COVID-19 Guidance for the remobilsation of services within Health and care settings: Infection prevention and control recommendation

Communications Implementation Toolkit

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Introduction

On 21 August 2020, *COVID-19 Guidance for the Remobilisation of Services within health and care settings: Infection Prevention and Control recommendations* was published.

The IPC guidance has been updated to reflect the focus on restoration of services and to help health and care providers to assess how settings can be classified by risk with appropriate infection prevention and control measures. There is no change to the IPC measures for high and medium risk pathways.

The IPC principles in the document apply to all health settings* (including the independent/private sector) and are underpinned by the best available evidence.

This guidance supersedes the COVID-19 UK IPC guidance (18 June 2020).

**NB. This guidance does not apply to Adult Social Care settings in England given existing guidance for adult social care settings has already been provided and continues to be relevant.*

Sharing information locally

This toolkit provides consistent messages and template assets to support local teams to communicate updated IPC measures both internally and externally. As NHS communicators, you are best placed to consider how best to do this; you can use the provided assets or develop your own.

Key internal teams to be considered for dedicated communications include security, administrative, and clinical booking teams to ensure that IPC measures for patients are understood and communicated appropriately.

National stakeholder bodies such as trade unions, royal colleges, ALBs and patient groups have been briefed by the national team and we will continue to update these groups as needed.

Contacts

For any questions on this toolkit or national IPC communications, please contact:

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Key messages

- The highest priority for the NHS remains the safety of staff, patients, and visitors.
- Infection prevention and control measures are critical to minimise the risk of transmission of COVID-19 and other infections in health and care settings.
- The IPC guidance has been updated to reflect the focus on restoration of services and to help health and care providers to assess how settings can be classified by risk with appropriate infection prevention and control measures.
- This guidance supersedes the COVID-19 UK IPC guidance (18 June 2020).
- Risk assessed care pathways provide greater clarity and detail on IPC measures for the management of patient treatment, care, and support:
    - **High risk:** There is no change in recommendations for IPC or for the use of PPE by staff when managing patients**/**Individuals who have, or are likely to have, COVID-19.
    - **Medium risk:** This includes patients/Individuals who have no symptoms of COVID-19 but do not have a COVID-19 SARS- CoV-2 PCR test result.
    - **Low risk:** Patients/Individuals with no symptoms and a negative COVID-19 SARS- CoV-2 PCR test who have self-isolated prior to admission, for example following NICE guidance.
- Sessional use of single use personal protective equipment (PPE) items has been minimised and only applies to extended use of facemasks for health and care workers.
- The IPC principles in this document apply to all health settings*.
- Maintaining social distancing of 2 metres is considered standard practice in all health and social care areas across the UK.
- The IPC measures recommended are underpinned by WHO guidance and the National Infection Prevention and Control Manual (NIPCM) practice guide and associated literature reviews.
- We all have a role to play; it is important that we take steps to reduce the risk of transmission by asking everyone to follow all IPC measures.
- Healthcare services are safe for patients and staff and the NHS is here for all those who need it.

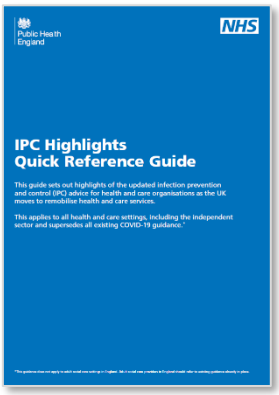
** NB: The guidance does not apply to Adult Social Care settings in England. Adult social care provider in England should refer to existing guidance already in place. DHSC/PHE will continuously review this guidance and update as needed.*

Creative assets

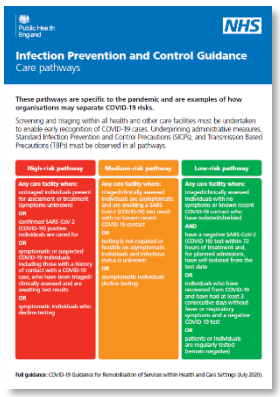
A range of creative assets to support local services are available (in digital and design formats) on the Campaign Resource Centre. The below list includes existing assets (including government) as a reminder of what is available to support your organisational communications.

