

Transmission Based Precautions (TBPs) Guidance update

What's Changed?

On 3 August 2026, updates to the Transmission Based Precautions (TBPs) Guidance resulted in a number of changes across both the National Infection Prevention and Control Manual (NIPCM) and the Care Home Infection Prevention and Control Manual (CHIPCM). This document provides an overview of the key changes and is intended to support users in understanding and implementing the updated guidance.

Why has the guidance changed?

Our understanding of how respiratory infectious agents spread has evolved significantly in recent years. Evidence reviewed during and following the COVID-19 pandemic demonstrates that the traditional distinction between "droplet" and "airborne" transmission does not accurately reflect how respiratory particles behave in real-world settings.

The updated Transmission Based Precautions guidance introduces a revised approach that better reflects current scientific evidence taking account of the many factors which influence transmission of infectious agents. It supports consistent infection prevention and control (IPC) practice across health and care settings in Scotland by consolidating various elements of IPC within one chapter.

Version 1.0, 3 August 2026

Understanding the change

This guidance is underpinned by 3 systematic literature reviews. Click on the links below to read the reviews in full.

- [Transmission Based Precautions \(TBP\) Definitions](#)
- [Respiratory Protective Equipment \(RPE\)](#)
- [Surgical Face Masks](#)

Accompanying each of the literature reviews, you can find considered judgement forms (CJF) which outline the evidence base and expert opinion used to develop the recommendations and good practice points for each literature review research question. Also detailed are the benefits, potential harms, feasibility of implementation, value judgements, intentional vagueness, and exceptions associated with each recommendation and good practice point.

- [TBPs Definitions CJF](#)
- [RPE CJF](#)
- [Surgical Face Masks CJF](#)

To support users of the NIPCM and CHIPCM through this change, we've introduced a [FAQ resource](#). It provides a quick and simple way to understand the rationale for the change and answer common questions relating to what you can expect moving forward.

A dedicated [TBP module](#) has also been launched to support and improve learning associated with all aspects of TBPs. This can be accessed via TURAS Learn within the IPC zone and forms part of the Scottish Infection Prevention and Control Pathway (SIPCEP). Additional learning to support risk assessment in the context of IPC has been added to the updated [patient placement and risk assessment](#) TURAS module.

Where can I find the changes?

Content across the entire NIPCM and CHIPCM has been updated to ensure alignment with new guidance and terminology. To support users in navigating this updated guidance, an Index of Changes has been included. This section provides a summary of key amendments, allowing readers to quickly identify what has changed and where updates can be found within the NIPCM and CHIPCM.

National Infection Prevention and Control Manual

Chapter Number/Section/Appendix	Summary of Change
Chapter 1: Section 1.4 All PPE should be.	Inclusion of requirement to check all PPE for damage or defects before donning
Chapter 1: Section 1.4 Eye Face Protection	Description of types of eye and face protection suitable for use
Chapter 1: Section 1.4 FRSM	Updates to indications for use by staff; • If splash/spray of blood or body fluids onto the nose/mouth is anticipated/likely • If providing care to severely immunocompromised patient where protective isolation is indicated • When performing invasive medical procedures requiring a sterile field Updates to indications for use by patients; • who are severely immunocompromised and outwith protective isolation Updates to requirements for removal or change of FRSM
Chapter 1: Section 1.4	Inclusion of SICPs PPE summary table previously included within Appendix 15: Selection of PPE by HCWs during the provision of care (now archived)
Chapter 1: Section 1.4 PPE for visitors	Update to indication for FRSM use • When visiting a patient who is severely immunocompromised and is placed in protective isolation

