting COVID or undergoing testing as a contact. Outlined below are some reminders and updates to help ensure that patients, staff and their loved ones are protected either from the virus or the impact on service provision caused as a result of the virus.

Get Vaccinated or Boosted!

The key priority for us in the NHS is to get vaccinated and a booster for ourselves and to support the rest of the public to be able to do so. To support staff with easy access to do this, a number of drop-in clinics have been arranged on some of our sites. Details of these clinics are listed below. The clinics offer 1st and 2nd vaccinations in addition to the COVID booster and flu vaccination.

The [COVID booster](#) can now be given if it has been 12 weeks since you received your second dose of the vaccine. Please ensure that you bring ID with you, when attending a drop-in clinic.

Royal Edinburgh Hospital - Roseburn Ward, MacKinnon House, EH10 5HF: Wednesday 22 December: 7am-12pm / 1pm-4pm, Thursday 23 December: 7am-12pm / 1pm-4pm, Wednesday 5 January: 7am-12pm / 1pm-4pm, Thursday 6 January: 7am-12pm / 1pm-4pm

Royal Infirmary Edinburgh - Anne Rowling Building, EH16 4SB: Monday 20 - Wednesday 22 December: 2pm-8pm

St John's Hospital - Ward 22, EH54 6PP: Tuesday 21 December: 9.15am-1pm / 1.30pm-4pm

Western General Hospital - Ward 58, EH4 2XU: Tuesday 21 December: 7.30am-12pm / 1pm-3pm

Self-Isolation – Exemption for Healthcare Staff

There has been an update to the Scottish Government guidance for healthcare exemption from the requirement to self-isolate when a contact of a positive case working in non-high risk patient areas. The Scottish Government have updated the exemption criteria and the NHS Lothian risk assessment process incorporates the latest changes.

To be exempt, staff must be:

- double-vaccinated
- have had their booster 14 days before their last contact with the positive case
- asymptomatic and remain asymptomatic
- return a negative PCR test before returning to work
- undertake daily LFD testing for the remainder of the 10-day period even if they have previously tested positive within 90 days

If at any point the staff member becomes symptomatic, they should go home and follow the national guidance for symptomatic staff. While in the workplace, staff should strictly adhere to all hygiene, distancing and PPE advice. Staff are advised that they should also follow the Scottish Government guidance on isolation after the initial contact, when they are not at work or carrying out work related activities. The full guidance on the [risk assessment process](#) can be accessed in the All Staff Guidance section of the COVID-19 hub.

Introduction of Daily Lateral Flow Testing

Continued LFD testing remains a critical part of our protections against the virus, as vaccinated people are more likely to be asymptomatic or have very mild symptoms. Staff have been offered twice weekly LFD testing, and in line with the general public, have recently been encouraged to do additional tests when participating in events with a group.

Staff are now strongly encouraged to do daily testing to assist with identifying asymptomatic infection. In addition, staff are reminded that they should access a PCR test even if only experiencing mild symptoms, or if they have received a positive LFD test.

NHS Lothian still has some supplies of the original Innova kits of 25 and Orient Gene kits of 7. These will be issued first and although there is a move to the Orient Gene kits of 20, the other test kits are valid. NHS Lothian is being supplied with sufficient kits to allow staff to participate in daily testing and these can be ordered following the current request route.

Christmas and New Year Celebrations

NHS Lothian is increasingly seeing the impact of team parties on the workforce. While appreciating the wish to celebrate the festive season with colleagues after the pressures of the last twenty months, staff are strongly urged to think carefully about whether this is as important as being able to safely spend Christmas or New Year with your close family and friends.

It is therefore important that we take additional measures to keep ourselves and health and social care services as safe as possible at this time.

Please remember to minimise the further spread of COVID-19 by considering the following:

- Speak to your colleagues and friends about the possibility of postponing any festive parties and arranging to have them in 2022.
- Limit the number of social contacts you have, especially with those who may be vulnerable. Consider having online parties or meeting in small groups and avoid crowded areas with lots of other Christmas or New Year parties.
- If you are asymptomatic undertake twice weekly tests with the available Lateral Flow Devices and record your result. You should also perform a test before you socialise. If your test is positive do not attend the event, self-isolate and take a PCR test.
- If you are symptomatic, self-isolate and take a PCR test.
- Do not attend events if someone you live with has symptoms of COVID-19 or has tested positive.
- Consider outdoor activities which have less risk of transmission than indoor activities, although we recognise that this may not be possible during winter.
- Staff are allowed to bring in food from home to consume out with clinical areas. However, shared and buffet style eating is not advisable and physical distancing should be applied when masks are removed for eating. Avoid the use of shared crockery and cutlery.
- Remember to wear a face covering in line with guidance, keep your distance, keep rooms ventilated, and regularly wash your hands with soap and water.
- If you have not yet had two doses of the COVID-19 vaccine, please arrange to be vaccinated. If you have had two doses, please arrange to get a booster dose if your second dose was more than three months ago.

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Staff Helplines – Updated location

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ISSUED: 22 December 2021

Important Information

Hospital visiting guidance – printable assets

As you know, in light of the new OMICRON variant of COVID-19 and its high transmission rate, we have updated the visiting policy across our hospitals.

In order to effectively communicate this message to visitors, we have produced printable assets which are available to download from the [Patient Management section](#) of the intranet. This includes:

- A printable handout with the latest hospital visiting guidance for designated visitors (available to download [here](#).) We would encourage you to print and distribute these to designated visitors on your wards.
- A printable poster with the top line hospital visiting guidance for designated visitors (available to download [here](#).) These posters can be printed and placed at the ward entrances so visitors can see them as they enter.

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ISSUED: 29 December 2021

Important Information

Impact of the Omicron Variant

You may have seen media reports about recent research by Edinburgh University that indicates the Omicron variant of the COVID-19 virus produces milder symptoms than the Delta variant and is less likely to result in hospitalisation. This is great news. The research also shows a booster provides good protection against both Delta and Omicron.

Whilst we welcome this really good news, there are some important points to understand:

1. This early analysis was confined to people aged 20-59 years. **We don't yet know the implications** for the younger, older or more vulnerable populations.
2. The Omicron variant is much more transmissible than previous strains. This means that although a smaller percentage of infected people may require hospitalisation, it is a smaller percentage of a far greater number of people. So, even if the admission rate is a third of what we have seen with previous strains, it is expected that the scale of Omicron will be at least 3 times what we have seen before. Therefore, admissions will increase again.
3. The pace of the spread of this variant far outstrips anything we have seen before. Right now in Lothian, there are more than **1,100 cases per 100,000 population**. **That's by far the** highest rate of Covid incidence that we have seen during this pandemic. The R number has remained well over 1 for some time.
4. Crucially, Omicron poses a significant threat to our staffing capacity and to our ability to maintain essential services due to staff becoming infected and/or having to isolate. This is probably the biggest risk to us just now, and as we are now seeing more staff off with Covid, this will put more strain on our services.

5. It is also affecting social care staff, which makes it harder for us to discharge those who are fit to leave hospital, but who need ongoing care. This, in turn, adds to pressure in our acute hospitals

So please, don't be tempted to underestimate the impact of the Omicron variant. I urge you to get your booster, or to get your first or second doses if you haven't already done so.

Thank you for continuing to observe all the infection prevention and control guidance and helping to keep yourself, your colleagues, patients and families safe.

And best wishes for a happy, healthy New Year when it comes.

Dona Milne
Director of Public Health

Testing

As demand for COVID testing reaches new levels, the Test & Protect system continues to adapt in order to protect the vulnerable and support the resilience of essential workforces.

From today (Wednesday 29 December) prioritised booking slots will be available at test sites for all essential workers, including health and care workers.

This can be accessed by clicking to confirm you are an essential worker when booking a test on the online portal at <https://www.gov.uk/get-coronavirus-test>.

Anyone who works for the NHS or in social care is eligible for prioritised testing but you can see the full list here:

[Coronavirus \(COVID-19\): getting tested in Scotland - gov.scot \(www.gov.scot\)](https://www.gov.scot/Topics/Health/Coronavirus/Getting-Tested-in-Scotland)

Test and Protect nationally report that due to high demand, it is expected that there will be some instances when people are unable to book at the most convenient time. Please be patient while Test and Protect work through it. They are doing everything possible to calibrate demand and capacity.

Self-Isolation –Exemption for Healthcare Staff – Clarification

Staff who are a household or close contact of someone with symptoms or a positive LFT should arrange to have a PCR test at the same time as the household member rather than wait until that individual has a confirmation PCR indicating that they are positive. They should remain away from the workplace until the PCR result is obtained. If negative, the self-isolation exemption can then be followed. To be exempt, staff must:

- return a negative PCR test before returning to work
- be double-vaccinated

- have had their booster at least 14 days or more before their last contact with the positive case
- be asymptomatic and remain asymptomatic
- undertake daily LFD testing for the remainder of the 10-day period even if they have previously tested positive within 90 days

If at any point the staff member becomes symptomatic, they should go home and follow the national guidance for symptomatic staff. While in the workplace, staff should strictly adhere to all hygiene, distancing and PPE advice. Staff are advised that they should also follow the Scottish Government guidance on isolation after the initial contact, when they are not at work or carrying out work related activities. The full guidance on the [risk assessment process](#) can be accessed in the All Staff Guidance section of the Covid-19 hub.

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ISSUED: 06 July 2021

Important Information

Staffing Pressures

For the attention of nursing staff

As we all know the current position with the community transmission of COVID is a cause for concern but equally we know that this is on the whole being contained and managed within a community context.

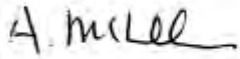
The current guidance requires those who are direct contacts of someone with COVID to isolate. This is in turn having a direct impact on our staffing and in turn we now have a significant number of staff off who are isolating. In some areas this has compounded the position due to vacancies and other gaps. This has required all sites and community areas to risk assess the levels of patient need and levels of complexity and in turn staffing levels.

We know that staff have gone above and beyond over the last eighteen months and continue to do so. We are very grateful for all that you have done over this period, especially as both the impact on our work and home lives is unprecedented. Our ask is that you continue to help us to ensure we can provide safe care to our patients and also ensure safety for our staff. We recognise that on days there will be a requirement to move **staff to balance out the risk. We appreciate that this isn't always ideal or indeed that people don't like being moved. We would ask that you help out and agree to move when asked but we also expect managers to ensure that this is being done on a risk based approach and on a fair and equal basis**

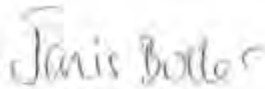
If you are asked to move we would reinforce the need to ensure that you follow the appropriate PPE guidance as well as HAI standards and to follow physical distancing.

Your support is hugely appreciated and we seek your continued support whilst we await the newly qualified nurses who will start with us over July and August and plug around 500 current vacant posts but also the continued recruitment of our band 2 healthcare support **workers, particularly the skills boost programme which enables us to fast track band 2's.**

Best wishes



Professor Alex McMahon
Executive Director
Nursing, Midwifery &
AHPs
Executive Lead for REAS
& Prison Healthcare
NHS Lothian



Janis Butler
Executive Director of HR &
OD
NHS Lothian



Tom Waterson
Employee Director
NHS Lothian

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ISSUED: 08 November 2021

Important Information

Quarantine for Travel Overseas

Staff will be aware that due to the changing nature of the COVID-19 pandemic around the world, governments often need to react with public health measures at short notice. Although the Scottish and UK country classification system, as well as the measures required on return to the UK, have changed recently, the ongoing unpredictability of the pandemic reinforces the guidance issued in May 2021 that it is not possible to book foreign travel on the assumption that no quarantine will be required on return.

Staff who are planning on traveling abroad are encouraged to check COVID-19 infection rates in any potential destinations and should do this in the full awareness that the status of their destination may change at short notice either in the run up to or during their trip.

For any travel booked from 5 November 2021, no special leave will be granted for any required quarantine associated with foreign travel unless that travel is for essential reasons e.g. as a consequence of a family illness or bereavement. Special leave will continue to be granted for essential travel in situations where the staff member cannot work from home during their quarantine. For non-essential foreign travel e.g. holidays, annual leave and/or unpaid leave will be required for any period of quarantine on return. For travel booked prior to 5 November 2021, the existing policy relating to the position regarding quarantine in place on the day of travel will determine whether working from home or special leave can be granted.

System Pressures - Gold Command Update

Message from Calum Campbell, Chief Executive.

In recognition of the sustained and significant pressures being experienced right across the system Gold Command continues to meet at least twice a week and is focussed on improving and maintaining flow. Every part of the system is represented at these meetings - Acute, Community and Primary Care - and membership includes the Chief Officers of our four Health and Social Care Partnerships. One of the main areas of current focus is on finding ways to reduce the number of patients in our hospitals whose discharge is in delay and there will be more information about these initiatives in the next week or two.

I want to assure you that I and the senior team are extremely conscious that the going is very tough for staff everywhere at the moment and has been for some time. We know you are working exceptionally hard,

are tired and looking for some light at the end of the tunnel. I cannot promise miracles, but I can tell you that we are leaving no stone unturned in our efforts to ease the pressure and to plan for winter.

Thank you for everything you are doing,



Calum

Infection Prevention and Control Team– Weekend Working

Gold Command has approved a proposal to offer 7 day IPCT coverage. From 20th November 2021 the IPC Team will provide site-based IPC cover 7 days a week for a period of 3 months. This is intended to support NHS Lothian in the delivery of safe care & access to services over Winter 2021.

Priority will be given to outbreak control (all organisms including COVID), communication of new results (prioritised based on risk & volume of results); supporting site/capacity in risk assessment for patient placement; participation in PAG/IMT if required; education/training/audit/other activity as time allows.

There will be reduced site IPC cover Mon-Fri in order to provide this 7 day rota. This will be mitigated by access to senior leadership/IPC decision making via the Lead Nurses & Associate Director IPC.

Paediatric Electives

Gold command has supported the continued cancellation of P3 and P4 routine elective surgery this week because of increased unscheduled activity and acuity at **RHCYP and the Children's Ward** at SJH.

Although regrettable, this difficult decision has been taken to provide some degree of certainty for patients and families and to remove some of the stress associated with the current short-notice cancellations and the anxiety this creates for children and their families. It also provides certainty for staff and allows for a more planned reallocation of job roles across medical wards.

It is anticipated that this situation will continue for some weeks however the decision will be reviewed weekly by the Clinical Management Team.

The suspension of adult P3 and P4 elective activity is similarly kept under continuous review.

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ISSUED: 09 April 2021

Important Information

A Letter from the CMO regarding the AstraZeneca vaccine

The Chief Medical Officer has issued [a letter of guidance](#) for health colleagues following the statements made by the Medicines and Healthcare products Regulatory Agency (MHRA) and the Joint Committee on Vaccination and Immunisation (JCVI) around the COVID-19 Oxford/AstraZeneca vaccine.

The MHRA is carrying out a detailed review of reports of a very rare blood clotting problem affecting a small number of people who have had the AstraZeneca vaccine.

For people under 30 without other health conditions, it's currently advised that it's preferable to have another coronavirus vaccine instead of the AstraZeneca vaccine.

In line with this, Health Boards should now offer those under 30 years of age without underlying health conditions an alternative to the Oxford AstraZeneca vaccine – currently either Moderna or Pfizer BioNTech.

The JCVI has also said that people may make an informed choice to receive the AstraZeneca vaccine to receive earlier protection when an alternative vaccine is not available.

The important thing to remember is that the risk of a blood clot following vaccination is incredibly small - about four people in a million or one in 250,000.

By contrast, COVID-19 kills one in eight people who are infected over the age of 75, and one in 1,000 infected in their 40s among those who develop symptoms.

Everyone who has received their first dose of the AstraZeneca vaccine should receive their second dose as this gives greater and longer lasting protection against the virus. This is with the exception of the very few individuals who have had a blood clot with low platelet counts after their first injection, or an allergic reaction.

The MHRA statement is available [here](#)

The JCVI statement is available [here](#)

The MHRA has issued updated guidance for healthcare professionals on how to minimise risks, as well as further advice on symptoms for vaccine recipients to look out for four or more days after vaccination, this is available [here](#)

Patients can find the latest up to date information on [NHS Inform](#)

A patient information leaflet has also been produced by [Public Health Scotland](#)

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ISSUED: 10 December 2021

Important Information

Guidance for NHS Lothian staff this Christmas – [A Message from Dona Milne, Director of Public Health and Health Policy for NHS Lothian](#)



[Click the image above or here](#)

Minimising The Impact Of The Omicron Variant – [A Message from Calum Campbell, Chief Executive for NHS Lothian](#)

As with last year, I am asking staff to pay particular attention to staying Covid-19 safe during the festive season. This is to help us maintain safe health and social care services and to support you to have a good Christmas with your families.

The emergence of the new Omicron variant which has been confirmed as even more transmissible than the current dominant Delta variant is a particular concern which will inevitably impact on our services as it

already has done in other areas of the NHS in Scotland, often because of staff parties. In NHS Lothian there are already some examples of service impact arising from team parties.

Given the concerns about the rate of transmission of the new variant, national guidance has been varied to indicate that those who have been in contact with someone with the Omicron variant will require a 10-day isolation period from the first contact with that person. This applies even if the individual has had a complete course of vaccination, is asymptomatic and has a negative PCR test result. These criteria previously allowed staff to return to work if the person they had been in contact with had the Delta variant of Covid-19 but are currently not possible for Omicron.

We are also anticipating a rise in Covid-19 cases in schools resulting in teachers and pupils having to self-isolate which will put added pressure on staff managing childcare issues.

When combined, these will put further pressure on our services which as you know are already finding it difficult and this pressure is likely to increase in the coming weeks.

I appreciate after the pressures of the last twenty months you will be keen to celebrate the festive season with colleagues. I understand this but would strongly urge you to think carefully whether this is as important to you as being able to safely spend Christmas or New Year with your close family and friends.

It is important that we take additional measures to keep ourselves and health and social care services as safe as possible at this time. To minimise the further spread of Covid-19 please consider the following:

- Speak to your colleagues and friends about the possibility of postponing any festive parties and arranging to have it in 2022.
- Limit the number of social contacts you have, especially with those who may be vulnerable, consider having online parties or meeting in small groups and avoid crowded areas with lots of other Christmas or New Year parties.
- If you are asymptomatic undertake twice weekly tests with the available Lateral Flow Devices and record your result. You should also perform a test before you socialise. If your test is positive do not attend the event, self-isolate and take a PCR test.
- If you are symptomatic, self-isolate and take a PCR test.
- Do not attend events if someone you live with has symptoms of COVID-19 or has tested positive.
- Consider outdoor activities which have less risk of transmission than indoor activities although I realise that this may not be possible during winter.
- Staff are allowed to bring in food from home to consume outwith clinical areas. However, shared and buffet style eating is not advisable and physical distancing should be applied when masks are removed for eating. Avoid the use of shared crockery and cutlery.
- Remember to wear a face covering in line with guidance, keep your distance, keep rooms ventilated, and regularly wash your hands with soap and water.
- If you have not yet had two doses of Covid-19 vaccine, please arrange to be vaccinated. If you have had two doses, please arrange to get a booster dose if your second dose was more than three months ago.

I appreciate this is a big ask, but this will help us to minimise the risk of whole teams contracting Covid-19 at the same time, putting added pressure on colleagues who remain and our ability to offer safe, quality patient services throughout this period of uncertainty as we try to understand the full impact the Omicron variant will have on us all.

Thank you for all your continued efforts throughout this challenging year.

Calum Campbell

Chief Executive

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ISSUED: 10 November 2021

Important Information

Annual leave carry over 2021-22 and Buyback

Given the ongoing pressures on the service, the policy related to annual leave has continued to be reviewed by Scottish Government. To date the position has been:

- Any member of staff who was unable to take their 2019/20 entitlement as a consequence of Covid 19 was able to either carry forward the annual leave or request payment for some or all of the carried-forward leave from 2019/20. Staff had until 31 March 2022 to use or receive payment for their untaken annual leave. This would be paid on the basis of payment as if at work. These options also apply to medical and dental staff with regard to their personal leave year for 2019/20.
- During the 2020/21 leave year staff were initially advised to take their full leave entitlement in recognition of the importance of rest and recuperation in maintaining wellbeing. In light of the second wave of the pandemic, this position was revised and staff were required to take their statutory entitlement and could carry forward any leave above this entitlement into the 2021/22 leave year.

On the basis that staff may have carried over leave from both 2019/20 and 2020/21 leave years, and the service remains under significant pressure, the annual leave position has been revisited again:

- Where possible, staff should take all of their annual leave entitlement for 2021/22 including any carried over annual leave;
- Where it is not possible to take the full entitlement, all staff should at least take their statutory leave of 28 days (20 days of their leave entitlement and 8 public holidays) for the 2021/22 leave year. The statutory entitlement stated reflects the entitlement for a five-day worker. The statutory entitlement is the equivalent of 5.6 week's leave.
- Staff who are unable to take all their accumulated leave because of pressure on the service will have the option to accept payment in exchange for up to 10 days leave at a rate of time and a half subject to the requirement to take the statutory entitlement.
- This is entirely voluntary. No pressure should be put on any staff member by management to sell leave in this way. The preference remains for managers and staff to work together to ensure all leave is taken where this is feasible given the importance of rest and recuperation to maintaining health and wellbeing.
- Where it is not possible for staff to take their annual leave because of service pressures, they will be free to choose to accept payment for up to 10 days leave on the basis set out above for the rest of the current leave year. This will be until 31 March 2022 for Agenda for Change and

Executive and Senior Manager staff and the personal 2021-22 leave year for Medical and Dental staff.

- Where staff have been unable to take their leave due to service pressures and opt to carry over the leave rather than receive payment, the normal 5 day carry forward rule will not apply to these staff.
- For eligible staff who wish to obtain payment for their untaken leave, managers should email the payroll team at PayrollRegistry@nhslothian.scot.nhs.uk with the following details: name, payroll number and hours due.

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ISSUED: 12 April 2021

Important Information

Expansion of staff Rapid Testing using Lateral Flow Devices

The Scottish Government has now extended access to the [Lateral Flow Testing programme](#) to all NHS Scotland staff with the exception of staff who are full-time at home and do not visit NHS premises as part of their duties. Managers are asked to familiarise themselves with the process documents on the COVID hub to ensure their staff have access to the programme and understand the process and reporting requirements. Departmental order forms for the kits are available on the site. Videos are available to show the correct technique for swabbing.

A key element of the process is to record results on a national portal, whether positive, negative or inconclusive. We would ask all those participating to do this after each test. The original portal required re-entry of basic data each time. The system now allows for you to register your details once and then only the results need to be entered. Use of the new version is encouraged to save you time and to assist with the provision of more helpful information on the spread of the testing programme.

If you have information directly related to COVID that you would like to be considered for the Speed Read please send it to Lothian.Communications@nhslothian.scot.nhs.uk
Please ensure that your service is content with information before sending.

Staff Helplines – Updated location

We have a number of helplines and support options available for staff. You can find this information on the [NHS Lothian website, under the 'Staff' section](#).

Important Reminders

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NHS Lothian COVID-19 SPEED READ



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ISSUED: 13 December 2021

Important Information

Self-Isolation – Healthcare Exemption

Staff will be aware from recent Scottish Government announcements that household contacts of Covid-19 positive cases are required to self-isolate for 10 days regardless of vaccination status and negative PCR results. This applies to all variants. The Scottish Government have now confirmed that health and social care staff can continue to use the risk assessment process developed in August to allow them to attend work subject that they:

- are double-vaccinated and had their booster
- are asymptomatic and remain asymptomatic
- return a negative PCR test before returning to work
- undertake daily LFD testing for the remainder of the 10-day period

If at any point the staff member becomes symptomatic, they should go home and follow the national guidance for symptomatic staff. While in the workplace, staff should strictly adhere to all hygiene, distancing and PPE advice. The full guidance on the risk assessment process can be accessed in the [All Staff Guidance section](#) of the Covid-19 hub.

Working from home

Staff will be aware that the Scottish Government position remained that staff should work from home where they can even as we moved to Level 0 restrictions from August. This remains the clear message from the Scottish Government and has become increasingly important as one of the ways in which we can minimise the transmission of the Omicron variant. On that basis staff should be working from home where that is possible and should be supported to do so.

Face to Face Business Meetings

Business meetings should take place via Microsoft teams and face to face business meetings should only take place where essential to minimise direct contact and unnecessary use of public transport.

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ISSUED: 14 April 2021

Important Information

Staff who are Shielding

As we move closer to the target date of 26 April when it is proposed that shielding will be lifted, we look forward to welcoming back staff who have been forced to shield due to the pandemic. This has been incredibly hard on many staff with feelings of isolation, loneliness and letting their team down. We ask all staff to welcome your colleagues back and to be understanding and supportive to them.

During this time the OD Department established a network to support staff who were shielding since the re-imposition of lockdown in late December 2020. This has offered staff who have been shielding a way to share experiences and offer each other support. The network has given us some important feedback about the impact of shielding on our colleagues. **When asked 'what it feels like to be shielding' staff said they felt isolated, guilty, lonely, that they should be at work and that it felt like it was never ending.**

Staff said their concerns about returning were around social distancing, whether they would be safe back in a working environment, will they fit back in and what have they missed. They were also concerned that their colleagues might not understand. Staff also expressed what they are looking forward to about being back in the workplace most such as seeing their team mates again, being part of a team, being able to help and being able to use their skills to make a difference to patients.

The network will continue to meet after shielding is lifted, as a way of offering ongoing support. If you would like to know more or join in, please do contact kayleigh.morris@nhslothian.scot.nhs.uk or pauline.macdonald@nhslothian.scot.nhs.uk.

IPC Listening to Staff Webinars - Materials now available on Turas

NHS Education for Scotland, ARHAI Scotland and the Scottish Government invited all those working in health and social care settings to attend a **FREE webinar on "Infection Prevention and Control during the COVID-19 Pandemic - Supporting, Valuing and Listening to Health and Social Care Workers"** in March 2021.

The two webinars gave staff the opportunity to put any concerns and questions to a panel of clinical experts and frontline staff. They provided the latest information on infection prevention and control measures and the scientific base that underpins them. Experts shared intelligence on the routes of transmission, including the new variants of COVID-19, and highlighted how different interventions prevent transmission.

Staff unable to attend a live webinar can now access a recording and all the resources on our Turas page: [Protecting yourself and your workplace environment | Turas | Learn \(nhs.scot\)](#)

NHS Education for Scotland
Public Health Team

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ISSUED: 15 November 2021

Important Information

Winter Respiratory Virus Testing Pathway Update

From 15 November 2021, new pathways for winter respiratory virus testing will be introduced. The new pathways will support the identification of SARS-CoV2, Influenza A and B, RSV and – for some specific areas, a full respiratory virus screen. These changes mean that routine SARS-CoV2 screening will continue under a single pathway (excluding urgent testing) and the new pathway will be for winter respiratory virus screening for patients who are exhibiting recognised symptoms.

