1. COVID-19: Guidance for maintaining services within health and care settings, Infection prevention and control recommendations, Version 1.2 - 1st June 2021

Updating – Guidance for the remobilisation of services within health and care settings

Introduction

The following recommendations are based on the guidance which was first published on 20 August 2020. Whilst there have been a number of changes identified through the national lockdown road map and easing of some restrictions, very little in terms of health care has been changed or updated. The review of the document identifies a number of actions and practices that may reduce/alter/stepdown some of the practices currently in place due to the Covid-19 pandemic in light of the emergence of variants of concern and new evidence obtained on the transmissibility of COVID-19

Key messages within this document

- Sessional use of single use PPE items continues to be minimised and only applies to extended use of facemasks (all pathways) or FFP3 respirators (together with eye/face protection) in the medium and high risk pathway for healthcare workers where AGP's are undertaken for COVID-19 cohorted/individuals.

- The use of face masks FRSM or face coverings across the UK is recommended in addition to social distancing and hand hygiene for staff, patients/individuals and visitors in both clinical and non-clinical areas to further reduce the risk of transmission.

- Patients in all care areas must be encouraged and supported to wear a face mask, providing it is tolerated and is not detrimental to their medical or car needs.

- Physical distancing of 2 metres is considered standard practice in all health care settings, unless providing clinical or personal car and wearing appropriate PPE.

- Patients/individuals on a low risk pathway require Standard Infection Control Precautions (SCIPS) for all care including surgery or procedures.

- All patients should be tested promptly for SARS-COV2 either at point of admission or as soon as possible/practical following admission across all the pathways.

- To ensure maximum workplace risk mitigation, organisations should undertake local risk assessments based on the measures as prioritised in the hierarchy of controls. If an unacceptable risk of transmission remains following this risk assessment, it may be necessary to consider the extended use of Respiratory Protective Equipment (RPE) for patient care in specific situations. The risk assessment should include evaluation of the ventilation in the area, and prevalence of infection/new variants of concern in the local area.

- Individuals who are clinically extremely vulnerable from COVID-19 will require protective IPC measures depending on their medical condition and treatment whilst receiving healthcare for example, priority for single room isolation.

- Safe systems of work outlined in the hierarchy of controls including elimination, substitution, engineering, administrative controls and Personal Protective Equipment (PPE)/RPE are an integral part of IPC measures. Organisations should undertake

risk assessments based on these measures, prioritised in the hierarchy of controls in the context of managing infectious agents. If an unacceptable risk of transmission remains following a risk assessment taking these controls into account, it may be necessary to consider the extended use of RPE for patient care in specific situations. The risk assessment should include evaluation of the ventilation in the area, operational capacity, and prevalence of infection/new variants of concern in the local area.

Disclaimer (within the document)
When an organisation adopts practices that differ from those recommended/stated in the national guidance, that individual organisation is responsible for ensuring safe systems of work, including the completion of a risk assessment(s) approved the local governance procedures.

Personal Protective Equipment (PPE)
The tables below identify the levels of PPE to be worn when delivering healthcare (physical, psychological and mental health) by staff working in or on behalf of LPT. At the very beginning of the pandemic LPT took the decision to support the use of enhanced PPE for some practices that was not necessarily reflected in the framework. This was based on a number of recommendations by both local and national organisations.

Double gloving **must not** be practiced and is not recommended. Gloves must never be decontaminated with alcohol hand sanitiser/gel/rub.

Stepping down levels of PPE should not in any way breach the framework or create a risk to staff, patients and carers. The reduction in the wearing of some items of PPE also reflects the continuing reduction in cases of Covid-19 within the community.