Chapter Number/Section/Appendix	Summary of Change
Chapter 2: About transmission based precautions	Update to transmission descriptors • Archive of historical ‘airborne’ and ‘droplet’ descriptors • Definition of Contact transmission • Definition of Air Transmission
Chapter 2: Application of TBPs	Introduction of respiratory categories (R1, R2, R3)
Chapter 2: Section 2.1 Additional considerations	Additional considerations: • Before discontinuing isolation in hospital settings • Residual respiratory exposure risk
Chapter 2: Section 2.3 Safe Management of Care Environment	Terminal decontamination: • Wait time of 10 minutes before commencement of cleaning after respiratory patient vacates the room.
Chapter 2: Section 2.4 Personal Protective Equipment (PPE)	Key requirements for all PPE components
Chapter 2: Section 2.4 Personal Protective Equipment (PPE). Eye/Face Protection	Description of types of eye and face protection suitable for use
Chapter 2: Section 2.4 Personal Protective Equipment (PPE). Fluid Resistant Surgical Masks (FRSM)	Update to indications for use by staff • If respiratory infectious agent not known • Prior to entry to room (and for duration of time in room) of patient with R1 category respiratory infection • During epidemics or periods of high/increasing local transmission of respiratory infections Update to indications for use by patients with suspected or confirmed respiratory infection • When outside of isolation room • When healthcare worker enters their room

Chapter Number/Section/Appendix	Summary of Change
	- During transfer to other wards/departments Updates to indications for use by all patients - During epidemics or periods of high/increasing local transmission of respiratory infections
Chapter 2: Section 2.4 Personal Protective Equipment (PPE). Respiratory Protective Equipment (RPE)	Update to indications for use by staff - When caring for a person with suspected or confirmed R2 or R3 respiratory infection - When caring for a person with suspected or confirmed R1 respiratory infection if advised to do so by OH, GP or another medical practitioner - When caring for a person with suspected or confirmed R1 respiratory infection based on personal choice Description of types available for use in Scotland - Tight fitting respirators (FFP3) - Loose fitting respirators (powered hoods or powered respirators) Contraindications for respirator use
Chapter 2: Section 2.4 Personal Protective Equipment (PPE). Filtering Face Piece (FFP3) Respirators	Updates to fit testing requirements Updates to fit checking requirements
Chapter 2: Section 2.4 Personal Protective Equipment (PPE). Powered respirator hoods	Indications for use
Chapter 2: Section 2.4 Personal Protective Equipment (PPE)	Inclusion of TBPs PPE summary table (previously included within Appendix 15: Selection of PPE by HCWs during the provision of care (now archived)

Chapter Number/Section/Appendix	Summary of Change
Chapter 2: Section 2.4 Personal Protective Equipment (PPE): PPE for visitors	Additional considerations for visitor PPE provision: • FRSM when visiting a patient with suspected or confirmed respiratory infection • RPE when visiting a patient with suspected or confirmed R2 or R3 respiratory infection
Appendix 6: Putting on and Removing PPE	Update to advise hand hygiene following removal and disposal of used PPE
Appendix 11: Patient Placement Consideration and RPE or FRSM for Infectious Agents	Inclusion of new Respiratory category (R1, R2, R3) column indicating categorisation of each infectious agent FRSM/RPE indicator column updated to align with respiratory category for each infectious agent Inclusion of general HCID entries determined by transmission route: Airborne HCIDs or Contact HCIDs Updates to nomenclature
Appendix 13: NHS Scotland Minimum Alert Organism and Condition List	Updates to 'TBPs' column in 'Unusual resistance phenotypes of gram negative bacteria' table 6
Appendix 15: Mask Selection algorithm	Previous appendix 15 'Selection of PPE by HCWs during the provision of care' has been archived and replaced with new Appendix 15 'Mask Selection Algorithm' Designed to support Healthcare workers in selecting mask type when caring for a patient with suspected or confirmed respiratory infection
Appendix 16: Hierarchy of Controls	Previous Appendix 16 'Aerosol Generating Procedures (AGPs) and Post AGP Fallow Times' has now been archived and replaced with the existing 'Hierarchy of controls' Appendix
Appendix 17: Archived	Previously Hierarchy of Controls. Now re-titled as Appendix 16
Glossary	Inclusion of new descriptors to support guidance updates

Chapter Number/Section/Appendix	Summary of Change
TBP posters: Contact and Air Transmission	Archive of Contact, Droplet Airborne and AGP posters Addition of new Contact and Air posters. These can be edited for local use.