Social media or internal assets should be accompanied by explanatory text appropriate to the service.

Key highlights reference guide



Care pathways – overarching



Coronavirus facility warnings

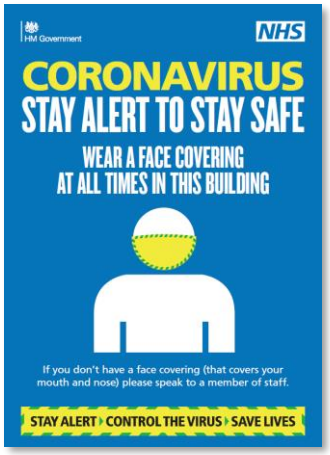
Social distancing

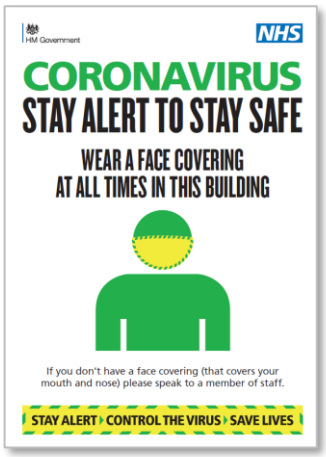
Reducing risk

Staying safe at work

Face masks (staff)

Face coverings (outpatients and visitors)





Template information

The sections below contain key messages written for different audiences and can be lifted and dropped into a range of communications and channels as needed. Please feel free to amend or use these however best meets the needs of your service and intended audience/s.

Staff information

What this means for staff

General

Staff and patients/individuals safety remain our highest priority at [service name]. New infection prevention and control (IPC) guidance was published on 21 August 2020, and we are taking steps to ensure that our IPC practices remain in line with this guidance.

Evidence has shown that people infected with COVID-19 can have very mild or no symptoms (asymptomatic) and can transmit the virus to others without being aware. It is important that we take steps to reduce the risk of transmission.

More information on the new IPC guidance can be found on the Public Health England website. You can find more information on what we are doing locally and access guides and materials at [insert method i.e. on the intranet with link, IPC lead with details etc.]

We all have a role to play in keep each other, and our patients/individuals and visitors, safe.

Care pathways

The updated IPC guidance introduces risk assessed care pathways. The care pathways (high, medium, and low risk) provide NHS services with examples on how to separate COVID-19 risks, underpinned by screening, triaging, testing, and local infection rate data.

The guidance outline the key measures that need to be taken for the risk level that pathway presents.

This includes measures such as physical distancing, personal protective equipment (PPE), environment and equipment management, transmission based precautions, visitor recommendations, and discharge guidance.

There is no change in the IPC measures for high and medium risk patient pathways.

- High risk: Managing patients who have or are symptomatic of COVID-19.
- Medium risk: This includes patients who have no symptoms of COVID-19 but do not have a COVID-19 PCR swab test result.
- Low risk: Patients with no symptoms and a negative COVID-19 PCR swab test who have self-isolated prior to admission.

Here at [insert service name] we have implemented / will be implementing care pathways by [insert details of local care pathway arrangements and what this means for staff re movement etc].

Personal Protective Equipment (PPE)

Recommendations for the appropriate level of PPE required for the risks associated with the care pathways have been integrated and replace existing PPE tables (*Recommendations for all settings where COVID-19 transmission is sustained*).

There is no change in recommendations for IPC or for the use of PPE by staff when managing patients who have, or are likely to have, COVID-19.

It is important that you understand what the appropriate level of PPE and other IPC measures are for the care pathway you work in. To help you know what PPE you need to use and other measures you need to take for each pathway you can refer to [link to grab guides].

Extended use of facemasks (England and Scotland only)

When not in a setting that requires the use of PPE for clinical care, all staff (both clinical and non-clinical) should wear a face mask at all times (including staff only areas). This is extremely important to reduce the risk of transmission between members of staff. Face coverings, as required for visitors and outpatients, are not considered acceptable substitutes for staff.

