



De-escalation of Health Board COVID-19
measures to support a safe return to
‘business as usual’
in line with national guidelines

Situation

- The UK is emerging from the COVID 19 pandemic and whilst it is not over there is a need to address the risk posed by the backlog of patients waiting for treatment and the overall detriment to health and well being
- Based on the balance of risk and potential harm to patients the Welsh Government (WG) issued a Chief Nursing Officer (CNO)/ Deputy Chief Medical Officer (DCMO) letter: 'De-escalation of COVID-19 measures in NHS Wales to enable transformation and modernisation of planned and elective care and to reduce waiting times' (20.05.22)
- This was closely followed by the withdrawal of the UKHSA guidance: 'Infection prevention and control (IPC) for seasonal respiratory infections in health and care settings (including SARS-CoV-2) for winter 2021 to 2022
- The UK guidance was replaced with Public Health Wales (PHW) disease specific guidelines: "Infection Prevention and Control Measures for SARS-CoV-2 (COVID-19) in Health and Care Settings – WALES" and a recommendation to return to the implementation of standard and transmission based IPC precautions (in line with the National IPC Manual)
- Simultaneously, the legal requirement in Wales for visitors to health and social care facilities to wear face masks was lifted.
- Welsh Government (WG) and PHW hosted 2 webinars with Health Boards (HB) during the last week of May 2022 to support interpretation / implementation of the new guidelines at a local level.
- The emphasis is now on organisational and individual risk assessment based on local prevalence of COVID, with the caveat that each HB should retain plans to reinstate/surge precautionary IPC measures if local levels of infection/community transmission increase, a new variant of concern is identified or there is evidence of significant vaccine efficacy waning.

Risks and Mitigation

A number of IPC measures have been revised to reflect lower levels of community transmission of COVID, vaccination of the population and the need to return to business as usual (BAU):

- **Masks/face coverings:** no longer a legal requirement. General public are supported to wear a mask/face covering in communal areas if they choose. An FAQ has been circulated to staff to advise on wear masks still need to be worn
- In line with transmission based precautions staff are still required to wear a FFP3 respirator when dealing with aerosol generating procedures; facemasks must be worn when caring for suspected or confirmed cases of COVID or working in an area with an outbreak/increased incidence of cases; staff 'at the front door' continue to wear masks (under review) and staff caring for patients deemed to be at increased risk of infection e.g. the immunosuppressed patients need to wear a face mask when within 2 metres of these patients.
- **Social distancing:** the need to maintain a 'social distance' has been stood down but where possible the distance between beds and trolleys is maintained in line with extant health building notes/ technical memoranda. Temporary screens/dividers are being taken down (and stored for future use) if appropriate. If left in place they must be part of the cleaning schedule. Restaurants have been reopened to the general public. The need to isolate known or suspected COVID cases remains as it does other respiratory infections

Risks and Mitigation (cont'd)

- **Testing:** the all Wales Testing Framework for patients remains in place but is under review
- Internal HB meeting on 16.06.22 will consider revising local testing requirements for staff; for patients prior to elective/diagnostic procedures and prior to discharge to care homes
- The aim is to limit the amount of testing without compromising safety and reverting to pre COVID screening of patients for presence of symptoms prior to surgery/procedures rather than reliance on LFD testing for the majority of procedures.
- **In Patient Visiting:** a draft policy has been produced which essentially reverts to pre COVID policy with a small number of changes.
- Core visiting hours 2-4pm & 6-8pm for the majority of wards
- extended visiting arrangements at the discretion of the ward sister/charge nurse e.g. at end of life, and within augmented care units, paediatrics and maternity.
- Retention of 'visiting by appointment' where need to limited footfall to manage effective care. Ideally one but no more than 2 visitors at the bedside.
- Advice to visitors to refrain from visiting if unwell, and restricted visiting on wards with an outbreak of any infection
- The CHC have been informed of the intention to lift restrictions on in patient visiting

Recommendation

For QSEC to take an assurance that the appropriate steps and risk assessments have been undertaken in line with updated guidance.