

Hospital Onset Covid-19: IPC evidence from recent survey and next steps

Update for SAGE:

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16th April 2020



Evidence for rates of nosocomial transmission of Covid-19

- Information on patient management was gathered via a short questionnaire, which reflected the status and situation reported as of 9th April 2020.
- 149 responses from a cross-section of organisations have been collated to provide a baseline data set to inform approaches to reduce nosocomial infection:
 - 82 Acute Trusts
 - 1 Acute, mental health and community Trust
 - 46 Mental health and/or community Trusts
 - 6 Private Hospitals
 - 14 Specialist organisations
- Trusts were asked to complete nosocomial transmission rates and to answer questions on Infection Prevention & Control (IPC) practices.
- Of the 149 responses received, 46 provided sufficient data to obtain an estimate of potential nosocomial transmission
 - Of all Covid-positive test results in 46 Trusts, 8.2% were diagnosed 14 days post-admission (inter-quartile range 3.8% to 12.0%)

Identified IPC Needs

- The survey demonstrated variation between Trusts in implementation of the latest IPC guidelines. There is a need to update the Covid-19 IPC policy, to incorporate best practice examples and the latest evidence base. Regional leads are able to support local variation.
 - **Action:** NHSE&I colleagues will update existing IPC policies and disseminate to Regions and Trusts
 - **Action:** NHSE&I share survey data with Regional leads to enable local support
- Few Trusts are assessing the possible involvement of healthcare workers in transmissions
- Most acute Trusts have separate clinical teams dedicated to working with either Covid or non-Covid patients but not all (and not many mental health Trusts), increasing risk of cross-infection. Few Trusts had dedicated wider workforce teams, such as cleaning staff.
- There is no single guideline outlining the ideal approach to cleaning. Cleaning is an important measure to minimise transmission, particularly as outpatient/elective areas begin to re-open
 - **Action:** NHSE&I to support Trusts to better understand potential transmission routes and effective practices to minimise transmission risk
- Although the majority of Trusts separated patients once Covid status was confirmed, only 38 segregated suspected cases at the front door – risking close proximity between suspected cases and Covid-free
 - **Action:** NHSE&I to work with Trusts to establish best practice approaches to cohorting and isolating patients on presentation, until Covid-status confirmed
- There was variation in mask use in Covid-positive patients
 - **Action:** reinforce PHE guidance on use of masks for Covid patients as appropriate/ patient can comply

Learning from a non-Covid site

- Three London Trusts have dedicated non-Covid sites to perform urgent, elective surgery
- St Bartholomew's Hospital has adopted an approach for cardio-thoracic surgical patients including pre-admission swabs, sampling bronchial lavage, and CT scans – as appropriate
- Early findings suggest there has been minimal nosocomial transmission at St Bartholomew's Hospital, although these findings are to be confirmed
- St Bartholomew's is conducting elective work on a dedicated site, thus can minimise Covid-transmission risk. The approach is resource intensive and unlikely to be fully deliverable on every site, although some approaches are transferable
- Outside major cities with fewer hospital buildings and/or in medical emergency settings, the above approach would be more difficult to achieve
 - **Action:** NHSE&I to review options to use dedicated non-Covid sites (including the independent sector) as cases numbers reduce and stabilise, to enable a return to delivering elective procedures safely.

Summary



- Evaluation of the data indicates the following key areas for action:
 1. Update national IPC policy in line with new evidence:
 - i. Support Trusts furthest behind in implementing effective IPC practice
 - ii. Focus on effective segregation of patients through red/green Covid and non-Covid management (from front door: isolation and dedicated workforce)
 - iii. Support Trusts to understand the potential transmission routes between staff and patients
 - iv. Ensure the use of surgical masks for patients with Covid-19 at all times (unless other procedures make this impractical)
 2. Investigate potential for designated Covid-19 and non-Covid hospitals, where operationally possible, as rates plateau and stabilise to enable a return to elective treatment.