When eating or drinking, you should maintain physical distancing rules (2m) and remove your mask, dispose as offensive waste, and wash your hands for 20 seconds/use alcohol hand rub to sanitise your hands prior to eating. Do not place the face mask on dining tables or nearby surfaces. Once you have finished eating/drinking, you should sanitise your hands again and put on a new facemask to return to workplace. Secure supplies of facemasks and alcohol hand rub will be made available in staff canteen areas.

If you are working alone you will not be expected to wear a mask, but when you leave your private work area or move through the hospital building e.g. on an errand, or for meal breaks, you will need to put on a face mask. If you share a workspace with others or work in a public area, you must still wear a facemask unless a formal risk assessment has been carried out and you are advised this is not necessary.

If you have a long term health problem, difficulties breathing, or severe claustrophobia, please discuss this with your line manager and occupational health department who will provide individual advice.

Standard infection prevention and control precautions (SICPs)

A strong continued focus on excellence in infection prevention and control (IPC) at [insert trust name] is critical. Additional COVID-19 measures do not remove the need for other precautions, and you should continue to follow standard infection prevention and control precautions (SICPs) at all times.

SICPs include hand and respiratory hygiene, frequent surface decontamination of environment and equipment, and physical distancing. Maintaining social distancing

of 2 metres is considered standard practice in all health and social care areas across the UK (unless when wearing PPE to provide clinical care).

What this means for patients and visitors

The guidance also recommends measures that patients/individuals and visitors should be asked to take.

Remote and digital appointments

Where possible and clinically appropriate remote consultations rather than face-to-face should be offered to patients/individuals.

Use of face masks and coverings

Inpatients on high or medium risk pathways should use a surgical facemask if this can be tolerated and does not compromise their clinical care unless isolated. Outpatients and visitors to all health and care settings should wear a face covering in line with government guidelines.

Where visitors are unable to wear face coverings due to physical or mental health conditions or a disability, clinicians should consider what other IPC measures are in place, such as physical distancing, to ensure sufficient access depending on the patient condition and the care pathway.

Communicating IPC measures

When booking patients for planned care, it is important that the IPC requirements (such as face masks/coverings, testing, isolation etc) are clearly explained during the booking and confirmation process.

Additional measures such as asking patients/individuals not to enter the facility before their appointment or move between areas within the facility should be clearly communicated.

Patient information on the changes being implemented across the Trust/organisation will be made available and communicated to our patient forums. Facility posters, markings, and barriers will reinforce what IPC measures patients/individuals and visitors need to take.

If you work in a management, administrative or security role, having in-depth knowledge of how IPC measures apply to patient/individual and visitors is critical and you should support staff to provide advice to those who need it.

It’s important that we continue to communicate clearly and consistently with patients/individuals – to reassure them that everything is being done for their safety, that the service is a safe place to visit, and so they understand what they need to do when they are coming to the service.

Where do I go for more information?

If you have further questions on our local plans to reduce the transmission of COVID-19 within the Trust, [insert method here i.e. intranet page, local contact].

Patient and visitor information

General

Infection prevention and control (IPC) measures are actions taken to prevent the spread of infections. In healthcare, these steps keep services safe for when you need them.

People infected with COVID-19 can have very mild or no symptoms at all (asymptomatic). This means that they can transmit the virus to others without being aware of it.

Safety remains our highest priority at [service name]. We can all play a role in reducing the spread of coronavirus. When visiting [service name], we may ask you to do things differently to what you may be used to; this is for your safety and the safety of other patients/individuals and staff.

Planned Care (England only)

We will ask you to attend face-to-face services only when it is really necessary. Where possible, you may be offered an appointment using remote services such as a video or phone consultation.

If you do need to attend for planned care, you will be asked to take some steps to keep yourself, other patients, and our staff safe:

- Outpatient appointments: You will be asked to follow social distancing rules and regularly wash your hands for 14 days before admission. You should only attend your outpatient appointment if you have no symptoms of coronavirus. If you develop symptoms of coronavirus, contact your care team and they will advise you on next steps. While at the hospital/service, it is important that you comply with all social distancing and face covering requirements, as well as any other measures you are asked to take.
- Admissions (including day surgery): if you are being admitted to hospital, you will also be asked to have a test for coronavirus 72 hours beforehand and to isolate at home from the time you take the test. A test can be arranged through [insert details on local methods of testing]. If you are unable to be tested or isolate before coming to hospital, your admission will be determined by your care team using clinical judgment and in consultation with you.