In addition to the new pathway, new products are being introduced to support laboratory processes. These include new coloured bags specific to the individual testing pathway and VPSS/MSS specimen tubes and swabs. Delivery of these new products will be in a phased approach.

Ordering tests and receipt of results will be available as per the previous procedures.

More information on the new pathways and products can be found in this [FAQ document](#).

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ISSUED: 16 April 2021

Important Information

Lateral Flow Testing – update from Professor Jason Leitch

Please find below a link to a video from Professor Jason Leitch explaining the importance of frontline NHS staff undertaking Lateral Flow Testing.

Staff wishing to find out more about Lateral Flow Testing can do so by visiting the [COVID-19 hub on the intranet](#).



Webinar for all healthcare practitioners focussing on the thrombotic syndrome associated with the AstraZeneca vaccine

You will be aware of recent important Joint Committee on Vaccination and Immunisation (JCVI) and Medicines & Healthcare products Regulatory Agency (MHRA) announcements relating to the COVID-19 Astra Zeneca vaccine and associated thrombotic syndrome.

To help support and provide current information to healthcare practitioners, Public Health Scotland and NHS Education for Scotland will facilitate a webinar focussing on this issue.

The webinar is to be held on Wednesday, 21st April 6.30pm-8.00 pm. Further details relating to the webinar including registration can be found on the [intranet](#).

COVID Vaccine Passports – update for staff

We are aware that staff, and in particularly vaccinators, have been fielding a number of questions regarding the provision of COVID passports for patients. We are now appealing to the public not to ask our staff for these at vaccination centres and to not contact their GP Practice to ask for a COVID vaccination passport or status certificate.

The Scottish Government is working to support the re-opening of international travel once it is safe to do so. It is also working with the other UK Nations and with the World Health Organisation to agree on potential future COVID certification requirements for international travel.

Members of staff are advised to point patients to the COVID FAQs on the [NHS Lothian website](#) if they wish to find out more information.

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ISSUED: 20 April 2021

Important Information

COVID Vaccine videos for patients and staff

There has been a series of videos developed in different languages to provide information about the COVID vaccination and clarify some myths and misconceptions about COVID Vaccines. If you are in a patient facing role, please share these with your patients that speak any of the following languages:

English (Two different versions), Arabic, Bengali, Romanian, Traditional Chinese, Simplified Chinese, Urdu, Polish, Swahili, and BSL.

Click the link below to access all the videos or find on the external website under COVID-19 Vaccinations:

['What you need to know about COVID vaccination'](#)

Health Protection number change

The Health Protection Team now has a new number. If you need to speak to a member of the team you should call 0300 790 62 64. The team's working hours are 8am to 8pm, out with these hours please call switchboard on 0131 536 1000 and ask for on call Public Health.

For more information about the Health Protection Team see the [intranet](#)

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ISSUED: 28 April 2021

Important Information

For the Attention of Pregnant Staff in the Workplace and Their Managers

In March 2020 the Scottish Government issued guidance that pregnant staff at a gestation of 28 or more weeks or those pregnant staff with specific underlying health conditions should work from home where possible or if unable to do so should be on special leave. This reflected the position of other staff in the highest risk category who were shielding due to an underlying health condition. When the initial phase of shielding was lifted in August 2020, we were advised that further guidance would be received in relation to the position of pregnant staff. Although formal guidance was not received, the potential impact on expectant mothers and their babies was becoming clearer and a more risk-based approach was being considered. With the imposition of a further period of shielding, NHS Lothian determined it would not be appropriate to change the position at that point and to maintain a similar approach to that which had been in place from March 2020 in line with government advice. As shielding has lifted for those staff with specific health conditions, NHS Lothian has reviewed the position of pregnant staff to ensure a consistency of approach to staff in similar risk categories which is outlined below.

Under existing Health and Safety legislation all staff who are pregnant should have a risk assessment undertaken to ensure any risks to the mother and baby are identified and addressed. This should include risks related to exposure to COVID-19 and the measures that have been put in place to protect staff from these risks.

For those who are in the 28+ weeks gestation period or at any gestation for those who have specified underlying health conditions, you should work from home if possible in line with the advice for other staff considered to be at highest risk. If you cannot work from home, you can go to work following a risk assessment to ensure suitable arrangements are in place so you can work safely.

Following changes to the government guidance pregnant women are now being advised to request the vaccine. If you are in the priority healthcare group arrangements can be made for you to have the vaccine to offer you additional protection from the virus. You should also be offered Lateral Flow Test kits to allow you to check if you have been infected.

Managers should work with pregnant staff to support them with a reassuring and sensitive return to work recognising the difficult experience of being out of the workplace has been for many of our **colleagues**. A [guidance document on assisting staff in returning to work](#) is available on **the Covid hub**. **This document** outlines the need to take an individual and reasonable approach to each staff member with particular consideration of their ability to immediately return to full duties. In the case of pregnant staff consideration should also **be given to the stage they have reached in their pregnancy**. **Some staff may wish to consider** commencement of maternity leave if they are at an eligible stage in their pregnancy. Prior to the return of

any staff in the 28+ weeks gestation period or those with additional underlying health conditions, managers should review the pregnancy risk assessment previously undertaken to ensure it is still current and the **appropriate risk mitigations are in place. Consideration should be given also to flexibility around shift times** for staff who require to use public transport to avoid busy times if possible.

Staff who have yet to reach 28 weeks gestation and have no underlying health conditions, will wish to discuss with their manager their intentions for when their maternity leave will commence if the risk assessment demonstrates it is safe for them to continue working.

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Staff Helplines – Updated location

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ISSUED: 30 November 2021

Important Information

Visiting guidance updated

Visiting guidance has been updated on the Intranet and Internet. Please see below for a summary of the current visiting guidance.

- A patient may have two visitors at any one time. The visitors who attend can change, but the number allowed to visit at any one time cannot exceed two.
- If two visitors are from the same household, they do not need to maintain social distancing (of 2 meters). In all other cases, they must maintain social distancing throughout the duration of the visit.
- In some very restricted areas, the ward may be able to accommodate only one visitor at a time. They should however be able to facilitate a second visitor at a different time.

Wards will have two options for coordinating visits:

1. Operating a visiting schedule (mainly in areas with multiple occupancy bays)
2. Allow families to co-ordinate visits (mainly in areas with single-room accommodation) through a nominated person

The mechanism for recording visitors for Test and Protect must be maintained whether wards operate through options one or two.

If there are too many people in an area, or treatment procedures are being carried out visitors may be asked to leave temporarily.

Areas of exception

There are areas of exceptions in the national and local guidance:

- Visitors to patients receiving end of life care should not be unreasonably restricted.
- Patients with dementia or mental health stress and distress can have a nominated person who visits regularly out with the two-visitor limit.
- In maternity, a birthing partner and parents are not included in the two-visitor limit.
- In Neonatal services, there can be two named adult visitors to in addition to parents
- In Paediatric services, a patient can have four designated visitors with two by the bedside at a time.

Maternity wards and the neonatal unit have specific guidance around visiting by siblings and critical care has guidance around visiting by children and young people.

Those who are COVID-positive can be facilitated to visit only in very specific situations. Infection Control and Prevention should be contacted for advice, and the AND or Chief Nurse for the service must be made aware. All precautions defined by Infection Control must be taken, and staff should have support to manage these difficult situations.

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ISSUED: 26 March 2021

Important Information

COVID-19 symptomatic staff testing

For just over a year the occupational health Department has run a service to obtain a sample for testing from staff or their household contacts who had symptoms suggestive of COVID-19. The aim was to obtain an early diagnosis and provide advice on the isolation period and advice regarding fitness for work. This was set up under direction from the Scottish Government with the intention of assisting the health service deliver care by excluding COVID-19 infection in staff to allow a return to work at an earlier point, and if the symptoms had improved.

We intend, as of Monday 29 March 2021 to pause this service. This is because of a variety of factors

- a reduced demand for this service over the last four weeks as the lockdown and what we hope is vaccine effect coming through
- An increased availability of sampling and testing over a variety of geographic sites through the UK government testing service
- An established pathway for those results to come back into occupational health through Test and Protect
- Access to whole genomic sequencing being less available

From Monday 29 March any staff who are displaying symptoms that may be Covid-19 should book a test through

<https://www.gov.uk/get-coronavirus-test>

The results will go to Test and Protect where contact tracing will take place including the workplace if required.

A big thank you to all 1700 NHS Lothian staff who are taking part in the **SIREN study...**

The team would like to take the opportunity to thank all the staff who are taking part in the SIREN study. The team have recruited over 1700 members of staff to this important study, making us one of the top recruiting sites in the UK.

There are over 50,000 UK healthcare workers in the study, and the data gathered is already providing crucial information about COVID-19 and informing government policy.

Recruitment ends on 31st March 2021, so this is your last chance to join the SIREN study.

To join the study please email siren@nhslothian.scot.nhs.uk

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ISSUED: 6 AUGUST 2021

Important Information

Self-isolation requirements for essential Health and Social Care workers

As you will be aware from 9 August 2021, people identified as close contacts of someone who has tested positive for COVID-19 will no longer be required to automatically self-isolate if they are double vaccinated (with at least two weeks having passed since their second dose), have no symptoms and return a negative PCR test.

Whilst this will apply to members of the public from 9 August, it will not automatically apply to essential Health and Social Care Workers. Further Public Health Scotland guidance is being drafted which will inform the return to work requirements for close contacts working in Health and Social Care. However, until this additional guidance has been issued by Public Health Scotland, in situations where the benefit of self-isolation is outweighed by the risk of low staffing levels in essential healthcare settings, a risk based approach assessment may be applied with Executive level sign off. This will allow staff to voluntarily return to work if Infection Prevention and Control requirements are strictly adhered to as outlined in the assessment document.

The assessment document can be found on the [Staff Testing section of the COVID Hub on the Intranet](#). Or it can be [downloaded directly from this link](#).

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ISSUED: 05 JANUARY 2021

Important Information

Covid Vaccination – Postponement of Appointments to Receive 2nd Dose

If you have an appointment to receive your 2nd dose of the Pfizer BioNTech vaccine this week please do not attend your appointment. You will be contacted with an alternative appointment date. The appointment to administer your second dose will take place closer to 12 weeks after the date on which you received your 1st dose.

Why this change?

The Joint Committee on Vaccination and Immunisation (JCVI) and the Chief Medical Officers of all 4 UK countries have now recommended that we prioritise giving the first dose to as many people as possible, rather than begin to administer 2nd doses at this point. The JCVI are an independent expert committee and their advice is being adopted throughout the UK.

This is because clinical evidence shows the first dose of the Pfizer vaccine gives around 90% protection – **that's** much higher than was originally thought. A second dose within 12 weeks will give longer term protection.

Taken together with the rapid rise in the number of Covid cases and the increased transmissibility of the UK variant, making this change means we can protect far more of the most at-risk people more quickly than would otherwise be the case.

We're very sorry for the disappointment this will cause but hope you are reassured by the level of protection you already have and understand this change should prevent even more deaths and hospital admissions.

For more information please refer to:

- [Staff communication on the intranet](#)
- [FAQ document about the change to appointments](#)
- [JCVI Statement](#)

Covid Vaccinations – Allergies / Anaphylaxis Update

For both vaccines, anyone with a history of allergies to any of the components of the vaccine should not receive it. For the Pfizer vaccine, the components include polyethylene glycol). However it is important to note that neither vaccine is contraindicated because of food or other allergies.

Covid Vaccinations – Pregnancy and Breastfeeding Update

The advice on Pregnancy and breastfeeding has changed. There is now no requirement to avoid pregnancy for 2 months after any vaccine dose. This applies to the Pfizer vaccine and to the AstraZeneca vaccine. The vaccine is not advised in pregnancy but women can discuss benefits and risks with their healthcare provider.

Staff who are in the Shielding Category

Following the Scottish Government announcement yesterday to tighten restrictions in Scotland, staff who are deemed to be in the shielding category will have received a letter and/or text to advise of additional measures to protect them. These include a requirement to work at home and where this is not possible the individual should be placed on Special Leave from Tuesday, 5 January 2021. Managers should consider how they might find areas of work for individuals to undertake at home. If this is not immediately available, the staff member should remain at home with the possibility that work is identified to be undertaken at some point in the future. Staff who are continuing to work from home should be rostered as normal. Staff for whom work cannot be identified should be recorded as SP-Coronavirus-Underlying Health Condition.

The above requirements apply to staff even if they have received the vaccine.

The fact that these tougher restrictions are necessary, is an indication of just how serious the Covid threat is at the moment. All staff are reminded to practice the FACTS as far as it is possible to do so, both in and out of the workplace.



FACE COVERINGS



AVOID CROWDS



CLEAN HANDS



TWO METRES



SELF-ISOLATE

Book a test if you have symptoms.

Stopping the spread starts with all of us.

#WeAreScotland

gov.scot/coronavirus



STAFF WELLBEING



LISTENING SESSIONS FOR STAFF CURRENTLY REQUIRED TO SHIELD

We know that the recent announcements will be tough for many of many of us, and for different reasons. We want to hear from staff required to shield to understand how you are feeling and how we can best support you.

We are hosting listening sessions on:

Monday 11th Jan 10am
Thursday 14th Jan 11am

Please request to join the MS Teams: 'Shielding Well' to access the scheduled calls. [#NHSLStaffwellbeing](#)

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ISSUED: 06 JANUARY 2021

Important Information

Covid Vaccination – Postponement of Appointments to Receive 2nd Dose

Following the national policy decision to prioritise giving more people their first dose of the Covid-19 vaccine, we have been contacting staff who have appointments this week to receive their second dose, by text message, to ask them not to attend their appointment.

We understand this is very disappointing for those in this situation. Please remember however, that the staff running the vaccination clinics are your colleagues and they are simply implementing policy. They should be treated with the same respect and courtesy we all have a right to expect.

Please be advised that if you attend for a second dose you will be turned away with effect from Thursday 7 January. This is to allow us to prioritise the roll out of the vaccine to as many people as possible as quickly as possible at the present time.

If you missed the communication yesterday explaining the background to this change and giving information about rescheduling second dose appointments you can see it [here](#).

For more information please refer to:

- [Staff communication on the intranet](#)
- [FAQ document about the change to appointments](#)
- [JVCI Statement](#)

Been vaccinated? Infection Prevention and Control is still just as critical

Please remember that there must be absolutely no step down of the enhanced Infection Prevention and Control measures that are so vital to protect ourselves, each other and our patients from Covid. This applies to everyone, including those who have received the vaccine.

- Wear a mask at all times in healthcare settings
- Wear PPE appropriate to the area or the task you are involved in
- Decontaminate your hands regularly

- Keep your distance when possible and always when on breaks
- Ensure windows are open where possible
- If you need to car share to travel to work, please ensure you wear a mask, the windows are open enough to allow air to circulate, and try to car share with the same person if possible, rather than with a changing mix of people

Roll out of Rapid Staff Testing

The roll-out of the twice weekly testing process using Lateral Flow Devices is now well advanced for around 12, 000 staff with the rest of the eligible groups coming on before the end of January. Line managers will advise when the process is available to their staff. Although the testing is voluntary, staff are encouraged to participate as another way of minimising risk to themselves, their patients and their loved ones.

The test involves a less invasive swab than the current PCR test and the use of a pregnancy test type device to obtain results within 30 minutes. Each staff member will receive their own supply of test kits. Access to the educational materials should be provided by your manager as part of the roll out, or [here](#). There is a helpful short video which goes through each step which is available at either the above link or [here](#).

A web-based test recording system has been developed which staff should access to input their twice weekly result – positive, negative and inconclusive. It is really important that staff take the time to register the results on the system as this will enable follow up contact tracing where necessary and important quality assurance regarding the reliability of the testing process. The link to enter results is: www.covidtestingportal.scot via the Rapid Testing button. Lot and serial number information from the test kit will be needed. It is acknowledged that the system is repetitive but this can be overcome to a certain extent if settings on the device used to log the results are set to **"auto-fill"**. How this is done will vary from device to device. Further developments are being planned to reduce the impact of completing the return.

Staff should be aware that although we are rolling out the vaccine at the same time, they should still participate in both this new testing regime, or the current PCR testing route, whether they have received the vaccine or not. The vaccine has been assessed for its ability to prevent the illness associated with COVID-19 but at this stage it is not known whether people continue to catch the virus and are therefore infectious even if they do not feel the effects of the illness. The system has already identified an individual as positive for COVID-19 who had already been vaccinated. On that basis, participating in rapid testing will be an important development in our infection control systems.

Staff should also be aware that the Lateral Flow Tests are not as accurate as the PCR tests, therefore, anyone who obtains a positive result will have to apply for a full test using the same system as that for staff who have symptoms. It is also very important that staff who have symptoms, however minor, self-isolate and access a full test as soon as possible as a negative lateral flow result may not be wholly reliable. The tests still, however, have the potential to identify a large number of people who are positive but showing no symptoms. Staff who are part of the existing weekly PCR testing regime should continue to take the test as normal.

Further information on the process and supporting documents are available in the Staff Testing section of the COVID-19 hub on the intranet.

Update on Staff who are in the Shielding Category/At very high risk

As advised yesterday, the Scottish **Government's** announcement to tighten restrictions in Scotland included advice regarding additional measures to protect staff considered to be in the shielding category. Staff in this category will receive a letter and/or text from the Chief Medical Officer (CMO) which should be considered as equivalent to a GP Fit Note. These measures include a requirement to work at home and where this is not possible the individual should be placed on Special Leave from Tuesday, 5 January 2021. Managers should consider how they might find areas of work for individuals to undertake at home. If this is not immediately available, the staff member should remain at home with the possibility that work is identified to be undertaken at some point in the future. Staff who are continuing to work from home should be rostered as at work as normal. Staff for whom work cannot be identified should be recorded as SP-Coronavirus-Underlying Health Condition.

Having reviewed the guidance, NHS Lothian are extending this advice to include staff who through COVID-19 Risk Assessment(the ALAMA tool) are considered to be at Very High Risk i.e. those with a Covid age of 85+. Any staff who have not received a shielding letter but have been assessed as falling into this Covid age group should work from home or be placed on special leave.

Some staff may have been advised by their GP to shield who are not on the national register. Staff should go back to their GP to ensure they are added to the register, if appropriate, to ensure they receive the relevant CMO shielding communications.

There has been no advice issued to state that staff over 70 require to work from home or be on Special Leave during this current round of restrictions, unless their Covid age is 85+.

In all scenarios, the above requirements apply to staff even if they have received the vaccine.

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Please ensure that your service is content with information before sending.

Staff Helplines – Updated location

We have a number of helplines and support options available for staff. You can find this information on the [NHS Lothian website, under the 'Staff' section](#).

Important Reminders

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NHS Lothian COVID-19 SPEED READ



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ISSUED: 07 April 2021

Important Information

Working at Home Guidance and Support - Reminder

NHS Lothian has a long-standing policy on Home Working. The impact of the pandemic has led to large numbers of staff working from home who would not normally have done so. On that basis, guidance has been produced to complement the policy and to give more specific practical help to those working from home and those who manage staff working from home. The [Guidance document](#) is now available in the All Staff Guidance section on the COVID hub along with a [Frequently Asked Questions](#) document. To support the launch of this guidance, a couple of drop in sessions have been arranged with the second one taking place tomorrow:

8 April 2021 at 2pm [please click here to join](#)

The sessions will be hosted by Noreen Clancy, Head of Employee Relations and Jane Anderson, Partnership Lead for Corporate Services. The session is not intended to cover the plans for future working arrangements which are still under consideration. A recording of the event will be posted on the Covid hub in due course.

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ISSUED: 07 JANUARY 2021

Important Information

Safe Working

As previous communications have outlined, all staff who can work from home and have the appropriate equipment, must work from home. Managers are required to ensure that their departments are compliant with said guidance. Where this is not possible, managers should take action to ensure that all steps are taken in the workplace to ensure the safety of all staff. All staff are reminded of the need for physical distancing when not undertaking close patient care.

To support safe working practices, this is also reminder that all recruitment interviews should be held virtually and not face to face to minimise the risk of transmission. In addition, should there be a requirement to meet with a member of staff who is not currently at work such as a sickness absence review meeting, this meeting should also be taking place on a virtual basis either through Teams or by teleconference. Staff should only be asked to attend their place of work for such a meeting in exceptional circumstances and where it is agreed by all parties and strict physical distancing measures can be applied.

Use of masks and face coverings by inpatients

The current legal requirement around the use of face masks applies to patients and staff within healthcare premises unless they meet [the criteria for exemption](#). We ask all staff to reinforce and encourage this action for all patients who should wear and can tolerate a face mask.

Patient face coverings (as opposed to masks) have been considered for inpatients but there are a number of practical challenges with this (e.g. how do you launder/change a face covering? Efficacy and risk if not changed frequently etc) and therefore FRSM are advised for this reason.

A surgical facemask should be worn by all inpatients across all pathways where it can be tolerated and does not compromise their clinical care for example when receiving oxygen therapy.

The purpose of this is to minimise the dispersal of respiratory secretions and reduce environmental contamination. It is recognised that it will be impractical for patients to wear facemasks at all times and these will have to be removed for reasons such as eating and drinking or showering. There is

no need for patients to wear a facemask when sleeping provided the beds are at least 2 metres apart.

A surgical facemask should be worn by all patients across all pathways during transfer between departments within the hospital.

Where a patient is isolated in a side room, they do not need to wear a surgical facemask.

More information on physical distancing in inpatient settings can be found in section [5.13](#) of the National Infection Prevention and Control Manual.

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ISSUED: 08 April 2021

Important Information

Reports of very rare blood clots

Many of you may already be aware of the statements made by the Medicines and Healthcare products Regulatory Agency (MHRA) and the Joint Committee on Vaccination and Immunisation (JCVI) around the COVID-19 Oxford/AstraZeneca vaccine.

The MHRA is carrying out a detailed review of reports of a very rare blood clotting problem affecting a small number of people who have had the AstraZeneca vaccine.

For people under 30 without other health conditions, it's currently advised that it's preferable to have another coronavirus vaccine instead of the AstraZeneca vaccine.

However, the important thing to remember is that the risk of a blood clot following vaccination is incredibly small - about four people in a million or one in 250,000.

By contrast, COVID-19 kills one in eight people who are infected over the age of 75, and one in 1,000 infected in their 40s among those who develop symptoms.

Everyone who has received their first dose of the AstraZeneca vaccine should receive their second dose as this gives greater and longer lasting protection against the virus. This is with the exception of the very few individuals who have had a blood clot with low platelet counts after their first injection, or an allergic reaction.

You can get more of the latest information on [NHS Inform](#) and find the latest information leaflet from [Public Health Scotland](#).

Face Fit Testing contact details

Accessing a face fit tester: Contact your Manager to arrange or identify the local point of contact for face fit testing via the email below or alternatively contact RPE.Service@nhslothian.scot.nhs.uk for more information.

RIE: PPEquipment.RIE@nhslothian.scot.nhs.uk
WGH: wghfacefittesting@nhslothian.scot.nhs.uk
DATCC: PPE.DATCC@nhslothian.scot.nhs.uk
SJH: SJHFacefit@nhslothian.scot.nhs.uk
RHSC: RHSC.FaceFitTesting@nhslothian.scot.nhs.uk

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ISSUED: 08 JANUARY 2021

Important Information

Covid Vaccination – Booking Appointments

The vaccination team are working hard to improve the booking process for staff wanting to book their first dose of the Pfizer vaccine. It is hoped that an online booking solution will be in place early next week and go live at the same time as bookings are made available via the central telephone booking line. It is hoped the online booking tool will take the strain away from the contact centre and also provide an improved experience for all.

This week, staff would have been emailed either Thursday or Friday (all site emails) with a link that takes them to a form that staff need to complete in order to be set up on the online booking tool. The team will use the information in the form to do a CHI match and then to email the individual letting them know when they can go online, register their account and then book their appointment. Without completing the form staff will not be able to utilise the online booking and need to rely on the contact centre to book their appointment. If you can search your email for the link you were sent and utilise that link it will help manage pressure on the forms.

If you cannot see the email sent then please use the links below:

Click [here](#) NHS Lothian Staff (for use when logged in at work)

Click [here](#) for Non NHS Lothian Staff

Childcare for Key Workers

The Scottish Government advice to Local Authorities is to provide childcare for the children of key workers during this week and then to provide active learning support from 11 January 2021. Key workers are divided into three categories with all health and social care staff covered within Category 1 and 2:

Category 1 – Health and Care workers directly supporting COVID-19 response, and associated staff; Health and Care workers supporting life threatening emergency work, as well as critical primary and community care provision; Energy suppliers (small numbers identified as top priority already); staff providing childcare/learning for other category 1 staff.

Category 2 – All other Health and Care workers, and wider public sector workers providing emergency/critical welfare services (for example: fire, police, prisons, social workers), as well as those supporting our Critical National Infrastructure, without whom serious damage to the welfare of the people of Scotland could be caused.

Category 1 now recognises healthcare and other workers who have been brought in to support vaccination rollout and Test and Protect.

It is appreciated that some local authorities are restricting access to situations where both parents are key workers and/or not offering places where home working is available. The government advice is that non-keyworkers with parental responsibilities should support childcare but consideration should be given to ensuring application of a both parent as key worker approach does not limit the ability of health and care staff (in category 1) to support the COVID -19 response during this period of acute pressure. Additionally, for those who can work from home, if providing childcare means they cannot fulfil their critical functions they may qualify for places.

Given the current pressures on the services and availability of staff, those with childcare responsibilities are expected to make alternative arrangements wherever they can and to access school and early years provision where available to them. Where staff opt not to use the available school provision, access to the career break facility may be considered.

Tocilizumab and Sarilumab

As you may be aware REMAP CAP reported a patient benefit associated with use of Tocilizumab or Sarulimab yesterday.

The four CMOs have issued a statement on 8th of January 2021 in which they encourage clinicians to consider prescribing either tocilizumab or sarilumab in the treatment of patients admitted to intensive care with COVID-19 pneumonia. The statement can be found [here](#).

REMAP CAP is still recruiting in to the immunomodulatory arm and patients going in to this will get either one of those drugs or Anakinra. If REMAP CAP is not available on your site or there is another reason why you are not able to access immunomodulatory treatment via this trial, then please use the existing process to access the drug via ID.

Sarulimab is not currently available for treatment of COVID-19, so Tocilizumab only would be available.

We will hopefully issue updated guidance over the next week or so.