Care Home Infection Prevention and Control Manual

Chapter Number/Section/Appendix	Summary of Change
What is the Care Home Infection Prevention and Control Manual (CH IPCM)?	Strengthened wording re importance of accessing manual online. Added section re additional support materials. Added wording re importance of risk assessments and supporting governance processes. Added links to HSE and HoC Appendix. Removed HoC wording.
Chapter 1: Standard Infection Control Precautions (SICPs)	Updated order of section.
Chapter 1: Resident placement/assessment for infection risk	Added wording to reinforce importance of risk assessment for risk of infection.
Chapter 1: SICPs PPE	Expansion of acronym for FRSM. Appendix Numbers updated. Donning and doffing poster updated.
Chapter 1: SICPs Fluid Resistant Type II R surgical face masks (FRSM)	Updates to indications for use by staff if splash/spray of blood or body fluids onto the nose/mouth is anticipated/likely Updates to requirements for removal or change of FRSM Transparent face mask updates. Added link to Section 2.4 SICPs PPE Summary Table
Chapter 1: SICPs	Update to Table 1 removed TBP detail as SIPC chapter.

Chapter Number/Section/Appendix	Summary of Change
Chapter 2: Transmission-based precautions (TBPs) definitions literature review update	Removal of disclaimer re updates. Updates to who should undertake risk assessments and what they should be based upon. Update to new transmission descriptors and removal of old. • Definition of Contact transmission • Definition of Air Transmission Addition of R categories descriptor. Updates to Appendix 11 descriptor.
Chapter 2: Resident placement/assessment for infection risk	Updates to wording to highlight importance of risk assessment. Additional text re CPE. Added link to A-Z appendix. Added link to Annes Law and a section re importance of essential visiting. Added section re isolation. Added link to PPE table for visitors Added a note re residual risk and link to mask algorithm. Removed 'patient' for literature review title.
Chapter 2: Safe management of non-invasive, reusable, shared care equipment	Updates to flow of chapter. Added link to Section 1.5 Added link to Appendix 7
Chapter 2: Safe management of the care environment	Updates to wording and flow of chapter. Added Resident Isolation room detail Added updates to terminal decontamination of isolation room inc. Wait time of 10 minutes before commencement of cleaning after respiratory resident vacates the room.
Chapter 2: Personal protective equipment (PPE):	Updates to wording and flow of chapter. Appendix 5 inc glove selection flowchart.

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	Aprons/gowns when undertaking tasks in room. Eye/face protection updated to inc. • whenever there is an anticipated risk of splashing or spraying from any blood or bodily fluids • in combination with the appropriate mask, when providing care for a resident who has a suspected or confirmed respiratory infection Note: When used in combination with an FFP3 respirator (see RPE), the mask and eye / face protection require to be compatible, so that the eye/ face protection does not interfere with the seal of the respirator Note: Prescription eyeglasses and contact lenses are not considered a form of eye or /face protection. Fluid Resistant Surgical Masks (FRSMS) updates to flow and addition of: • Individuals Healthcare workers may choose to wear RPE instead of a type IIR fluid resistant surgical face mask, based on personal choice – see the mask selection algorithm. • worn by residents suspected or confirmed to have a transmissible respiratory infection whilst out with their own room, and if they are being moved or transported elsewhere. A risk assessment should always be by clinical staff as to whether the mask can be tolerated by the resident, and if it would compromise their care, capacity or wellbeing Transparent face masks may be considered for use when there are communication barriers, however they must meet the specifications of BS EN 14683:2025
Chapter 2: RPE	Addition of • The use of FFP3s is governed by Health and Safety regulations It is the responsibility of