Aerosol Generating Procedures (AGP)
Aerosol generating procedures are considered to create a higher risk of respiratory infection transmission. The list of AGP's identified in the framework is:

- Tracheal intubation and extubation
- Manual ventilation
- Tracheotomy or tracheostomy procedures (insertion or removal)
- Bronchoscopy
- Dental procedures (using high speed devices, e.g. ultrasonic scalers/high speed drills
- Non-invasive ventilation (NIV); B-level Positive Airway Pressure Ventilation (BiPAP) and Continuous Positive Airway Pressure Ventilation (CPAP)
- High flow nasal oxygen (HFNO)
- High frequency oscillatory ventilation (HFOV)
- Induction of sputum using nebulised saline
- Respiratory tract suctioning*
- Upper ENT airway procedures that involve respiratory suctioning*
- Upper gastro-intestinal endoscopy where open suction of the upper respiratory tract occurs beyond the oro-pharynx
- High speed cutting in surgery/post-mortem procedures if respiratory tract/paranasal sinuses involved.

*The available evidence relating to Respiratory Tract Suctioning is associated with ventilation. In line with a precautionary approach, open suctioning of the respiratory tract regardless of association with ventilation has been incorporated into the current (COVID-19) AGP list. It is the consensus view of the UK IPC cell that only open suctioning beyond the oro-pharynx is currently considered an AGP i.e.

oral/pharyngeal suctioning is not an AGP. The evidence on respiratory tract suctioning is currently being reviewed by the AGP Panel which is an independent panel set up by the four CMO's to review new or further evidence for consideration.

Green (low)

This pathway applies to any care facility where:
a) triaged/clinically assessed individuals with no symptoms or known recent COVID-19 contact/exposure AND
have a negative SARS-CoV-2 PCR test within 72 hours of treatment and, for planned admissions, have self-isolated for the required period or from the test date
OR
b) Individuals who have recovered (14 days) from COVID-19 and have had at least 48 hours without fever or respiratory symptoms
OR
c) patients or individuals are part of a regular formal NHS testing plan and remain negative and asymptomatic

General areas/office	Enter ward – inpatient area	Providing personal care, handling blood, body fluids, dressings etc.	AGP's (identified in the list below)
FRSM Type IIR	FRSM Type IIR	FRSM Type IIR*, Gloves**, Apron (gown to be worn if potential splashback of blood or bodily fluids) Visors***	FRSM Type IIR, Gloves, Apron, (gown to be worn if potential splashback of blood or bodily fluids) Visor

*Sessional/extended use of facemasks apply across the UK for HCWs in any health or other care settings
**Gloves are not required when undertaking administrative tasks for example using the telephone, using a computer or tablet, writing in the patient chart; giving oral medications; distributing or collecting patient dietary trays.
*** Risk assess and use if required for care procedure/task where anticipated blood/body fluids spraying/splashes

Amber (medium)

This pathway applies to any care facility where:
a) triaged/clinically assessed individuals are asymptomatic and are waiting a SARS-CoV-2 PCR test result
OR
b) triaged/clinically assessed individuals area symptomatic with COVID-19 contact/exposure identified
OR
c) testing is not required or feasible on asymptomatic individuals and therefore infectious status is unknown
OR
d) asymptomatic individuals decline testing

General areas/office	Enter ward – inpatient area	Providing personal care, handling blood, body fluids, dressings etc.	AGP's
FRSM Type IIR	FRSM Type IIR	FRSM Type IIR[1] Aprons (gown to be worn if potential splashback of blood or bodily fluids) Face visor* Gloves**	FFP3[2] Apron (gown to be worn if potential splashback of blood or bodily fluids) Gloves Visor

[1]FRSM can be worn sessionally if providing care for COVID-19 cohorted patients/individuals
[2] FFP3 can be worn sessionally (includes eye/face protection) in high risk areas where AGPs are undertaken for COVID-19 cohorted patients/individuals
* Risk assess and use if required for care procedure/task where anticipated blood/body fluids spraying/splashes
**Gloves are not required when undertaking administrative tasks for example using the telephone, using a computer or tablet, writing in the patient chart; giving oral medications; distributing or collecting patient dietary trays.

