

CCG Accountable Officers and Primary Care Leads
All GP Practices
NHS Dental and Optometry practices
Community Pharmacies

East of England

Swift House
Hedgerows Business Park
Colchester Road
Chelmsford CM2 5PF

By email only

Rachel.webb6@nhs.net

17 June 2020

Dear All

Re: Guidance for primary care contractors on reducing risk of staff acquiring Covid-19 and the impacts on service delivery

Primary care is now starting to see a demand from patients for routine services. Unfortunately there have been reports, both nationally and across the region, of primary care contractors and services having to be closed or significantly disrupted as members of staff have either become positive Covid-19 cases or identified as contacts via the NHS Test and Trace programme, thus putting other staff members/patients at risk. This is particularly pertinent as there is growing evidence of an increase in staff to staff transmission across health and care settings.

This letter aims to provide a short summary of national guidance on advice to primary care contractors to reduce the risk of staff acquiring Covid-19 and thus minimising the impact on business continuity and primary care service delivery.

Attached to this letter is a framework (Appendix one) that NHS England and NHS Improvement, plus CCGs who are delegated commissioners, should use with their primary care contractors to minimise Covid-19 transmission and the associated negative impact for patients.

Appendix two contains a list of that providers should consider in the form of a checklist. Areas not in the current guidance that providers may wish to consider are also suggested.

The main guidance organisations should follow is *COVID-19: management of staff and exposed patients or residents in health and social care settings*

<https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings>

In the guidance it states:



- Managers have a high level of skill in **assessing whether individual staff require exclusion from work** and should remain the first point of contact for a health or social care worker who is unsure whether they are fit to work.
- This guidance should be **considered alongside local risk assessment and local policies** – these are guiding principles and there may need to be an individual risk assessment based on staff circumstances, for example for those working with individuals who are immunocompromised.

It is therefore important that commissioners and providers have clear local policies outlining how staff are deployed during the Covid-19 pandemic as services start to re-open and expand. It is also essential that responsibility and processes for risk assessment are clear. NHS Employers contains guidance for NHS organisations on how to enhance their existing risk assessments particularly for at-risk and vulnerable groups within their workforce <https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff>.

Primary care contractors should make themselves familiar with the changes to the Guidance on infection prevention and control for COVID-19, which were amended on 12 June <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control#history> .

Commissioners and providers should also seek assurance that appropriate infection prevention and control (IPC) is being followed <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0542-IPC-Board-Assurance-Framework-v1-2.pdf>.

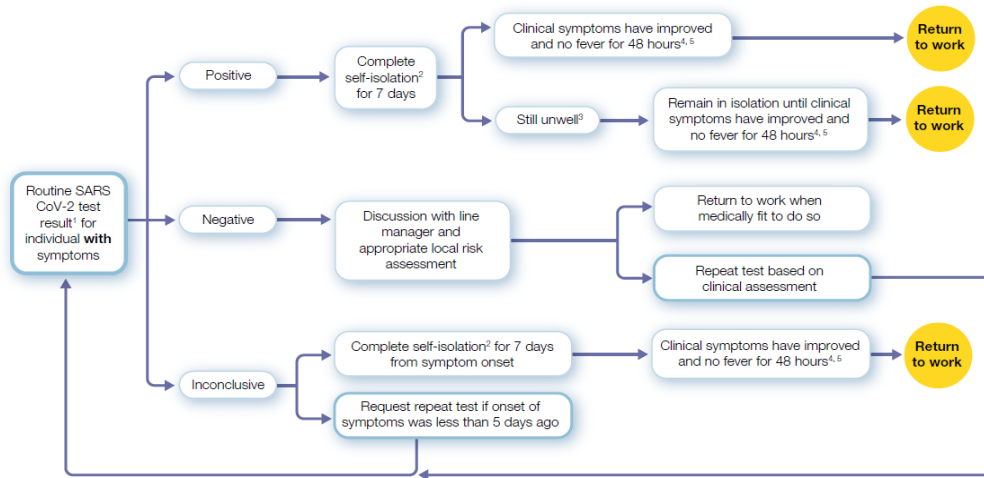
Prevention of staff member acquiring Covid-19

It is essential that local primary care contractors and services minimise the introduction and potential spread of Covid-19 amongst staff. This includes:

- Early recognition and reporting of cases
- Full compliance with IPC guidance
- Full compliance with social distancing guidance
- Total triage of patients with minimal face to face contact
- Where face to face contact is required zoning of patients continues where appropriate
- Full compliance by staff members with symptoms to stay at home and following the guidance:



Symptomatic worker: flowchart describing return to work following a SARS-CoV-2 test



