

# UKHSA publishes new recommendations for COVID-19 infection prevention and control

The UK Health Security Agency (UKHSA) has recommended [3 pragmatic changes](#) that hospitals can make to the current management of coronavirus (COVID-19) Infection Prevention and Control (IPC) measures, with a focus on elective care.

This advice comes as more of the population is vaccinated and therefore protected against COVID-19 and we understand more about how the infection is transmitted and can be contained.

This advice should be used by local acute care providers to allow them to start to make further safe changes to their services, in line with a local assessment of risk.

It is hoped that whilst responding to changing scientific knowledge, these recommendations in starting to reduce enhanced COVID-19 specific IPC measures will also help to ease the pressure created by the pandemic on NHS capacity over the next few months, balancing the different health needs of the population as we learn to live with the virus.

Dr Jenny Harries, UKHSA Chief Executive, said:

We have reviewed the existing COVID-19 IPC evidence-based guidance and made a series of initial pragmatic recommendations on how local providers can start to safely remove some of the interventions that have been in place in elective care specifically for COVID-19.

This is a first step to help the NHS treat more patients more quickly, while ensuring their safety and balancing their different needs for care.

Health and Social Care Secretary, Sajid Javid, said:

As ever more people benefit from the protection of our phenomenal vaccination campaign, we can now safely begin to relieve some of the most stringent infection control measures where they are no longer necessary to benefit patients and ease the burden on hardworking NHS staff.

I thank Dr Jenny Harries and the UKHSA for their recommendations, and look forward to their assessment of what further steps can be taken in other healthcare settings including in primary care.

These initial recommendations include 3 interventions which relate to social distancing and testing in NHS and Social Care elective care services, and cleaning practices:

1. A reduction of physical distancing from 2 metres to 1 metre with appropriate mitigations where patient access can be controlled (for example, not in emergency departments). This is in line with the [World Health Organization \(WHO\)](#) which currently advises 1 metre physical distancing in healthcare facilities.
2. Removing the need for a negative PCR and 3 days self-isolation before selected elective procedures. Selected patients in low risk groups who are fully vaccinated, asymptomatic, with a negative lateral flow test on the day of their procedure will no longer need to have a negative PCR and isolate for 3 days. Patients who are contacts of a confirmed case of SARS-CoV-2 will still need to go through the current PCR pathway.
3. Re-adopting standard rather than enhanced cleaning procedures. Enhanced cleaning can be discontinued in agreed low risk areas such as planned or scheduled elective care and providers can revert to standard cleaning procedures between patients. WHO and other international authorities have stated that there is currently limited evidence on transmission of SARS-CoV-2 via surfaces. [The Independent Scientific Pandemic Insights Group on Behaviours \(SPI-B\)](#) has advised that hand hygiene is likely to be more effective than enhanced cleaning for reducing transmission via contaminated surfaces, which has benefits for preventing other disease transmission and reduces healthcare burdens.

Staff working in areas where COVID-19 control measures have been relaxed should be fully vaccinated asymptomatic and not a contact of a positive case. Staff will be required to continue to comply with the current guidance on asymptomatic testing. Rigorous adherence to routine IPC precautions by all staff remains critical for patient safety and must continue to be implemented.

Local providers are best placed to decide where risk-assessment precludes these changes in terms of patient groups and facilities, which will be based upon factors such as the configuration of wards and departments, local capacity and the ability to ventilate spaces, along with other considerations.

These practical changes to current ways of working have been recommended based on existing evidence reviews and broad consensus from the IPC community.

These steps on elective care are the first step and further changes looking at other services and environments, including dentistry and ambulance trusts, will be planned in future steps. We will be working with stakeholders to assess where access can be improved in these settings.

The framework and recommendations cover social distancing, testing and cleaning focussing on elective care. There are no recommendations for PPE and providers should continue to follow UK IPC Guidance.