ARHAI Scotland
Antimicrobial Resistance and Healthcare Associated Infection

NHS National Services Scotland

Appendix 21: COVID-19 Pandemic Controls for Acute NHS settings including Scottish Ambulance Service (SAS)

This appendix was developed in May 2022 to support the transition from the Winter Respiratory Infections IPC addendum to the National Infection Prevention and Control Manual (NIPCM). A cold stop to the Winter Respiratory Infections IPC addendum is not possible whilst some pandemic measures remain within Health and Social Care settings. This appendix aims to summarise the remaining pandemic measures which exist in addition to the NIPCM and provide links to helpful resources, guidance and policy documents. Content has been approved by the CNO Nosocomial Review Group (CNRG). This process deviates from the National Infection Prevention & Control Manual (NIPCM) normal governance process for guidance production and sign off due to the urgent nature for the requirements for Infection Prevention & Control (IPC) guidance during the COVID-19 pandemic.

Version history

Version	Date	Summary of changes
1.0	10 May 2022	First publication – Marks transition from Winter Respiratory Infection IPC Addendum back to NIPCM.
1.1	30 May 2022	Reference to COVID-19 screening removed.

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Physical distancing

Physical distancing requirements remain in care homes, prisons and social community and residential care settings. The full guidance requirements for physical distancing in these areas are laid out in Appendix 18 of the NIPCM.

Across all other settings, the requirements for physical distancing has ceased and is no longer required for healthcare workers, patients/service users or visitors. However, where services wish to continue physical distancing they may choose to do so particularly in settings where staff have to remove their FRSM and a COVID-19 exposure event has the ability to result in high staff isolation numbers/significant service impact.

It is important to note that overcrowding in any area of a healthcare facility including inpatient areas, waiting areas, outpatient departments and ambulance transport vehicles increases transmission risk for respiratory viruses including COVID-19 and it is important to remain mindful of the volume of people in a space at any one time taking account of HCWs, patients and visitors/escorts. Settings must not return to pre pandemic practices which facilitated overcrowding and steps should be taken to prevent this. There is no defined measure of what is considered 'overcrowding' and a common sense approach should be taken to this.

Inpatient beds should meet minimum bed spacing requirements.

Across ALL settings extended use of face masks guidance remains extant.

COVID-19 case definitions (confirmed, possible)

COVID-19 case definitions can be found within Public Health Scotland guidance.

Respiratory Symptom Assessment questions

The process of respiratory symptom assessment will vary dependant on both the health and care facility and the type of service provision but wherever possible, respiratory symptoms assessment questions should be undertaken by telephone prior to an arranged arrival at the facility for all service users and any accompanying carers. If this is not possible, then these questions should be asked on arrival at reception. This will help inform the clinical/care team of

service user respiratory status and potential associated risk before face to face consultation should this be deemed appropriate.

If respiratory symptom assessment is undertaken prior to arrival at a health and care facility, and if the service user answers 'no' to all of the respiratory symptom assessment questions, the service user should be reminded to inform a staff member should any symptoms develop prior to attendance at the facility where attendance is planned.

Below are the required respiratory symptom assessment questions determined by setting.

- **Table 1** provides respiratory screening questions for use in secondary care inpatient settings, acute mental health inpatient settings and community hospitals
- **Table 2** provides respiratory screening questions for use in outpatient departments and primary care settings including dentistry

COVID-19 testing requirements

Within primary care settings including dentistry, service users with confirmed COVID-19 or symptoms of COVID-19 should visit the NHS inform website for advice on stay at home guidance and testing where relevant.

Guidance on COVID-19 testing in care home settings can be found in the PHS COVID-19: Information and Guidance for Care Homes (for Older Adults).

Responsibilities for use of different test types in secondary care settings

The choice of COVID-19 tests being deployed in boards requires strategic/executive decision making in consultation with board Microbiologists/Virologists and with consideration of wider service impacts. The option to use Rapid Diagnostic Tests (including POCT) or LFD as a means to alleviate systems pressure may be considered by boards.

Various Rapid Diagnostic Tests (including POCT) or LFD tests have been approved for use within acute and community hospital settings to date and NHS Boards should seek to understand which Rapid Diagnostic Tests (including POCT) or LFD tests are available for use in their areas.

