ARHAI Scotland

Antimicrobial Resistance and Healthcare Associated Infection

NHS National Services Scotland

Launch of the Scottish Winter (21/22) Respiratory Infections Infection Prevention and Control (IPC) addendum on Monday 29th November 2021

What's changed?

Written on 1st December 2021

Summary of changes in brief

Subject	COVID-19 IPC addenda	Winter Respiratory Infections IPC addenda
Target pathogen	COVID-19	All respiratory viruses
Sector coverage	Split into 3 separate addenda aimed at acute, care homes, community	All sectors covered in one document with sector specific detail highlighted where necessary
COVID-19 case definitions	Defined as 'suspected' and 'confirmed'	Defined as 'possible', 'probable', 'confirmed'
Screening questions	COVID-19 only	COVID-19 with 2 additional questions targeted at all other respiratory viruses
Pathways	High risk, medium risk, low risk pathways (aka Red, Amber, green pathways)	Respiratory and non-respiratory pathways
Personal Protective equipment (PPE)	High risk pathway required use of apron automatically within 2 metres of a patient	PPE worn as per SICPs and TBPs with exception of FRSMs. Aprons on respiratory pathway are worn for delivery of patient care rather than automatically within 2metres of a service user.
Aerosol Generating Procedures (AGPs)	Droplet precautions for low risk pathway Airborne precautions for medium and high risk pathway	Airborne precautions for respiratory pathway. Airborne precautions for non-respiratory pathway **UNLESS** evidence of a negative COVID-19 test in preceding 48 hours (not LFD) in which case droplet precautions may be applied **Where staff have concerns about potential COVID-19 exposure to themselves during this ongoing COVID-19 pandemic, they may choose to wear an FFP3 respirator rather than an FRSM when performing an AGP on any patient provided they are fit**

Subject	COVID-19 IPC addenda	Winter Respiratory Infections IPC addenda
		tested. This is a personal PPE risk assessment (this remains unchanged from position previously stated in COVID-19 addenda)
Pre-elective surgery guidance	SIGN guideline advised of; • Patients limiting social contact for 14 days prior to surgery • Respiratory screening questions 3 days before surgery • COVID-19 PCR test no more than 48 hours before surgery • Self isolate from day of COVID-19 test	SIGN archived and replaced with; Q&A to support discussion with patients pre operatively around risks associated with COVID-19 and post op mortality. An IPC elective surgery principles document outlining IPC measures to reduce risk and noting that there is no longer a need to have a dedicated pathway for these patients. Requirement for PCR test ideally 48 hours prior to surgery

Description of changes and rationale

Target pathogen for guidance; a change from COVID-19 focus only to include wider respiratory viruses

The COVID-19 addenda focused on COVID-19 only and this was appropriate during the COVID-19 pandemic in 2020 and 2021. COVID-19 was the dominating respiratory virus circulating in the community and health and care settings and very low levels of other respiratory viruses were detected.

This winter (21/22) it is expected that other respiratory pathogens are likely to increase in numbers and subsequently our health and care settings will see an increase in service users presenting with respiratory symptoms. The Winter Respiratory Infections IPC addendum provides guidance for health and care settings to support management of an increase in respiratory viruses during the ongoing COVID-19 pandemic whilst promoting the application of IPC precautions more akin to pre pandemic IPC.

The way in which suspected/confirmed respiratory infections are managed is no different to pre pandemic IPC measures; application of Transmission Based Precautions (TBPs) are required in line with the national Infection prevention and control manual (NIPCM) mandated for NHS Scotland since 2012. However, the guidance recognises that the potential for high numbers of respiratory viruses during the ongoing COVID-19 pandemic is challenging mainly due to the inability to know the pathogen causing the symptoms at the outset and therefore the most appropriate placement

Sector coverage; a change from 3 separate COVID-19 addenda to 1 single sector wide addenda for winter respiratory infections.

The COVID-19 addenda were split into 3 separate sector specific pieces of guidance; acute, care home and community settings. This helped address the operational differences in each of the sectors during the COVID-19 pandemic.

