

IPC Principles Document

Manchester University NHS Foundation Trust – Response to COVID-19 Changes

1. Background

- 1.1. On 5th July 2021, the Government announced that from 19th July a new phase in the response to the pandemic would be initiated¹ moving away from stringent restrictions on everyone's day-to-day lives, towards advising people on how to protect themselves and others, alongside targeted interventions to reduce risk. This includes no longer mandating use of face masks, social distancing or hand hygiene rather suggesting this as guidance that people may wish to follow
- 1.2. The Government has confirmed² that while COVID-19 restrictions will end in many settings, Public Health England (PHE) Infection Prevention Control (IPC) guidelines and hospital visiting guidance will remain in place for staff and visitors across all healthcare services for the protection of both staff and patients.
- 1.3. The IPC principles in this guidance applies to all MFT healthcare settings including hospitals, Intermediate Care facilities GP practices, dentists, optometrists, and pharmacies unless otherwise stated.

2. Current Position

- 2.1. Further to the lifting of restrictions nationally and in the context of increased community prevalence, an increasing number of asymptomatic patients who will be treated in healthcare settings and staff who are asymptomatic carriers of the virus the following actions are recommended to mitigate the risk of transmission and keep patients and staff safe.

3. Review of IPC Measures

- 3.1. A review of the IPC measures in place across MFT has been undertaken, and reflecting the information provided in this briefing note to this point, the following measures are either already in place or are further proposed to ensure staff and patient safety is maintained across clinical and non-clinical areas based on national guidance published.^{3 4}

3.2. Clinical areas

- 3.2.1. A Clinical area is defined as any area within the Trust where adult or paediatric patients attend either as day-cases, emergency attendances, in-patients, diagnostic settings, laboratories where patients may attend, patients' homes, community clinics, theatres, or any other area that patient may attend.

¹ PM Statement at coronavirus press conference: 5 July 2021

² NHSE/I Infection Prevention Control Guidance – Communications Toolkit July 2021

³ COVID-19: Guidance for maintaining services within health and care settings Infection Prevention and Control recommendations Version 1.2 (accessed 06/07/2021)

⁴ Masks for healthcare workers to mitigate airborne transmission of SARS-CoV-2 Sage accessed 06/07/2021

3.2.2. The following guidance applies to patients and visitors in defined clinical areas:

Face Masks – Patients and Visitors

- In line with Government guidance, everyone accessing or visiting healthcare settings must continue to wear a face covering (a face mask), unless they are exempt, to reduce the risk of infection with COVID-19 to themselves and others. It is important for the public to continue to play their part when visiting NHS and care settings to help protect our staff and patients, particularly those who may be more vulnerable to infections.
- All patients and visitors will be asked to wear (unless exempt), a **fluid resistant surgical facemask (FRSM)** when entering the hospital or community healthcare facility including patients' homes. Masks and hand sanitising stations are to be situated at the entrances to all hospitals and healthcare facilities. Community staff are to carry hand sanitisers with them.
- Patients will be asked to wear a FRSM whilst in any clinical area or communal area within the hospital building, (where tolerated) unless they are stationary by/in their bed. There will be local information and signage to support this measure.

Masks - MFT Staff⁵

- All staff will be expected to wear a FRSM at the point of entry to all hospitals and clinical healthcare settings. All staff will comply with the local Personal Protective Equipment (PPE) guidance, based on the PHE national guidelines whilst giving direct patient care. This includes all hospital and intermediate care clinical settings as well as primary and community Care settings such as, GP practices and providing care in the patient's place of residence, including their own home.
- All staff undertaking/assisting with an Aerosol Generating Procedure (AGP) should wear an FFP3 respirator, (for which they have been fit tested). This applies to all patient pathways that is, High risk (Blue), Medium risk (Amber) and Low risk (Green).
- Where there is an increased risk of transmission for example an overcrowded waiting area with poor ventilation a local risk assessment should be undertaken using the hierarchy of controls and if staff are required to use an FFP3 face mask this should be provided after appropriate fit testing and the Director of Nursing should be informed. The adoption of FFP3 masks may be sessional in this case – i.e. for the period of the shift and not expected to be in routine daily use.