Red (high)

This pathway applies to any emergency/urgent care facility where:
a) Untriaged individuals present for assessment or treatment (symptoms unknown*)
OR
b) confirmedSARS-CoV-2(COVID-19) PCR positive patients are cared for
OR
c) Symptomatic or suspected COVID-19 individuals including those with a history of contact with a COVID-19 case who have been triaged / clinically assessed and are waiting test results
OR
d) Symptomatic individuals decline testing

General areas/office	Enter ward – inpatient area	Providing personal care, handling blood, body fluids, dressings etc.	AGP's* OR If an unacceptable risk of transmission remains following rigorous application of the hierarchy of control**
FRSM Type IIR	FRSM Type IIR	FRSM Type IIR[1] Aprons (gown to be worn if potential splashback of blood or bodily fluids) Gloves Visor	FFP3[2]/Respirator hood Gloves Visor Gown

[1] FRSM can be worn sessionally (includes eye/face protection) if providing care for COVID-19 cohorted patients/individuals
[2]FFP3 can be worn sessionally (includes eye/face protection) in high risk areas where AGPs are undertaken for COVID-19 cohorted patients/individual
*NB. Consideration may need to be given to the application of airborne precautions where the number of cases of COVID-19 requiring AGPs increases and patients/individuals cannot be managed in single or isolation rooms.
**Or if an unacceptable risk of transmission remains following rigorous application of the hierarchy of control, taking these controls into account, it may be necessary to consider the extended use of RPE for patient care in this situation.

Testing for virological clearance is encouraged in severely immunosuppressed patients. For these patients, IPC measures should be continued unless there is evidence of virological clearance prior to discharge or there has been a complete resolution of all symptoms. This is different to other advice sections but reflects the complex health needs of such patients and likelihood for prolonged shedding, with risk of spread in healthcare settings. Upon discharge such patients may be retested at first follow-up appointment to help inform actions at any next medical appointment.

Guidelines

- Social distancing will remain at 2m
- Maximum number of people in rooms will remain the same and should be identified on the entrance to each room.
- Sessional or extended use of gowns must be minimised and only used in areas where cohorts of confirmed COVID-19 patients are managed and there is a lack of single rooms/isolation rooms. If sessional use is required, an individual patient risk assessment must be undertaken and reviewed daily. Gowns are not required when moving around a unit or department.
- N.B. Valved respirators are not fluid-resistant unless they are also 'shrouded'. Valved non-shrouded FFP3 respirators should be worn with a full-face shield if blood or body fluid splashing is anticipated.

Workwear
Green – No change, but request from staff to be able to travel home in uniform
Amber – No change
Red –No change

Waste
Green – Disposal as per pre-Covid waste streams
Amber – No change
Red – No change

Cleaning
Green – Cleaning products as per pre-Covid
Amber – No change
Red – No change

Swabbing
Green – No change
Amber – No change
Red – No change

- Wards to have an 'amber area' for holding if possible or designated 'red' beds which can provide source isolation on an individual basis. – any risk to the patients health and wellbeing should be risk assessed.

2. COVID-19 Infection prevention and control for mental health and learning disability settings

Introduction

This document is an appendix to the 'COVID-19: Guidance for the maintaining of services within health and care settings' and covers the specific mental health and learning disabilities requirements in terms of applying the main guidance document in these specific settings. This should therefore be read in conjunction with this guidance.

Key messages within this document

- Patients or individuals will fall into low, medium or high risk COVID-19 pathways.
- Patients must be triaged and tested on admission. A SARS-CoV-2 PCR test is required on admission that is day 1, day 3 and day 5 to 7 of admission.
- Patients will require to be re-tested on their return if they leave the ward or unit over a 24 hour period.
- Patients, who do not consent to testing, should undergo a dynamic clinical risk assessment to take into consideration their individual risk factors and whether they have had contact with a known COVID-19 case. These patients will be managed on the medium risk COVID-19 pathway for 14 days unless testing can be undertaken.