The Winter Respiratory Infections IPC addendum is written for all health and social care sectors as a single document which helps prevent misalignment and helps promotes standardisation of IPC practice across all sectors – this does not mean that all controls can be applied in the same

way in all sectors. Different sectors need to consider how they best implement the guidance to reduce the risk of transmitting COVID-19 and other respiratory viruses.

COVID-19 case definitions; a change in terminology

There is a change to the COVID-19 case definition which sees a move from 'suspected' and 'confirmed' cases of COVID-19 to 'confirmed', 'probable' and 'possible' cases of COVID-19. COVID-19 case definitions are determined by the UK public health organisations and this change ensures alignment with public health guidance. There is no change to the symptoms associated with case definitions for COVID-19. Beyond recommending a confirmatory PCR for probable and possible cases, from an IPC management perspective, there is no difference between how a possible, probable or a confirmed case of COVID-19 is to be managed.

Screening questions; addition of screening questions to help detect other respiratory viruses beyond COVID-19

In addition to the COVID-19 screening questions which were included in the COVID-19 addenda, 2 further questions have been added to enable detection of wider respiratory viruses and subsequent patient placement to reduce transmission risk in health and care settings.

It should be noted that the NIPCM has always advocated assessment of infection risk on arrival at a care area – this aligns to standard Infection Prevention and Control Precautions (SICPs).

Pathways; a move from 3 COVID-19 pathways to a respiratory and non-respiratory pathway

The 3 COVID-19 pathways were created to allow separation of service users determined by their risk of incubating or acquiring COVID-19. This was appropriate during the COVID-19 pandemic when COVID-19 was the dominating virus both within the community and health and care settings.

The Winter Respiratory infections IPC guidance moves back towards patient placement more akin to pre pandemic IPC; that is application of transmission based precautions (TBPs) on the respiratory pathway and application of Standard Infection Prevention and Control Precautions (SICPs) on the non-respiratory pathway (with the exception of AGPs – see AGP section below).

Generally, those on the respiratory pathway are the same service user group who would have been placed on the COVID-19 high risk (red) pathway with the addition of service users who present symptomatic of other respiratory viruses. Within the respiratory pathway, placement in cohorts will be determined by respiratory screening questions, rapid point of care testing (where available) and PCR testing.

Those on the non-respiratory pathway are patients who do not present a risk of having a respiratory virus. This would have previously been both the medium (amber) and low risk (green) COVID-19 pathways combined. These patients are still tested for COVID-19 on admission and on day 5 as a further mitigation measure to reduce exposure risk in the non-respiratory pathway. To try to further reduce risk for patients attending for elective surgery, testing is required prior to admission and advice provided to the patient detailing ways in which they may reduce their COVID-19 risk further prior to admission.

Personal Protective Equipment (PPE); clarity of what PPE to wear and when

At the outset of the pandemic, full PPE was required when within 2 metres of all service users, regardless of their COVID-19 status. This resulted in over use and inappropriate use of PPE which can lead to unintentional transmission of infection. In October 2020, Scotland updated guidance to reflect the need for appropriate PPE use during direct care delivery rather than automatically within 2m range of the service user. The only exception to this is the use of fluid resistant surgical masks (FRSMs) which, as part of pandemic measures, should be worn within 2 metres of a service user and as per extended use of face masks and face coverings policy.

The Winter Respiratory Infections IPC guidance reinforces the key principles that are requirements for safe use of PPE in line with SICPs and TBPs as laid out in the NIPCM.

Aerosol Generating Procedures (AGPs); ability to de-escalate from airborne precautions to droplet precautions with evidence of COVID-19 test

Pre pandemic, airborne precautions were required when undertaking an AGP on any service user with a suspected or confirmed infection spread wholly or partly by the airborne or droplet route.