Our booking and admissions teams will give you all the information you need on what actions to take when booking you into an appointment or admission.

If you show symptoms of coronavirus or test positive while admitted, you will be immediately isolated to ensure the safety of other patients/individuals and staff.

We are continuously monitoring what is happening with the coronavirus pandemic. Appointments may be subject to change, but we will always keep you informed of what is happening with your care.

Physical distancing and other IPC measures

It is important that you comply with social distancing and other measures when you come to our hospital/practice/service. In health and care settings, social distancing of 2 metres is still the distance we ask you to keep.

If you have an appointment or are being admitted, we will tell you what you need to do before you come and while you are here. This may include information on where to park, which entrances to use, how to report any symptoms, and what precautions we want you to take (for example, wearing a face mask or covering).

There may also be signs and members of staff directing you while here. Please do not visit other parts of the facility. If you are asked to stay in a waiting room then please remain there. It is important that you follow these directions, they are in place for your own safety.

If you need help on what to do or cannot comply for any reason, please talk to a member of staff and they will be able to help you.

Visitor guidance

The rules around visiting patients depend on the type of care being received and the coronavirus status of the patient.

For people with confirmed cases of coronavirus, only essential visitors such as birthing partners, carers, parents, and guardians will be allowed.

It is important to discuss any visitors with the care team before they arrive at the hospital/facility/practice. The care team will be able to tell you what rules and measures are in place for you/the patient.

Face coverings (for England and Scotland only)

If you are coming to our service as a visitor or for planned outpatient care, it is important that you wear a face covering at all times. This is for your safety and the safety of other patients/individuals and staff.

Face coverings can be cloth and/or homemade. Advice on how to wear and make one can be found on the government website. Face coverings worn as part of religious beliefs or cultural practice are acceptable, providing they are not loose and cover the mouth and nose.

We ask that you plan in advance and bring a face covering with you whenever possible, but if you do not have one, please see a member of staff on arrival and we will provide you with one.

For some people, wearing a face covering may be difficult due to physical or mental health conditions. In these instances, other safety measures will be considered, for example timed appointments and being seen immediately.

If you are a deaf or hearing impaired, our staff have a range of communication options to ensure that they can communicate effectively with you. This might include the use of clear masks where possible, as well as visual aids such as writing things down, speech to text apps, and sign language.

All visitors will be asked to comply with social distancing and hand washing in addition to the use of face coverings while in the health/ care setting.

Where do I go for more information?

If you have further questions about the changes we have made across the Trust/organisation, please [insert method here i.e. please ask a member of staff/please contact].

Frequently Asked Questions (FAQs)

Healthcare Worker FAQs

- Why is a new guide needed?
  We are learning more about COVID-19 every day. As we move into a new phase where the health and care systems focus on the restoration of services, the guidance has been updated to help health and care providers to assess how settings can be classified by risk with appropriate infection prevention and control measures.

- Is this guidance consistent with WHO guidelines?
  The content is consistent with the measures outlined in WHO guidance "IPC during healthcare when coronavirus disease (COVID-19) is suspected or confirmed: Interim Guidance, June 2020".

- Who is the guide for?
  Everyone who works in the NHS, and Independent Care Sector no matter what their role, has an important role to play in preventing the spread of infection.

- Which parts of the NHS have to use this guide?
  This guide applies in England*, Northern Ireland, Scotland and Wales. The IPC principles in the guide apply to all health care settings including all hospitals, general practice surgeries, mental health settings, care homes, pharmacies and independent hospitals.

- What is different in this guide?
  The main difference is that the guide recommends three care pathways depending on the risk of patients/individuals having COVID-19.

  For those caring for patients/individuals on the high or medium risk pathways, there is no change in the level of PPE needed to protect staff.

- Who are high risk patients/individuals?
  High risk patients/individuals are suspected or confirmed to have COVID-19 because of symptoms, a high index of clinical suspicion, or contacts or a positive test result.

- Who are medium risk patients/individuals?
  Medium risk patients/individuals have no COVID-19 contacts or symptoms but have not had a negative SARS-CoV-2 (COVID-19) test. Individuals going to see their GP or visiting outpatients and initial acute/emergency admission to hospital will be in this group.