⁵ Includes Sodexo, NHSP, agency, volunteers and other staff

Social Distancing

- In line with national guidance⁶ social distancing should be reviewed and subject to a local risk assessment using the hierarchy of controls. The risk assessment should be documented and reviewed at regular intervals determined at the time of assessment.
- Staff using break rooms in or attached to a ward/clinical department should continue to practice social distancing and are advised to continue to adhere to staggered breaks and ensure they take personal responsibility for clearing and cleaning their personal space at the end of their break.
- Staff should continue to wear a facemask whilst moving around the building in the conduct of their routine for example, accessing break room facilities.
- Additional factors to be taken into consideration to mitigate the risk of cross transmission include:
 - Increasing ventilation by opening windows, putting extractors into window, use of air filter machines
 - Encouraging staff to be vaccinated if they have not already, and to perform and record twice weekly lateral flow testing to protect themselves and others

3.3. Non-Clinical Areas within Healthcare Premises

3.3.1. Across healthcare organisations there are administration buildings and offices out with the clinical areas, where patients do not attend. Examples include education centres, office blocks not physically attached to hospital sites, community offices, and where patients would not attend. The following guidance applies to staff working in these areas.

Face Masks: MFT Staff

- Staff working in non-clinical areas are no longer required to wear a facemask but may still wish to do so to protect themselves and others, in which case they should wear an **FRSM mask**. FRSM facemasks and hand sanitiser should be available in all non-clinical areas.
- Although no longer required to, staff may choose to wear a facemask whilst moving around the building in the conduct of their routine for example, accessing break room facilities.
- **Social Distancing:** Although social distancing rules (2 metres or 1 metre with additional mitigations) have been withdrawn, an assessment should take place in line with usual health and safety regulations as to the number of people allowed in an office space.

⁶ Guidance on Infection Prevention and Control for COVID-19. Sustained community transmission is occurring across the UK. PHE June

- To reduce the risk of cross transmission of COVID-19 staff are advised to continue to maintain Perspex screens around existing workstations in non-clinical areas where it is already in place.
- Staff should continue to consider the risks of close contact with others, particularly if they are clinically extremely vulnerable or not yet fully vaccinated.
- Staff using break rooms should continue to practice social distancing and are advised to continue to adhere to staggered breaks and ensure they take personal responsibility for clearing and cleaning their personal space at the end of their break.
- Staff who 'hot desk' should take personal responsibility for cleaning the workstation after use as per trust guidelines.

3.4. Retail Outlet Businesses on Healthcare Sites

- 3.4.1. Regulations that place COVID-secure requirements on businesses, including table service, and distancing between tables, have been lifted.
- 3.4.2. Retail services such as restaurants and coffee shops on sites should continue to maintain social distancing between tables and limit the number of people who can sit at one table in facilities for staff, patients and visitors situated within/close by to the clinical area.

3.5. Review of Signage / Entrances and Exits

- 3.5.1. Following the changes to COVID-19 Guidance a review of existing signage across all healthcare facility sites will be undertaken by the Trust Estates and Facilities team.
- 3.5.2. Staff should access additional resources to support the replacement of existing signage through the Trust intranet⁷
- 3.5.3. All existing entrances will be re-opened to allow access to the site, security Guards will no longer be present at entrances and exits unless in agreement with the Director of Nursing on the hospitals/LCO sites.
- 3.5.4. Hand sanitisation stations will be in place across entrances and exits to support staff and visitors to ensure they clean their hands on entering buildings (this applies to both clinical and non-clinical settings)

3.6. COVID-19 Interim Visiting Policy

⁷ <https://coronavirusresources.phe.gov.uk/nhs-resources-facilities/resources/nhsIPCresources>

- 3.6.1. In March 2020, a strategic decision was made to restrict visiting across the Trust aligned to the national guidance produced by NHSE/I⁸ to protect patients and staff by reducing footfall to minimise the transmission of COVID-19 whilst maintaining a compassionate approach.
- 3.6.2. The MFT Interim Visiting Policy has been maintained and updated regularly, aligning with national guidance as it has evolved.
- 3.6.3. In view of the current community background rate of the COVID-19 Delta VOC local restrictions on visiting should remain in place, although some amends are suggested in relation to visitors who are not from within the patient's support bubble or immediate household.

