## Summary of changes to physical distancing guidance in Health and Social Care settings

\*Note – This is intended as an reference tool and does not include the full set of guidance for each setting. Please refer to the guidance in the first instance. This is a note of the minimum level of guidance in each particular setting. Where clinical teams or services decide that maintaining 2 metres is necessary they should be allowed to do so.

Setting	Who guidance refers to	What is the change	
	Acute Settings		
All areas – where FRSMs are in use	Staff	Physical distancing amongst staff in health and social care settings may now be reduced to 1m or more across all health and social care work settings and all COVID-19 pathways (low, medium and high).	
All areas – where FRSMs are <b>not</b> in use	Staff	Where staff remove FRSMs for any reason e.g eating, drinking, changing, staff are advised to maintain 2m physical distancing.	
Other	Staff	Car-sharing should still be avoided whenever practical and mitigations should remain in place.	
All areas	In-patients	<b>Inpatients</b> across all COVID-19 care pathways (low, medium and high risk) must continue to physically distance by 2m at all times from other patients, visitors of other inpatients and staff when not receiving direct care. This applies to in-patients when within their bed space or any other area of the health care setting.	
		Bed spacing of 2m from bed centre to bed centre is the minimum. NHS Boards are reminded that they should always aim to meet the bed spacing requirements laid out in the relevant guidance.	

Setting	Who guidance refers to	What is the change
Emergency Departments	Patients	Patients who are suspected or confirmed COVID-19, or who present with other respiratory symptoms, should continue to physically distance by 2m.
		Patients who are <b>not</b> suspected/confirmed COVID-19 and have no respiratory symptoms are advised to physically distance by 1m or more.
		Ambulance staff should inform EDs of the findings from the COVID-19 triage assessment. Receiving EDs should ensure that Ambulance Service can apply the same principles of physical distancing when dropping patients off at ED.
		This is the minimum guidance – where clinical teams or services decide that maintaining 2 metres physical distancing throughout the department is necessary then they may do so.
Outpatients, waiting areas, non-treatment areas, (this list is not exhaustive)	Patients	Physical distancing amongst this cohort may now be reduced to 1m or more with the exception of suspected/ confirmed COVID-19 cases. This will require triage questions to be undertaken on arrival.
		Any patient answering yes to any of the triage questions should be placed in the high risk category which will remain at 2m physical distancing.
		Outpatient Departments which deliver treatments for extended periods of time throughout the day e.g. oncology units, renal dialysis units, recovery areas, day surgery should ensure that there is a minimum of 2 metres between treatment chairs.

Setting	Who guidance refers to	What is the change
		Some outpatient areas will receive individuals who are considered extremely clinically vulnerable. In these areas, clinical teams may choose to maintain 2m physical distancing.
		Children should be supported by parents/carers with hand and respiratory hygiene.
		Members of the same family/household do not need to physically distance in waiting areas.
Outpatient Departments which deliver treatments for extended periods of time throughout the day e.g. oncology units, renal dialysis units	Patients	These departments should ensure that there is a minimum of 2m between treatment chairs.
Para-clinical settings (e.g. laboratory settings, pathology, pharmacy, microbiology, radiology, forensic, scanning, screening programmes)	Patients	Physical distancing may be reduced to 1m or more unless the patient is on the high risk pathway in which case 2m should be maintained.  Where these areas are accessed by both staff and patients, it may be necessary to see inpatients and outpatients in the same setting. These areas should try to separate inpatients and outpatients either by time (different sessions allocated to inpatients and outpatients) or place, separate waiting areas wherever possible.
		Where this is not possible, inpatient areas must consider those who need to access the service and phone ahead to advise of individuals who are considered to be extremely clinically vulnerable (ECV).

