

Scottish Government Riaghaltas na h-Alba gov.scot

Dear Colleagues,

De-escalation of COVID-19 infection prevention and control (IPC) measures in Health and Social Care settings to alleviate system pressures

Background

We know that throughout the COVID-19 pandemic, hospital admissions and nosocomial transmission events have mirrored COVID-19 prevalence within the general population and guidance has sought to control the number of cases within health and care settings to reduce harm as a direct result of the virus.

Whilst there are currently high numbers of COVID-19 cases and nosocomial cases in hospitals, we are all aware that there are small numbers of patients in ICU, or with life threatening illness, with approximately two thirds of nosocomial cases being asymptomatic at the time of testing, indicating that they are mild cases.

Over the course of the pandemic, all-cause mortality in all COVID-19 cases and nosocomial cases have also significantly decreased.

We have observed that harms associated with reduced elective services within NHS Scotland are now outweighing the COVID-19 harms and many boards are no longer following the IPC guidance in its entirety and are undertaking local risk assessments to balance system pressure harms.

It is therefore necessary that we consider what the next stage looks like for IPC guidance and COVID-19 management within health and care settings as we enter a phase of the COVID-19 pandemic where it is proposed that the risk no longer be considered in the context of COVID-19 case numbers, but rather severity of illness caused by the COVID-19 virus.

Revisions to IPC Guidance

NSS Antimicrobial Resistance and Healthcare Associated Infections (ARHAI) Scotland has made a number of recommendations aimed to reduce pressures on NHS Boards, highlighting lessons learned during the pandemic, and recognising COVID-19 as a pathogen that will require management, to varying degrees, within

From the **Chief Nursing Officer**

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DL (2022) 07

For action

NHS Scotland Chairs, NHS Scotland Chief Executives. Chief Officers Health and Social Care Partnerships **Local Authorities** HR Directors, Medical Directors, Nurse Directors, Primary Care Leads, Directors of Pharmacy, Directors of Public Health, Directors of Dentistry, Optometric Advisors, Contractors ΑII Independent (Dental, Pharmacy, General Practice and Optometry), Infection Control Managers Infection Control Doctors Infection Control Nurses

Enquiries

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health and care settings. COVID-19 Nosocomial Review Group (CNRG) has endorsed the proposed amendments.

All IPC changes are available in the <u>Scottish Winter</u> (21/22), <u>Respiratory Infections in Health and Care Settings Infection Prevention and Control (IPC) Addendum</u> (note guidance will be available from 1pm on 1 April 2022). A summary of the key changes is provided below.

Summary of key changes:

In acute and community hospitals

- 1 Move pre-operative testing to Rapid Diagnostic Testing (including point of care tests (POCT) or lateral flow device (LFDs) for vaccinated service users.
- 2 Continue with PCR testing for service users not fully vaccinated in the pre-elective pathway, however, rapid diagnostic test (including POCT) or LFD can be used to aid rapid risk assessment.
- 3 Remove all PCR testing in HCW asymptomatic testing.
- 4 Removal of blanket PCR testing prior to undertaking Aerosol Generating Procedures (AGPs) on non-respiratory pathway.
- 5 COVID-19 contact exemption for patients who are fully vaccinated and have tested PCR positive in the last 28 days.
- Rapid diagnostic testing (including POCT) or LFDs for 7 consecutive days from date of contact identification and removal of transmission based precautions (TBPs) where testing remains negative.

Specific guidance for dental settings – letter to follow from Chief Dental Officer in respect to this guidance.

7. Respiratory screening assessment to be undertaken prior to undertaking an AGP.

In all health and social care settings (excluding residential social care)

8. Withdrawal of physical distancing guidance (See below for full detail).





9. Withdrawal of car sharing guidance.

These revisions are with immediate effect upon receipt of the guidance and Boards can decide how to implement locally.

We recognise that Boards do not currently have lateral flow tests for patient use, if Boards do decide to use LFD test kits NSS National Services Scotland will take responsibility for delivery of these. Boards will be issued with packs of 7 Orient Gene LFDs (these kits are nasal swab only). Annex A provides information on how to access LFD test kits via NSS.

The de-escalation of IPC measures provided may result in higher nosocomial transmission rates, and Healthcare worker exclusion amongst those who are unvaccinated and therefore systems for monitoring need to be considered.

There will also be a need for ongoing review of these recommendations, this will be important in the context of new variant risk.

At this time, care homes, prisons and social, community and residential care settings are exempt from these recommendations, affording time for these to be considered and where agreed, endorsed for these sectors through the appropriate governance channels.

We would be grateful if you would ensure effective communication of these recommendations to colleagues and ensure managed implementation of the deescalations, as appropriate to your local context.

We would also like to take this opportunity to thank you and your valued colleagues for your resilience and ongoing commitment during these challenging times.

Yours sincerely,

A. MILEL





PROFESSOR ALEX MCMAHON CHIEF NURSING OFFICER

ANNEX A

If health boards plan to use LFD test kits, then they are asked to make contact with NSS by emailing NSS.LogisticsOpsCovidSupport@nhs.scot. Boards should indicate that they wish to use LFD tests and when they plan to implement this.

Please liaise with your board LFD/Procurement lead to ensure requests for test kits are made in a timely manner.

For information the cut off for requests is every Wednesday and deliveries are made from Thursday onwards.