



Trust Board Meeting in Public: Wednesday 8 July 2020

TB2020.56

Title	Infection Prevention and Control Recommendations for OUH based on results of Staff COVID-19 testing
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Status	For approval
History	

Board Lead(s)	Professor Meghana Pandit, Chief Medical Officer			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

1. Voluntary Covid-19 testing programmes for symptomatic and asymptomatic staff in the OUH using nasopharyngeal PCR (swab) testing and immunoassays for IgG antibodies have been conducted.
2. A positive PCR result or detected IgG antibodies determined a composite outcome of "Covid-19 at some time". Risk-factors for Covid-19 were investigated using multivariable logistic regression.
3. PPE (personal protective equipment) was introduced in line with recommendations made by the Department of Health/ PHE. Universal PPE was introduced a week in advance of the national directive.
4. 1083/9809 (11.0%) staff had evidence of Covid-19 at some time and provided data on potential risk-factors.
5. Increased Covid-19 risk was seen in acute medicine, among Black and Asian staff, and porters and cleaners. A bundle of PPE-related interventions protected staff in ICU. The greatest risk was seen in staff members with a confirmed household contact.
6. Sporadic outbreaks were also seen in areas with few or no Covid-19 patients (staff to staff transmission).
7. This paper brings together a number of infection prevention and control recommendations to protect both staff and patients during the on-going COVID-19 pandemic.

8. Recommendation

The Trust Board is asked to endorse the recommendations made in this paper

Infection Prevention and Control Recommendations for OUH based on results of Staff COVID-19 testing

1. Purpose

- 1.1. This paper brings together a number of infection prevention and control recommendations to protect both staff and patients during the on-going COVID-19 pandemic.

2. Background

- 2.1. Voluntary Covid-19 testing programmes for symptomatic and asymptomatic staff in the OUH using nasopharyngeal PCR (swab) testing and immunoassays for IgG antibodies have been conducted.
- 2.2. A positive PCR result or detected IgG antibodies determined a composite outcome of "Covid-19 at some time". Risk-factors for Covid-19 were investigated using multivariable logistic regression.
- 2.3. PPE (personal protective equipment) was introduced in line with recommendations made by the Department of Health/ PHE. Universal PPE was introduced a week in advance of the national directive.

3. Results

- 3.1. 1083/9809 (11.0%) staff had evidence of Covid-19 at some time and provided data on potential risk-factors.
- 3.2. Staff with a confirmed household contact were at greatest risk (adjusted odds ratio [aOR] 4.63 [95%CI 3.30-6.50]).
- 3.3. Higher rates of Covid-19 were seen in staff working in Covid-19-facing areas (21.2% vs. 8.2% elsewhere) (aOR 2.49 [2.00-3.12]). Controlling for ward-based Covid-19-facing status, risks were heterogeneous across the hospital, with higher rates in acute medicine (1.50 [1.05-2.15]) and sporadic outbreaks in areas with few or no Covid-19 patients, supporting staff to staff transmission of infection. Covid-19 intensive care unit (ICU) staff were relatively protected (0.46 [0.29-0.72]).
- 3.4. Positive results were more likely in Black (1.61 [1.20-2.16]) and Asian (1.58 [1.34-1.86]) staff, independent of role or working location, and in porters and cleaners (1.93 [1.25-2.97]).
- 3.5. Contact tracing around asymptomatic staff did not lead to enhanced case identification.
- 3.6. 24% of staff/patients remained PCR-positive at ≥ 6 weeks post-diagnosis.
- 3.7. Level 2 PPE appears in the study to be more protective than level 1 PPE - this is likely to be multi-factorial, including some training, space, and behavioural issues. However this is highly confounded by the fact that level 2 PPE was used universally from the beginning in ICU and for AGPs, whereas level 1 PPE was only introduced universally half way through the pandemic.

4. Infection Prevention and Control Recommendations

- 4.1. The following measures to support Infection prevention and control are recommended to protect both staff and patients from the risk of Infection with COVID-19:
1. Continue universal level 1 PPE for all patient contacts, unless level 2 indicated, in line with government guidelines.
 2. Continue to triage all acute patients according to symptoms of possible COVID, with correct patient placement. Include the possibility of atypical presentations in the elderly.
 3. Establish social distancing wherever feasible for all patients (in-patients, day cases, out-patients).
 4. All visitors and out-patients to be given a face mask if they arrive on site without a face covering
 5. Re-invigorate training and safety huddles focused on PPE. Introduce PPE safety team (PPEST).
 6. Await Government recommendations regarding BAME staff working in acute settings
 - Ensure risk assessments have been completed and appropriate actions taken for all vulnerable staff including BAME staff.
 7. Re-inforce the requirement for social distancing between staff at all times.
 - Implement universal mask wearing as per Government guidelines 15/06/2020 in order to reduce staff to staff transmission.
 - Establish 'COVID-secure' areas for all staff in order to allow periods of rest, and the ability to eat and drink. This will require the identification of additional suitable space, in close proximity to work areas. This also applies to PFI employees.
 - Re-inforce the importance of social distancing between staff and their contacts outside the workplace, in line with government guidelines.
 - Contact trace and require to self-isolate all contacts of newly identified COVID-19 positive staff.
 - In line with Government advice, promote home working
 8. Distribute hand sanitiser and Clinell wipes to all office areas if hand washing facilities not accessible within the office.
 9. Maximise the use of rapid diagnostics and lab capacity
 - Continue to offer the asymptomatic staff testing programme
 - Continue admission and weekly patient COVID-19 screening in all areas
 10. Review cleaning procedures - frequency and areas cleaning (focus on high touch points)
 11. In line with Government advice, promote homeworking

5. Conclusion

- 5.1. The implementation of a number of measures to support Infection prevention and control is recommended to protect both staff and patients from the risk of Infection with COVID-19.
- 5.2. These measures will be implemented and reviewed in line with Department of Health/ PHE guidelines.

6. Recommendation

- 6.1. The Trust Board is asked to endorse the recommendations made in this paper

Professor Meghana Pandit

Chief Medical Officer

Author(s)

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