- Patients who are known to have been exposed to a confirmed COVID-19 patient while on the ward should be isolated or cohorted (grouped together) with other similarly exposed patients who do not have COVID-19 symptoms, until their hospital admission ends or until 14 days after last exposure.

- If symptoms ofCOVID-19 occur in the 14 days after exposure then SARS-CoV-2, PCR testing should be undertaken. These patients should be isolated or cohorted in the high risk pathway. Patients can still be discharged during the period of isolation and isolation would continue at home. Refer to the relevant pathway discharge section within the Infection Prevention Control guidance.

- Patients requiring management on a high-risk COVID-19 pathway may require a dynamic clinical risk assessment by a multi-disciplinary team to determine the most appropriate care setting. Patient placement and assessment for infection risk as per care pathways should always be guided by their clinical needs.

- Airborne precautions are required for all patients on the medium and high-risk pathways if an AGP is undertaken.

- Sessional use of single use personal protective equipment (PPE) items only applies to the extended use of facemasks and eye or face protection for healthcare workers.

- Staff should use a dynamic risk assessment when making decisions around the use of PPE in the medium and high risk COVID-19 pathways. A hierarchy of control approach that considers all hazards to patients and staff should be followed, for example when conducting a risk assessment regarding patient restraint

Disclaimer
If an organisation deviates from this guidance, it is their responsibility for ensuring safe systems of work including the completion of a risk assessment approved through local governance procedures, preferably at Integrated Care System and regional level.

Measure for the Care pathways (summary)

- Wherever possible triaging and testing must be undertaken prior to the admission to the hospital or care setting or immediately on arrival or admission.

- The clinical environment should be assessed and zoned to allow for patient triaging and cohorting according to the COVID-19 patient pathways. This is to ensure early recognition of COVID-19 cases.

- Physical or social distancing of 2 metres should be maintained throughout in-patient/out-patient stay or appointments. If this is not possible, an individual risk assessment should be considered and mitigating measures used such as the use of physical barriers, regular testing or PPE specific to the care pathway.

The majority of mental health and learning disabilities patients will fall into the medium risk COVID-19 pathway.

There may be settings where the low risk COVID-19 pathway may be followed, for example, if a patient has evidence of a recent (72 hours) negative SARS-CoV-2 PCR test and no triaging risks are identified.

Table 1: COVID-19 Care Pathways

High-Risk COVID-19 Pathway	Medium Risk COVID-19 Pathway	Low Risk COVID-19 Pathway
Any care facility where: a) untriaged individuals present for assessment or treatment (symptoms unknown) OR b) confirmed SARS-CoV-2 PCR positive individuals are cared for OR c) symptomatic or suspected COVID-19 individuals including those with a history of contact with a COVID-19 case, who have been triaged/clinically assessed and are waiting test results OR d) symptomatic individuals decline testing	Any care facility where: a) triaged or clinically assessed individuals are asymptomatic and are waiting a SARS-CoV-2 PCR test result OR b) triaged cinically assessed individuals are asymptomatic with COVID-19 contact/exposure identified OR c) testing is not required or feasible on asymptomatic individuals and infectious status is unknown OR d) asymptomatic individuals decline testing	Any care facility where: a) triaged or clinically assessed individuals with no symptoms or known recent COVID-19 contact/exposure AND have a negative SARS-CoV-2 PCR test within 72 hours of treatment and, for planned admissions, have self-isolated for the required period or from the test date OR b) Individuals who have recovered (14 days) from COVID-19 and have had at least 48 hours without fever or respiratory symptoms OR c) patients or individuals are part of a regular formal NHS testing plan and remain negative and asymptomatic

Examples of patient (individual) groups or facilities within these pathways: these lists are not exhaustive

• facilities where confirmed or suspected or symptomatic COVID-19 individuals are cared for, for example:
  ○ emergency admissions to inpatient areas
  ○ inpatient mental health services for older people
  ○ acute wards
  ○ PICU
  ○ shared supportive community living
	• community mental health and learning disability services
	• community crisis resolution and home treatment teams
	• emergency admissions to inpatient areas
	• inpatient mental health services for older people
	• acute wards
	• PICU
	• shared supportive community living
		• shared community living or care facilities with regular screening in place
		• planned admissions

