

Date 16/07/2025
Your Ref
Our Ref 10264

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Dear

FREEDOM OF INFORMATION – PPE AND COVID-19

I write in response to your request for information in relation to PPE and Covid-19.

Question:

1. How does this NHS body evaluate which medical mask (PPE) is best to use in a given healthcare setting? Please provide any notes or decisions, literature reviews (including their rationale) with regards to this.

Answer:

- NHS Lothian adopts the National Infection Prevention & Control Manual (NIPCM) as mandatory national IPC guidance in line with Scottish government/Chief Nursing Officer directive. This is available to the public and can be found here: [National Infection Prevention and Control Manual: Home](#)
- The NIPCM is based on real time review of current scientific literature and best practice. Links to the literature reviews and conclusions are also available under the section 'Evidence and Research'.
- ARHAI are currently conducting a review of the evidence and literature which underpins transmission-based precautions (relevant to the selection and use of personal protective equipment including fluid resistant surgical face masks and filtered face piece respirators). More information on this review can be found here: [National Infection Prevention and Control Manual: Chapter 2 - Transmission Based Precautions \(TBPs\)](#)

Question:

2. Please outline your current protocol for staff if and/or when a patient in hospital contracts Covid-19 while receiving healthcare while in an NHS hospital.

Answer:

- NHS Lothian follows current national guidance for the care of patients who have, or acquire, COVID 19 infection during hospital admission.
- If a patient has or develops new symptoms consistent with an acute respiratory viral illness they should be cared for in a single bedroom (where available) pending outcome of laboratory testing (PCR).

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Chair Professor John Connaghan CBE
Chief Executive Professor Caroline Hiscox
Lothian NHS Board is the common name of Lothian Health Board

- Where a patient has confirmed COVID 19 infection, they should continue to be cared for in a single bedroom (where available) or cohorted with other patients with the same confirmed infection in a shared patient bedroom.
- Staff are directed to use transmission-based precautions as outlined in the NIPCM chapter 2. This includes the use of PPE, enhanced equipment and environmental cleaning
- Where an outbreak of infection is suspected or confirmed, the Infection Prevention and Control team will work with the local clinical management team to risk assess, manage and report this in line with Chapter 3 of the NIPCM.
- Staff who have signs and symptoms of acute viral respiratory illness (including, but not limited to COVID 19) are advised to follow current NHS Inform advice [Coronavirus \(COVID-19\) | NHS inform](#) and refrain from attending work if they have a fever. Routine testing for COVID 19 in the community, or by healthcare workers is no longer required by national guidance.
- Staff who are well enough to be at work but who have some mild respiratory symptoms are strongly encouraged to wear a fluid resistant surgical face mask during clinical duties. This provides containment of respiratory secretions (source control).

Question:

3. In total, how many hospital admissions for covid-19 have there been (or how many have been recorded during this timeframe that have been recorded) from the 24th of June 2024 to present date, 24th of June 2025.

Answer:

There were 551 admission episodes to hospital between 24 June 2024 and 24 June 2025 inclusive have a main diagnosis related to Covid-19.

These were identified as these episodes have been coded with ICD-10 codes U07.1 and U07.2 as set out in Scottish clinical coding standards (<https://publichealthscotland.scot/media/25746/scottish-clinical-coding-standards-no30-july-2021.pdf>)

This analysis was undertaken on a live system on 24th June. Clinical coding is undertaken after the end of the episode, commonly when the patient is no longer in hospital. You should therefore be aware that given the time that passes between admission and coding, that the number provided will have increased once coding of admissions for the period is complete. The number provided is the figure held at the time of the request.

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 FOI Reviewer at the email address at the head 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.nhsllothian.scot/FOI/Pages/default.aspx>

Yours sincerely

ALISON MACDONALD
Executive Director, Nursing
Cc: Chief Executive