Purpose of COVID-19 testing

Laboratory based PCR testing should be used for patients who are symptomatic of respiratory infection for diagnostic purposes.

Rapid Diagnostic Tests (including POCT) or LFD tests may be used in some health and care settings to help determine any requirements for transmission based precautions (TBPs) and to support IPC risk assessments including patient placement, patient transfers, management of contacts and outbreak management. Test results should not be used as a standalone tool for risk assessment but in conjunction with symptom and clinical assessment.

Testing requirements in Secondary Care Settings

Testing requirements within secondary care settings are as follows:

- All inpatients admitted to a secondary care facility for an overnight stay must have a COVID-19 test undertaken using a laboratory based PCR test, Rapid Diagnostic Test including POCT) or LFD test on admission. Results should be documented in patient case records and local arrangements followed for reporting in line with any local and national policy. Repeat testing on day 5 of admission may be undertaken if agreed necessary following a risk assessment by the local NHS Board.

- All admissions with respiratory symptoms should have a laboratory based PCR undertaken. A Rapid Diagnostic Test (including POCT) or LFD test may also be performed in addition to PCR to support rapid patient placement assessments e.g. cohorting.

- A new respiratory laboratory based PCR test must be performed at any point in the inpatient stay if new onset of respiratory symptoms are recognised or there is a clinical indication to do so. A Rapid Diagnostic Test (including POCT) or LFD may be used in addition to laboratory based PCR to support rapid patient placement decisions.

- A COVID-19 test may be undertaken prior to transfer to another care area/NHS board if deemed necessary and always if transferred to a high risk setting (laboratory based PCR or optionally Rapid Diagnostic Test (incl POCT) or LFD)

- A risk assessment should be undertaken prior to performing an Aerosol generating Procedure (AGP) and must take account of any presenting respiratory symptoms. A

PCR test, COVID-19 Rapid Diagnostic Test (including POCT) or LFD test is an optional consideration which may also be used to support the risk assessment. Where there is no evidence of a respiratory virus, the AGP may be performed using standard infection control precautions (SICPs) and also negating the need for post AGP fallow times. NB: where SICPs are applied for an AGP, HCWs are still required to wear an FRSM and eye/face protection to protect against splash/spray generated by the AGP. See NIPCM for details. Where there is evidence of suspected or known respiratory infection, airborne precautions must be applied during the AGP alongside post AGP fallow times as outlined in Appendix 17.

- There are testing requirements for pre elective surgical patients detailed in Appendix 19 of the NIPCM. The purpose of testing is to reduce the risks associated with post-operative recovery in the context of the ongoing COVID-19 pandemic.

A table containing a summary of testing requirements in NHS Scotland is available.

Anyone who has previously tested positive for COVID-19 by PCR should be exempt from being re-tested within a period of 90 days from their initial symptom onset, or the first positive test, if asymptomatic, unless they develop new possible COVID-19 symptoms. This is because fragments of inactive virus can be persistently detected by PCR in respiratory tract samples for up to 90 days following infection.

If an asymptomatic person is inadvertently re-tested and tests positive by PCR within 90 days of a previous positive PCR result, a risk assessment will likely conclude there is no need to do a confirmatory laboratory based PCR, isolate or contact trace again, as long as the person with the repeat positive test:

- remains asymptomatic;
- is not a contact of a confirmed case (in which case reinfection must be considered).

Management of Contacts of COVID-19

Patients who have an overnight admission within a hospital setting who have been identified as a contact of a confirmed case of COVID-19 must be isolated or cohorted for 10 days from the date of exposure

If a patient is discharged and a test taken prior to discharge subsequently returns positive, the patient should be contacted and advised to follow stay at home advice on NHS inform. There is no need to follow up contacts identified following discharge.

Replacing transmission based precautions (TBPs) with daily testing

For adult contacts who are asymptomatic of respiratory viral symptoms, and for all children and young persons aged 0 to 18 years and 4 months, a laboratory based PCR test, daily Rapid Diagnostic Test (including POCT) or LFD test should be performed for 10 days following the date of exposure. Application of TBPs are only required should they test positive at any point. Where the patient tested positive on a rapid diagnostic test (including PCOT) or LFD, a follow up COVID-19 laboratory based PCR must be undertaken. Whilst tests remain negative, application of SICPs is sufficient and there is no need to isolate the contact.