Setting	Who guidance refers to	What is the change
		All efforts must be made to ensure these patients are seen immediately without having to spend time in the waiting area or prioritised for available segregation space.
		All are reminded to follow the pandemic measures described above.
General circulation spaces such as lift halls, foyer areas, canteen, hospital shops,		Physical distancing in these areas may now be reduced to 1m or more.
lecture halls, meeting rooms, office spaces outside clinical areas (this list is not exhaustive)		All individuals in these common circulating spaces (staff, patients, visitors, contractors, volunteers) must wear face coverings in line with <a href="Scottish Government guidance">Scottish Government guidance</a> or FRSM in line with extended use of FRSM policy.
	Visitors	Visitors may have touch contact with loved ones (hug/kiss) however are reminded that maintaining 1m or more distancing outwith direct touch contact wherever possible will help reduce the risk of transmission of COVID-19 and other respiratory pathogens.
		Visitors are asked to avoid circulating around clinical areas and remain seated at the bed/chair side of their loved one wherever possible.
		Visitors must be advised not to attend the facility if they are symptomatic of a respiratory virus, unless prior agreement with clinical teams during specific circumstances.
	Patient transport vehicles	Physical distancing may be reduced to 1m or more between patients and staff unless the patients are on the high risk

Setting	Who guidance refers to	What is the change
		pathway in which case 2m physical distancing should be maintained.
Community Health		general practice, dental surgeries and care at home
	Note – Building-based da	y services please see below
All areas – where FRSMs are	Staff	Physical distancing amongst staff in health and social care
in use		settings may now be reduced to 1m or more across all health
		and social care work settings and all COVID-19 pathways.
All areas – where FRSMs are	Staff	Where staff remove FRSMs for any reason e.g eating, drinking,
not in use		changing, staff are advised to maintain 2m physical distancing.
Patient's own home	Staff	Physical distancing in a patient's/individual's own home may be
		reduced to 1m or more when staff are not providing direct care.
Other	Staff	Car-sharing should still be avoided whenever practical and
		mitigations should remain in place.
Community health and social	Patients/ service users	Physical distancing amongst patients/ service users in
care settings (including waiting		community health and social care settings (including waiting areas) may now be reduced to 1m or more with the exception of
areas)		patients with symptoms of a respiratory infection. This will
		require triage questions to be undertaken on arrival.
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		Some community care areas will receive individuals who are
		considered extremely clinically vulnerable. In these areas,
		clinical teams may choose to maintain 2m physical distancing.
		Where consultations are considered essential for
		suspected/confirmed COVID-19 patients, they must physically
		distance by 2m and follow the high risk pathway.
Community health and social	Visitors	Visitors should maintain 1m or more distancing from staff and
care settings (including waiting		patients within the healthcare facility. Visitors answering yes to
areas)		

Setting	Who guidance refers to	What is the change
		any of the triage questions should not visit until after they have completed their self-isolation period.
	Transport vehicles	Physical distancing may be reduced to 1m between patients/ service users and staff unless the patients are on the high risk pathway in which case 2m physical distancing should be maintained.
Building-based day services		
All areas	Staff	Physical distancing amongst staff in building-based day services may now be reduced to 1m or more across all health and social care work settings and all COVID-19 pathways.
All areas	Individuals	Physical distancing amongst service users of building based day services is included within Scottish Government guidance on physical distancing which can be found at the following link;  Coronavirus (COVID-19): staying safe and protecting others - gov.scot (www.gov.scot)  This states that people who attend building-based day services are not required to physically distance.
	Transport vehicles	Physical distancing may be reduced to 1m between patients/ service users and staff unless the patients are on the high risk pathway in which case 2 metre physical distancing should be maintained.
<u>Care Homes</u>		
All areas – where FRSMs are in use	Staff	Physical distancing amongst staff in health and social care settings may now be reduced to 1m or more across all health and social care work settings and all COVID-19 pathways.
All areas – where FRSMs are <b>not</b> in use	Staff	Where staff remove FRSMs for any reason e.g eating, drinking, changing, staff are advised to maintain 2m physical distancing.

Setting	Who guidance refers to	What is the change
Other	Staff	Car-sharing should still be avoided whenever practical and mitigations should remain in place.
	Residents/Individuals living in the care home/residential setting	Residents/individuals who live in the care home are not expected to physically distance from each other.
	Visitors	Visitors should maintain 1m or more distancing from staff and general residents/individuals within care homes.
		They may have touch contact with loved ones (hug/kiss) however are reminded that maintaining 1m or more distancing outwith direct touch contact wherever possible will reduce the risk of transmission of COVID-19 and other respiratory pathogens.
		Visitors answering yes to any of the triage questions should not visit until they have completed their self-isolation period