STAFF WELLBEING

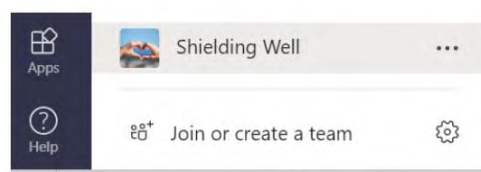


LISTENING SESSIONS FOR STAFF CURRENTLY REQUIRED TO SHIELD

Joining Instructions: Click on 'Join or create team' at the bottom left of MS Teams - search team 'shielding well' request to join, then attend the event at the scheduled time:

Monday 11th Jan 10am

Thursday 14th Jan 11am



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ISSUED: 11 JANUARY 2021

Important Information

Changes to COVID-19 vaccination programme – updated FAQs

We have updated our Frequently Asked Questions regarding changes to our COVID-19 vaccination programme. These updated FAQs include advice issued directly from the Chief Medical Officer and staff are advised to review the page. A link to FAQs can be found [here](#).

New SIGN guidance issued: Managing the long-term effects of COVID-19

New guidance has been issued by SIGN regarding the management of the long-term effects of COVID-19. This guideline has been developed collaboratively by SIGN, the National Institute for Health and Care Excellence (NICE) and the Royal College of General Practitioners (RCGP). **SIGN, NICE, and the RCGP are developing the guideline using a 'living' approach, which means that targeted areas of the guideline will be continuously reviewed and updated in response to emerging evidence.**

This guideline covers the care of people who have signs and symptoms that develop during or after an infection that is consistent with COVID-19, which continue for more than four weeks and are not explained by an alternative diagnosis. These recommendations will be of interest to general practitioners (GPs) and members of the primary care team, healthcare professionals in specialist secondary care services, occupational therapists, rehabilitation medicine staff, and social workers. A link to the SIGN guidelines can be found [here](#).

SIREN Study Invitation – Are you interested in helping us learn more about Covid-19?

We are looking to recruit over 1600 frontline secondary care staff in NHS Lothian as part of a UK wide study for one year.

The SIREN (Sarscov2 Immunity & Reinfection EvaluationN) study involves a blood sample (to test for antibodies), a nasal/throat swab (to test for current infection) and an online symptom review questionnaire fortnightly (will be sent to your mobile/e-mail address). Swab sampling would be every two weeks, blood samples generally every 4 weeks. Your participation would be for one year. We will also gather data on whether participants have had a Covid-19 Vaccine.

Ongoing blood samples can be done at your place of work (by a competent colleague) or by a return visit to our RIE Clinic (2-4 weekly). You will be taught to self-swab and can drop off bloods/swabs as per your usual clinical samples route at RIE/WGH/SJH labs. NOTE the study team will supply TRAK labels and swabs as colleagues should not be looking at each other on TRAK.

You can read more information about the study at: <https://snapsurvey.phe.org.uk/siren/participant-information-leaflet.pdf>

If you would like to take part please contact the team at: siren@nhslothian.scot.nhs.uk

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ISSUED: 12 August 2021

Important Information

Hospital visiting guidance

NHS Lothian continues to support hospital visiting in line with level 1 guidance from Scottish Government, even though level 0 restrictions apply across other parts of society.

This is because 2m physical distancing rules still apply in all healthcare settings, and to achieve this, we need to continue to manage the number of visitors attending site at any time to continue to provide the safest care environment for our patients.

In high risk 'Red' pathways, visiting continues to be restricted to 'Essential Visiting' such as end of life care, or for stress or distress.

In line with wider changes to guidance on self-isolation, anyone who is identified by Test & Protect as a close contact no longer requires to routinely self-isolate if they are fully vaccinated, received a negative PCR and do not have or develop symptoms.

For visiting in medium 'Amber' and low risk 'Green' pathways if a visitor advises, or is identified as a close contact of someone with COVID 19, they need to take and receive confirmation of a negative PCR test before visiting.

In line with our guidance for all visitors, they should also be advised:

- of the importance of strict compliance with wearing a fluid resistant surgical face mask and hand hygiene during visiting
- they must not attend site if they develop symptoms consistent with COVID 19, and
- they should be encouraged to take an LFD test at least twice a week in line with advice to the wider population.

For highly vulnerable patients/high risk services (e.g. haematology, oncology) an individual risk assessment may be appropriate to ensure that patients are able to be supported by family & friends as safely as possible.

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ISSUED: 13 January 2021

Important Information

Contacting the Staff Bank

Due to the current advice around staff working from home where they can, the Staff Bank has taken the decision to have our resource staff working from home or the foreseeable future with immediate effect.

This will unfortunately have an impact on the use of the emergency bleep method of contact, which we are aware is used by multiple sites throughout the day. An emergency bleep can only be answered by someone on site and it cannot be diverted.

Therefore **with immediate effect we will no longer be using the emergency phone and all contact should be made through our automated service 0131 536 2020>option 1 (62020 internally)**, we apologise for any inconvenience this may cause however we have restructured our resources to ensure all calls that come through the automated system are answered in a timely fashion.

Please use our automated number 0131 536 2020 >option 1 (62020 internally) for any calls you would previously have put through the emergency bleep line. A member of the bookings resource team will answer and provide all services as normal.

Thanks for your support and understanding as we introduce this new way of working. We realise that we ourselves often contact various bleeps in the hospitals via this line which we are no longer going to be able to do. We will instead make contact via switchboard to the bleeps. If you wish to discuss an alternative please email **Kenny Solway, Interim Admin Manager** or **Catherine Crombie, General Manager**.

All Sizes of Portable Oxygen Cylinders

There is a great demand for portable oxygen cylinders of all sizes. It is incredibly important that:

1. Teams do not hoard cylinders. This is not safe and creates stress and deficits within the service.
2. It is vital that clinical team and facilities work together to ensure empty cylinders are returned quickly for refilling.
3. Please check your clinical area and return any unused/empty cylinders as soon as possible.

OAS Redesign Programme

The Outpatient Redesign Team have produced a short speed-read to encourage services to maximise current technology and resources to connect with patients and work effectively with colleagues in primary care, in light of ongoing COVID restrictions. This includes: NHS Near Me: Six Top Tips to help you overcome any reservations or potential hurdles stopping you from using NearMe, and information on how to update your RefHelp page in line with any changes to service delivery.

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Ongoing blood samples can be done at your place of work (by a competent colleague) or by a return visit to our RIE Clinic (2-4 weekly). You will be taught to self-swab and can drop off bloods/swabs as per your usual clinical samples route at RIE/WGH/SJH labs. NOTE the study team will supply TRAK labels and swabs as colleagues should not be looking at each other on TRAK.

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ISSUED: 14 January 2021

Important Information

Roll out of Rapid Staff Testing

Thanks to those staff and volunteers who have now started participating in the twice weekly testing process using Lateral Flow Devices. We have now distributed 17,500 kits for staff with the rest of the eligible groups coming on before the end of January. We are aware that a number of key groups have not been included to date and we are working with Scottish Government colleagues to identify other priority areas.

Participating staff are reminded they should access the portal to input their twice weekly results – positive, negative and inconclusive. **It is really important that staff take the time to register the results on the system as this will enable follow up contact tracing where necessary and important quality assurance regarding the reliability of the testing process.** The link to enter results is: www.covidtestingportal.scot via the **Rapid Testing** button. We know that the system is repetitive but this can be overcome, to a certain extent, if settings on the device used to log the results are set to “auto-fill”. How this is done will vary from device to device. Unfortunately, the “Captcha – I am not a Robot” function cannot be overcome as it is a key element of the system security. Work is underway to update the system to make it more user friendly. In the meantime, we ask that staff persevere with the system as it is important for us to understand the spread of positive cases. A leaflet showing the system requirements is available in [the Staff Testing section](#) of the COVID-19 hub on the intranet.

Staff who receive a positive result on their lateral flow test need to self-isolate immediately and ask their manager to arrange a test via Occupational Health so we are able to track the confirmed cases within the Board. There may be some flexibility around the need to attend the current drive through centre.

Staff may be aware that the Lateral Flow Tests are not as accurate as the PCR tests, therefore, **anyone who obtains a positive result will have to apply for a full test using the same system as that for staff who have symptoms.** It is also very important that staff who have symptoms, however minor, **self-isolate and access a full test as soon as possible as a negative lateral flow result may not be wholly reliable.** However, even with these drawbacks, the tests still have the potential to identify a number of people who are positive but showing no symptoms. On that basis, participating in rapid testing will be an important development in our infection control systems in conjunction with physical distancing, hygiene regimes and PPE.

Line managers will advise when the process is available to their staff. Although the testing is voluntary, staff are encouraged to participate as another way of minimising risk to themselves, their patients and their loved ones. Further information on the process, the evidence base for the lateral flow devices, a letter to all eligible

staff and other supporting documents are available in the [Staff Testing section](#) of the COVID-19 hub on the intranet.

Closure of Sanctuary/ Chapel/ Quiet Rooms

We regret that due to COVID-19 infection control precautions, sanctuary spaces across NHS Lothian are now closed.

Staff wanting space to pray or reflect will need to make their own arrangements for COVID-safe space, where precautions are individually observed, as unfortunately we are unable to provide safe communal spaces at present. The closure will be reviewed as the COVID situation develops. Thank you for your understanding.

Duncan MacLaren, Head of Spiritual Care and Bereavement.

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All Speed Reads are available on intranet in [COVID-19 Base](#) or on the [external site here](#)

ISSUED: 15 March 2021

Important Information

Staff Lateral Flow Testing – Changes to the Lateral Flow Test online portal



We know that many of you are doing your twice weekly Lateral Flow Test but are struggling with the online portal to register the results. As a result of your feedback, from yesterday Sunday 14 March, if you use the Scottish Covid Testing Portal to record the results of your lateral flow tests, you will be able to create user accounts which will reduce the need to input the same information each time.

If you choose to create an account, it will ask you a series of questions about why you are taking tests, where you work, and the kind of work you do; along with personal information such as contact details for contact tracing purposes. This information will be retained by the system so that,

once signed in, each time you record a test you only have to input information about the test itself and the result. We are hopeful that this will reduce the burden on you and make it easier for you to report your results to us.

In addition for those areas that are uploading the information on behalf of staff, NHS Services Scotland has also launched a bulk upload functionality for lateral flow tests. You can download the template spreadsheet and complete the information and upload up to 50 test results at one time. You do not need to be registered to use the bulk upload feature.

We continue to work with our partners to improve this experience for you and have more developments planned, including the ability to see your testing history, and barcode reading functionality.

Thank you for your patience and participation in the staff testing programme. By taking the time to test yourself and register your results you are keeping both your patients and colleagues safe from COVID-19.

Just a reminder that the LFD test kits you have been issued with are for self-use. If you find you have a positive result, and you have been in contact with family members, they are required to go through the normal process. The LFD box provided to Healthcare workers is only registered for individual use through MHRA.

We look forward to updating you further in the near future and would ask you to continue to register your LFT results at nhsns.service-now.com/covidtesting

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Staff Helplines – Updated location

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Important Reminders

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ISSUED: 16 February 2021

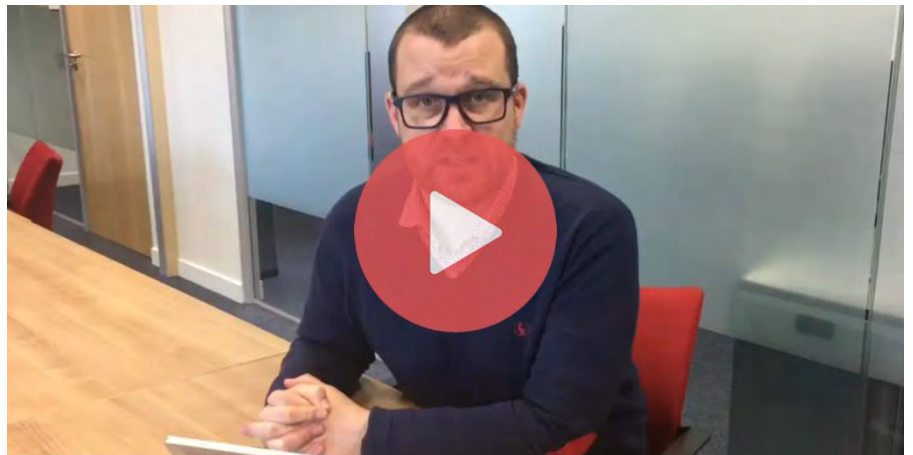
Important Information

UPDATE ON STAFF VACCINATION PROGRAMME

We have now given the first dose of COVID-19 vaccine to more than 43,000 staff from NHS Lothian, local authorities, and social care providers.

For staff who have had a first dose, the key things to bear in mind are:

- You will receive your second dose within 12-weeks
- It will be the same type of vaccine as your first
- We will get in touch with you - either by letter, phone or text message



We have sent out contact to the first 17,000 staff, who were vaccinated in December, to ask them to come **to clinics, or in some cases, to book an appointment if they didn't already have a second appointment** booked.

However, it appears that some letters have not been received by all of the intended staff. Our teams are working to contact all of those affected staff to either confirm a forthcoming appointment or to re-book if the appointment slot has already passed. If you had your vaccination in December and **haven't heard anything yet, or a letter arrives after the appointment time, please don't worry** – we will rebook you.

If you haven't heard by the end of week 10, please let us know by emailing us at loth.massvaccinationstaff@scot.nhs.uk or calling on 0800 123 4499

If you are one of the 25,000 members of staff who received a vaccination in January, you will soon get a text message, asking you to go online and book an appointment.

First doses are now being provided through our mass vaccination centres. A full list can be found on [our website](#) with a full set of instructions about [how to register for a 1st dose](#).

If you have registered for your first dose, you will receive a letter from the national booking centre which will describe where and when you will receive your dose. Given the constraints we have around vaccine supply, please do what you can to attend this appointment.

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ISSUED: 16 July 2021

Important Information

PCR Tests for Healthcare Staff

Staff will be aware that due to the high levels of community transmission within the Board area, a large number of staff have been required to self-isolate putting added strain on our ability to run services. As it currently stands, staff would normally be expected to arrange a PCR test after they are advised they are a close contact of a positive case.

We now advise that if anyone you live with needs to get a PCR test because they are unwell with COVID-19 symptoms, you should arrange a PCR test at the same time without waiting to be informed that you are a close contact. This will potentially lead to a shortening of the isolation period, assisting in maintaining services and reducing pressure on colleagues.

Hospital Visiting – Move to Level 1 Visiting

From Monday 19 July, in line with Scottish Government guidance, we will move towards supporting 2 visitors per patient, where it is safe to do so, rather than just one. We recognise that this may be challenging in some areas, but we would encourage you to facilitate this where possible. We would however advise that you use the guidance we issued on the 9 July to help you support this in a safe and meaningful way.

For convenience, it is reprinted below:

As the prevalence of COVID-19 remains high within the wider community, there has been an increase in the number of new COVID-19 patient clusters in NHS Lothian hospitals. It is recognised that as wider restrictions are lifting, and patients are once again receiving more visitors, there is a risk that visitors who are asymptomatic but COVID-19 positive may introduce infection into a patient environment.

It is therefore crucial for clinical teams to reinforce with all visitors the importance of:

- not visiting if they are unwell or have tested positive for COVID 19
- not visiting if they have been told by Test & Protect to quarantine as a contact of a case
- wearing a face mask covering mouth and nose at all times during their visit
- maintaining physical distancing where possible during visiting
- leaving a full name and contact phone number or email for contact tracing purposes

Where a cluster or outbreak is identified by the Infection Prevention & Control Team, and on the advice of the IPCT or senior site management team, it has been agreed that routine visiting to the cluster/outbreak

wards should stop until advised it is safe to recommence visiting in line with current Scottish Government Guidance.

Essential visiting must continue for patients receiving end of life care, or for whom it is deemed necessary and essential (e.g. support for stress/distress). This should be a single, named individual. The visitor must comply with the precautions outlined in the bullet points above.

This situation will remain under review by NHS Lothian.

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ISSUED: 17 August 2021

Important Information

Lateral Flow Testing – Introduction of New Kits

Staff taking part in the twice weekly testing regime that receive the Innova test kits will soon start to receive the Orient Gene kits instead. The new kits, which will arrive in the coming weeks, come in boxes of 7 instead of 25. On that basis it is suggested that more than one box per member of staff is ordered at a time to reduce the number of deliveries.

The new kits are nasal only swabs like the Innova tests. However, there is one key difference – results are available within 15 minutes rather than the current 30 minutes. Training materials for Orient Gene branded LFD test kits are available [here](#).

Please note there are one or two other things you should be aware of:

- The manufacturer's Instructions for Use included in the Orient Gene LFD test kits directs users to contact the MHRA via the yellow card scheme if they are harmed by a lateral flow device. In Scotland the appropriate pathway is to notify [NSS IRIC](#).
- **Contrary to the instructions provided in the manufacturer's Instructions for Use, healthcare workers** should record positive, negative and inconclusive LFD test results via the [testing portal](#). Healthcare workers should only enter Orient Gene results as a registered user or through the single test registration form. Do not record Orient Gene test results via the bulk upload option.
- When recording test results on the online portal, please ensure you enter the lot number provided on the outer cardboard packaging of the test kit, not the ID Number printed on the individual test cassette.

If you have information that you would like to be considered for the Speed Read please send it to Lothian.Communications@nhslothian.scot.nhs.uk by 3.30pm each day. Please ensure that your service is content with information before sending.

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ISSUED: 17 February 2021

Important Information

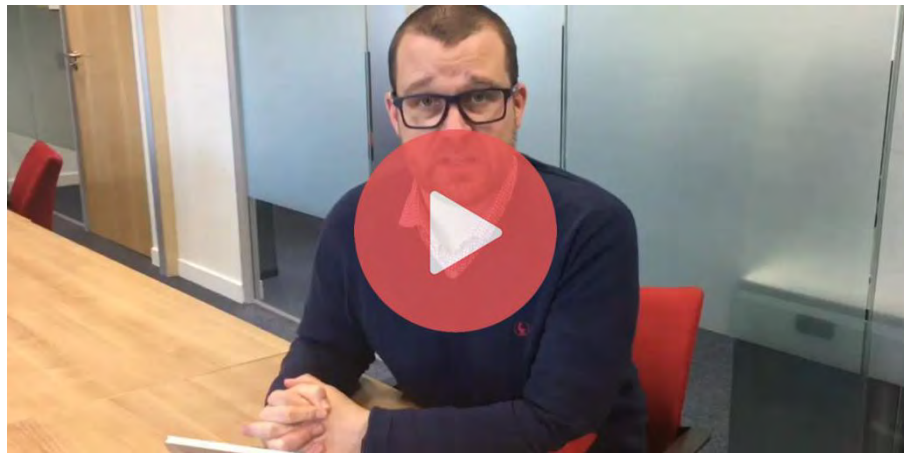
UPDATE ON STAFF VACCINATION PROGRAMME – Updated email address

Please note the email address in yesterday's edition was incorrect but has been updated below

We have now given the first dose of COVID-19 vaccine to more than 43,000 staff from NHS Lothian, local authorities, and social care providers.

For staff who have had a first dose, the key things to bear in mind are:

- You will receive your second dose within 12-weeks
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We have sent out contact to the first 17,000 staff, who were vaccinated in December, to ask them to come **to clinics, or in some cases, to book an appointment if they didn't already have a second appointment booked.**

However, it appears that some letters have not been received by all of the intended staff. Our teams are working to contact all of those affected staff to either confirm a forthcoming appointment or to re-book if the appointment slot has already passed. If you had your vaccination in December **and haven't heard anything yet, or a letter arrives after the appointment time, please don't worry** – we will rebook you.

If you haven't heard by the end of week 10, please let us know by emailing us at loth.massvaccinationstaff@nhslothian.scot.nhs.uk or calling on 0800 123 4499

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First doses are now being provided through our mass vaccination centres. A full list can be found on [our website](#) with a full set of instructions about [how to register for a 1st dose](#).

If you have registered for your first dose, you will receive a letter from the national booking centre which will describe where and when you will receive your dose. Given the constraints we have around vaccine supply, please do what you can to attend this appointment.

IIR Fluid Resistant Surgical Masks (FRSMs) with Plastic Nose Strip

IIR FRSMs with plastic nose strips are available for use where a risk assessment evidences that patient use of masks with a metal nose strip is not appropriate. To acquire, please email details to EssentialSupplies.C19@nhslothian.scot.nhs.uk stating the number of boxes of 50 required and your IDA (Internal Delivery Address).

Please note, the packaging of both types of mask is very similar and care must be taken to segregate one from the other.

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Staff Helplines – Updated location

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ISSUED: 18 AUGUST 2021

Important Information

Reminder of Self-isolation requirements for essential Health and Social Care workers

From 9 August 2021, people identified as close contacts of someone who has tested positive for COVID-19 are no longer required to automatically self-isolate if they are double vaccinated (with at least two weeks having passed since their second dose), have no symptoms and return a negative PCR test.

Whilst this applies to members of the public, it will not automatically apply to essential Health and Social Care Workers. Further Public Health Scotland guidance is being drafted which will inform the return to work requirements for close contacts working in Health and Social Care. However, until this additional guidance has been issued by Public Health Scotland, in situations where the benefit of self-isolation is outweighed by the risk of low staffing levels in essential healthcare settings, a risk based approach assessment may be applied with Executive level sign off. This will allow staff to voluntarily return to work if Infection Prevention and Control requirements are strictly adhered to as outlined in the assessment document.

The assessment document can be found on the [Staff Testing section of the COVID Hub on the Intranet](#). Or it can be [downloaded directly from this link](#).

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ISSUED: 19 January 2021

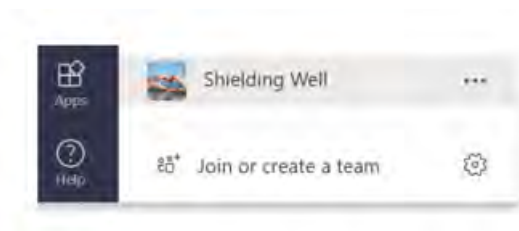
Important Information



Follow up listening session for staff currently required to shield – you said, we did and what next?

A follow up listening session for staff who are currently required to shield is taking place tomorrow (20 January 2021) at 3.30pm.

If you would like to attend, please do so via MS Teams – click on '**Join** or create **team**' at the bottom left of the MS Teams screen, search for the team '**Shielding Well**', request to join then attend the event at the scheduled time (20 January 2021, 3.30pm).



Please email Amanda.Langley@nhslothian.scot.nhs.uk if you have any queries.

NHS Lothian Peer Support Service

We are spreading and scaling up the Peer Support Service across NHS Lothian and our four Health and Social Care Partnerships.

As part of this, we are looking to recruit staff to act in the role as peer supporters, as an extension to their existing role. Would you be interested in this opportunity, or know someone who might be?

Peer support is neither counselling nor therapy. It is where a colleague is upskilled to have a structured conversation with a view of being alongside another person, to provide support in difficult times, or signposting to additional help or resources.

Accredited training will be provided alongside supervision.

If you are interested, or know someone else who might be, please email Amanda.Langley@nhslothian.scot.nhs.uk for more information.



Peer Support Service

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ISSUED: 19 Month 2021

Important Information

Both UK and EU regulators say the AstraZeneca vaccine is safe

Following a rigorous scientific review, the MHRA has concluded that the available evidence does not suggest that blood clots in veins (venous thromboembolism) are caused by COVID-19 Vaccine AstraZeneca. The advice remains that the benefits of the vaccines against COVID-19 continue to outweigh any risks and people should continue to get their vaccine when invited to do so. The full press release can be found [here](#).

[NHS inform](#) has been updated to reflect this advice and also to reflect the MHRA's advice that as a precautionary measure, anyone with a headache that lasts for more than 4 days after vaccination, or bruising beyond the site of vaccination after a few days, should seek medical attention.

Appropriate links to this will also be provided on the [TURAS](#) site.

CMO gives reassurance that the AstraZeneca vaccine continues to be safe

Chief Medical Officer, Dr Gregor Smith, provides an update in response to concerns raised in some European Nations about a potential link between blood clots and the AstraZeneca COVID-19 vaccine. Click [here](#) to read more.

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ISSUED: 20 January 2021

Important Information

Staff Vaccination Clinics – Closure of Registration for First Dose Appointments

Since early December 2020, NHS Lothian has been delivering a Covid-19 vaccination programme for priority staff in line with guidance from the Joint Committee on Vaccination and Immunisation and the Chief Medical officer.

Priority, frontline staff eligible for the vaccine have been able to register to book an appointment online or phone the contact centre to make an appointment to receive their first dose. These routes will close to new registrations as of Friday 22 January 2021 at 5pm.

If you have already registered for your first dose prior to the 22nd January, you will be able to book your appointment online to take place at a first dose clinic up to the end of January 2021.

FAQs

Q. I am frontline priority member of staff but I have not booked a first dose appointment. What should I do?

If you are priority, frontline member of staff and you have not yet had your first dose, please bring this to your **line manager's immediate attention** so an appointment can be arranged.

Q. What if I still cannot get an appointment in staff clinic, what should I do?

NHS Lothian is planning a system to give eligible staff who were not able get vaccinated in December and January access to the mass vaccinations clinics that will start in February. We will provide more information on how this will work in the next few days.

Q. I am not sure if I am classed as frontline, priority staff. Who are they?

These are staff who work in patient contact roles and areas, and in particular those areas which are high risk either because they are 'covid' zones, or because the people they treat or care for are particularly vulnerable, whether that is in critical care, in **wards in acute or community hospitals or in vulnerable people's homes.**

The definition of priority staff in this context does not include all staff who work with patients or all those who work in the voluntary or third sector. The nature of the role and the type of patient contact group is what determines **whether or not you are classed as 'frontline' in this context.**

It does include independent contractors and their staff.

All staff play their part in our frontline effort but if you are working from home or in an office or you have no direct face to face contact with patients then you probably do not meet the eligibility criteria for the staff programme at this time. Please be patient.

However, if you believe there is a reason you may nonetheless be eligible for vaccination in the priority group under these types of circumstances please seek advice from your line manager.

Q. When do 2nd dose appointment start?

The vaccination programme for staff will now move to its second phase of implementation and deliver the 2nd dose of vaccine for staff within the advised 12 week period.

2nd Dose clinics will commence from 3rd week in February 2021.

Q. I am not a priority, frontline member of staff, when will I get vaccinated?

You will be vaccinated as part of the mass programme. When you will be offered vaccination will depend on your age and whether you have an underlying health condition. More information on the programme can be found at <https://www.nhsinform.scot/healthy-living/immunisation/vaccines/coronavirus-covid-19-vaccine>

Update on Staff Testing

In line with guidance from Scottish Government we are rolling out testing for COVID-19 using lateral flow devices for patient-facing staff through the month of January. Click on the video to find out what you need to know about the new staff testing programme and for more info see the content below.