Any patient who has been COVID-19 positive (confirmed by PCR or Rapid Diagnostic Testing (including POCT) or LFD test) in the last 28 days does not need to be considered a contact should there be a subsequent exposure during that 28 period. Daily Rapid Diagnostic Testing (including POCT) or LFD testing of these patients is therefore not required during this time period.

Respiratory COVID-19 testing for Healthcare Workers

HCW COVID-19 testing continues in some settings. Detailed information on respiratory testing for HCWs can be found on the Scottish Government website.

There is no requirement for any other respiratory pathogen beyond COVID-19 testing amongst HCWs unless recommended by an Incident Management Team, HPT, or occupational health.

Information on COVID-19 testing amongst care home workers can be found in the PHS COVID-19: Information and Guidance for Care Homes (Adults and Older People). Care home staff should use the COVID testing portal to arrange this.

Patient facing healthcare workers: isolation and exemption

HCWs who have symptoms of a respiratory infection, a high temperature or do not feel well enough to attend work, are advised to take an LFD test, as soon as they feel unwell and report the results to their line manager.

HCWs who test positive for COVID-19 must not report to work and must follow advice in line with 'Managing Health and Social care Staff with Symptoms of a respiratory infection, or a positive COVID-19 test, as part of the test and protect transition plan' DL (2022) 12.

If an LFD was undertaken whilst in the workplace and returns a positive test, the HCW must don a Type IIR FRSM (unless exempt), inform their line manager and go home immediately.

Health and care staff who have been exposed to a case of COVID-19 in their household should follow advice laid out in the 'Managing Health and Social care Staff with Symptoms of a respiratory infection, or a positive COVID-19 test, as part of the test and protect transition plan' .

Extended use of Facemasks

The extended use of facemasks by health and care workers and the wearing of face coverings by visitors and outpatients (unless exempt) is designed to protect staff and service users as part of the COVID-19 pandemic. This is because COVID-19 may be transmitted by individuals who are not displaying any symptoms of the illness (asymptomatic or pre-symptomatic).

View further Scottish Government guidance and associated FAQs.

In Scotland, staff are provided with Type IIR FRSM for use as part of the extended wearing of facemasks.

COVID-19 visiting guidance

Scottish government have guidance available for visiting which can be found at the following links;

- Hospital visiting
- Care home visiting

All visitors should be reminded on arrival at any health and care facility of good Infection Prevention and Control practice and encouraged to adhere to these. It is strongly recommended that visitors wear face coverings in line with current Scottish Government extended use of facemask guidance and must not attend within 10 days of having had COVID-19, whilst experiencing respiratory symptoms or before a period of self-isolation has ended unless pre agreed with the clinical team in advance. Visiting may be suspended on the advice of the local IPCT/HPT. Consider alternative measures of communication including telephone or video call where visiting is not possible.

Visitors:

- Should not visit if they have suspected or confirmed COVID-19 or if they have been advised to self-isolate for any reason unless prior agreement with clinical teams during specific circumstances – Visitors should not visit loved ones for 10 days from the date of positive COVID-19 test or from the date of symptom onset, whichever comes first.
- Should not visit if they have symptoms of another viral infection e.g. respiratory symptoms, GI symptoms unless prior agreement with clinical teams during specific circumstances. A visit may take place once symptoms are beginning to resolve, any fever has resolved and the visitor is generally feeling well again.
- Are strongly recommended to wear a face covering on entering the facility.
- Should be offered appropriate PPE where necessary (see 'PPE for visitors' NIPCM).
- Should be encouraged to perform hand hygiene at the appropriate times;
    - on entry to the facility
    - prior to putting on PPE
    - after removing PPE
- Should avoid unnecessary movement around the facility and should stay at the bed or chairside of the individual they are visiting (if the individual has their own room, visitors should remain within the room).
- Should not visit other service users in the facility
- Should not touch their face or face covering/mask once in place.

Visitors entering an AGP area in which airborne precautions are being applied, should do so after the fallow time has elapsed. Where this is not possible (continual AGP zone), visitors should be advised that there may be a risk of exposure to respiratory viruses. Visitors should be asked to wear an FRSM where respirator fit testing is not possible.