- Who are low risk patients/individuals?
  Low risk patients/individuals have no COVID-19 contacts or symptoms, have had a negative SARS-CoV-2 (COVID-19) test and have self-isolated from the time of the COVID-19 test until their admission to hospital.

The guidance includes clear criteria for those patients/individuals who are considered low risk, i.e. patients/individuals who have had no COVID-19 symptoms or contacts, a negative COVID-19 test, and have self-isolated from the time of their test until hospital admission; or patients/individuals in any care facility where testing is undertaken regularly (and they remain negative); or patient/individuals who have recovered from COVID and have had at least 3 consecutive days without fever or respiratory symptoms and a negative COVID-19 test result. Also, patients being admitted who have been positive for COVID-19 and recovered.

- What can staff do at work to help protect themselves?
  The important things at work are: wear a facemask, undertake regular hand hygiene, frequently clean and maintain a clutter free environment, keep a social distance of 2 metres whenever possible. If you need to wear additional PPE, you will be advised where and when, and receive appropriate training.

- What are Standard Infection Control Precautions (SICPs)?
  SICPs are the basic infection prevention and control measures necessary to reduce the risk of transmission of infectious agents from both recognised and unrecognised sources of infection.

  Sources include, blood and other body fluids, non-intact skin or mucous membranes and any equipment or items in the care environment that could have become contaminated.

  These standard precautions must be used by all staff, in all care settings, at all times, for all patients/individuals whether infection is known to be present or not.

  SICPs include hand and respiratory hygiene, frequent surface decontamination of environment and equipment, and physical distancing. Maintaining social distancing of 2 metres is considered standard practice in all health and social care areas across the UK (unless when wearing PPE to provide clinical care).

- What are Transmission Based Precautions (TBPs)?
  TBPs are additional precautions to be used in addition to SICPs when caring for patients/individuals with a known or suspected infection and are required when caring for patients/individuals with known or suspected COVID-19.

  These are referred to throughout the guidance and take into consideration the additional precautions required for contact, droplet and airborne spread of COVID-19 and the PPE required by health and care staff.

- What are AGPs?
  AGPs (Aerosol Generating Procedure) are medical procedures that can result in the release of tiny droplets of fluid from the respiratory tract when treating someone who is suspected or confirmed to be suffering from COVID-19. These go into the air and may be breathed in or can settle on surfaces where the virus can live for a few days if not removed by ventilation or cleaning. AGPs are associated with an increased risk of respiratory transmission.

A full list of AGPs can be found in the guidance.

- What PPE do healthcare staff need to wear in the low risk pathway?
  The guidance includes clear criteria for patients/individuals on a low risk pathway, which takes into consideration those patients being admitted and those individuals who have been positive for COVID-19.

  PPE is required for the low-risk pathway as per SICPs, and additional TBPs where blood and other bodily fluid sprays are anticipated.

- Why are patients self-isolating for 3 days rather than 14 days before surgery?
  NICE have reviewed the available evidence and recommend that patients/individuals self-isolate from the time of their test until they are admitted to hospital and this will usually be 3 days.

- What should staff do if a patient or visitor refuses to wear a mask?
  The safety of both staff and patients is of paramount importance and **face coverings or facemasks** should be worn by patients/visitors, in-line with government guidance. We expect that all patients/visitors who can do so will follow these recommendations.

  However, some people cannot tolerate wearing a facemask or covering and other measures such as taking all reasonable steps to identify practical working solutions with the least risk to all involved can ensure that care is still delivered safely. Care should not be denied to those unable to wear a face mask or covering.

  Patients and visitors should refer to government guidance on face coverings.

- What is the guidance for vaccination settings?

  The guidance states that:

  In some clinical outpatient settings, such as vaccination/injection clinics, where contact with individuals is minimal, the need for single use PPE items for each encounter, for example, gloves and aprons is not necessary. Gloves and aprons are recommended when there is (anticipated) exposure to blood/body fluids or non-intact skin. Staff administering vaccinations/injections must apply hand hygiene between patients and wear a sessional facemask.

ENDS