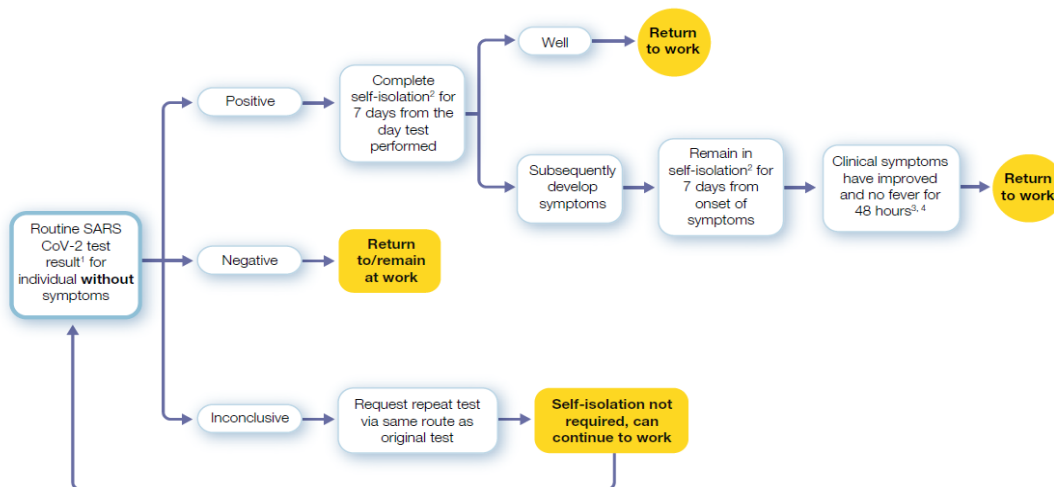
1 If the testing was done because they were identified as a contact via the test and trace system, the person should self-isolate for 14 days (refer to [Test and trace guidance](#))
 2 Refer to [Stay at Home Guidance](#)
 3 Consider contacting the [NHS online coronavirus service](#), or in a medical emergency dial 999
 4 Without medication
 5 If a cough or a loss of or change in normal sense of smell (anosmia) or taste is the only persistent symptom, workers can return to work if they are medically fit to return as these symptoms are known to persist for several weeks in some cases

- Ensuring a zero-tolerance policy to staff coming to work who are symptomatic as there are anecdotal reports of staff working with symptoms
- Restricting access of visitors to all areas of the healthcare facility to essential visitors only. Patients should attend on their own unless absolutely necessary, and children should be accompanied by only one parent or guardian

Primary care contractors and services may also wish to consider:

- As antigen testing is readily available to staff, primary care contractors and services should consider if it is appropriate for staff to have weekly antigen testing to aid detection of asymptomatic staff. This then allows early identification of carriers and their early exclusion from work:

Asymptomatic worker: flowchart describing return to work following a SARS-CoV-2 test



1 If the testing was done because they were identified as a contact via the test and trace system, the person should self-isolate for 14 days (refer to [Test and trace guidance](#))
 2 Refer to [Stay at Home Guidance](#)
 3 Without medication
 4 If a cough or a loss of or change in normal sense of smell (anosmia) or taste is the only persistent symptom, workers can return to work if they are medically fit to return as these symptoms are known to persist for several weeks in some cases



When there has been contact with a case in the primary care setting

Definition of contact with a case

For primary care contractors to define who is a contact of a case the definition from the NHS Test and Trace service should be used:

1. having face-to-face contact with someone (less than 1 metre away)
2. spending more than 15 minutes within 2 metres of someone
3. travelling in a car or other small vehicle with someone (even on a short journey) or close to them on a plane

Contact with a co-worker who is a confirmed case

If a staff member has been notified that they are a contact of a co-worker, or someone in the community, who has been confirmed as a COVID-19 case, and contact with this person occurred while not wearing PPE, the 14-day isolation period also applies.

Contact with a patient who is a confirmed case

If a staff member has come into close contact with a confirmed COVID-19 or symptomatic patient, while not wearing PPE, or had a breach in their PPE while providing personal care to a patient, resident or service-user with confirmed or suspected COVID-19, then the staff member should inform their line manager.

In assessing whether a staff member has had a high risk contact with a patient, and/or has had a breach of PPE, a risk assessment should be undertaken in conjunction with local infection prevention and control (IPC) policy, taking into consideration:

- the severity of symptoms the patient has
- the length of exposure
- the proximity to the patient
- the activities that took place when the worker was in proximity (such as aerosol-generating procedures (AGPs), monitoring, personal care)
- whether the staff member had their eyes, nose or mouth exposed

If the risk assessment concludes there has been a significant breach or close contact without PPE, the worker should remain off work for 14 days.

The aim of this letter is to provide a summary of relevant guidance and a simplified checklist and framework for application across all contractor groups. It is crucial that all providers/contract holders take and embed all relevant action as described to continue to reduce virus transmission and minimise the number and severity of outbreaks across the region.

Do let me know if you have any further queries or questions. A further letter will follow outlining minimum requirements for business continuity plans for all contractors/providers in the coming week.