Personal protective equipment (PPE) in mental health and learning disability settings addendum

	Staff in patient areas with no direct patient contact and more than 2m away	Physical restraint	Direct contact with patients within 2m, for example, patient transfer or in a patient's home or an emergency assessment centre	Direct personal care within 2m, for example, administration of depot medication, including rapid tranquillisation, NG feeding, taking blood	Performing an AGP
Low risk pathway SICPs*	Fluid resistant surgical facemask	Fluid resistant surgical facemask	Fluid resistant surgical facemask	Fluid resistant surgical facemask Disposable gloves and apron Visor**	Fluid resistant surgical facemask Disposable gloves and apron Visor
Medium Risk Pathway Transmission Based Precautions	Fluid resistant surgical facemask	Fluid resistant surgical facemask Risk assess the use of disposable gloves, apron and Visor**	Fluid resistant surgical facemask Visor** Risk assess the use of disposable gloves and apron	Fluid resistant surgical facemask Disposable gloves, apron and Visor**	FFP3 respirator Single use disposable gown / coverall, gloves Visor**
High Risk Pathway Transmission Based Precautions	Fluid resistant surgical facemask	Fluid resistant surgical facemask Visor** Disposable gloves Risk assess the use of an apron	Fluid resistant surgical facemask Disposable gloves and apron Visor**	Fluid resistant surgical facemask Disposable gloves, apron and Visor**	FFP3 respirator Single use disposable gown / coverall, gloves Visor**

* Aprons and gloves should always be worn if any contact with blood or body fluids is expected as part of Standard Infection Control Precautions

** Eye/Face protection may be used for one session before disposal. The use may be risk assessed in the medium/low risk pathway.

If an infectious patient has an unexpected episode of violence and aggression where PPE has not been worn, the staff member should undertake a risk assessment to determine if they need to change their clothing. Organisations should put in place appropriate arrangements to facilitate this. This incident may require investigation.

Aerosol Generating Procedures

FFP3 respirator masks will be required when undertaking an AGP on a patient in a medium or high-risk COVID-19 pathway. This is most likely to occur if a patient is intubated prior to receiving electroconvulsive therapy (ECT).

Airborne precautions are NOT required for patients or individuals in the low risk COVID-19 pathway, provided that the patient has no other known or suspected infectious agent transmitted via the droplet or airborne route.

During an AGP and the subsequent fallow time, only clinical staff required for the procedure should be in the room.

Patient Placement: medium or high risk pathway

Patients referred to the high risk pathway with COVID-19 symptoms or individuals who are symptomatic with a history of contact/exposure with a confirmed case, should be prioritised for single room isolation (or cohorted if an isolation room is unavailable) until their test results are known. If single rooms are in short supply, priority should be given to patients with excessive cough and sputum production.

Inpatients who are known to have been exposed to a confirmed COVID-19 patient while on the ward should be isolated or cohorted (grouped together) with other similarly exposed patients who do not have COVID-19 symptoms, until 14 days after last exposure if they remain in hospital. Patients can still be discharged during the period of isolation; isolation would continue at home. Refer to the medium and high risk care pathways of the IPC guidance.

In facilities where patients refuse isolation or are unable to isolate, a risk assessment must be conducted to consider the risk of transmission to other patients. Mitigations include; increasing cleaning, use of personal protective equipment, hand hygiene and physical distancing. It may be necessary to consider all the patients in a specific part of the facility as one cohort. In these scenarios, risk assessments must be conducted in liaison with Infection Prevention Teams and documented in the care record.

References

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/954690/Infection_Prevention_and_Control_Guidance_January_2021.pdf

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/954680/Infection_Prevention_Control_Mental_Health_Learning_Disabilities_Appendix-1.pdf