Chapter Number/Section/Appendix	Summary of Change
	the Care Home Provider to ensure that staff have been fit tested for the use of FFP3, if their role may require use, to ensure the required protection is provided. • The Health and Safety Executive (HSE) provide information regarding fitting and fit checking of RPE. • Respiratory protective equipment (RPE) should be worn when caring for a resident who has a suspected or confirmed R2 or R3 respiratory infection. • When caring for a resident with a suspected R1 respiratory infection, RPE may be worn by individuals who have been advised to do so by occupational health, their GP, or medical practitioner/specialist care provider. • Individuals may choose to wear RPE where FRSM is indicated for use when caring for a resident with a suspected or confirmed R1 respiratory infection, based on personal choice. Refer to the mask selection algorithm. • Note: As RPE filters incoming air to the wearer and not the air that is expelled by the wearer, they should not be used by anyone suspected or confirmed to be infectious Addition of links to R categories table and Mask algorithm. Added: There are 2 main types of respirators used within health and care settings in Scotland. These are: • tight-fitting respirators (FFP3) that require face-fit testing (FFP3) and fit-checking on each use • loose fitting respirators (often referred to as powered hoods, powered respirators or PAPR)

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	Respirators with unshrouded valves are not considered to be fluid resistant. Where there is a risk of contamination with blood or body fluids additional PPE should be worn, such as full-face shield/visor. Added: Filtering Face Piece 3 (FFP3) Respirators The wearer should be clean shaven and free of any jewellery or piercings to support effective fit testing to ensure a smooth surface area for a seal. The poster below gives further information on compatibility of facial hair and FFP3 respirators and can be used when fit testing and fit checking. Fit Testing: All tight-fitting RPE (for instance FFP3) respirators) must be face fit tested prior to use. The use of FFP3s is governed by health and safety regulations and it is the responsibility of care home providers to ensure that individuals are fit tested to the user to ensure the required protection is provided. Face fit testing should be: • conducted by a competent fit tester as outlined by British and International Standards BS ISO 16975-3: 2017 • recorded for each individual, including mask brand, style, model and size • repeated if changing brand, style, model and size • repeated following reported or observed changes to the wearer's face that could impair the seal (for example, due to weight loss or gain, dental or cosmetic work)

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	Face Fit checking: A fit check should be performed each time tight fitting RPE is donned, to ensure a tight seal has been achieved. A face fit check is not a substitute for face fit testing. If a fit test or check fails, then the RPE should be adjusted and fit test/check repeated. If a tight seal cannot be achieved, then other types of RPE that offer equivalent protection may be considered. Individuals should not undertake tasks where RPE is required if a fit test or check has failed and alternative RPE is unavailable. Donning (putting on) • Donning (putting on) RPE should be done in line with manufacturer's instructions. RPE should be checked for any damage or defects before donning. • Hand hygiene should be performed before donning RPE and, once on, the front of the RPE should not be touched. • A fit check should be performed once donned to ensure a tight seal has been achieved. • RPE should be donned outside of the resident's room or designated care area. See Appendix 6 Doffing (removing) • RPE must be removed after exiting the resident's room. • Where worn with other items of PPE, RPE must be removed last. • RPE should be removed using only the straps to minimise contact with the outside surface.

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	• Hand hygiene should be performed before and after removal of RPE. See Appendix 6 for donning and doffing advice. RPE should be changed after each use. Other indications that a change in respirator is required include • if breathing becomes difficult • if the respirator becomes wet or moist • If the respirator becomes damaged or is obviously contaminated
Chapter 2: TBPs Aerosol Generating Procedure (AGP) Post AGP fallow time (PAGPFT)	Removal of wording. Added TBP PPE table
Chapter 2: NEW SECTION	Added new section re PPE for Visitors Added Table for PPE for Care Home Visitors
Chapter 2: Infection prevention and control during care of the deceased	Added: The principles of SICPs and TBPs continue to apply whilst deceased residents remain in the care environment. This is due to the ongoing risk of infectious transmission via the contact route. Staff should advise visitors of the appropriate precautions when viewing and/or having physical contact with the deceased.
Appendices and Glossary Updates	To align with NIPCM table above

What do I need to do now?

Staff should:

1. Familiarise themselves with the revised TBP guidance.
2. Complete any local education or training provided. The new [TURAS module for TBPs](#) can be found here.
3. Continue to undertake point-of-care risk assessments.
4. Apply the updated Transmission Based Precautions guidance where indicated.
5. Contact your local IPCT if you are unsure about any of the new guidance and how it applies in your day to day practice