3.7. Response to NHS Track and Trace – Staff as contacts

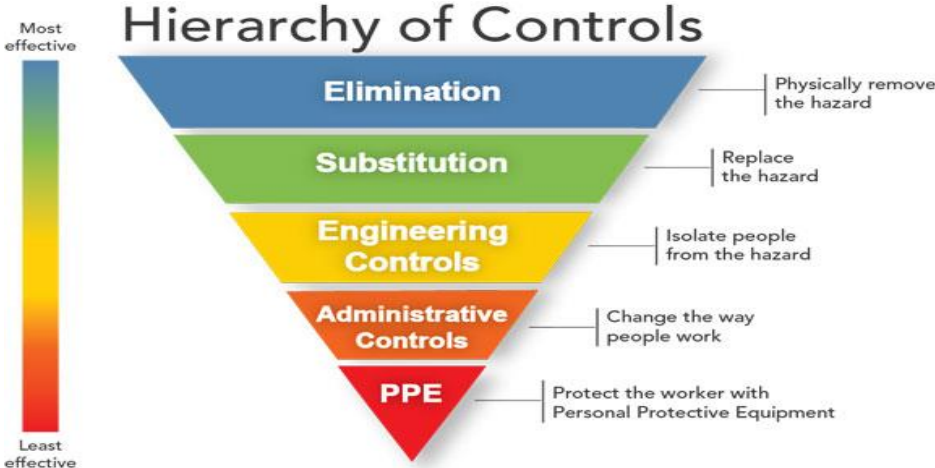
- 3.7.1. The Staff COVID-19 Test and Trace Protocol which describes the contact tracing processes to be followed if staff or patients are identified as significant contacts of COVID-19 case, has recently been updated.
- 3.7.2. It is recognised that the community prevalence may increase as national restrictions are lifted.
- 3.7.3. It is known that increasingly, patients are admitted with no symptoms of COVID-19 and are incidentally found to be COVID-19 positive on routine swabbing.
- 3.7.4. It is considered likely that some staff, even those who are vaccinated, could have and transmit the virus even when they themselves are asymptomatic.
- 3.7.5. Public Health England (PHE) notified NHS Trusts on 19th July 2021⁹, that only in exceptional circumstances where there is a risk to patient safety / health or safety resulting from staff absence through the provision of a reduced level of care, that health and social care staff who have been identified as a contact of a case of COVID-19 and who are fully vaccinated (more than 14 days after the second dose) may be able to continue in their role in the workplace.
- 3.7.6. The Trust has reviewed how best to support and enable asymptomatic colleagues who have had two COVID-19 vaccinations to return to work early if they have been contacted by NHS Test and Trace and if they wish to do so.
- 3.7.7. A protocol has been developed, the 'Returning to Work Early Protocol following NHS Test and Tract Contact' following contact from NHS Test and Trace, that describes the step-by-step approach to take when staff voluntarily wish to return to work in certain circumstances.

⁸ NHSE Visiting Healthcare inpatient settings during the COVID-19 pandemic – latest updated 16 March 2021

⁹ COVID-19: Exemption from contact isolation for fully vaccinated health and social care staff in exceptional circumstances. PHE Briefing Note 2021/050

END

Appendix 1: Hierarchy of Controls



Appendix 2 MFT Local COVID Test and Trace Protocol – updated July 2021, awaiting approval



MFT Local COVID test
and trace protocol V3

Appendix 3 SOP Returning To Work Early Protocol following NHS Test and Trace final draft



SOP Returning to
Work Early Protocol f