Covid-19/Influenza Trigger/Escalations for PPE use and testing

National Guidance

Current national guidance for PPE is based on local risk assessment to ascertain if masks are required in all areas. It is no longer mandated for masks to be worn in all areas.

With regards to testing, there current guidance is to pause asymptomatic testing as nationally we are deemed to be in low prevalence related to Covid-19 and therefore the only requirement is to conduct symptomatic testing and testing of patients being transferred to another care facility/home.

Regional recommendations (October 2023):

As part of this risk-based approach for mask wearing within your organisation, please consider the approach to patients, especially within the emergency and urgent care portals, and visitors. We appreciate there is no mandate for mask wearing for patients and visitors, and they may decline to do so, however where you identify increased risk, mask wearing should be encouraged, unless exempt.

It is appreciated that different organisations will have different levels of risk and mitigations in place and as such it is unlikely that a single regional approach will work in this instance.

Therefore, we recommend that each organisation has their own framework for escalation and deescalation working to the following sets of principles:

- Implementation of face masks across the emergency and urgent care portals throughout the winter period, as this will protect staff from COVID-19, influenza and norovirus. Until the numbers of patients presenting with respiratory symptoms reduces, based on data from UKHSA respiratory reports.
- Implementation of face masks for patients within the emergency and urgent care portals throughout the winter period. Until the numbers of patients presenting with respiratory symptoms reduces, based on data from UKHSA respiratory reports.
- Mask wearing for all areas in outbreaks (COVID-19 or Influenza), including staff working and visiting these areas and patients' visitors, where visiting continues for compassionate reasons.
- If the organisation has a number of outbreaks (COVID-19 or Influenza), across the same building, consideration should be given to all patient areas moving back into face masks as a precautionary measure.
- If, for example, 50% of the wards in the organisation have outbreaks (COVID-19 or Influenza), or there is a high number of patients with respiratory symptoms in the organisation, consideration should be given to all staff within the organisation moving back into face masks.

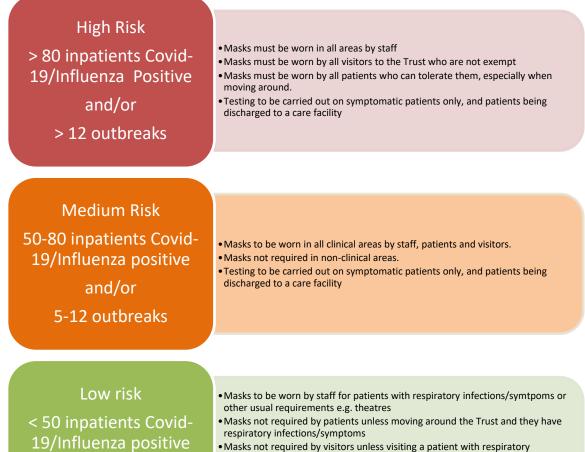
Recommendations

Following the review of the Trust and regional prevalence for Covid-19 below are recommended triggers and escalations for the use of masks and asymptomatic testing.

It is recommended that we move to a risk-based approach for mask wearing for respiratory viruses, using the triggers below. Due to the rising Influenza numbers these have been included in the risk categories below.

Outbreak management to continue as identified in the outbreak management plan as part of the IPC outbreak policy, which is in line with regional recommendations.

We can monitor the Trust and local position on a weekly basis to review the prevalence and amend our precautions where required. This will be included as part of the IPCC monthly updates.



and/or up to 5 outbreaks

- Masks not required by visitors unless visiting a patient with respiratory infection/symptoms (e.g. compassionate visiting reasons)
 Testing to be carried out on symptomatic natients only, and natients being
- Testing to be carried out on symptomatic patients only, and patients being discharged to a care facility