There is no perfect test for COVID-19. The gold standard is a PCR test however, the swab can be uncomfortable to take, the result takes 48hrs to be available, and the lab is working near capacity for this type of test due to the multiple testing routes for patients and staff and its responsibility across the region as well.

The Scottish Government is supporting the roll out of lateral flow devices to screen staff who do not have symptoms and are working in a patient facing role and who are not currently included in one of the existing staff screening programmes. The aim is to identify staff who are either without symptoms or who are in the pre-symptomatic phase so that they can be excluded from the workplace at the earliest opportunity. These are simple tests taken twice weekly using a swab from the front of the nose and tested very simply and **quickly either in an employee's home or in the workplace.** The result is available within 30 minutes. Unfortunately, they are not as good at picking up cases of COVID-19, particularly when people have lower levels of the virus in their system.

If you have symptoms suggestive of COVID-19, you must not use a lateral flow device, rather you should apply for a PCR test through the occupational health staff testing service.

If you are using the lateral flow device and the result is positive, this must be acted on. You must either stay at home or return home immediately and isolate for 10 days. We can offer a confirmatory PCR test through **the occupational health testing route. It's useful using this testing this route rather than one of the UK** government test sites as we get access to the result at an earlier stage. We are working on more flexible ways to get the swab to you rather than you visiting the drive through at the Western General Hospital. You should normally request a test through your manager.

Even if you receive a negative result you must continue to maintain physical/ social distancing, use rigorous hand hygiene, and use the appropriate personal protective equipment if you cannot maintain the two-metre physical distancing from colleagues or patients. Clearly, there are times when we need to be very close with our patients, but we must maintain our vigilance with our colleagues particularly in non-clinical settings where concentration may drop, as we are still identifying some workplace contacts due to this.

COVID £500 Bonus Payment

In November 2020, the First Minister announced a £500 one off payment for all health and care staff as a thank you for helping Scotland cope with COVID-19. The Scottish Government, Employers and Staff Side have since worked in partnership through the Scottish Terms and Conditions Committee to agree the fairest way of allocating this payment to NHS Scotland staff. This will be a one-off pro-rata non-consolidated £500 payment to all directly employed staff who have had at least one month's continuous service in NHS Scotland between 17 March and 30 November 2020 and will also apply to Bank staff.

The payment will be capped at £500 and will not exceed this amount, in total, in situations where staff do hours beyond full time or have multiple contracts. The payment will be made at the end of February 2021 for monthly paid staff and on 25 February 2021 for weekly paid staff. However, we are aware that some staff are concerned that a one-off lump sum payment could have an adverse impact on any benefits payable by the Department of Work and Pensions. Accordingly, there is an option to receive this payment in equal instalments over a 3 month period February – April 2021. Should any member of staff wish to opt for payment by instalment please see the additional guidance available on the [COVID Hub](#) and on HR online and ensure that the relevant form is submitted to the Payroll Department no later than 31 January 2021.

In addition, it is recognised for some staff in receipt of Universal Credits, that any additional payment may have a longer term impact on their finances and therefore this concern has been raised with the Scottish Government and we await further guidance on this matter.

A copy of the full guidance is available on HR online or the Workforce Section of the COVID Hub.

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ISSUED: 24 August 2021

Important Information

Recording staff absence following adverse reactions to the COVID-19 vaccination – Further advice

STAC(TCS01)2021 sets out the agreed approach for managing and recording instances where staff have taken time taken off work in the 48 hours following COVID vaccination as a result of any adverse reaction.

This approach required marking the member of staff on sick leave, but the sick leave did not count towards any trigger for sickness absence management. This approach, however, has presented logistical difficulties because of the degree of manual intervention required by managers and payroll staff. It has therefore been agreed that the time taken off work in these circumstances should now be coded on SSTS as Special Leave, **under the absence code "Coronavirus"**.

As previously indicated, this approach is time limited in order to support staff in receiving their COVID vaccinations and does not set a precedent for any other immunisations.

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ISSUED: 24 February 2021

Important Information

Update on Staff Vaccination - First & Second Dose Appointments

In December 2020 and January 2021 NHS Lothian's Staff Vaccination Programme delivered approximately 40,000 first dose vaccinations to eligible staff across Health & Social Care in Lothian.

NHS Lothian plan to deliver all second vaccinations for eligible staff around week 10 of the 12 week window advised. Delivery of second dose staff vaccination is now underway with large numbers of staff booking their second dose appointments online or through the contact centre.

Important Reminder for Staff who have received a Dose 1 – if you received your first dose of the vaccine and have not already had a second dose and do not receive a text or letter from us, please call 0800 111 4499 to book a second dose appointment within your 12 weeks. Additionally if you have received a text or letter inviting you to book your second dose appointment and haven't already done so, please do so online or via the contact centre as soon as possible.

As we shared via Speed Read previously, access to first dose vaccine appointments for staff who meet the JCVI Eligible Staff Criteria (Priority Group 2), will be provided at mass vaccination venues in Lothian (The Edinburgh International Conference Centre, the Royal Highland Showground at Ingliston, the RBS campus at Gogar, Queen Margaret University, and at the Strathbrock Partnership Centre in Broxburn.)

If you meet the Staff Eligible Criteria and still require your first dose of COVID-19 vaccine please email your name, employer, role and contact telephone number to: loth.massvaccinationstaff@nhslothian.scot.nhs.uk. We have received a significantly large volume of enquiries to this mailbox and we will endeavour to respond as soon as possible with the required next steps and our aim is to reply to your email within five days.

The waiting time for your first dose will be dependent on vaccine supply, which you will have seen in the press recently is currently reduced. At this point we expect a wait of about eight weeks, but we do expect this to reduce as we go forward.

More information and FAQs related to staff vaccination is available within the [Vaccine Hub](#) section of the intranet.

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Staff Helplines – Updated location

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Important Reminders

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NHS Lothian COVID-19 SPEED READ



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ISSUED: 26 January 2021

Important Information

NHS Lothian Palliative Care Forum: Diagnosing Dying in a Pandemic

Our next forum will be held on Friday 5th February between 1-2pm. Join us to hear from Palliative Care Consultant Dr Beci Evans & Clinical Nurse Specialist Suzanne Young on how to diagnose dying during the covid-19 pandemic. This will be followed by an opportunity for reflection on challenging cases you may have faced and discussion between all members of the multi-disciplinary team about how we best approach these cases in the future. We welcome all members of the clinical team working in NHS Lothian. A Link to the MS Teams event can be found on the palliative care intranet page or on the Medical Education Directorate website: med.scot.nhs.uk.

Spike 1 Covid-19 research trial

If you have you recently tested positive for COVID-19 and are 50, or over 18 with significant risk factors and are experiencing a high temperature (37.8°C or higher), shortness of breath, or a continuous and persistent cough you could be eligible for the SPIKE-1 clinical trial. SPIKE 1 is a community based Covid-19 research trial looking at potential new treatments, which hope to prevent patients requiring hospitalisation. The trial is open to any adult in Edinburgh and the Lothians, not just NHS staff, who have recently tested positive for Covid-19 and meets the inclusion criteria.

To join, you must not have any of the following conditions: lung disease, cardiovascular disease, pregnancy, cancer or other illnesses, and lactose intolerance. The trial aims to evaluate the use of a drug called camostat, which could reduce the need for hospitalisation and improve symptoms in people with COVID-19. Camostat has been licenced in Japan & Korea for over 30 years to treat **Pancreatitis. This trial is being run by Cancer Research UK's Centre for Drug Development and is fully funded by LifeArc.** To find out more, visit: cruk.org/spike1trial or email community.covid@ed.ac.uk.

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ISSUED: 27 January 2021

Important Information

Annual Leave

In June 2020 national guidance was issued regarding annual leave for the leave year 2020/21. For the annual leave year 2020/21, employers and employees were asked to ensure that staff have access to their full annual leave entitlement and that annual leave requests should now be planned for the remainder of 2020/21. In light of the ongoing impact of the pandemic further guidance has now been received. The priority remains that staff should be allocated their leave wherever possible to ensure they are able to access the necessary rest and recuperation. It is recognised, however, that this may not be possible for some staff given the ongoing pressures of the pandemic. For staff in this situation they should receive at least their statutory entitlement of 28 days(pro rata). If unable to take the rest of their leave due to Covid_19, they will be able to carry over in excess of the standard working week of leave into the leave year 2021/22, or for Medical and Dental Staff their equivalent personal leave year. Staff should be enabled, wherever possible, to take their leave as early into the new leave year as possible. There is no agreement to make for payment for untaken leave in these circumstances for the coming leave year.

Rapid Testing Roll Out

The roll out of twice weekly lateral flow testing is now in place for all eligible staff, volunteers and students in the following groups:

- Patient Facing Hospital Staff
- COVID Assessment Centre Staff
- COVID Vaccinators
- Community Nursing
- Community AHPs

If you fall into the above categories and have not been offered access to the testing programme as yet, please speak to your line manager.

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ISSUED: 30 August 2021

Important Information

Self-isolation changes for Health and Social Care staff

With immediate effect Health and Social Care staff identified as close contacts of someone who has tested positive for COVID-19 will no longer be required to automatically self-isolate and can now return to work as long as the following conditions are met:

- Are double vaccinated with an approved vaccine at least 14 days prior to exposure (with day of **vaccination counting as 'Day 1'**);
- Have had a negative PCR Test, where the sample is taken after exposure;
- LFD Negative and continue to be for the 10 day normal isolation period;
- Are not currently self-isolating as a case;
- Asymptomatic.

Exemption from self-isolation applies if even there is ongoing exposure to the index case i.e. a household member, although the staff member should continue to minimise social contact out-with work for the 10 day isolation period.

Where the above conditions can't be met in full, the staff member must not attend for work and will be expected to complete self-isolation for 10 days following exposure as normal.

During a period of isolation exemption as outlined above, the staff member should not work with high clinical risk patients/service users. High clinical risk groups would include patients on chemotherapy, immune-suppressants such as pre and immediately post-transplant, those who have a profound immune-deficiency and other high clinical risk patients who are not vaccinated. However, staff in these areas can be asked to return to work in roles to care for and support people who are not deemed to be high risk.

Further guidance on these changes can be found on the COVID-19 Hub [here](#).

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ISSUED: 24 November 2021

Important Information

TRAK – Reporting Bed Closures

You will be aware that we are moving into an even more challenging period over the next few months and up to date information will be key to decision making. Currently our bed availability and closure information comes from manual reports from the site teams that is then shared with the Gold & Silver Command Groups.

Moving to automated reports will help save clinical and admin time to provide this information. To make this transition successfully, it is essential that the bed status is kept as up to date as possible on Trak. Please be aware that your support is crucial.

As part of this work, two new reasons for bed closure have also been added to Trak. They are:

- Surge (Su) - when beds are currently closed as part of surge capacity
- Closed due to staffing (CS) - when staffing pressures prevent beds from being opened

Please help ensure share this information with colleagues and at daily huddles.

If you have any questions, please contact following at your site:

- RHCYP - Peter.Campbell@nhslothian.scot.nhs.uk / Laura.Reilly@nhslothian.scot.nhs.uk
- RIE - Niall.Carey@nhslothian.scot.nhs.uk
- SJH - Megan.M.Reid@nhslothian.scot.nhs.uk
- WGH - Louis.Kinsey@nhslothian.scot.nhs.uk

See over/

Gold Command Update

Gold Command meets twice weekly **as part of NHS Lothian's response to current pressures**. Its strategic objectives are:

- To safeguard staff, patients and public
- To work towards creating flow across the whole system including acute, primary care and GP services

System Pressures - Delayed Discharge

Gold Command is very focused on reducing the number of patients whose are medically fit to leave hospital but whose discharge is delayed. Discharging those fit to leave as soon as possible frees up much needed beds and facilitates improved flow across the system. As you know, outcomes are also better for patients if they leave a hospital setting once they are medically fit to do so. Acute and HSCP colleagues are therefore working together to identify opportunities for improvement and a recently established Health Information Cell provides weekly data to allow us to track progress.

An Interim Placement Scheme has been introduced which aims to provide temporary placements of up to 8 weeks in private care homes for those patients who are medically fit to leave hospital but for **whom a package of care or place in the 'first choice' care home is not yet available**. If the patient is waiting on a package of care, this care home place will be fully funded. Those waiting on a care home place of their choice will not be expected to financially contribute any more than if they were going directly to the home of their choosing.

The aim is to do this within one week of being medically fit for discharge and to have moved the patient on, either home or to their care home of choice within 8 weeks.

An early assessment of a patient's needs, detailed reassurance to patients and their families and planning for care after leaving hospital are essential parts of this process. It will apply to everyone who needs some form of care after a hospital stay.

The Scottish Government is clear that **no-one has the right to 'choose' to stay in hospital**. **Not** engaging with the discharge process or not choosing a care home will not stop discharge taking place.

An update will be provided on the impact of this scheme once it is fully embedded.

Therapets and all other animals visiting hospital sites

NHS Lothian has previously been delighted to support our patients and staff through therapeutic use of animals across our sites. This valued activity is principally supported by Canine Concern through their Therapets Service but is supported occasionally by other organisations.

I understand that many staff are eager to see dogs and other animals return to our hospitals. However, at this time it would not be appropriate to resume and staff must not bring or arrange for someone else to bring any animals on site with one exception - Guide dogs and other personal support dogs may, when required/appropriate accompany to support visitors and patients coming on site.

This decision will be reviewed regularly in light of the most up to date infection control information, the prevalence of covid in the community and visiting policies in general. Any change to the current suspension of animal visiting will be communicated via the Speed Read.

Please note NHS Lothian's Voluntary Services Team are in regular contact with Canine Concern and would be your first point of contact for an update or to arrange a visit from Therapet once we are in a position to reinstate this service. Any other organisations offering similar services must also be referred to the Voluntary Services Team before they begin to provide any service to the patients of NHS Lothian. You can contact them via Volunteer.Enquiries@nhslothian.scot.nhs.uk when we are in a position to welcome animals back to our sites.

Thank you,

Fiona Ireland, Interim Executive Director of Nursing, Midwifery and AHPs

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Staff Helplines – Updated location

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ISSUED: 10 September 2021

Important Information

Update on Managers' Question Set for Assessment of RIDDOR

Thank you for the completion of the managers' questions sets to date, which are completed after a positive result for COVID-19 in one of your staff members. Assessment of this by occupational health assists you as the manager in considering whether a report is required under RIDDOR (Reporting of Injuries Diseases and Dangerous Occurrence Regulations) for an occupationally acquired infection.

In collaboration with scientists from ARHAI (Antimicrobial Resistance and Healthcare Acquired Infections) in Public Health Scotland almost 500 of the questionnaires have been analysed. The results show excellent compliance with infection control policies, availability of appropriate PPE, and staff reporting being trained in its use. The findings have been reported to the COVID-19 Nosocomial Review Group which reports to the Chief Nursing Officer for Scotland.

The HSE have reviewed their approach to the consideration of RIDDOR in healthcare workers.

The guidance from the HSE and the findings from the ARHAI analysis support a change in the approach in NHS Lothian to a shorter more focussed question set to allow managers to quickly identify whether and what further actions are required. Given the analysis of the questionnaires to date, it is expected that there will be very few cases that merit further investigation. The current process will continue to be used for those circumstances. You will be directed to it if required.

Actions required

1. Immediately start using [v4 of the managers' questions set](#) if you have a staff member diagnosed with COVID-19
2. If no indication for consideration for RIDDOR, due to an occupationally acquired infection, file the **completed form in your staff member's personnel file.**
3. If occupationally acquired infection is a possibility, **complete the more detailed managers' question set**, return the form to OH as directed and contact Health and Safety for advice.
4. If you have any questions in relation to this, please get in touch with ohenquiries@nhslothian.scot.nhs.uk

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ISSUED: 01 July 2021

Important Information

Quarantining and international travel Update

Given the recent government announcements related to international travel, Scottish Government have now updated the guidance on quarantining and self-isolation. They advise that since the requirement for quarantining is now a common occurrence, staff can no longer book foreign travel in good faith on the assumption that a quarantine/self-isolation period will not be required.

On that basis, staff are advised that they need to ensure they take account of both the Foreign and Commonwealth Office and Scottish Government advice in regard to essential international travel as it is vital that every effort is made to prevent new COVID variants entering the UK.

NHS Scotland staff are advised not to travel to an amber or a red list country. Staff who do not adhere to this guidance will not be entitled to paid leave if they are required to quarantine or self-isolate.

The only exception to this will be when a member of staff must travel abroad for essential reasons e.g. as a consequence of a family illness or bereavement. In these circumstances, special leave or home-working (if appropriate) will be granted, during quarantine/self-isolation arrangements.

If staff travel to a country where no quarantine restrictions apply at the time of travel, and the advice changes whilst they are in that country meaning the employee is then required to quarantine on return, the employee should work from home if possible. If this is not possible, staff would be entitled to Special Leave.

To find out more about Scottish Government Guidance on what countries are consider red and amber go to <https://www.gov.scot/publications/coronavirus-covid-19-international-travel-quarantine/>

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ISSUED: 09 July 2021

Important Information

Visiting

As the prevalence of COVID-19 remains high within the wider community, there has been an increase in the number of new COVID-19 patient clusters in NHS Lothian hospitals. It is recognised that as wider restrictions are lifting, and patients are once again receiving more visitors, that there is a risk that visitors who are asymptomatic but COVID-19 positive may introduce infection into a patient environment.

It is therefore crucial for clinical teams to reinforce with all visitors the importance of:

- not visiting if they are unwell or have tested positive for COVID 19
- not visiting if they have been told by Test & Protect to quarantine as a contact of a case
- wearing a face mask covering mouth and nose at all times during their visit
- maintaining physical distancing where possible during visiting
- leaving a full name and contact phone number or email for contact tracing purposes

Where a cluster or outbreak is identified by the Infection Prevention & Control Team, and on the advice of the IPCT or senior site management team, it has been agreed that routine visiting to the cluster/outbreak wards should stop until advised it is safe to recommence visiting in line with current [Scottish Government Guidance](#). Essential visiting must continue for patients receiving end of life care, or for whom it is deemed necessary and essential (e.g. support for stress/distress). This should be a single, named individual. The visitor must comply with the precautions outlined in the bullet points above.

This situation will remain under review by NHS Lothian.

Table 10: PPE for Visitors

PPE used	Low-risk pathway (green)	Medium-risk pathway (amber)	High-risk pathway (red)	Unit wide AGP Zone
Gloves	Not required ¹	Not required ¹	Not required ¹	Not required ¹
Apron or gown	Not required ²	Not required ²	If within 2 metres of patient	Apron Required
Face mask	Face covering or provide with FRSM if visitor arrives without a face covering	Face covering or provide with FRSM if visitor arrives without a face covering	FRSM	FRSM ⁴
Eye and face protection	Not required ³	Not required ³	If within 2 metres of patient	Required to be worn alongside FRSM (or FFP3 where NHS Boards can fit test) on entry to area

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ISSUED: 15 February 2021

Important Information

COVID Vaccination – Invites for second dose appointments – text messages to staff

Text messages have started to be issued to staff inviting them to book their second dose vaccination appointments. It has come to our attention, however, that email correspondence has been circulated to staff indicating that the text message is a scam. We can confirm that this is not the case, and that the text message is legitimate.

We will, of course, make staff aware if we do become aware of any scam messages, and would remind staff that the vaccine is free and that you will never be asked for information such as your bank account details when booking a vaccination appointment.

FFP3 Face masks – important reminder

If following an up to date COSHH risk assessment you are required to wear a FFP3 mask for Aerosol Generated Procedures, and you have only face fit tested to one of these products: 3M 1863, 3M 8833, Alpha Solway 3030v or Alpha Solway small, please make arrangements to be re-fit tested to an alternative available/sustainable mask.

FFP3 Mask	What is the Equivalent?	Are they both available for face fit testing?	Is it available for clinical use?
H-X Series	H-3 Series	Only H-X Series	Both are available for clinical use.
Alpha Solway +	There is currently no equivalent.	Yes.	Yes.
3M 1863+	3M 9330+	Yes.	Yes.
3M 9332+	3M 1873v+	Yes.	Yes.

There is no need to re-fit to an equivalent FFP3 mask, however it is very important that a self-fit check is repeated every time you don a FFP3 mask as instructed at fit testing. Any concerns regarding FFP3 masks should be raised with your Manager and more information is available ['Putting on a respirator and fit checking'](#), this HSE guidance must be followed.

Accessing a face fit tester: Contact your Manager to arrange or identify the local point of contact for face fit testing via the emails below:

RIE: PPEquipment.RIE@nhslothian.scot.nhs.uk
WGH: wghfacefittesting@nhslothian.scot.nhs.uk
DATCC: PPE.DATCC@nhslothian.scot.nhs.uk
SJH: SJHFacefit@nhslothian.scot.nhs.uk
RHSC: RHSC.FaceFitTesting@nhslothian.scot.nhs.uk
RPE Service: RPE.service@nhslothian.scot.nhs.uk

For more information please see [NHS Lothian RPE Policy and NHS Lothian RPE Procedure](#).

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ISSUED: 15 June 2021

Important Information

Isolation advice for parents with school/nursery aged children

If your child is identified as a close contact of a case of Covid-19 at school, you will receive information from the school on who needs to isolate and for how long. A summary of the isolation advice, depending on the particular situation, is contained in the table below.

If you are still unsure whether you need to isolate or not, please discuss this with your line manager.

A child in your home has tested positive for COVID-19		<ul style="list-style-type: none">The whole household and other close contacts are required to isolate for 10 days and get a PCR test.
A child in your home is a contact of a case of COVID-19 at school	but you have NOT received an <u>additional</u> letter from the school advising that school/nursery aged siblings need to isolate.	<ul style="list-style-type: none">The child who is a contact needs to isolate for 10 days and get a PCR test.Parents and other household members DO NOT need to isolate while the child (who is the contact) is awaiting the PCR result.If the child (who is the contact) receives a positive PCR result, then the whole household needs to isolate and get a PCR test.

<p>A child in your home is a contact of a case of COVID-19 at school</p>	<p>and you HAVE received an <u>additional</u> letter advising that school/nursery aged siblings need to isolate.</p> <p>This additional control measure is applied by Health Protection and Education in situations where an outbreak in a school or nursery setting appears to be developing rapidly. The additional letter sets out exactly who needs to isolate and for how long.</p>	<ul style="list-style-type: none"> • The child who is a contact of the case needs to isolate for 10 days and get a PCR test. • This child's siblings need to isolate until the child (who is the contact) gets a negative PCR test result (<u>or</u> for the full 10 days isolation period if the child who is the contact cannot be tested for some reason.) • Parents and other adults in the household DO NOT need to isolate while the child who is the contact is awaiting the PCR result. • If the child (who is the contact) receives a positive PCR result, then the whole household needs to isolate and get a PCR test.
<p>Any member of the household develops COVID-19 symptoms</p>		<ul style="list-style-type: none"> • The whole household should isolate immediately. Those who are symptomatic should get a PCR test.

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ISSUED: 17 June 2021

Important Information

Lateral Flow Testing

As COVID-19 case numbers continue to rise staff are encouraged to continue to do a twice weekly test and to record their results on the portal at: www.covidtestingportal.scot

Testing is particularly important after vaccination as you can still catch and spread the virus but are more likely to be asymptomatic and therefore unaware that you are infected. Regular testing, along with PPE, social distancing and vaccination remain the key elements of our response to the pandemic.

Once you have taken your test, it is really important that you record your result on the national portal whether negative, positive or inconclusive so we can understand the coverage of testing within our staff. The original recording process was replaced by a registration scheme to save the level of information required on recording each test result. Feedback highlighted some glitches with the new portal and a number of these have now been fixed. From 14 June 2021, the following updates have been made:

- NHS users who already had a Service Now account no longer need to use a different email to create an account
- The ability to see individual previous LFT results
- The ability to view and change personal details
- Additional work locations have been added
- The ability for Departments to do a bulk upload of results
- Test kit serial numbers are no longer required – just batch numbers.

A user guide has been developed to support staff in recording their results. The guide is stored [here](#) on the Staff Testing section of the COVID-19 hub.

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Important Reminders

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If you have any communication related questions please email: lothian.communications@nhslothian.scot.nhs.uk

NHS Lothian COVID-19 SPEED READ



For ease of access, please print and leave in staff areas for colleagues.

All Speed Reads are available on intranet in [COVID-19 Base](#) or on the [external site here](#)

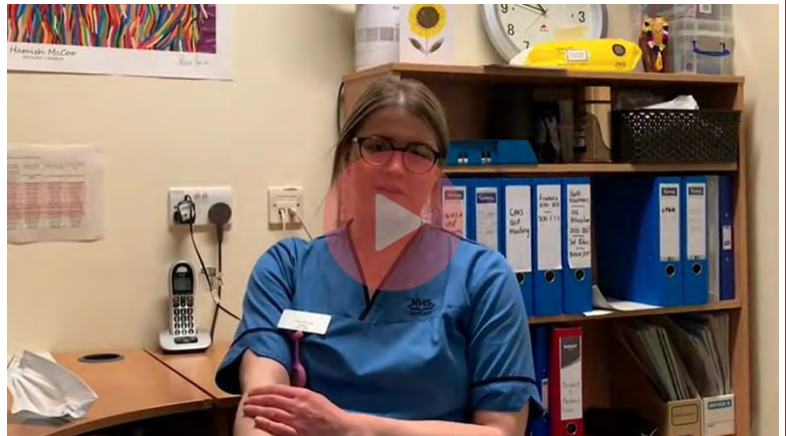
ISSUED: 03 March 2021

Important Information

Staff Found Positive by Lateral Flow Testing

During such challenging times it's important to do whatever we can to protect each other. This is why Lateral Flow Testing was introduced across NHS Lothian.

Lateral flow testing is designed to screen staff who do not have symptoms, are working in a patient facing role and who are not currently included in one of the existing staff screening programmes. The aim is to identify staff who are either without symptoms or who are in the pre-symptomatic phase. It can help prevent outbreaks at work and keep your colleagues and your patients safe.



In the [video](#) above you can hear first-hand how staff in ward 106 RIE feel about doing Lateral Flow Testing and how they were surprised when the result came back as positive for COVID-19.

These are simple tests taken twice weekly using a swab from the front of the nose and tested very simply and quickly either in your own home or in the workplace. The result is available within 30 minutes. Unfortunately, they are not as good at picking up cases of COVID-19, particularly when people have lower levels of the virus in their system.

Dose 2 Vaccination for Staff

We have sent another reminder text to those who have had a first dose appointment on TRAK and do not appear to have booked a second dose appointment on TRAK. If you received this text and you still need to book an appointment for dose 2 please do so as soon as you can.