Yours sincerely



Rachel Webb
Director of Primary Care and Public Health

Appendix one Framework for primary care contractors on reducing risk of staff acquiring Covid-19 and the impacts on primary care service delivery
Adapted from the five steps to working safely

<https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/5-steps-to-working-safely>

- Carry out a risk assessment
- Increase the frequency of handwashing and surface cleaning by:
 - Encourage staff to follow the guidance on hand washing and hygiene i.e. Posters up by sinks and kitchen preparation areas
 - Provide hand sanitiser around the workplace, in addition to washrooms
 - Increase frequently of cleaning surfaces that are touched regularly
 - Enhancing cleaning for busy areas
 - Setting clear use and cleaning guidance for toilets
 - Providing hand drying facilities – paper towels
- Where possible, you should maintain two metres between people by:
 - putting up signs to remind workers and visitors of social distancing guidance
 - using floor tape or paint to mark areas to help people keep to a two-metre distance
 - arranging one-way traffic through the workplace if possible
- Where it is not possible for people to be two metres apart, you should do everything practical to manage the transmission risk by:
 - considering whether an activity needs to continue for the business to operate
 - keeping the activity time involved as short as possible
 - using screens or barriers to separate people from each other
 - using back-to-back or side-to-side working whenever possible – consider for communal common rooms
 - staggering arrival and departure times – staggered lunch times for staff teams
 - Adopt the appropriate PPE guidance (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/886668/COVID-19_infection_prevention_and_control_guidance_complete.pdf)
 - reducing the number of people each person has contact with by using ‘fixed teams or partnering’ or being in a ‘support bubble’



Appendix two

Checklist of prevention measures for primary care services to maintain services

Generic	Hygiene
<ul style="list-style-type: none"> • Ensure all staff are aware of and follow PHE guidance on PPE, etc. Consider using a signature log • Ensure all staff are aware and follow specific discipline protocols and guidance. Consider using a signature log • Review business continuity plan and ensure that it is robust in the current pandemic. Record when reviewed and any changes made • Understand and mitigate impact of Test and Trace on service and business continuity, as staff who are well, may self-isolate for 14 days if in contact with a person who has tested positive for COVID 19 • Reduce footfall <ul style="list-style-type: none"> ○ Electronic /online video consultations ○ Delivery services ○ Universal use of ePS and eRD • Prominent display of PHE posters • Do not refer suspected COVID-19 patients to another /service care provider • Consider dedicated premises or zones for treatment of symptomatic or those isolating in a household of symptomatic 	<ul style="list-style-type: none"> • Regular cleaning processes • Contactless payments • Minimise the number of surfaces patients or customers encounter • Clean all surfaces at least twice per day or after every patient contact • Hand Gel available for staff, patients, and customers • Reduce documentation and transfer of paperwork between staff and patients • Ensure any cleaning contractors, where used, are advised of new or additional requirements • Ensure regular review and update of infection control SOP or policy • Ensure on-going infection control training for all staff • Consider infection control audit using an appropriate toolkit to be carried out weekly • When items cannot be cleaned using detergents or laundered, e.g. upholstered furniture and mattresses, steam cleaning should be used • Flooring in clinical care and decontamination areas should be impervious and easily cleanable. Carpets, even if washable, should not be used
Staff	Patients
<ul style="list-style-type: none"> • Assess ability to stay two metres apart from other staff at all times in clinical and non-clinical areas. If not is the use of PPE appropriate? • Assess ability to stay two metres apart from patients, if not ensuring the correct PPE is used. Consider this for each service activity • Undertake risk assessment of BAME staff in line with guidance • Adequate screens are in place where appropriate • Review hand washing facilities in the premises and disposable paper towels rather than hand dryers or re-usable 	<ul style="list-style-type: none"> • Patients should be informed in advance and at the service, on what to expect at their visit in terms of ICP, e.g. patient experience poster • Ensure patients are asked in advance about symptoms and advised that anyone showing symptoms of coronavirus should not visit • Social distancing – ensure patients able to remain two metres apart from each other and practice staff. • Reduce the number of times a patient is required to attend the premises • Text messages to be used to inform patient script is ready for collection if not using ePS



<p>towel.</p> <ul style="list-style-type: none"> • Consider dividing staff into teams that are maintained through the working week/shift to reduce the impact of self isolation of individuals on the wider workforce • Further consider how staff should form work bubbles for working within Covid and non-Covid patients/presentations • Appropriate PPE available for staff serving patients or customers at all times if unable to maintain social distancing • Staff signing prescriptions on behalf of patients reducing number of surfaces touched by patient • Staff should immediately return home where Covid-19 symptoms are experienced • Ensure appropriate staff testing including frequency • Consider how patients sign documents or forms and whether this can be done electronically and in advance of the appointment 	<ul style="list-style-type: none"> • Reduce the numbers of patients in the premises • Consider queueing provision outside and inside the building • Clear signage and floor markings • Requirement of use of hand gel on entering the building • Advise patients to attend on their own, unless parents accompanying children or carer support is needed • For ophthalmic services ensure all frames that are considered are cleaned before and after trying by the patient • Stagger appointments with gaps for cleaning in between and to avoid patients being in proximity with others
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