The COVID-19 addenda required airborne precautions to be applied when undertaking an AGP on a service user on the high risk (red) pathway recognising their suspected or confirmed COVID-19 status. The same applied to the Medium risk (Amber) pathway and whilst these patients were neither suspected or confirmed COVID-19, this precautionary approach was adopted recognising the prevalence of asymptomatic COVID-19 carriage when patients who had no symptoms of the virus could still transmit via the airborne route as a direct result of the AGP being undertaken. Whilst COVID-19 prevalence in the community remains high, this precautionary approach has been taken forward into the Winter Respiratory Infection IPC addendum for all patients on the non-respiratory pathway in addition to the respiratory pathway. A further supporting factor for this precautionary approach is the nosocomial COVID-19 data collected in Scotland. This evidences a high number of asymptomatic cases amongst inpatient COVID-19 clusters who are negative on day of admission but later go on to test COVID-19 positive. The winter Respiratory Infection IPC addendum advises that airborne precautions on the non-respiratory pathway may be de-escalated to droplet precautions during an AGP if there is evidence of a negative COVID-19 test within the 48 hours preceding the AGP. Lateral Flow Devices (LFDs) cannot be used for this purpose. **Where staff have concerns about potential COVID-19 exposure to themselves during this ongoing COVID-19 pandemic, they may choose to wear an FFP3 respirator rather than an FRSM when performing an AGP on any patient provided they are fit tested. This is a personal PPE risk assessment** (this remains unchanged from position previously stated in COVID-19 addenda)

Post AGP Fallow Times are still required when airborne precautions are applied during AGPs.

Pre-elective surgery guidance; a move form explicit guidance to an informed conversation with patients about risk reduction.

The COVID-19 addenda referred readers to the SIGN guideline for the post operative risk reduction for elective surgery patients. The SIGN guideline was developed by the COVID-19 clinical cell and required patients to minimise social contacts in the 14 days prior to surgery, undertake a PCR test 48hours prior to surgery and self isolate from the point of undertaking the test. The purpose of this was not related to IPC but to reduce post-operative mortality risk associated with the acquisition of COVID-19. The evidence informing the SIGN guideline was limited and as such the clinical cell reviewed their approach to this to align with the launch of the Winter Respiratory Infections IPC addendum. As such, the SIGN guideline has now been archived and replaced with a Q&A guide supporting surgical teams to discuss with individual

patients the risk associated with COVID-19 acquisition and post-op recovery whilst taking account of individual patient underlying health conditions and planned surgery. This places the onus on the patient to take risk reduction measures having been fully informed of the potential risk should they choose not to. These patients are still required to undergo a PCR test ideally within 48 hours of the surgical procedure.

What has not changed?

Physical distancing

Physical distancing requirements in health and social care settings are unchanged as we move from the COVID-19 addenda to the Winter Respiratory Infection IPC addenda. Instead of being included in the main addenda, physical distancing is now included as Appendix 18 within the NIPCM.

Hierarchy of controls

The hierarchy of controls laid out in the COVID-19 addenda remain unchanged in the Winter Respiratory Infections IPC addenda although some additional suggestions have been made to help different sectors within health and social care sectors consider how they can best reduce risk in their settings.

Principles of Standard Infection Control Precautions (SICPs)

Principles of standard infection control precautions (SICPs) including;

- patient placement,
- hand hygiene,
- respiratory etiquette,
- management of care equipment,
- management of care environment,
- management of blood and body fluids,
- personal protective equipment
- safe management of linen,

- safe management of waste,
- occupational exposure

The new addendum refers back to SICPs within the NIPCM throughout supporting a return to pre pandemic IPC principles whilst still recognising the ongoing COVID-19 pandemic and an expected increase in other respiratory viruses.

Duration of precautions for COVID-19 and other respiratory viruses

The duration of precautions for COVID-19 have not changed from those laid out in the COVID-19 addenda. Duration of precautions for other respiratory viruses are as per appendix 11 of the NIPCM which was in place prior to the COVID-19 pandemic.

Extended use of facemasks

The extended use of facemasks and face coverings in hospitals, primary care and community care settings has not changed and this will continue as a COVID-19 pandemic measure.

Visiting to health and care settings

The Scottish government guidance for visiting remains unchanged as does the PPE requirements for visitors if delivering direct care to a loved one.