

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 5 October 2020
Title:	Healthcare Associated Infection Report
Responsible Director:	Professor Hazel Borland, Nurse Director
Report Author:	Bob Wilson, Infection Control Manager

1. Purpose

This is presented to the Board for:

- Discussion

This paper relates to:

- Government policy/directive

This aligns to the following NHSScotland quality ambition(s):

- Safe

2. Report summary

2.1 Situation

The United Kingdom four nation infection control guidance for the management of COVID-19 has been updated. The document aims to support remobilisation of services. This paper provides an update for Board members on the updated national infection control guidance related to COVID.

2.2 Background

COVID-19: Guidance for the remobilisation of services within health and social care settings was published on 21 August 2020. The document establishes three patient pathways *High, Medium and Low risk* with infection prevention and control precautions tailored to suit each pathway. The most significant development is the relaxation of the need to implement airborne precautions for Aerosol Generating Procedures in Low Risk pathway areas. This has the potential to increase elective surgical and endoscopy procedure capacity and boosting remobilization of services.

The Scottish Government has recognised that Boards require some additional time to implement the revised COVID-19 risk pathways described in the document and asked that they worked towards implementation with a view to going “live” week commencing 7 September 2020. Concerns raised by all Boards across Scotland have resulted in Health Protection Scotland (HPS) seeking clarification from a

number of national agencies and the Scottish Government in order to inform Boards' implementation plans. Feedback is currently awaited.

2.3 Assessment

Currently in acute and community hospitals pathways are referred to as Super Green, Green and Red. In all other community settings individuals are referred to as non-COVID-19, COVID-19 suspected or COVID-19 positive and not by a pathway. These pathways/individuals will now be referred to as belonging to Low, Medium and High risk pathways.

At present the prevalence of COVID-19 in the hospital setting is very low. With the overwhelming majority of patients being broadly managed in line with the new Medium Risk pathway. This will remain unchanged for most, including all unscheduled admissions.

Escalation plans are in place should the prevalence of COVID in hospital increase and the need to activate high risk pathways (formerly known as Red pathway). The challenge is to develop Low Risk pathways that will assist in increasing elective surgical and endoscopy capacity primarily through reducing the requirement for airborne precautions during Aerosol Generating Procedures, including the need to leave theatres and endoscopy suites empty for a defined period of time after each procedure. Low Risk pathway patients must be segregated from other pathways both physically and through separate staffing. There is also a requirement to consider interdependencies including intensive care, high dependency, theatres and diagnostics with segregation continuing throughout those areas.

Movement between pathways can only happen in specific circumstances:

- Escalation to High Risk Pathway due to the onset of symptoms suggestive of COVID or a positive COVID test
- De-escalation from High to Medium following negative test on an unscheduled admission.
- De-escalation from High to Low Risk of a confirmed case who meets the infection control de-escalation criteria as they are considered to have short term immunity and no longer infections to others

It is not possible to de-escalate from Medium to Low Risk as these patients cannot satisfy the Low Risk criteria.

Operational services have assessed each area and have provisionally assigned them to a pathway for implementation once further guidance is received from Health Protection Scotland.

Changes to required cleaning regimes for the different pathways have been implemented.

2.3.1 Quality/patient care

The default position is that all areas are Medium Risk unless assigned to another pathway with the relevant control measures in place. De-escalation of control measures in Low Risk pathways will only happen once these have been clearly

established and segregated from the Medium Risk pathway thus ensuring patient and staff safety.

2.3.2 Workforce

A communication will be developed for staff once the pathways have been developed to ensure understanding of the required precautions for each one.

2.3.3 Financial

This will be assessed by the operational services via the normal routes.

2.3.4 Risk assessment/management

The revised guidance adopts a risk assessed approach to support remobilisation whilst at the same time maintaining patient and staff safety.

2.3.5 Equality and diversity, including health inequalities

An impact assessment has not been completed because this is an update report to Board members.

2.3.6 Other impacts

Nil to Note

2.3.7 Communication, involvement, engagement and consultation

These topics are discussed regularly at the Prevention and Control of Infection Committee which has public representatives as members. A version of this paper was tabled at the Healthcare Governance Committee on 14 September 2020.

2.3.8 Route to the meeting

This report is a standing report to the Board as required by the national Healthcare Associated Infections Standards 2015. The report was presented to the Healthcare Governance Committee at their meeting on 14 September 2020.

2.4 Recommendation

For discussion. This paper is for discussion and provides an update for Board members on the updated national infection control guidance related to COVID.