

Briefing re: New Operating Framework in relation to Infection, Prevention and Control

15th May 2020

1.0 Background

The New operating framework sets our requirements for the NHS as it begins the second phase of its response to the outbreak is to maintain the capacity to provide high quality services for patients with COVID-19, whilst increasing other urgent clinical services and important routine diagnostics and planned surgery. Local healthcare systems and individual providers have already started planning for this. A key objective in executing these plans must be to minimise the transmission of COVID-19 infection within hospitals, also referred to as hospital-onset infection or nosocomial transmission.

Whilst the guidance is intentionally focussed on hospital settings, including acute, community and mental health, many of the principles will be relevant to other healthcare settings and connecting services, including ambulance, primary and community care.

2.0 Implications for Patients

The new guidance provides information relating to the pre-admission and attendances to hospital settings as detailed above. This includes the testing of all emergency patients; Elective Admissions (including day surgery); In-patients; on the day interventions; and on discharge.

3.0 Implications for Staff

In relation to the testing for staff, staff or members of their household who are symptomatic will be tested, and asymptomatic staff will be tested as part of infection prevention and control measures. Access to antibody testing, as part of the government's testing programme, will also begin to be made available to NHS staff and patients during this next phase.

4.0 National IPC guidance:

COVID-19 Infection Prevention Control Guidance been issued which is evidence based, web accessible and contains associated checklists and compendium of all relevant IPC resources, including training resources, available in one central place (maintained in 'real time'). It uses the IPC Board Assurance Framework to ensure that recommended IPC measures are being reliably implemented within and across the organisation.

The main focus of the document is in relation to the use the appropriate level of Personal Protective Equipment (PPE), in line with the latest guidance from Public Health England ; Minimising potential COVID-19 Health Care Worker (HCW) transmission (including HCW to HCW) through supporting staff with good hand and respiratory hygiene; keeping hands away from face when wearing any face protection; declaring all COVID-like symptoms, however mild, and not attending clinical areas for work; wherever possible, reducing movement between different areas; social distancing (2 metres) inside and outside of clinical areas e.g. during work breaks and when in communal areas; and understanding the risk of surface contact transmission and frequently cleaning any shared

equipment e.g. mobile phones, desk phones and other communication devices, tablets, desktops, keyboards etc.

5.0 Main changes to the guidance are:

- To clearly explain the PPE required for different common clinical scenarios, one for hospitals, one for primary care, outpatient and community and social care, and one for ambulance, paramedics and pharmacy staff
- An addition, there is guidance in relation to use PPE for all patient encounters (not just patients with suspected or confirmed COVID-19) at a time when there is sustained community transmission of COVID-19, as is currently occurring in the UK, and the likelihood of any patient having coronavirus infection is raised.
- The guidance explains that in some circumstances PPE can be worn for an entire session (such as a ward round) and does not need to be changed between each patient
- Patient contact is now defined as being within 2 metres (rather than within 1 metre) of a patient, which is more precautionary and is consistent with the distancing recommendations used elsewhere
- Hand-washing advice has been updated to include washing of forearms, when forearms have been exposed or may have been exposed to respiratory droplets or other body fluids
- FFP2 and N95 respirators may be used for some aerosol-generating procedures if FFP3 respirators are not available. FFP3 respirators offer a slightly higher level of protection than FFP2 respirators
- Advice on re-usable PPE components, including the need to refer to manufacturer's guidance on decontamination
- Recommendations about the use of facemasks by patients
- Recommendation on the use of disposable fluid repellent coveralls as an alternative to long sleeved fluid repellent gowns for aerosol generating procedures or when working in higher risk acute areas. Staff need to be trained in the safe removal of coveralls

6.0 Considerations for acute personal protective equipment (PPE) shortages

Within the guidance there is a recognition that the increased and continued use of PPE will lead to continued demand and possible shortages. Consideration is given in relation to ensuring the correct use of PPE including sessional use; re-use; and alternatives to standard PPE.