How do I book?

If you have already registered for online booking and activated your account please use the link <https://www.healthportal.scot.nhs.uk> to book online. You may book at any site that is offering an appointment.

If you would like to register for online booking please complete [this form](#) and once your registration is uploaded you will receive a welcome email. Please make sure you enter your details as you believe they appear on Trak to allow us to match you correctly. Once you receive the welcome email please activate your account and book online.

Alternatively please contact the Contact Centre on 0800 111 44 99 to book an available appointment as soon as possible. This may not be on the site you received your first dose.

What should I do if I have already received my second dose appointment?

If you have already received your second dose appointment please email

loth.massvaccinationstaff@nhslothian.scot.nhs.uk with subject line RECEIVED 2ND DOSE and include in the email your name, DOB, address and confirm the date and venue of your 2nd dose so we can update our records.

I have had a first dose but haven't received a text or letter asking me to book a second dose appointment?

If you received your first dose in December 2020 & January 2021, have not already had a second dose and have not received a text or letter, please call 0800 111 4499 to book a second dose appointment.

Webinar on Infection Prevention and Control

NHS Education for Scotland, ARHAI Scotland and the Scottish Government invite all those working in health **and social care settings to attend a FREE webinar on "Infection Prevention and Control during the Covid-19 Pandemic - Supporting, Valuing and Listening to Health and Social Care Workers"**. The webinars will give staff the opportunity to ask questions to a panel of clinical experts and frontline staff, who will provide the latest information on infection prevention (including intervening in routes of transmission) and control measures and the scientific base that underpins them.

For more information and how to attend, [follow this link](#).

Doctors required to work as locums on new COVID-19 vaccine research trials

Dear Doctors

Edinburgh Clinical Research Facility is supporting the delivery of further Covid-19 vaccine research studies with Dr Matthew Adam as Principal Investigator. This will **build on the success of Lothian's previous vaccine** research led by the Centre for Infection Research Group. We require specifically Doctors, of any grade, for this locum activity, employed through the staff bank. This work will focus on the development of new vaccines.

Their responsibilities will include assisting in the consent process, confirming eligibility of participants by reviewing their past medical history and conducting limited physical examinations. Full training is provided, and you do not need previous research experience.

For further information please contact:

Adam Lloyd

Lead Nurse – Vaccine Research

Edinburgh Clinical Research Facility

Adam.Lloyd@nhslothian.scot.nhs.uk

If you have information directly related to COVID that you would like to be considered for the Speed Read please send it to Lothian.Communications@nhslothian.scot.nhs.uk
Please ensure that your service is content with information before sending.

Staff Helplines – Updated location

We have a number of helplines and support options available for staff. You can find this information on the [NHS Lothian website, under the 'Staff' section](#).

Important Reminders

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NHS Lothian COVID-19 SPEED READ



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ISSUED: 08 March 2021

Important Information

Invitation to take part in an online survey of frontline health and social care workforce views and experiences of the COVID-19 vaccination programme

Public Health Scotland are undertaking an evaluation of the COVID-19 vaccination programme in Scotland to help understand what is going well and what can be improved as the programme is rolled out.

As part of this, we would like to invite you to take part in an anonymous online survey of frontline health and social care workers in Scotland to help us understand your views and experiences of the COVID-19 vaccination programme.

The survey is open to frontline health and social care workers (including care home and care at home staff) who work in Scotland and are eligible for the COVID-19 vaccine (whether you have been vaccinated or not).

This survey will help us gather feedback on the different delivery models in Scotland and help us identify facilitators and barriers to vaccination for different parts of the workforce. This information will help inform improvements to the roll-out of the COVID-19 vaccination programme and future vaccination programmes in Scotland.

It is important that you know that this survey is completely confidential. Your individual answers will not be shared with your employer, and the responses are completely anonymous: neither your employer nor the research team will know who you are.

The survey should take 10 minutes to complete and is open until the 19th March 2021.

Please click [here](#) for more information and to access the survey.

Kind regards,

Dr Ruth Dryden and Dr Ross McQueenie
ruth.dryden@phs.scot and Ross.McQueenie@phs.scot
Vaccination Evaluation Team, Public Health Scotland

If you have information directly related to COVID that you would like to be considered for the Speed Read please send it to Lothian.Communications@nhslothian.scot.nhs.uk
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Staff Helplines – Updated location

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ISSUED: 10 March 2021

Important Information

Evidence-based review: Assessment of COVID-19 in primary care

SIGN have recently published an update to the [Assessment of COVID-19 in primary care](#) evidence based review.

Assessment of COVID-19 in primary care:

the identification of symptoms, signs, characteristics, comorbidities and clinical signs in adults, children and young people, which may indicate a higher risk of progression to severe disease

The purpose of this rapid review is to provide NHS Scotland with advice on assessment of patients with acute COVID-19 in primary care. The review does not address the management of long-term effects of COVID-19.

This guidance is for: general practitioners and primary care teams involved in the assessment of patients presenting with potential COVID-19.

If you have information directly related to COVID that you would like to be considered for the Speed Read please send it to Lothian.Communications@nhslothian.scot.nhs.uk
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Staff Helplines – Updated location

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ISSUED: 12 March 2021

Important Information

Unpaid carers to self-register for the COVID-19 vaccine

From Monday 15 March, unpaid carers will be able to self-register for the COVID-19 vaccine either online or through the vaccination help line. A new page has been added on the website for information on who qualifies as an unpaid carer and what the self-registration process is like. You can find that [here](#).

Webinar on Infection Prevention and Control - REMINDER

NHS Education for Scotland, ARHAI Scotland and the Scottish Government invite all those working in health **and social care settings to attend a FREE webinar on "Infection Prevention and Control during the Covid-19 Pandemic - Supporting, Valuing and Listening to Health and Social Care Workers"**. The webinars will give staff the opportunity to ask questions to a panel of clinical experts and frontline staff, who will provide the latest information on infection prevention (including intervening in routes of transmission) and control measures and the scientific base that underpins them.

For more information and how to attend, follow [this link](#).

The final webinar is on Wednesday 17 March, 10am – 11:30am.

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Staff Helplines – Updated location

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ISSUED: 16 March 2021

Important Information

AstraZeneca Covid-19; precautionary temporary suspension in some EU countries

There has been a lot in the media about the temporary suspension by 11 European countries of the use of AZ vaccination on a precautionary basis following reports of blood clots.

The MHRA has provided a statement and publishes weekly data on reported side effects [MHRA guidance](#).

For patients who ask, the following FAQ will be on the Covid Vaccine hub on the intranet

Q: I am concerned about safety of Astra-Zeneca vaccine and blood clots.

A: Blood clots can occur naturally and are not uncommon. More than 11m doses of the Astra Zeneca vaccine have been given in the UK; the number of blood clots that have been reported after vaccination are not more than would have been normally expected in that time frame.

The UK medicines regulatory authority (MHRA) is carefully scrutinising the reports of blood clots in the UK as well as the international data. The view of the MHRA experts is that the available evidence does not suggest the vaccine is the cause. Some countries have taken a highly precautionary approach and have temporarily suspended the use of the vaccine whilst they investigate.

Any suspension of vaccine has to be balanced against the known risks of Covid which is a serious disease, can be fatal, and itself can cause blood clots.

Therefore the MHRA experts recommend that people should still go and get their COVID-19 vaccine when asked to do so.

For more information, please see the [MHRA guidance](#) on precautionary temporary suspension of Astra-Zeneca vaccine.

Suspected Side effects should be reported in the usual way at <https://coronavirus-yellowcard.mhra.gov.uk/> and on datix

Patients who have concerns about symptoms after vaccine should access healthcare in the usual way <https://www.nhsinform.scot/covid-19-vaccine/the-vaccines/side-effects-of-the-coronavirus-vaccines>

Focus on Wellbeing - A Webinar Programme for Health and Social Care staff - March to May

Following the success, positive feedback and engagement of the last two Focus on Wellbeing webinar programmes, a third webinar programme has now been arranged for the benefit of all health and social care staff and unpaid carers.

The aim of third Focus on Wellbeing Programme is to empower and encourage staff and unpaid carers to enhance personal resilience and self-care. The programme content is linked to the range of resources available on the National Wellbeing Hub www.nationalwellbeinghub.scot

The Focus on Wellbeing Programme will be updated and circulated periodically with information on new topic sessions for your benefit, so **please refer to the 'Key Dates' page on the National Wellbeing Hub**

Look out for the Updates which will be posted on the Key Dates page of the National Wellbeing Hub.

For enquiries please contact Scot Hall scot.hall@gov.scot.

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ISSUED: 25 March 2021

Important Information

Working at Home Guidance and Support

NHS Lothian has a long-standing policy on Home Working. The impact of the pandemic has led to large numbers of staff working from home who would not normally have done so. On that basis, guidance has been produced to complement the policy and to give more specific practical help to those working from home and those who manage staff working from home. The [Guidance document](#) is now available in the All Staff Guidance section on the COVID hub along with a [Frequently Asked Questions](#) document. To support the launch of this guidance, a couple of drop-in sessions have been arranged on the following dates:

31 March 2021 at 1pm [please click here to join](#)

Or

8 April 2021 at 2pm [please click here to join](#)

The sessions will be hosted by Noreen Clancy, Head of Employee Relations and Jane Anderson, Partnership Lead for Corporate Services. The session is not intended to cover the plans for future working arrangements which are still under consideration.

Staff Lateral Flow Testing – Changes to how to record results

As reported last week, following feedback on the difficulties staff has been experiencing logging their results on the national portal, user accounts can now be set up which reduce the need to input the same information each time.

To create an account, it will ask you a series of questions about where you work and the kind of work you do, along with personal information such as contact details for contact tracing purposes. This information will be retained by the system so that, once signed in, you only have to input information about the test itself and the result. We are hopeful that this will reduce the burden and make it easier to report results. If your **specific work location does not appear, please record it as "other"**. If you currently have an account with the NSS service now portal, you may not be able to use your work email for recording results. In such cases, a personal email account can be used.

For those areas that are uploading the information on behalf of staff, NHS Services Scotland has also launched a bulk upload functionality for lateral flow tests. You can download the template spreadsheet and complete the information and upload up to 50 test results at one time. You do not need to be registered to use the bulk upload feature. There have been one or two issues with the establishment of this system, but it is anticipated this will be fixed in the very near future.

Further improvements are being considered to ease the process further such as the ability to see your testing history and barcode reading functionality to make it easier to input your test kit information.

If you haven't to date recorded your results or were put off by the repetitive nature of the recording process, please take time to try again, as this will give us assurance that staff are accessing all the measures to keep themselves and their patients safe. Testing should continue whether you have been vaccinated or not, as it is still possible to catch and transmit COVID even if vaccinated and asymptomatic. To register your LFT results, log on at: nhs.uk/service-now/covidtesting

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ISSUED: 30 March 2021

Important Information

Staff views on Covid-19 vaccine – ONE MINUTE SURVEY

The NHS Lothian [Occupational Health Department](#) along with the [Regional Infectious Diseases Unit](#) would like to hear your views on the Covid-19 vaccine.

Key information

- The survey takes less than one minute to complete
- All staff are invited to participate online (paper questionnaires are being provided for some staff groups who do not have IT access)
- Staff should only complete the questionnaire once
- The survey is voluntary and completely anonymous (you will not be identifiable by your answers)
- Results will be used to understand your views and to help identify your needs and concerns so that services can be improved

If you are happy to participate, please click on the link <https://nhslothiansurveys.onlinesurveys.ac.uk/covid-19-vaccination-survey-3>.

Your participation is greatly appreciated.

If you have information directly related to COVID that you would like to be considered for the Speed Read please send it to Lothian.Communications@nhslothian.scot.nhs.uk
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Staff Helplines – Updated location

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ISSUED: 31 March 2021

Important Information

PPE FFP3 Masks - 3M 1863 & 1873V - withdrawn from use

With effect from midnight tonight (31st March 2021) the above two masks must be withdrawn from use. If you have these masks in your department please contact as noted below to arrange return. If you are a wearer of these masks please note that they must NOT be worn **after midnight tonight. If you haven't** already done so please arrange to be face fit tested to an alternative FFP3 urgently.

- RIE - Roddy Reid 0131 242 7110 (ext. 7110)
- STJ / West Lothian - Billy MacKenzie 01506524159 (ext. 54159)
- AAH/ East & Mid/ Community REAS - George Mitchell 0131 536 9277 (ext. 49277)
- WGH/ North Edinburgh - Scott Harrison 0131 537 3698 (ext. 33698)
- RHCYP/ DCN - Mic Gillon or Jamie Donaldson 0131 536 0333

This has been a planned withdrawal over a number of months and the masks are not defective. These masks are models which date expire today and this message is intended to ensure any remaining stocks are not used beyond the date.

If you have information directly related to COVID that you would like to be considered for the Speed Read please send it to Lothian.Communications@nhslothian.scot.nhs.uk
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Staff Helplines – Updated location

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If you have any communication related questions please email: lothian.communications@nhslothian.scot.nhs.uk

NHS Lothian COVID-19 SPEED READ



If you manage or work with a team that do not have access to email, please print or brief your colleagues so they can be aware of any updates.

All Speed Reads are available on intranet in [Covid Base](#) or on the [external site here](#)

ISSUED: 05 January 2022

Important Information

Keeping Safe: A Message for all staff from Calum Campbell, Chief Executive and Tracy Miller, Employee Director for NHS Lothian

Dear Colleague,

As we are all aware, COVID-19, in particular the Omicron variant and to a lesser extent the Delta variant, is **extremely infectious and its' effects have been and continue to have a serious impact on us all. The infection** is passed very easily from person to person especially indoors and close contact increases that risk. People who do not have any symptoms can test positive. This means these people may be passing the virus on without knowing.

With this in mind, and the very high level of positive cases at present, we are writing to you to remind you of the key way to keep yourself safe from this potentially life-threatening virus. If you have not been vaccinated at all, please get vaccinated as soon as possible. If you are vaccinated but have not had a booster yet, please get a booster dose as soon as possible. As NHS staff, the wider population take their lead from us, so we need to demonstrate that vaccination and ongoing boosters are the best way to prevent us becoming seriously unwell and potentially our healthcare services being over-run.

If you are concerned about having the vaccination, I would urge you to go ahead and make an appointment and discuss your concerns with the vaccinators. Even if you have an appointment, you will still have the option to decline if you feel your concerns are not addressed. Alternately, if you are pregnant and have concerns about the impact on you or your baby, please discuss this with your midwife, or if you have underlying health conditions and are concerned that the vaccine will impact on your health condition, you can also speak with your key healthcare provider.

If you are having difficulties obtaining a vaccination or booster, or are struggling with the technology to do so, please speak with your manager. There are free appointments available at the sites for the general public, there are also drop in sessions and we are also providing staff specific sessions on the main sites. Information on the dates of the site based clinics will be published regularly in the Speed Read.

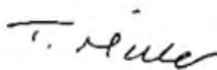
Please do not pass up these opportunities to make sure you are as protected as you can be.

Thank you for your cooperation.

Yours faithfully



CALUM CAMPBELL
Chief Executive



TRACY MILLER
Employee Director

If you have information that you would like to be considered for the Speed Read please send it to Lothian.Communications@nhslothian.scot.nhs.uk by 3.30pm each day. Please ensure that your service is content with information before sending.

NHS Lothian COVID-19 SPEED READ



If you manage or work with a team that do not have access to email, please print or brief your colleagues so they can be aware of any updates.

All Speed Reads are available on intranet in [Covid Base](#) or on the [external site here](#)

ISSUED: 18 May 2022

Important Information

As you know, from 1 May 2022 there is no longer access to symptomatic testing (PCR test) and contact tracing for the general public has stopped. Asymptomatic testing and free access to LFD tests for the general public ended on 18 April 2022. "[Stay at Home](#)" advice replaced the previous requirement for people to self-isolate for 10 days if they were COVID positive.

In the [Speed Read of 5 May 2022](#) staff were advised that given the particular risks to vulnerable people in our care, NHS staff were still strongly encouraged to continue with twice weekly asymptomatic LFD testing. This continues to be the case for all staff in direct care delivery roles in in-patient, out-patient or community settings including patients' own homes. It also includes those whose job is delivered partially or wholly in patient care environments such as domestic staff, porters (patient movement and those accessing the patient care environment), housekeepers and ward clerks. Staff in these categories should continue to follow the guidance laid out in the above Speed Read.

However, the testing programme for non-patient-facing staff has now ceased. Staff in this category are **expected to follow the "[Stay at Home](#)" guidance which applies to the general public.** If, however, you still have a supply of Lateral Flow Tests you should take a test when you become unwell and follow the guidance for patient facing staff.

The 'Stay at Home' guidance advises if you have symptoms of a respiratory infection such as coronavirus and have a high temperature or do not feel well enough to go to work or carry out normal activities you should stay at home and avoid contact with other people.

The symptoms of coronavirus, flu and common respiratory infections include:

- continuous cough
- high temperature, fever or chills
- loss of, or change in, your normal sense of taste or smell
- shortness of breath
- unexplained tiredness, lack of energy
- muscle aches or pains that are not due to exercise
- not wanting to eat or not feeling hungry

- headache that's unusual or longer lasting than usual
- sore throat, stuffy or runny nose
- diarrhoea
- feeling sick or being sick

You should stay at home until you no longer have a temperature (if you had one) or until you feel better. If possible, you should work from home or discuss with your manager what options there are.

If you have information that you would like to be considered for the Speed Read please send it to Lothian.Communications@nhslothian.scot.nhs.uk by 3.30pm each day. Please ensure that your service is content with information before sending.

NHS Lothian SPEED READ



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ISSUED: 27 May 2022

Important Information

Updated visiting guidance

As explained in the [Speed Read of 24 May](#), we are moving back to welcoming visitors across our hospitals in a person-centred way in line with the relaxation of national COVID-19 restrictions.

A refreshed poster has been designed which you are encouraged to print out and display in areas where visitors can easily see it – for example at ward entrances. Please note that this design replaces the one distributed on May 24th.

The poster is available [for printing](#) and are available on the [COVID pages](#) of the intranet.

Visitors are being urged to remember three simple things –

- **Don't come if you're unwell or have been unwell in the past two days**
- Wash your hands
- Wear a mask

For more information on the new visiting guidance please see the [Speed Read of May 24th 2022](#)

Monkeypox

Clinical Area Poster: A poster which can be displayed in all patient and public assessment areas can be accessed on the IPCT intranet hub [here](#). It asks patients who are worried about Monkeypox to consider a checklist and make themselves known to the reception team, who can then arrange for them to be taken to an isolation room where they can be assessed.

If you have important operational information that you would like to be considered for the Speed Read please send it to Lothian.Communications@nhslothian.scot.nhs.uk
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Staff Helplines

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Important Reminders

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ISSUED: 06 MAY 2022

Important Information

Guidance for visitors to hospital sites

We have updated information for visitors to reinforce the continued need to follow IPC guidance. It is available for all staff to download, laminate and print [from the COVID Hub here](#). We would like to remind staff that you are not expected to enforce this guidance, however, you should feel empowered to remind visitors that we strongly encourage them to follow the guidance.

You are encouraged to remind visitors that this guidance is in place in order to help protect:

- the person they are visiting today
- themselves
- our patients who attend on a day basis
- our staff

Further guidance on hospital visits can be found [here](#).

Clarification on speed read dated 05 May 2022

If you test negative on LFD tests but are still presenting with symptoms consistent with COVID or any other respiratory viral illness (cold/flu symptoms), please do not come to work while you have a temperature and stay home until you feel well enough to work.

Gold Command Update

This week's Gold Command meeting heard of an improving picture in relation to the reduced number of COVID patients and staff absences, but recognised conditions continue to be very challenging. 'Hot spots' of staffing pressure continue to be escalated to the acute staffing meeting in order to ensure staff in these areas are supported, either via mutual aid from other sites or by additional bank staffing where required. Similar arrangements are in play locally in community.

There is continued emphasis on encouraging flow through the system by reducing the number of patients whose discharge is delayed. Efforts to make maximum use of the Interim Placement Scheme are ongoing.

This enables patients who are medically fit to leave hospital to be cared for in an appropriate location until their preferred care home place or package of homecare becomes available.

NHS Scotland has been operating on an emergency footing status since the beginning of the pandemic. The Scottish Government announced the end of this status with effect from last weekend. Gold Command will therefore be paused but will not be completely stepped down at this point, in recognition of the continuing pressures and possibility that the position may change.

For the time being, issues requiring escalation should be escalated through normal governance routes to Senior Management Teams, Executive Management Team or Corporate Management Team in the usual way.

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Staff Helplines – Updated location

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NHS Lothian COVID-19 SPEED READ



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ISSUED: 8 APRIL 2022

Important Information

Changes to COVID Infection and Control measures

An update to COVID infection prevention and control measures has been issued by the Scottish Government. The IPCT are awaiting further guidance on some of the control measures but are urgently working through what the changes will mean for patients and staff. This includes working with the relevant clinical and service teams to agree updated procedures and information to support staff across our sites.

The below change, which relates to car sharing can be implemented immediately. Guidance on further and future changes to current control measures will be communicated as soon as possible.

All restrictions on staff car sharing have now been lifted. COVID infections remain high across the community, therefore the following advice should be followed to help keep you and your colleagues safe:

- Staff must wear a fluid resistant surgical face mask (FRSM) or face covering whilst travelling in a vehicle with anyone from outside of their own household. This should fully cover the mouth and nose.
- You should open the windows slightly during travel to improve air flow and ventilation within the vehicle.
- Ensure that alcohol-based hand sanitiser is used before and after each journey.
- A common-sense approach to keeping vehicle interiors clean and free from visible contamination or soiling is advised.

Information on the Little France car share scheme will be issued to all campus staff next week.

Update from Gold Command (7 April)

NHS Lothian's Gold Command group continues to meet every week to focus on finding ways to improve flow in the system and ease the very severe staffing pressures that we know are felt right across our acute hospitals and community care system.

The Gold Command structure is recognised as a best practice method of managing emergency situations. In our case it brings together leaders from every part of our health and care system in NHS Lothian and our four Health and Social Care Partnerships (HSCPs). Gold Command is chaired by the Chief Executive, the Deputy Chief Executive, the Medical Director or the Director of Public Health.

Members of the group, who are drawn from all areas of the system, bring with them problems from their areas which are shared, and actions are agreed to resolve the issues, if possible, or to mitigate.

Sitrep

At this week's meeting, it was noted that staff absences due to COVID were down by a quarter on last week, but that general absence is still very high.

Emergency Departments and front door areas remain very busy with high volumes of patients in departments, long waits and queues for admission

Hospital Occupancy remains very high with around 400 beds across the system occupied by patients whose discharge has been delayed.

Pressure on beds is also still very high with around 400 beds across the system occupied by patients whose discharge has been delayed.

Actions

The following actions were agreed:

- The Chief Officers of our four Health and Social care Partnerships have been asked to increase the risk tolerance threshold in community services which might enable more people to be discharged from acute hospitals, either into community hospitals, step down care, care homes or to care at home services. It is noted however, that community services are themselves experiencing the same staffing pressures that are affecting acute.
- The Chief Executive will reiterate to Local Authority Chief Executives their responsibility to do what is in their power to help balance risk across the system; for example, by providing sufficient resource to social care services so that unnecessary admissions can be prevented and to enable people to be discharged from hospital as soon as they are medically fit to leave.
- When patients are fit to leave hospital but are waiting either on a package of care or a place in their preferred care home, they may be discharged, on an interim arrangement, to an alternative care home while they wait for their preferred arrangement to become available. This is called the Interim Placement Scheme. Gold Command reiterated that all available Interim placements must be used to reduce the number of beds in acute that are occupied by people who are fit to be discharged.
- An Acute Staffing meeting is established and meets three times per week, stepping up more frequently if required. The group is chaired by the Interim Acute Nurse Director and is attended by the bank managers. Its core purpose is to review the site level data from safe care and nurse-to-bed ratios to establish the hot spot areas in relation to establishment gaps, ensure there is early escalation to bank and agency and to look for opportunities to maximise mutual aid across the system. Any escalations from these meetings **that can't be resolved at Acute level are discussed with the Executive Nurse Director** for a Pan Lothian response.
- **The Scottish Government has directed that the extra day's holiday on 3 June** to mark the Queen's Platinum Jubilee should be reclassified as a Public Holiday. Gold Command has agreed NOT to cancel elective procedures already scheduled for that day, which would entail extra administrative work and add to the backlog of people waiting for procedures. Staff already scheduled to work that day will be paid Public Holiday rates.
- **'Gold' agreed that staff may car share. In the light of high COVID transmission rates and on the advice of Infection Prevention and Control Leads, staff are encouraged to wear a face covering or a**

Fluid Resistant Surgical Mask when doing so, to leave a window slightly open during the journey to increase airflow inside the car and to wipe down common touch points before and after the journey.

- Chief Executive to raise again with Scottish Government the need to address the high cost of fuel which is making it hard for community and social care staff to support care visits that involve using a lot of petrol.
- A tactical Silver Command Group has been established to co-ordinate the response of NHS Lothian and Lothian's four HSCP's to support Ukrainian refugees arriving and settling in our area. It has been agreed that the Director of Psychological Services should join this group.
- A weekly communication from GOLD to keep staff updated on focus and actions.

Updated referral process for immunosuppressed groups for COVID vaccination

The approved process for the referral of immunosuppressed groups for their COVID-19 vaccine has been updated and is available on the intranet.

You can find the updated version on the COVID Vaccine Hub: <http://intranet.lothian.scot.nhs.uk/COVID-19/Vaccine/Pages/Vaccination-of-Severely-Immunosuppressed-Individuals.aspx>

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NHS Lothian COVID-19 SPEED READ



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ISSUED: 22 April 2022

Important Information

Gold Command Summary

This week's meeting of Gold Command noted that while the number of patients with COVID in hospital was reducing, occupancy levels were still high. As a result, the system is still experiencing significant pressures in acute, community, primary and social care, but particularly in the Royal Edinburgh Hospital (REH) where occupancy has reached significant levels.

Edinburgh Health and Social Care Partnership is working up a commissioning plan to help increase mental health services available in the community to enable more people to be discharged from the hospital once they are assessed and medically fit to leave. This will help to reduce the numbers of people whose discharge has been delayed. Capacity which had been reduced because of COVID restrictions is due to open in the REH this weekend and is expected to ease some of the pressures.

GOLD was told that the picture across the Acute sector was still very challenging in the RIE and WGH, **although St John's Hospital, which had experienced significant difficulties over recent days was becoming more stable.**

Staffing issues remain the biggest pressure with urgent plans being put in place to ensure effective staffing ratios, particularly at the RIE. Although a number of new appointments have been made, more new members of staff are still required, **especially at St John's Hospital.**

Edinburgh Health and Social Care Partnership (HSCP) also said it was experiencing significant staffing pressures which was impacting on all the services that teams were able to provide. The other three partnerships in Lothian – East Lothian, Midlothian and West Lothian said they were beginning to experience more stability in their systems.

Non-Essential Training to Resume

In order to balance staffing challenges with the reductions in overall absence rates, GOLD has agreed to reinstate non-essential training for all on a local risk-assessed basis from the w/c April 25. The group heard **that while the training was termed "non-essential"** there were programmes that are crucial to ensure that Nursing, Midwifery and Allied Health Professionals (NMAHPS) who are onboarding are given training to perform the roles required of them and in turn alleviate some of the pressures. It was agreed that local risk assessments would mean that training would be considered at a site level, rather than a ward basis to ensure capacity across the system.

Interim Bed Placement Scheme

Chief Officers of all Health and Social Care Partnerships have agreed to work together to refresh and update the letter used to explain the Interim Bed Placement Scheme to patients and their relatives and/or carers. The letter is already being used by teams across the partnerships, but the chief officers are keen to ensure consistency and will provide an updated version to GOLD. This scheme allows faster discharge of patients who are fit to leave, to an appropriate place of care, while they wait for their preferred care home placement or package of care to support them to return home and maximise the use of the places available across Lothian.

Primary Care

An urgent review of processes and procedures in Lothian Unscheduled Care Service (LUCS) is being carried out following a difficult Easter weekend. The service, which provides out of hours general medical services to the population of Lothian and temporary residents, was overwhelmed with higher than normal referral rates. The review will consider the escalation process and pathways. A briefing will be returned to GOLD to provide greater clarity and the actions required.

Midwifery Pressures

GOLD heard that a process, which means the triage and transfer of some patients from the RIE to St John's, has been put in place to help ease some of the continuing midwifery pressures in the RIE. The situation continues to be closely monitored.

OTHER UPDATES..

Temporary Increase To NHS Scotland Mileage Rates

Mileage rates are to be increased by 5p a mile for NHS Scotland staff as a result of soaring fuel prices. Staff, who are required to travel for work, will receive the increase in the reimbursement of the mileage allowance as part of the new temporary measure.

The rates are designed to encompass the entire cost of motoring, different elements of which can rise and fall over time. However the cost of fuel remains a key factor and the decision has been taken to recognise the real concerns raised by staff.

The temporary move was discussed by the Secretariat of the Scottish Terms and Conditions Committee, which agreed a temporary increase to NHS Scotland standard business travel mileage rates of 5p per mile. The Agenda for Change motorcycle and reserve rates are set at half the standard rate so are being increased by 3p (rounding up), as are the Medical and Dental public transport and other vehicle rates.

The change will be effective from 1 April 2022 for travel incurred from this date. This change will initially be put in place for the first 4 months of the 2022-23 financial year (1 April to 31 July 2022).

Please find a link to the full Scottish Government letter [here](#).

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ISSUED: 07 January 2022

Important Information

Car-Sharing to and from work

Wherever possible, car sharing should be avoided with anyone outside of your household. This is because the close proximity of individuals sharing the small space within the vehicle increases the risk of transmission of COVID-19.

However, it is recognised that there are occasions where car sharing is unavoidable such as;

- Healthcare staff who carry out community visits
- Healthcare staff who are commuting with students as part of supported learning/mentorship
- Healthcare staff working in emergency response vehicles
- Healthcare staff living in areas where public transport is limited, and car sharing is the only means of commuting to and from the workplace.

Where car sharing cannot be avoided, individuals should follow all guidance to reduce any risk of cross transmission. This includes:

- Aiming to travel with the same person every time.
- Sitting as far apart as possible within the vehicle. This will usually mean the passenger seated in the back, diagonally across from the driver.
- Opening the windows slightly during travel to improve air flow and ventilation within the vehicle.
- All travellers wearing a facemask for the duration of the journey.
- Ensuring that alcohol-based hand sanitiser is used before and after each journey.
- On a regular basis (e.g. daily), the driver cleaning all touched surfaces (e.g. door handles, window switches, seatbelts, steering wheel, etc.). Detergents, wipes or a solution of detergent and water are suitable.
- A record being kept of all passengers for each journey.

Further information is available via the following links: <https://www.gov.scot/publications/coronavirus-covid-19-guidance-on-travel-and-transport/>

Section 5.21.1 in the NIPCM guidance: <https://www.nipcm.scot.nhs.uk/winter-2122-respiratory-infections-in-health-and-care-settings-infection-prevention-and-control-ipc-addendum/#a3072>

Working across different sites and buildings

Many of our teams may be required to work on a number of different sites, offices or buildings across Lothian during their working week.

To protect you and other people, please make sure you follow the most up to date guidance and precautions.

1. Self-isolate and book a test if you have Coronavirus symptoms. Please **don't** access health and social care settings if you have symptoms.
2. Only come into the building if you have authorisation. Authorisation of access to a building, such as a council building, should be sought before arriving at the offices. If visitors are unable to arrange access in advance, they should report to the building reception, where they will be given advice on what to do next.
3. Only bring in what you need for the day and take everything home. Generally, you **won't** be able to store anything overnight and **you'll** need to remove everything, including your laptop, when you leave.
4. Wear a face covering. Face coverings are mandatory for those who can wear them. You should wear them before coming into the building and at any time when **you're** away from your desk, as well as keeping a safe distance, washing your hands etc. You can remove your mask when **you're** at your desk when more than 2m apart from others.
5. Inform reception. If the building has a reception area, colleagues may ask you to confirm the reason for your visit to ensure everyone is approved. Please sign out when you leave the building.
6. Wash your hands regularly. Sanitising stations are available at reception and key points, but **it's** very important that you wash your hands regularly to further reduce the risk of contamination from touching surfaces. Please sanitise your hands before you sign in and use your own pen wherever possible.
7. Keep your distance. You should keep as much physical distance between you and colleagues as possible.
8. Keep workspaces clear and clean. Teams carry out regular touch point cleaning, but **it's** crucial that you keep your desk clear and clean it before and after you use it.

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ISSUED: 18th January 2022

Important Information

Further reduction in contact isolation period

[National IPC Guidance](#) has been updated with immediate effect, please find the updated guidance below:

1. For all hospital inpatients identified as COVID contacts, the duration of isolation required has been reduced to 10 days, providing the patient remains asymptomatic.

A local Board risk assessed position has also been agreed through the Gold tactical group to further reduce contact isolation to 7 days where there is sustained system pressure and demand for admission capacity. Where a reduction in isolation to 7 days is proposed, this must be discussed and agreed with the senior clinical and site management team and the IPCT in the first instance.

2. Hospital inpatients and care home residents, with the exception of those who are severely immunocompromised or who have severe infection requiring critical care admission, may now end their isolation period 10 days from symptom onset (or first positive test if symptom onset undetermined) provided there is clinical improvement with at least some respiratory recovery and the absence of fever ($>37.5^{\circ}\text{C}$) for 48 hours without the use of antipyretics.

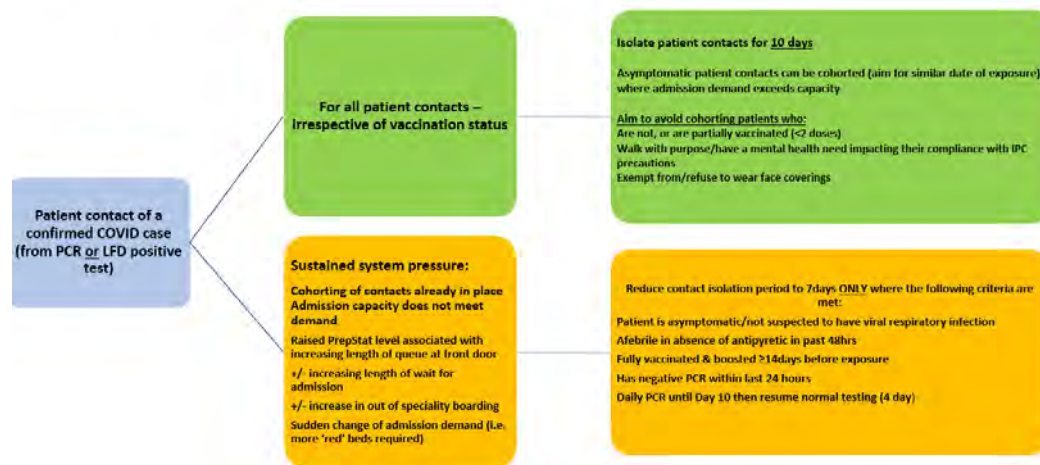
The definition of patients who are considered severely immunocompromised is determined by [chapter 14a of the Green book](#). These patients should continue to isolate for 14 days from symptom onset or their first positive test as these patients may have a prolonged period of viral shedding.

The guidance for patients with severe infection caused by COVID-19 is currently under review by the national clinical cell.

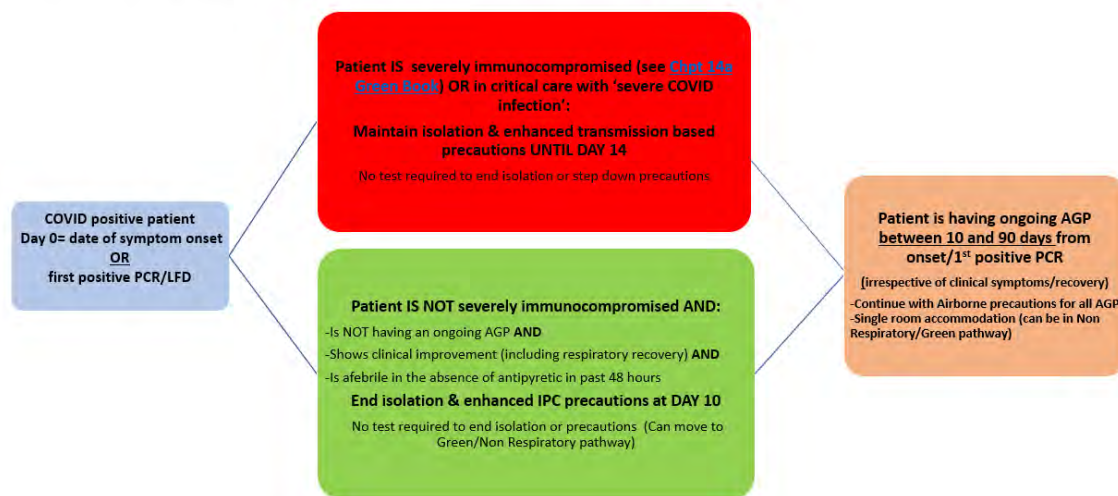
Where a COVID recovered patient continues to receive continuous or intermittent aerosol generating procedures for up to 90 days from their first symptom onset or positive PCR, staff should continue to apply airborne precautions for these procedures. This includes appropriate patient isolation, use of FFP3 respirators and observation of post AGP fallow times.

A one-page aide memoire is available below to manage patient contacts, and confirmed COVID cases:

Management of COVID contacts in hospital – 18th Jan 2022



Management of COVID positive patients -18th Jan 2022



Changes to testing and self-isolation requirements from 17 January 2022

Some further changes to the testing and self-isolation requirements for health and social care workers have been made to bring them closer to the requirements for the general public. These changes include; fully vaccinated **"contacts"** no longer require to take a PCR test before returning to work; individuals who have tested positive within the previous 28 days do not need to self-isolate if identified as a contact; further clarification regarding staff who continue to test positive and staff who have tested positive should no longer take an LFD test for 28 days from day 1 (date where symptomatic or positive and asymptomatic). The definition of **"highest clinical risk"** patients has also been updated. We would remind health staff that the best way to keep yourself and others safe is to receive your vaccines and booster.

The updated requirements for healthcare staff are as follows:

Staff who have tested positive for Covid (Index Cases)

- If you have tested positive through LFD and are asymptomatic you no longer need to take a PCR test to confirm your positive status and you are considered a confirmed positive case of COVID-19.
- If you have symptoms and have tested positive on LFD you no longer need to take a PCR test to confirm your positive status and you are considered a confirmed positive case of COVID-19.

- If you have symptoms and have tested negative on LFD you should arrange to take a PCR test to confirm your status.
- You can return to work from day 7 of your self-isolation with the exception of high-risk areas*, if you have two negative LFD tests taken 24 hours apart (i.e. on day 6 and day 7), and have not had a fever for 48 hours (i.e. a temperature of 38 degrees or above).
- If you test positive on day 6 but negative on day 7 and 8 you can return to work from day 8.
- You should pause the daily workforce LFD testing for the remainder of 28 days from day 1 (i.e. date symptoms started or positive test date if asymptomatic). If you participate in the weekly PCR testing programme, you should pause this for 90 days.
- If you continue to test LFD positive after day 7 you can only return to work in the following circumstances:
 - You have had two consecutive negative LFD tests taken 24 hours apart, up to day 10 or one negative LFD test in days 11 to 14.
 - You have not had or do not have a fever (a temperature of 37.8C degrees or above) within the previous 48 hours.

Household/non-household Contacts

Fully vaccinated contacts (i.e. double vaccinated and have received booster doses 14 days prior to last exposure of case)

- If you are identified as a contact, you should take an LFD test.
- If the LFD test is negative and you have no COVID-19 symptoms or fever you will be able to return to work in line with the current exemption process for healthcare staff.
- You will therefore need to take daily LFD tests for the remainder of the 10-day period and record your results (positive, negative and void) on the portal [Welcome - COVID Testing Portal \(service-now.com\)](https://www.service-now.com).
- If you become symptomatic or have a positive LFD test during this period, you should follow the guidance above for positive cases.

Unvaccinated Contacts (i.e. staff who are not double vaccinated and have not received booster doses 14 days prior to last exposure to the case)

- You should arrange a PCR test, as soon as possible, upon finding out you are a contact.
- You should not attend work and complete your 10-day self-isolation period even if your PCR test is negative. There is currently no option for staff who are not fully vaccinated and are identified as a contact to exit self-isolation early.

General

- For staff who are household/non-household contacts, if a PCR or LFD test is positive, within the 10-day period, you should follow the self-isolation guidance for staff who are positive from the date of the positive result.
- An exemption from self-isolation exists for contacts who have been diagnosed as a COVID case in the past 28 days. This applies whether the individual is fully vaccinated or not. However, they should follow the testing guidance for contacts.
- If you have previously tested positive by PCR for COVID-19 you should continue to LFD test. The previous requirement of not having to LFD test within 90 days of a positive test no longer applies.
- If you are participating / have participated in a formally approved COVID-19 vaccine clinical trial, you are treated as equivalent to those vaccinated through the NHS vaccination programme. See NHS Inform for more information on COVID-19 vaccination status for clinical trial participants.

*Staff who can return after day 7 should not work with individuals on the highest clinical risk list for the remainder of the 10-day period. Staff can however be asked to return to work in roles to care for and support people who are not deemed at high clinical risk. The highest clinical risk groups include areas caring for immuno-compromised patients. The key patient groups are defined on the Scottish government website in the following section: [Coronavirus \(COVID-19\): advice for people at highest risk - gov.scot \(www.gov.scot\)](https://www.gov.scot/Topics/Health/Coronavirus/Advice-for-people-at-highest-risk)

This would be where it is an expected patient area as opposed to an individual one-off patient.

FAQs and a flowchart will be issued to support the self-isolation and testing requirements for staff in the coming days.

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ISSUED: 19th January 2022

Important Information

CMO Letter on Vaccination Delivery

The Chief Medical Officer, Dr Gregor Smith, has published a new letter providing a further update on the delivery of the COVID-19 vaccination programme and the subsequent Green Book changes. The changes include the latest data on vaccine effectiveness and booster safety; clarified and corrected chronology of booster advice. Clarified clinical advice about vaccination of five to 11-year-olds at high risk; interchangeability of adult, fractional and paediatric doses; management of five to 11s who are about to become immunosuppressed; advice on third primary doses for severe immunosuppression, including updated definitions for severe immunosuppression for younger children.

You can read the letter [here](#) and find the latest guidance in the [COVID-19 Greenbook chapter 14a \(publishing.service.gov.uk\)](#).

Annual leave carry over 2021-2022 and buyback scheme

As we are now in the final quarter of the leave year for most staff, this is a reminder of the changes to the policy related to annual leave updated by Scottish Government in recognition that the service remains under significant pressure and staff may have carried over leave from both 2019/20 and 2020/21 leave years.

- Where possible, staff should take all of their annual leave entitlement for 2021/22 including any carried over annual leave.
- Where it is not possible to take the full entitlement, all staff should at least take their statutory leave of 28 days (20 days of their leave entitlement and 8 public holidays) for the 2021/22 leave year. The statutory entitlement stated reflects the entitlement for a five-day worker. The statutory entitlement is the equivalent of 5.6 **week's** leave.
- Staff who are unable to take all their accumulated leave because of pressure on the service will have the option to accept payment in exchange for up to 10 days leave at a rate of time and a half subject to the requirement to take the statutory entitlement.
- This is entirely voluntary and pressure should not be put on any staff member by management to sell their leave in this way. The preference remains for managers and staff to work together to ensure all leave is taken where this is feasible given the importance of rest and recuperation to maintaining health and wellbeing.

- Where it is not possible for staff to take their annual leave because of service pressures, they will be free to choose to accept payment for up to 10 days leave on the basis set out above for the rest of the current leave year. This will be until 31 March 2022 for Agenda for Change and Executive and Senior Manager staff and the personal 2021-22 leave year for Medical and Dental staff.
- Where staff have been unable to take their leave due to service pressures and opt to carry over the leave rather than receive payment, the normal 5 day carry forward rule will not apply to these staff.
- For eligible staff who wish to obtain payment for their untaken leave, Managers should email the payroll team at - PayrollRegistry@nhslothian.scot.nhs.uk with the following details: name, payroll number and hours due.

*Requests for Agenda for Change and Executive and Senior Managers must be with payroll on or before 31 March 2022 or by the last day of the personal leave year for Medical and Dental staff. No requests will be accepted after these dates.

Booster vaccines for all staff

All staff, if they **haven't** already had their COVID booster vaccine, are encouraged to get their vaccination as soon as possible. Across NHS Lothian acute sites, there are a range of drop-in clinics, available as detailed below:

Royal Edinburgh Hospital - Roseburn Ward, MacKinnon House, EH10 5HF

Wednesday 20 January: 7am-12pm / 1pm-4pm

Thursday 21 January: 7am-12pm / 1pm-4pm

Wednesday 26 January: 7am-12pm / 1pm-4pm

Thursday 27 January: 7am-12pm / 1pm-4pm

Western General Hospital - Ward 58, EH4 2XU

Tuesday 18 January: 8am-12pm

Thursday 20 January: 10am-12pm

Tuesday 25 January: 8am-12pm

Wednesday 26 January: 8am-10am

St John's Hospital - Ward 22

Tuesday 18 January: 9am-4pm

Wednesday 19 January: 9am-4pm

Thursday 20 January: 9am-4pm

Tuesday 25 January: 9am-4pm

Wednesday 26 January: 9am-4pm

Thursday 27 January: 9am-4pm

RIE - Anne Rowling Building

Appointments are also available at the RIE - Anne Rowling Building. These should be booked via the [National Booking Portal](#). Appointment slots are available on Wednesday's and Friday's between 8am and 5pm.

Staff can also access the National Booking Portal if they would prefer to attend an alternative clinic, for example one closer to where they live.

Getting a booster doesn't mean you won't get COVID-19, but it definitely reduces the chances of it and significantly enhances your protection against serious illness – it could literally save yours, or someone else's life. Please don't delay your vaccination. Every booster administered helps us stop the spread of the virus and brings us closer to ending the pandemic.

For more information, please visit the [Vaccine Hub on the Intranet](#).

SIGN 163 - Prevention and Management of Venous Thromboembolism in patients with COVID-19

SIGN have recently published SIGN 163 – Prevention and Management of Venous Thromboembolism in patients with COVID-19 which can be accessed [here](#).

Patients with COVID-19-related disease resulting from severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection are at an increased risk of thrombosis and its complications. The risk is particularly high for pulmonary embolism and deep vein thrombosis in the 7 days after a positive test and risk of PE is significantly elevated up to 56 days after a positive test.

Three main factors lead to venous thrombosis: endothelial damage, venous stasis, and a hypercoagulable state. The exact pathophysiological mechanisms underlying the increased risks of thrombosis in COVID-19 are not yet fully explained. Aside from the general risks associated with lowered mobility and potential dehydration in hospitalised patients, infection with SARS-CoV-2 can produce widespread endothelial damage and a marked increase in production of pro-inflammatory cytokines that can induce a hypercoagulable state.

Remit and target users

The guideline provides recommendations based on current evidence for best practice in the pharmacological prophylaxis and management of thrombotic complications of COVID-19. It includes advice for non-pregnant adults in hospital in ICU and non-ICU settings, as well as (non-pregnant) patients in the community. It also covers all degrees of severity of COVID-19.

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Staff Helplines – Updated location

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Important Reminders

You can now find useful links for the latest guidance and information on the [COVID-19 Base](#) on the intranet above the daily Speed Reads.

If you have any communication related questions please email: lothian.communications@nhslothian.scot.nhs.uk

NHS Lothian COVID-19 SPEED READ



For ease of access, please print and leave in staff areas for colleagues.

All Speed Reads are available on intranet in [COVID-19 Base](#) or on the [external site here](#)

ISSUED: 24th February 2022

Important Information

Staff testing

In response to the rapid spread of the Omicron variant, guidance was issued in December advising staff to undertake daily lateral flow tests. Given the reduction in community transmission, the guidance has now reverted to twice weekly testing.

For those areas included in the weekly PCR testing programme, there is no change to these requirements. Self-isolation rules and the testing requirements for symptomatic staff have also not changed.

Annual leave carry over 2021-2022 and buyback scheme

As we are now in the final quarter of the leave year for most staff, this is a reminder of the changes to the policy related to annual leave updated by Scottish Government in recognition that the service remains under significant pressure and staff may have carried over leave from both 2019/20 and 2020/21 leave years.

- Where possible, staff should take all of their annual leave entitlement for 2021/22 including any carried over annual leave.
- Where it is not possible to take the full entitlement, all staff should at least take their statutory leave of 28 days (20 days of their leave entitlement and 8 public holidays) for the 2021/22 leave year. The statutory entitlement stated reflects the entitlement for a five-day worker. The statutory entitlement is the equivalent of 5.6 **week's** leave.
- Staff who are unable to take all their accumulated leave because of pressure on the service will have the option to accept payment in exchange for up to 10 days leave at a rate of time and a half subject to the requirement to take the statutory entitlement.
- This is entirely voluntary, and no pressure should be put on any staff member by management to sell leave in this way. The preference remains for managers and staff to work together to ensure all leave is taken where this is feasible given the importance of rest and recuperation to maintaining health and wellbeing.
- Where it is not possible for staff to take their annual leave because of service pressures, they will be free to choose to accept payment for up to 10 days leave on the basis set out above for the rest of the current leave year. This will be until 31 March 2022 for Agenda for Change and Executive and Senior Manager staff and the personal 2021-22 leave year for Medical and Dental staff.

- Where staff have been unable to take their leave due to service pressures and opt to carry over the leave rather than receive payment, the normal 5 day carry forward rule will not apply to these staff.
- For eligible staff who wish to obtain payment for their untaken leave, Managers should email the payroll team at - PayrollRegistry@nhslothian.scot.nhs.uk with the following details: name, payroll number and hours due.

*Requests for Agenda for Change and Executive and Senior Managers must be with payroll on or before 31 March 2022 or by the last day of the personal leave year for Medical and Dental staff. No requests will be accepted after these dates.

Spring boosters to be offered to most at risk

Spring booster jabs will be offered everyone aged 75 and over and those at highest risk of severe COVID-19 disease in Scotland.

The decision comes following the latest Joint Committee on Vaccination and Immunisation (JCVI) advice which said a second booster jab was required to provide as much protection as possible and reduce to reduce the risk of waning immunity.

The second booster will be offered at least 24 weeks after the last vaccine dose to:

- adults aged 75 years and over
- residents in care homes for older adults
- individuals aged 12 years and over who are immunosuppressed

They will be invited as they become eligible from at least 24 weeks after their last booster, with the first groups receiving appointments from the second week in March. The Spring boosters will be offered at the same time as vaccinations for the wider group of children aged 5-11.

Deputy Chief Medical Officer Professor Nicola Steedman said: "**Our** vaccination programme has been highly successful, with 85% of the eligible population having had a booster or third dose vaccination and the World Health Organisation estimating some 28,000 lives saved to date in Scotland.

"**However**, the degree of protection offered by the vaccines wanes over time, which is why booster vaccination is needed to maintain the best protection against COVID-19 for those at highest risk of severe effects of the **virus**."

You can read the advice from the JCVI in full [here](#). The JCVI will continue its ongoing review in regard to the timing and value of doses for less vulnerable older adults and those in clinical risk groups and will provide more advice in due course.

If you have information directly related to COVID that you would like to be considered for the Speed Read please send it to Lothian.Communications@nhslothian.scot.nhs.uk
Please ensure that your service is content with information before sending.

Staff Helplines – Updated location

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NHS Lothian SPEED READ



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ISSUED: 8 JULY 2022

Important Information

Changes to COVID guidance

As an interim approach to COVID testing and COVID patient management, staff should be aware of changes to patient management which apply with immediate effect.

Please be aware that further changes to COVID policy are expected in the coming weeks. All Boards have been asked to begin transition from the ARHAI Winter Respiratory Addendum back to [Standard](#) and [Transmission based](#) precautions and [organism specific guidance](#).

What is changing?

1. Any patient who tests positive for COVID-19 but is [asymptomatic and remains free from symptoms](#) at Day 5 can have isolation and transmission-based precautions (TBPs) stood down on Day 6 onwards. High risk wards such as Transplant, Respiratory Medicine, Haematology and Oncology are exempt from this approach. A [short guide](#) is available to share with staff – this document is also available on the Infection Prevention & Control & PPE pages within the COVID Hub on the staff intranet.
2. Early step down of isolation and TBPs in COVID positive patients who have displayed symptoms can be considered from day 5 onwards, but [only](#) with input from virology/IPCT.
3. Routine testing of asymptomatic inpatients (4-day testing) should now stop – except in those high-risk specialty areas noted in point 1 above. A [short testing summary table](#) is available to share with staff - this document is also available on the Infection Prevention & Control & PPE pages within the COVID Hub on the staff intranet.

This risk assessed approach is broadly aligned to current NHS Scotland IPC policy and reflects wider policy and guidance for residential social care settings, staff and the public.

It also reflects the approach required by current policy for the assessment, testing and management of other clinical respiratory viral infections with the same mode of transmission (e.g. Influenza).

What has [not](#) changed?

1. All patients being admitted to hospital (overnight stay) should continue to have a COVID test on admission. The type of test will depend on whether the patient has symptoms or not (e.g. Lumira DX or Cepheid).
2. Any patient who develops symptoms of a respiratory viral infection, or where there is any other clinical suspicion of COVID infection, at any point during their admission, should have a Respiratory PCR test. This test will detect both COVID and other respiratory viruses (e.g. Influenza A; RSV)
3. All patients who have any other non-COVID infection (e.g. MRSA, VRE) must be isolated with appropriate TBPs to prevent the spread of infection.

Why are changes being made when the incidence of infection is high?

- COVID transmission risk is greatest whilst individuals are symptomatic (and usually in the first 3 days of infection).
- The epidemiology of COVID infection in Scottish hospitals is changing. The risk of transmission, severe disease and death have reduced since the beginning of the Pandemic. This reflects changes to clinical treatment, difference in circulating variants, availability and uptake of vaccination.
- Currently, NHS Lothian in common with other NHS Scotland Boards, are reporting significant numbers of patients who return a positive COVID test but do not display symptoms.
- There may be several reasons for asymptomatic people testing positive. This includes detection of viral fragments from recent infection within the past 90 days. Community PCR testing and universal access to free LFD tests stopped in May. Therefore some of the asymptomatic positive cases being detected by PCR may reflect recent mild infection in the absence of a confirmed laboratory result.
- There is limited evidence available to quantify the risk of transmission in the absence of symptoms in those who test positive for COVID-19.
- The current precautionary approach to the management of COVID positive patients frequently results in bed closures. This impacts on admission capacity and patient flow across the whole health system. There are known, and significant morbidity and mortality risks associated with delayed admission, investigation or treatment. It is important to balance the evidence, risks and benefits of continuing with a precautionary approach to COVID management against other risks for patient treatment and care.
- Routine testing of people in other residential settings (e.g. care homes) has already stopped.
- Routine 4-day testing of all hospital inpatients is not required by current national policy, meaning that NHS Lothian practice is not in line with that of other NHS Scotland and UK centres.

If you have important operational information that you would like to be considered for the Speed Read please send it to Lothian.Communications@nhslothian.scot.nhs.uk
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Staff Helplines – Updated location

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Important Reminders

The latest guidance and information on COVID-19 is available on the [COVID-19 Base](#) on the intranet.

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NHS Lothian COVID-19 SPEED READ



If you manage or work with a team that do not have access to email, please print or brief your colleagues so they can be aware of any updates.

All Speed Reads are available on intranet in [Covid Base](#) or on the [external site here](#)

ISSUED: 06 April 2021

Important Information

Staff Testing

As the Scottish Government continue to review the remaining mitigations to reduce the spread of COVID-19, the weekly PCR Testing programme involving staff in areas with patients at very high risk has stopped with immediate effect. Staff are however encouraged to continue with twice weekly Lateral Flow Testing in line with other healthcare workers to support the ongoing identification of asymptomatic cases.

NHS Lothian recognises the efforts staff have gone to, to keep their patients as safe as possible by participating in this programme. Thank you to all the teams involved in the participation in, and support of, this programme as part of our Covid response.

If you have information that you would like to be considered for the Speed Read please send it to Lothian.Communications@nhslothian.scot.nhs.uk. Please ensure that your service is content with information before sending.

NHS Lothian COVID-19 SPEED READ



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All Speed Reads are available on the intranet in the [COVID-19 Base](#) or on the [external website](#).

ISSUED: 2 February 2022

Important Information

Updated guidance on hospital visiting

Hospital visiting guidance has now been updated, although some restrictions remain in place. This is in order to protect our staff and patients and ensure we can continue to maintain essential services.

We remain committed to supporting a safe and proportionate level of hospital visiting for all our patients, but one which takes a measured approach to manage the ongoing risk of COVID-19 infection in our hospitals.

Although the overall community prevalence of COVID-19 is reducing and wider restrictions for the public are being gradually eased, control measures including 2m physical distancing and use of face coverings by staff, patients and visitors remain in place in hospitals.

The [latest guidance for staff](#) is available on the intranet and the [latest guidance for the public](#) is available on the external website.

We encourage ward staff to make this guidance available locally for designated visitors and to ensure any outdated guidance is removed from wards.

This guidance will be reviewed again in the coming weeks and staff will be kept updated. Thank you again for your continued help and support.

If you have information directly related to COVID-19 that you would like to be considered for the Speed Read please send it to Lothian.Communications@nhslothian.scot.nhs.uk
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Staff Helplines

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Important Reminders

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NHS Lothian COVID-19 SPEED READ



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ISSUED: 11 March 2022

Important Information

Infection Control – **Don't Let Your Guard Down**

As you are aware, we continue to face severe staffing pressures across all areas of our system. Rates of COVID transmission in the community are very high. Thanks to the efforts of our vaccination teams, fewer people are critically ill however there are now more COVID positive patients in our hospitals than there has ever been at any time during the first, second or third waves of the pandemic.

High community prevalence of COVID affects staff just as much as it does the general public. Staff absences due to COVID infection or the need to self-isolate are having a significant impact on staffing levels. Norovirus is also circulating and adding to that pressure.

It is therefore essential that you do not let your guard down. Please continue to observe all the infection control rules familiar to us all:

- Wear a face mask
- Wear additional PPE appropriate to the task
- Maintain 2 metres physical distance
- Wash or sanitise hands regularly
- Take a Lateral Flow test twice weekly
- Encourage compliance with current [visiting guidance](#)

Personal responsibility to comply with infection control measures outside of work is also important. Although legal restrictions may be lifted on 21 March, in the interests of your own health, that of our patients, your colleagues and in our ability to provide services, complacency is not an option.

Thank you for your continued support.

If you have information directly related to COVID-19 that you would like to be considered for the Speed Read, please send it to Lothian.Communications@nhslothian.scot.nhs.uk
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Staff Helplines

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NHS Lothian COVID-19 SPEED READ



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ISSUED: 16 March 2022

Important Information

Infection Prevention & Control updates

As COVID restrictions in the wider community are being eased, we would like to highlight and reinforce the mandatory requirement for ongoing precautions within hospital and other healthcare settings.

1. Face coverings/fluid-resistant surgical masks (FRSM)

All staff must continue to wear a FRSM at all times in hospitals or healthcare premises. The exceptions to this are:

- During meal breaks/when eating or drinking – 2m physical distancing **MUST** be maintained
- Office-based staff when seated **AND** who can maintain $\geq 2\text{m}$ distance from others
- If you are exempt under [current Scottish Government policy](#).

All outpatients and visitors must wear a face mask at all times in hospital unless exempt.

In-patients should be encouraged to wear a mask if this can be tolerated when:

- Receiving direct care from a healthcare professional
- Moving around a shared patient or public space.

2. Physical distancing in hospitals

There is no change to the policy of maintaining 2m physical distance between all in-patients or those attending for day case procedures (as far as possible) and at all times between any staff, visitors or patients who are not wearing a face covering or FRSM.

In short stay outpatient settings (including OPD clinics and GP surgeries) physical distancing in waiting areas can be reduced to 1m.

3. Hospital visiting

NHS Lothian will continue to review our position on hospital visiting as the prevalence of infection in the community and incidence of COVID in hospitals continues to change.

There is no change to the [current advice](#). This reflects the ongoing requirement to maintain physical distancing between patients in hospitals, continued transmission of COVID infection in the community and the number of patients with COVID infections in hospital.

All patients should be supported to have at least one visitor each day.

Infection Control policy

Despite the upcoming changes to legal restrictions and testing policies across Scotland, additional COVID-specific precautions will continue to apply, along with a higher level of infection control, across health and social care settings. This is to continue to manage the risk to patients, staff and the wider public.

There is ongoing discussion at a national level, and we expect that further changes to Infection Prevention and Control policy will be issued in the coming months.

Detailed information on the management of COVID-19 can be found in the ARHAI Winter Respiratory Guidance, which is the current IPC policy for NHS Scotland. The full guidance, and further information and supporting documents, can be found on the [NHS Lothian Infection Prevention & Control intranet page](#).

NHS Lothian has agreed to adopt the terminology for a Red (COVID) pathway and Green (NON-COVID) pathway, rather than Respiratory and Non-Respiratory pathways. It is anticipated that this will reflect how guidance on patient care and IPC management will evolve as pandemic restrictions continue to be reviewed.

There are some other changes in how we manage patient pathways and some aspects of their care which can be implemented with immediate effect.

1. Generic COVID control measures which remain in place in addition to standard infection control precautions for all patients:

- universal use of face masks by staff, patients and visitors in all hospital and healthcare settings
- twice weekly staff LFD testing
- patient COVID testing before, on and after admission (e.g. point of care test, COVID PCR etc)
- 2m physical distancing between all inpatients and those having day case procedures (e.g. dialysis, endoscopy, day surgery)
- 1m physical distance between patients in waiting areas in OPD departments.

2. **Change from 'Red', 'Amber' and 'Green' pathways to 'Red' and 'Green' pathways**

A link to a printable summary of the [pathway guidance](#) is available on the IPC intranet page. Updated posters for Red and Green zones are also available.

All patients who attend for a scheduled and unscheduled hospital appointment or admission must continue to be triaged based on a COVID risk assessment. A [checklist](#) is available to help guide staff with this.

All patients must be risk assessed again prior to transfer to another ward, hospital, board or care home.

All patients who have, or are suspected of having, COVID-19 should continue to be cared for in the Red COVID pathway. There are no changes to existing patient placement or control measures required to support safe delivery of care for patients in the Red pathway. As far as possible, this should continue to be provided in a dedicated area with separate staff.

All patients should also be assessed for their risk of any other transmissible infections.

Any patient who has a suspected infection (e.g. diarrhoea and vomiting) or is known to have a confirmed infection or infection risk (e.g. MRSA) should be isolated in a Green pathway with the correct [transmission-based precautions](#) plus additional COVID-specific controls in place.

Patients who do not have any suspected or confirmed infection will also be cared for in a Green pathway.

All patients should be cared for using [standard infection control precautions](#) plus the additional COVID-specific controls outlined above.

3. Selection of respiratory protective equipment (RPE) in the Green pathway

A link to a printable summary for [selection of FFP3 in Green pathways](#) is available on the IPC intranet page.

The use of FFP3 respirators is no longer required for all Green pathway patients receiving an AGP procedure.

FFP3 are not required for any patients who on risk assessment are:

- asymptomatic of COVID
- have a negative COVID PCR test within the past 48 hours
- do not have any other infection/indication for FFP3 use AND
- have not had a positive COVID PCR test within the past 90 days.

Staff should continue to always wear a FRSM when caring for all patients (generic COVID precaution).

Staff can continue to wear FFP3 during any aerosol generating procedures based on personal risk assessment.

4. Non-COVID patients - surgical pathways

A link to a printable summary of [surgical pathway guidance](#) is available on the IPC intranet page.

All patients presenting for surgery, whether elective or unplanned, will be cared for in a Green non-Covid pathway – following the risk assessment for patient placement outlined above.

Patients no longer to self-isolate prior to surgery; an updated [patient information leaflet](#) is available on this.

5. Management of COVID and non-COVID patients in theatre

A link to a printable summary for [theatre placement and management of patients](#) is available on the IPC intranet page.

6. Patient testing

At present, all patients should continue to be tested on admission to hospital, and for the duration of their inpatient stay.

Point of care testing (POCT) is used at admission to help inform patient placement:

- POCT for asymptomatic patients, with no suspicion of COVID – Lumira DX
- POCT for symptomatic patients, where COVID is suspected – Cepheid
- All patients testing positive on POCT should have a confirmatory Respiratory Virus PCR test
- All adult inpatients should have a COVID PCR test every 4 days.

Patients who have had a positive PCR test within the previous 90 days are exempt from further PCR testing.

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ISSUED: 20 April 2022

Important Information

IMPORTANT UPDATE: Guidance on the use of face masks in healthcare settings

In line with wider changes to public health guidance, the use of face masks or face coverings is no longer a legal requirement in Scotland.

This Speed Read sets out NHS Lothian's local policy on the use of face masks and face coverings by staff, and advice for patients, visitors and others including contractors whilst attending one of our premises.

This position will be kept under review on at least a monthly basis. This is to reflect a continued decrease in the incidence of COVID-19 infections in the wider population and to reflect further changes in government and public health policies.

1. Staff use of face masks – in clinical areas and during clinical care

NHS Lothian requires all staff (all substantive staff, bank or agency staff, students on clinical placement or external contractors) to wear a fluid resistant surgical face mask for the delivery of clinical care in all settings in hospital, community settings and when in patients own homes. This is to reduce the ongoing risk of the transmission of COVID-19 from:

- Staff to patient
- Patient to staff.

All staff, including non-clinical staff, must wear FRSM at all times when in clinical areas and in close proximity to patients. This includes domestics, patient transfers porters, patient transport staff and any contractor (e.g. external workmen) working in an area occupied by patients or substantive NHS Lothian staff.

All staff must always wear FRSM in any clinical area with a suspected or confirmed cluster or outbreak of COVID infection, or where specifically advised by the local IPCT in response to a specific patient infection or incident.

All staff working in community healthcare services such as pharmacy, optometry and podiatry should continue to wear FRSM when working with members of the public.

The continued use of FRSM in clinical areas is in line with COSHH requirements to reduce the risk of infection associated with potential exposure to the SARS CoV2 virus at work.

The continued use of FRSM for the care of any patient with a suspected or confirmed respiratory infection is in line with existing standard and [transmission-based infection control precautions](#).

The continued use of FRSM and eye protection for the care of any patient or during any procedure where there is a risk of splashing or spray of blood or body fluid (including saliva, sputum) is in line with existing [standard infection control precautions](#).

2. Staff use of face masks – non-clinical areas including offices

All staff working in non-patient facing or non-clinical areas such as offices, laundry, workshops, HSDU are strongly encouraged to use FRSM when working with others in close proximity or moving around shared spaces.

Staff are requested to be respectful of others who may wish to take steps to protect themselves or others by continuing to wear a face mask in public or shared spaces.

The agreed control measures to support staff training and education remain in place and unchanged at present. This includes the use of FRSM during all in-person education and training.

3. Physical distancing & face mask use during meal breaks

Throughout the pandemic, restrictions have been in place in staff rest rooms, canteens and other non-clinical spaces to ensure that physical distancing requirements were met and to limit the total number of people who could share a space, particularly if not wearing a face mask.

This was to reduce the risk of staff-to-staff transmission of COVID-19.

National policy has been revised and allows local risk assessment of physical distancing restrictions in healthcare premises.

On the basis that:

- Staff are now able to meet friends and family without limit in the wider community
- Staff vaccination uptake is high
- Healthcare staff should continue with twice weekly LFD testing prior to coming to work, and
- Healthcare staff will continue to wear FRSM to minimise risk of infection at work

it is agreed that on risk assessment and to support staff wellbeing, staff may now sit with colleagues whilst eating and drinking.

In beginning to use these spaces more flexibly, local managers should ensure that a common-sense approach is adopted to prevent overcrowding. Room occupancy should, where possible, reflect the total number of occupants permitted by the room design (i.e. a rest room designed to hold no more than 8 people at a time does not have 10 chairs).

Local and site managers should ensure that there is a designated rest area for staff who wish to continue to observe some physical distancing with colleagues when not wearing a mask during meal breaks.

4. Use of face masks/coverings by patients & visitors

All patients and visitors will be actively and strongly recommended to wear a face covering or FRSM whilst attending any NHS Lothian premises. This will be reinforced in social media and visitor information provided at ward level and on the internet. This is to continue to protect themselves and their loved one whilst receiving care.

NHS Lothian will continue to support visiting by appointment. Open visiting or increased visitor numbers are not advised at present whilst the overall incidence of COVID-19 infection remains high. This includes limits on birth partners, post-natal visitors and visiting within Mental Health and Paediatric settings.

A person-centred approach will continue to be adopted to ensure that exceptional need, stress, distress or end of life visiting is supported safely.

Wider use of LFD testing in the community has now stopped, and it is anticipated that there may be a continued reduction in the number of visitors who comply with voluntary mask use whilst visiting patients in hospital.

The impact of these changes is difficult to assess but recognises the risk to those who may be clinically vulnerable to infection, and that there will be patients who are uncomfortable being in shared rooms with multiple unmasked visitors or others. It is important to avoid overcrowding of in-patient areas, recognising that bed spacing and ventilation in many older parts of the hospital estate does not conform to the optimal parameters outlined in current technical guidance.

Visitors should be reminded of the continued importance of using a face covering during hospital visiting when arranging visiting with ward staff.

If visitors cannot, or will not, wear a face covering when visiting, but particularly in a high-risk area (such as Transplant, Critical Care, Haematology-Oncology) staff should confirm with the patient that they consent to receive an unmasked visitor and understand and accept the potential risk to them. This should be documented in patient TRAK records.

5. Transparent fluid resistant surgical face mask

Wearing FRSM or face coverings is a recognised challenge for effective communication for those with speech, hearing and other health needs.

Staff are reminded that transparent type IIR FRSM are available to order from PECOS and should be considered where these would facilitate improved communication between patients, staff or others.

A [SOP](#) is available on the intranet.

6. Staff exemptions

If a member of staff was previously exempt from wearing a face mask under Scottish Government guidance, then their line manager should carry out a risk assessment in line with Health & Safety legislation.

If the member of staff is required by policy to wear any item of PPE in order to protect themselves or others, but is unable to do so, then they need to be excluded from that area/task. Examples would include caring

for/working in a room with a patient with any suspected or confirmed respiratory viral infection (e.g. flu) or undertaking a task where there is a risk of exposure to blood or body fluid.

If their role is likely to regularly require the use of PPE as outlined in policy, the implications for the **individual's role may need to be considered with support from their Educational Supervisor**, Employee Relations and/or their Trade Union representative.

7. Personal risk assessment & use of FFP3 respirators

In any situation at work where the use of a FRSM is required or indicated, an individual staff member may request an FFP3 respirator in place of the surgical mask. This is a personal preference and applies in both Red (COVID) and Green (Non COVID) pathways.

Staff should discuss this request with their line manager to ensure that any wider concerns relating to health, safety, physical or psychological wellbeing are supported.

If an FFP3 respirator is requested, staff must:

- **Attend face fit testing**
- **Only use an FFP3 respirator they have been fitted to**
- **Complete face fit test each time a respirator is worn**
- **Put on, remove, and dispose of FFP3 respirators in line with existing IPC policy.**

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Staff Helplines

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Important Reminders

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ISSUED: 22 March 2022

Important Information

Changes to contact isolation periods

While the incidence of COVID-19 remains high, and in advance of any changes to national Infection Prevention & Control (IPC) policy, NHS Lothian has agreed a risk assessed approach to manage the care of adult patients identified as contacts of someone with COVID-19.

The latest [COVID-19 contact management information](#) can be found in the IPC section of the NHS Lothian intranet. This reflects the wider public health management of contacts in the general population.

To support the risk assessment of contacts, we ask that clinical teams ask and record all patients' COVID-19 vaccination status on TRAK on admission to hospital (i.e. fully vaccinated = 3+ doses; partially vaccinated = 1 or 2 doses; not vaccinated = no doses).

The Infection Prevention & Control Team (IPCT) will work with clinical and site management teams to support the risk assessment and implementation of this approach.

There are additional steps for the IPCT in identifying, sorting and reporting contact numbers to ARHAI Scotland and the Scottish Government, so please be patient with the team whilst this new process is being implemented.

Priority for IPCT support will initially be given to wards/services identified by site management teams as having an urgent need for admission capacity or flow to safely manage patient care.

Please speak to [your local IPCT](#) if you have any questions about this. It is anticipated that, over the coming weeks, further updates and changes to IPC policy in hospitals will be made.

If you have information directly related to COVID-19 that you would like to be considered for the Speed Read, please send it to Lothian.Communications@nhslothian.scot.nhs.uk
Please ensure that your service is content with the information before sending.

Staff Helplines

We have a number of helplines and support options available for staff. You can find this information on the [NHS Lothian website, under the 'Staff' section](#).

If you have any communication-related questions, please email lothian.communications@nhslothian.scot.nhs.uk

NHS Lothian COVID-19 SPEED READ



For ease of access, please print and leave in staff areas for colleagues.

All Speed Reads are available on the intranet in the [COVID-19 Base](#) or on the [external website](#).

ISSUED: 26 September 2022

Important Information

Asymptomatic testing and update on face masks

The Scottish Government has advised through [DL 2022 \(32\)](#) that almost all regular testing of asymptomatic patients and staff should now be paused by Wednesday 28 September 2022 at the latest.

This move reflects the positive impact that high uptake of vaccination has had in reducing the transmission of the virus and more serious infections.

These changes apply in all hospital and community NHS premises from today (Monday 26 September).

1. Routine admission and in-patient testing

Asymptomatic patients: Any patient admitted to any acute or community hospital who does not have any clinical symptoms of a respiratory viral infection does not require to have a COVID test (e.g. Lumira Dx or similar test) on admission, transfer or discharge.

The exception to this is patients who have not had COVID during their current admission and are being discharged to a care home for older people. These patients should continue to have a COVID PCR swab obtained within 48 hours of planned discharge.

Symptomatic patients: Any patient in any hospital setting who has, or develops, symptoms consistent with a respiratory viral infection should continue to be tested using an appropriate point of care test or laboratory PCR test (on TRAK – select Respiratory virus screen + SARS CoV2) in line with current practice.

This applies to patients on admission or at any point during their in-patient stay.

2. Elective surgery admission testing

Asymptomatic patients attending for elective surgery or other procedure under general anaesthetic in any specialty are not required to have a COVID test before or on the day of surgery.

The only exception to this in Lothian is that all transplant patients admitted for surgery should be tested on admission/day of surgery using a point of care test (e.g. Liat).

Any symptomatic patient who presents for surgery should be isolated and have a Cepheid or laboratory PCR test as part of clinical assessment and decision to defer or proceed with a planned procedure.

3. Staff testing

All staff can now stop routine LFD testing. Staff in patient facing roles (clinical staff, non-clinical staff with direct patient contact) should continue to do an LFD test at home if they develop symptoms consistent with a respiratory viral infection. This includes:

- high temperature, fever or chills
- new, continuous cough
- change in, or absence of, normal sense of smell or taste
- shortness of breath
- unexplained tiredness, lack of energy
- muscle aches or pains that are not due to exercise
- not wanting to eat or not feeling hungry
- headache that is unusual or longer lasting than usual
- sore throat, stuffy or runny nose
- diarrhoea
- feeling sick or being sick

If the LFD test is positive, staff must remain absent from work for a minimum of 5 days regardless of whether they have symptoms or not.

Staff can return to work at any point between day 5 and day 10 following their first positive test or symptom onset if they have 2 consecutive negative LFD tests obtained at least 24 hours apart. Testing can start at day 5.

Staff can stop testing at day 10 and return to work providing they are well enough to do so.

If the LFD test is negative, staff who have symptoms of a respiratory viral infection should follow [NHS Inform's Stay at Home guidance](#).

You can return to work when you have no fever and are well enough to do so.

4. Testing during a possible or confirmed COVID outbreak

An outbreak is defined as 2 or more patients with the same infection who are linked in time and place.

The IPCT and virologists will continue to liaise with wards where a suspected or confirmed outbreak is reported.

All symptomatic patients and staff should be tested in line with information above.

Any additional testing of asymptomatic patients or staff will be advised by the IPCT or Virology.

5. COVID contacts

Routine contact tracing of COVID contacts in most acute and all community in-patient settings will stop from Monday 26 September.

Routine contact tracing will continue following the identification of 1 or more positive COVID patient case(s) in the following high risk clinical specialties:

- Transplant
- Haematology
- Oncology
- Renal
- High dependency/critical care units

Any patient who has or develops symptoms consistent with a respiratory viral infection should be isolated with transmission-based precautions applied, and viral swabs sent for laboratory respiratory PCR. Do not delay isolating the patient until the laboratory result is received.

Where patients have been in a shared room with a COVID positive patient and remain asymptomatic, there is no need to isolate these patients or carry out any routine testing. In line with SICPs (1.1 patient placement) staff should consider patient risk factors for acquiring infection as part of all patient placement decisions.

Any patient who develops symptoms consistent with a respiratory viral infection at any point during their admission should have a laboratory PCR test as outlined above.

Contact tracing may be carried out during a suspected or confirmed outbreak of COVID on the advice of the IPCT/Microbiologist or Virologist as part of the outbreak PAG or incident management meeting.

6. Point of Care Testing equipment:

All point of care equipment already installed during the pandemic (e.g. Lumira DX) will remain in place and must remain plugged in to the power.

This means it can be rapidly brought into service if required.

All consumable stock items should be returned to and will be managed by the Point of Care Team in Laboratory Services.

Please label all stock for the attention of the POC team and send to:

- Combined Reception for RIE, or
- Blood Science Reception WGH, or
- Blood Science Reception SJH.

Mask use by NHS Lothian staff, patients and visitors

Fluid resistant surgical face masks (FRSM)

Mask use is still required by all staff when providing care or other services (e.g. domestic cleaning, patient transport, porters) at all times when in close proximity to patients, and is strongly recommended for visitors.

This is to reduce the risk:

- To patients from being exposed to COVID from staff or visitors

- To staff or visitors acquiring COVID from patient(s) during prolonged or repeated contact

The risk of exposure between staff and/or members of the public during passing contact in corridors or in any setting not normally occupied by patients such as dining rooms, **doctors'** rooms or offices is considered no greater than the risk of exposure in similar settings in the wider community.

Mask use by staff and members of the public in hospital corridors, dining rooms, offices, whilst at the **nurses'** station, receptions desks etc is recommended by current Scottish Government guidance but is a matter of personal choice.

Masks must fully cover the nose and mouth at all times when worn.

The extended use of face masks (using the same mask for a period of time, such as when caring for multiple patients) is still permitted.

The mask should be removed or replaced:

- On leaving a direct care area (patient bedroom)
- After delivering care to a patient (or cohort of patients in one room) with a known infection
- If the mask becomes wet or soiled in any way

Masks should be disposed of as clinical waste.

Hands should be washed or decontaminated using alcohol-based hand rub before putting on, or after removing or touching the mask.

Visitors should continue to be encouraged to wear a face covering/face mask during visiting.

FFP3 respirators

There is no requirement to routinely use FFP3 respirators, visors and gowns during any aerosol generating procedures (AGP) during the care of any asymptomatic patients.

This includes patients receiving care or treatment in endoscopy, theatres or critical care.

FFP3 are only required if a patient has symptoms consistent with a respiratory viral infection and/or any suspected or confirmed infection spread partially or wholly by an airborne route. Post AGP fallow times should be observed. More information can be found here:

<https://www.nipcm.scot.nhs.uk/appendices/appendix-11-best-practice-aide-memoire-for-optimal-patient-placement-and-respiratory-protective-equipment-rpe-for-infectious-agents-whilest-a-patient-is-in-hospital/>

A list of AGP requiring additional precautions can be found here:

<https://www.nipcm.scot.nhs.uk/appendices/appendix-17-aerosol-generating-procedures-agps-and-post-agp-fallow-time-pagpft/>

Staff can continue to select and use FFP3 on a personal risk assessment.

If used, staff must ensure they only use a respirator which they have been successfully face fit tested to. All PPE must be used in line with the manufacturer's instruction, policy and best practice guidance.

Good practice - infection control

All staff should follow standard infection control precautions when providing care or services for all patients, at all times, in all settings. More information on SICPs can be found here:

<https://www.nipcm.scot.nhs.uk/chapter-1-standard-infection-control-precautions-sicps/>

Any patient with a suspected or confirmed infection should be isolated or (cohorted with others with the same infection) with the appropriate transmission-based precautions applied. More information on contact precautions, droplet precautions and airborne precautions can be found here:

<https://www.nipcm.scot.nhs.uk/chapter-2-transmission-based-precautions-tbps/>

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Staff Helplines

We have a number of helplines and support options available for staff. You can find this information on the [NHS Lothian website, under the 'Staff' section](#).

Important Reminders

You can find useful links for the latest guidance and information on the [COVID-19 Base](#) on the intranet above the Speed Reads.

If you have any communication-related questions, please email lothian.communications@nhslothian.scot.nhs.uk

NHS Lothian SPEED READ



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ISSUED: 26 May 2022

Important Information

Monkeypox- update for all staff

Staff will be aware of reports of increased numbers of Monkeypox infections in the UK and other parts of the world. A total of 78 cases have been reported in the UK (as of official UK updates on 24th May) with three confirmed cases in Scotland. We recognise that seeing information in the media about this may cause concern for both patients and staff and we would like to reassure you about the precautionary steps we are taking to keep everyone safe.

It must be stressed that Monkeypox is a rare viral infection that does not spread easily between people and the risk of catching it in the UK remains low.

Where people have a confirmed case of monkeypox, illness is usually mild and most people will recover in two to four weeks.

Monkeypox is currently considered a High Consequence Infectious Disease, and this means that a precautionary approach is used to care for patients who have clinical symptoms consistent with Monkeypox or may have had close contact with a confirmed case. This may change as more scientific evidence and clinical and infection data becomes available.

In line with normal public health and infection control processes, a multi-disciplinary group - made up of clinical, facilities, virology, health and safety, infection prevention and control and public health teams among others - has met several times over the last week to provide extra reassurance that NHS Lothian would be prepared to respond, if required.

That management group has carried out a fresh assessment of the tried and tested arrangements that were already in place in Lothian to safely assess and manage patients who may have the infection.

It also confirmed that NHS Lothian has abundant stocks of PPE to ensure that staff can follow essential infection prevention and control guidance if required.

Existing rapid testing routes have also been shared and confirmed to give extra reassurance that sampling will be turned around swiftly to help minimise staff and patient anxiety.

All of these arrangements are being kept under review to reflect any changes to national guidance. You can find more information on the Infection Prevention and Control hub on the intranet [here](#).

Standard Operating Procedures (SOP) which provide detailed step-by-step- flow charts have been drawn up and shared across all sites in Lothian.

Letters have also been issued to all GPs to help provide any extra guidance and advice around pathways if they suspect a patient has the infection.

They have been explicitly designed to help ensure that those staff, who may be required to provide care or other services for patients with suspected or confirmed Monkeypox, feel confident in their role. More information has also been shared with staff working in these areas and these will be discussed in normal team meetings and safety huddles.

A poster which can be displayed in all patient and public assessment areas can be accessed on the IPCT intranet hub [here](#). It asks patients who are worried about Monkeypox to consider a checklist and make themselves known to the reception team, who can then arrange for them to be taken to an isolation room where they can be assessed.

General information for staff and the wider public can be found here: <https://www.nhs.uk/conditions/monkeypox/>. If a member of staff feels unwell and is concerned that they may have been in contact with someone who has confirmed Monkeypox, they should telephone NHS111 for advice.

If you have important operational information that you would like to be considered for the Speed Read please send it to Lothian.Communications@nhslothian.scot.nhs.uk
Please ensure that your service is content with information before sending.

Staff Helplines – Updated location

We have a number of helplines and support options available for staff. You can find this information on the [NHS Lothian website, under the 'Staff' section](#).

Important Reminders

The latest guidance and information on COVID-19 is available on the [COVID-19 Base](#) on the intranet.

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NHS Lothian SPEED READ



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ISSUED: 2 June 2022

Important Information

Post Covid Restrictions – Ways of Working

The Scottish Government has advised that the requirement for physical distancing measures has been removed. The Executive Leadership Team have now considered the approach to be adopted within NHS Lothian against a backdrop of continued infection within the community and the experience of working differently over the past 26 months. There are clearly benefits to further lifting restrictions on the workplace, but those benefits need to be tempered with the other benefits to be gained by continuing with some elements of remote activity linked to a more agile way of working. The NHS Lothian position is described below:

- The requirement for staff, patients and visitors to physically distance is lifted and associated signage can therefore be removed.
- Mask wearing for staff in direct patient contact and in patient facing areas will continue.
- Staff in non-clinical areas, visitors and patients remain strongly encouraged to wear a mask.
- In all areas, overcrowding should be avoided. As there is no definition of overcrowding, common sense should apply, e.g. no more than 2 visitors to a bed space or using rooms/offices for the number of people they are designed for.
- Where possible attempts should be made to improve or optimise the quality of room air and ventilation in all settings. This includes opening windows and doors to create a through flow of air.

Whilst the formal requirements for physical distancing have been removed, protective measures are still encouraged. In addition, consideration should be given to the wider benefits of maintaining online approaches to activities such as training, interviews and meetings in line with the work that is being developed in relation to the NHS Lothian approach to agile working. The benefits include:

Health Protection – reduced face to face interaction assists in reducing the spread of COVID and other respiratory illnesses and gives assurance to vulnerable and/or anxious staff.

Accommodation – the availability of suitable accommodation which allows for appropriate ventilation minimises the scope for in person meetings due to capacity issues or the requirement for mask-wearing which can hamper communication.

Sustainability – the increase in remote working has led to less car travel and by extension, less pressure on car parking, for what tend to be time-limited events. In some cases, the travel may be extensive, e.g. interviewees and expert advisers attending in person interviews.

Productivity – the reduction in travel time to attend face to face events frees up time to undertake other work.

Engagement – attendance levels at meetings and training is increased when the travel requirements are no longer factored in.

Finance – the reduction in travel leads to a reduction in re-imburement of expenses. All staff are asked to consider all these factors when determining their approach to ways of working.

If you have important operational information that you would like to be considered for the Speed Read please send it to Lothian.Communications@nhslothian.scot.nhs.uk
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Staff Helplines – Updated location

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Important Reminders

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If you have any communication related questions please email: lothian.communications@nhslothian.scot.nhs.uk

NHS Lothian COVID-19 SPEED READ



If you manage or work with a team that do not have access to email, please print or brief your colleagues so they can be aware of any updates.

All Speed Reads are available on intranet in [Covid Base](#) or on the [external site here](#)

ISSUED: 06 January 2022

Important Information

Changes to testing and self-isolation requirements from 6 January 2022

Following the First Minister's announcement in Parliament yesterday there have been some changes to the testing and self-isolation requirements which apply generally within the population of Scotland. As health and social care workers continue to provide health, care and support to individuals who are often more vulnerable and of higher risk of COVID-19 infection, there will continue to be additional safeguards in place for these settings. We would remind health staff that the best way to keep yourself and others safe is to receive your vaccines and booster. The specific requirements for healthcare staff are as follows:

Staff who have tested positive for Covid (Index Cases)

- If you have tested positive through LFD and are asymptomatic you no longer need to take a PCR test to confirm your positive status and you are considered a confirmed positive case of COVID-19.
- If you have symptoms and have tested positive on LFD you no longer need to take a PCR test to confirm your positive status and you are considered a confirmed positive case of COVID-19.
- If you have symptoms and have tested negative on LFD you should arrange to take a PCR test to confirm your status.
- You can return to work from day 7 of your self-isolation with the exception of high-risk areas*, if you have two negative LFD tests taken 24 hours apart (i.e. on day 6 and day 7), and have not had a fever for 48 hours (i.e. a temperature of 38 degrees or above).
- If you test positive on day 6 but negative on day 7 and 8 you can return to work from day 8.
- In addition to two negative LFD tests prior to returning to work, you should continue with your standard daily LFD tests and record your results (positive, negative and void) on the portal [Welcome - COVID Testing Portal \(service-now.com\)](#).
- If you continue to test LFD positive after day 10 you should stay off work and continue to take daily LFD tests until you have one negative test.

Household/Close Contacts

Fully vaccinated contacts (i.e. double vaccinated and have received booster doses 14 days prior to last exposure of case)

- You should arrange a PCR test, as soon as possible, upon finding out you are a contact.
- You should not attend health or social care settings for work while awaiting the results of the PCR test.

- If the PCR test is negative you do not have to self-isolate and will be able to return to work within these settings in line with the current exemption process for healthcare staff.
- You will therefore need to take daily LFD tests for the remainder of the 10 day period and record your results (positive, negative and void) on the portal [Welcome - COVID Testing Portal \(service-now.com\)](#).
- People who are participating / have participated in a formally approved COVID-19 vaccine clinical trial are treated as equivalent to those vaccinated through the NHS vaccination programme. See NHS Inform for more information on COVID-19 vaccination status for clinical trial participants.

Unvaccinated Contacts (i.e. staff who are not double vaccinated and have not received booster doses 14 days prior to last exposure to the case)

- You should arrange a PCR test, as soon as possible, upon finding out you are a contact.
- You should not attend work and complete your 10 day self-isolation period even if your PCR test is negative. There is currently no option for staff who are not fully vaccinated and are identified as a contact to exit self-isolation early.

General

- For staff who are household/close contacts, if a PCR or LFD test is positive, within the 10 day period, you should follow the self-isolation guidance for staff who are positive from the date of the positive result.
- *Staff who can return after day 7 should not work with individuals on the highest clinical risk list for the remainder of the 10 day period. The highest clinical risk groups include areas caring for immunocompromised patients where this is an expected patient area as opposed to an individual one-off patient such as:
 - Severe primary immunodeficiency
 - Chemo or radiotherapy for malignancy within 6 months
 - Solid organ transplant recipient on immunosuppressive therapy
 - Pt with graft versus host disease
 - Pt on high dose systemic corticosteroid
 - Severe immunosuppression due to HIV/AIDS
 - Patient specific on advice of Specialist
 - Staff can however be asked to return to work in roles to care for and support people who are not deemed at high clinical risk.
- If you have previously tested positive by PCR for COVID-19 you should continue to LFD test. The previous requirement of not having to LFD test within 90 days of a positive test no longer applies.
- If you are participating / have participated in a formally approved COVID-19 vaccine clinical trial, you are treated as equivalent to those vaccinated through the NHS vaccination programme. See NHS Inform for more information on COVID-19 vaccination status for clinical trial participants.

FAQs and a flowchart will be issued to support the self-isolation and testing requirements for staff in the coming days.

If you have information that you would like to be considered for the Speed Read please send it to Lothian.Communications@nhslothian.scot.nhs.uk by 3.30pm each day. Please ensure that your service is content with information before sending.

NHS Lothian SPEED READ



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ISSUED: 16 December 2022

Important Information

Infection Prevention & Control Respiratory Viruses & Infection Control – December 2022

An increase in the number of people with COVID-19, Influenza A and Respiratory Syncytial Virus (RSV) infections is increasing across NHS Scotland. To try and minimise risk of cross infection between patients, staff and others the IPCT have provided some updated information for staff which can be found on the intranet, or through the links below.

Many of the infection prevention & control precautions required when providing care to patients are the same for Influenza A, RSV and COVID 19.

Please read and share the following points through local safety huddles:

1. COVID Policy:

There has been no change to national policy since our last Covid-19 [Speed read from 26th September](#) and the information in this applies in all hospital and community NHS Lothian premises.

2. Testing:

Any patient who has signs or symptoms of a respiratory viral infection on admission to hospital, or at any time after admission should have either a point of care test (e.g. Cepheid, Eplex) or Respiratory virus screen + SARS CoV2 PCR test requested via TRAK.

Lumira or LFD tests are specific to COVID 19 and a negative Lumira or LFD test does not exclude infection from other respiratory viruses such as Influenza A or RSV.

Patients with symptoms of infection should be isolated and appropriate samples submitted to the laboratory for microbiology or virology.

3. Patient placement

Patients with a suspected or known respiratory viral infection can be cared for in isolation in most wards. Some hospitals are still providing COVID cohort for admission and assessment.

Patients who test positive for more than one respiratory virus (e.g. Influenza A & COVID-19) should not be cohorted with others, they should be cared for in a single room.

Other infection risks (such as MRSA, Group A Streptococcus, CPE) should also be considered on admission or transfer, and patients

A short aide memoire on [patient placement can be found here](#)
The [NHS Lothian Isolation Prioritisation guidance can be found here.](#)

4. Step down of IPC precautions

When a patient is no longer considered infectious, isolation and additional infection control precautions can be discontinued. A [short guide](#) to help guide staff on when this can be achieved safely for patients with different infection is available here

5. Hierarchy of Control – infection control precautions

To minimise the risk of infection from viruses spread in hospital, effective infection control measures would include:

- Optimise ventilation – for example opening windows a small amount to improve room air quality. During cold winter conditions, patients should be provided with extra blankets or other ways to stay warm & comfortable
- Keep the environment clean & clutter free- to reduce the risk of indirect transmission from the environment contaminated equipment. Use ChlorClean for all equipment and domestic cleaning when caring for patient with a suspected or known infection. Routine cleaning with chlorine based products is also being implemented in ED and acute receiving units.
- Hand hygiene – before and after patient contact, before putting on or taking off PPE, after environmental contact and before any invasive procedure. Also remember to decontaminate your hands if you touch or adjust your face mask
- PPE- a fluid resistant surgical face mask should be worn by all staff at all times when providing care of other services in any patient care area. The mask should cover the nose and mouth at all times. Remember to change your mask regularly and if it becomes wet.

More information on infection control can be found on the [intranet](#) or in the [National Infection Prevention & Control Manual](#)

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Staff Helplines – Updated location

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Important Reminders

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If you have any communication related questions please email: lothian.communications@nhslothian.scot.nhs.uk

NHS Lothian SPEED READ



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ISSUED: 25 October 2022

Important Information

Information for all Ward Nursing staff

MRI scanning is generally safe for most patients. However, the strong magnetic fields can pose a serious risk of injury if any metallic objects remain with the patient.

CAN YOU HELP?

Although MRI staff screen patients on arrival it would be helpful if you could check and remove all non-essential metallic items from the patient or bedding on the trolleys and wheelchairs. Items, such as

- Monitoring equipment e.g. ECG and O₂ sensors
- Personal effects; watches, jewellery, mobile phones, hair clips
- Ancillary medical equipment e.g. oxygen cylinders, suction pumps
- Medicated skin patches

Please notify the MRI Radiographic team if these items cannot be removed or if the patient is unable to communicate. Essential monitoring equipment will be changed to MR Conditional equipment in the MRI Department.

These small steps will help keep MR scan delays to a minimum and prevent MR safety incidents.

Thank you

MRI Radiographic staff and MR Safety Experts

Please watch the video we have prepared for further information

<https://vimeo.com/751677205/a8e92aefb5>



MR Unsafe



MR Conditional



MR Safe

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NHS Lothian COVID-19 SPEED READ



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All Speed Reads are available on intranet in [Covid Base](#) or on the [external site here](#)

ISSUED: 05 May 2022

Important Information

Changes to management of COVID-19

From 1 May 2022 there is no longer access to symptomatic testing (PCR test) and contact tracing for the general public has stopped. Asymptomatic testing and free access to LFD tests for the general public ended on 18 April 2022.

“[Stay at Home](#)” advice has now replaced the previous requirement for people to self-isolate for 10 days if they were COVID positive.

However, given the particular risks to vulnerable people in our care, NHS staff are still strongly encouraged to continue with twice weekly asymptomatic LFD testing. If you have symptoms of a respiratory infection such as coronavirus and have a high temperature or do not feel well enough to go to work or carry out normal activities, **you should follow the “Stay at Home”** guidance and avoid contact with other people. As soon as you feel unwell you should take a lateral flow test. You should ensure you have tests available to do this as these are still available from the workplace.

Symptoms of coronavirus, flu and common respiratory infections include:

- continuous cough
- high temperature, fever or chills
- loss of, or change in, your normal sense of taste or smell
- shortness of breath
- unexplained tiredness, lack of energy
- muscle aches or pains that are not due to exercise
- not wanting to eat or not feeling hungry
- headache that's unusual or longer lasting than usual
- sore throat, stuffy or runny nose
- diarrhoea
- feeling sick or being sick

If your test is negative

If the test is negative and you do not have a temperature and feel well enough to attend work, you should do so. You should continue with twice weekly testing. If you work with patients who are immunosuppressed your manager should undertake a risk assessment prior to your return.

Example of immunosuppressed patients are those with:

- a blood cancer (such as leukaemia or lymphoma)
- a weakened immune system due to a treatment (such as steroid medicine, biological therapy (sometimes called immunotherapy), chemotherapy or radiotherapy)
- an organ, bone marrow or stem cell transplant
- a condition or disease which affects their immune system

If your test is positive

If you test positive you should stay at home. You can return to work from day 7 if you have two negative LFD tests taken 24 hours apart (i.e. on day 6 and day 7), and:

- you feel well enough to work, and do not have a high temperature
- you comply with infection control precautions (IPC) and personal protective equipment (PPE) is worn correctly.

For staff working with patients whose immune system means that they are at higher risk of serious illness despite vaccination, your manager should undertake a risk assessment and consideration should be given to redeployment, until 10 days after your symptoms started, or the day your first positive test was taken if you did not have symptoms.

If you continue to test positive on the 10th day, your manager should undertake a risk assessment to determine whether you should return to work.

If you have tested positive you should pause twice weekly LFD testing for 28 days from the initial positive test.

Household Contacts

If a household contact, or someone you have stayed overnight with, becomes unwell with symptoms of a respiratory viral infection or tests positive you should be aware it can take up to 10 days for you to become positive. You should continue with twice weekly asymptomatic testing. In addition, you should discuss ways to minimise risk of onwards transmission with your line manager. This may include:

- temporary redeployment to lower risk areas for patient-facing staff, especially if you work with patients whose immune system means that they are at higher risk of serious illness despite vaccination
- working from home for non-patient-facing staff
- limiting close contact with other people especially in crowded, enclosed or poorly ventilated spaces
- Whilst attending work, you must comply rigorously with IPC measures and wear the appropriate PPE for the setting you are in.

If you test positive you should follow the guidance above. If you become symptomatic you should do an LFD test as soon as possible and follow the guidance above, for positive or negative results.

If you have information that you would like to be considered for the Speed Read please send it to Lothian.Communications@nhslothian.scot.nhs.uk by 3.30pm each day. Please ensure that your service is content with information before sending.



NHS Lothian SPEED READ



For ease of access, please print and leave in staff areas for colleagues.

All Speed Reads are available on intranet in [COVID-19 Base](#) or on the [external site here](#)

ISSUED: 25 July 2022

Important Information

Overview - Revised Infection Prevention & Control Standards: Staff communication July 2022

Healthcare Improvement Scotland (HIS) published updated standards for Infection Prevention and Control (IPC) on Monday 16 May 2022. A link to the full document can be found here: [IPC Standards 2022](#). A shorter [simplified version](#) is also available.

The standards come into place on Monday 8 August 2022. **It's important that you and your staff read** the standards and think about where these might apply to your role, and the area that you work in.

Why is this important?

These standards are informed by current evidence and best practice, and are essential in delivering safe, high-quality care in all health and care settings. By meeting the principles set out in the standards we can help to prevent the spread of infection, reduce avoidable harms for those in our care, and ensure where we provide care is clean and safe.

Implementation of these standards is mandatory. NHS Boards and other services (e.g. care homes) are formally measured against these standards by external bodies such as the Healthcare Environment Inspectorate (HEI) or regulators (Care Inspectorate). We need to provide evidence of how and where we meet each standard. Examples of the type of evidence required are provided with each standard.

What does this mean for you & what should you do next?

All staff have an important role to play in preventing the spread of infection. The standards reinforce that IPC is **everybody's responsibility**. **Once you have read through the standards, consider printing and making** a copy available for your team.

Look out for more information on the intranet and social media over the next 10 days to hear more about the nine standards and actions you might want to take.

Consider discussing one standard a day at your local safety huddles. Think about what you do well and how you can demonstrate this.

Identify any areas where you think further improvement might be required, and what information, support or action might be required to achieve the standards. Escalate this through your line manager.

Any escalated issues should be presented at site or service infection control committees.

Speak to your local IPC team if you would like some more advice, education or support for specific risks or issues you identify.

If you have important operational information that you would like to be considered for the Speed Read please send it to Lothian.Communications@nhslothian.scot.nhs.uk

Please ensure that your service is content with information before sending.

Staff Helplines – Updated location

We have a number of helplines and support options available for staff. You can find this information on the [NHS Lothian website, under the 'Staff' section](#).

Important Reminders

The latest guidance and information on COVID-19 is available on the [COVID-19 Base](#) on the intranet.

If you have any communication related questions please email: lothian.communications@nhslothian.scot.nhs.uk

NHS Lothian SPEED READ



If you manage or work with a team that do not have access to email, please print or brief your colleagues so they can be aware of any updates.

All Speed Reads are available on intranet in [Covid Base](#) or on the [external site here](#)

ISSUED: 28 June 2022

Important Information

Removal of Temporary COVID Changes to Terms and Conditions

Over the course of the pandemic a number of changes were made to existing terms and conditions and additional measures were introduced to support staff during this period. Although COVID continues to impact on staff and the service, the Scottish Government ended the emergency footing on 30 April 2022. They have now advised the service of the removal of these policy changes which are outlined below.

COVID Absence

Staff will be aware that a range of special leave provisions were introduced to support staff with COVID related issues. These provisions will end on 31 August 2022. As of 1 September anyone who is off with COVID related illness will revert to the standard terms and conditions related to sick pay and be supported through the [Attendance Policy](#). The only exception to this provision is where someone tests positive for COVID. They will be placed on Special Leave – COVID Positive for a period of at least five days in line with the existing policy related to non-COVID medical exclusion to support control of infection. Staff in patient-facing roles are strongly encouraged to continue with twice weekly asymptomatic lateral flow testing. Test kits remain available to staff in these groups.

From now until 31 August 2022, managers should be advising and supporting staff who have had lengthy absence related to COVID or long-COVID to transition to the new arrangements from 1 September. Staff should be recorded as sick leave from that date. Any COVID special leave prior to 1 September 2022 will be discounted as triggers for formal management under the attendance policy and the clock will be reset at 1 September 2022 for COVID related absence. Any non-COVID related absence in the rolling 12 month period will still be counted towards the triggers. As always, the triggers are a prompt to consider whether formal management at Stage 1 of the Attendance policy is appropriate.

Other temporary COVID provisions

The following changes/additions to terms and conditions will end as of 30 June 2022:

- Annual leave/public holidays – carry over and buying out of annual leave with the exception of Medical and Dental staff's ability to "sell" back leave which ends at the end of their personal leave year for 2021/22
- Quarantining for travel abroad
- Leave for an Adverse Reaction following COVID Vaccination
- Arrangements for staff in the Shielding category
- Leave arrangements for staff related to COVID school closures

- Scottish Government stay at home messaging removed in line with other restrictions being lifted
- Pension, pay and leave arrangements for staff returning to work to support the pandemic
- Fixed term contract redeployment requirements for students and returners on very short contracts
- Additional temporary support for bank staff affected by the availability of work during the pandemic
- Guidance regarding the reassignment of staff to support the care sector

Overtime payments for AfC Band 8 and 9

The variation order that was initiated to include the above staff groups as eligible for overtime payments will continue until 31 March 2023 to support service flexibility and recovery. Any overtime must be agreed and authorised in advance of the work being undertaken.

If you have information that you would like to be considered for the Speed Read please send it to Lothian.Communications@nhslothian.scot.nhs.uk by 3.30pm each day. Please ensure that your service is content with information before sending.

NHS Lothian SPEED READ



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ISSUED: 24 May 2022

Important Information

Updated visiting guidance

We are moving back to welcoming visitors across our hospitals in a person-centred way in line with the relaxation of national COVID-19 restrictions.

We know how important visiting is for the wellbeing of our patients and that it can improve the overall patient experience, prevent psychological trauma and help reduce stress/distress for their family and loved ones.

Visitors are being urged to remember three simple things –

- **Don't come if you're unwell or have been unwell in the** past two days
- Wash your hands
- Wear a mask

Patients may now receive visitors and be supported by family and friends during their stay in hospital without additional restrictions. We continue to ask that no more than two people visit at one time to help avoid larger groups, noise and overcrowding in shared patient care areas. We will be flexible in circumstances such as end of life care where more visitors may be required

The restrictions around the number of birth partners have been removed.

Adult outpatients will be able to be accompanied by a family member or friend during appointments. We would ask that no more than one person accompanies the patient, unless in exceptional circumstances and by prior arrangement with the department; while two people can accompany a child.

If a particular ward is managing a COVID-19 outbreak, essential visiting may still be reintroduced on a temporary basis and family members would be informed as normal.

Teams in NHS Lothian have been closely monitoring data over recent weeks and recommended that restrictions across all sites were removed, as long as visitors were urged to follow the three simple rules.

The data was shared and developed with input from senior leaders in paediatrics, midwifery, adult nursing and mental health, and following discussion with the waiting list team.

Although some COVID acquisition and outbreaks continue to be seen which are highly likely to be visitor to patient in origin, the overall incidence of hospital cluster events has continued to fall in line with community trends.

Posters, which highlight the three things we need visitors to do, are available on the [COVID pages](#) of the intranet or via this link - <http://intranet.lothian.scot.nhs.uk/COVID-19/Poster%20campaign/VISITING%20IPC.pdf>.

Posters should be displayed in areas where visitors can easily see them, for example at ward entrances.

If you have important operational information that you would like to be considered for the Speed Read please send it to Lothian.Communications@nhslothian.scot.nhs.uk
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Important Reminders

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