



Hertfordshire and  
West Essex Integrated  
Care System



Hertfordshire and  
West Essex  
Integrated Care Board

Presentation on:

# Infection Prevention and Control in General Practice Up-Date

Tuesday 28<sup>th</sup> November 2023

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[www.hwetraininghub.org.uk](http://www.hwetraininghub.org.uk)

**Working together**  
for a healthier future





- COVID-19
- Symptoms of respiratory infection and when to stay at home
- Returning to work
- Access to LFD's in primary care
- COVID-19 outbreak
- Being winter prepared
- COVID-19 & Flu Vaccinations
- Measles update
- The Education Framework for the IPC workforce
- Scabies
- Patient education around respiratory infections
- Questions answers and discussions

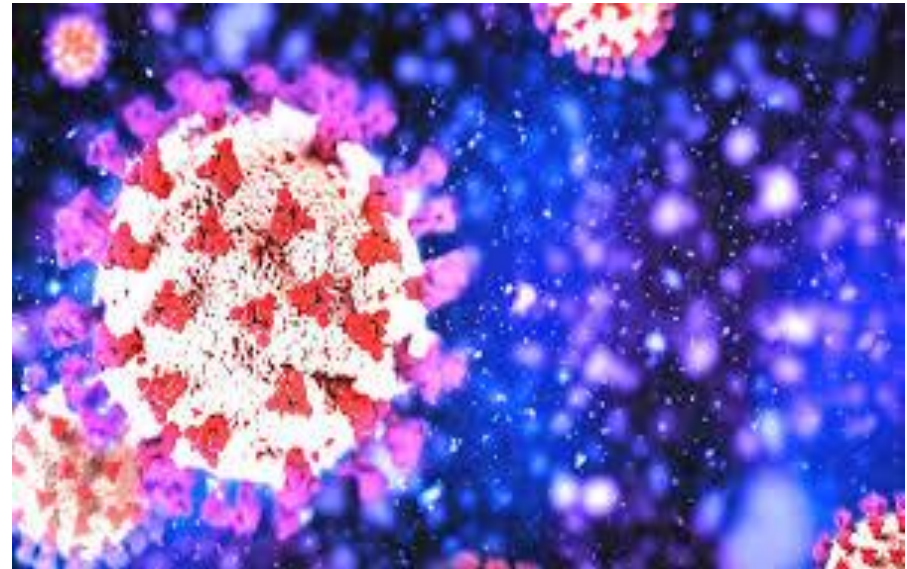


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# COVID-19 UPDATE

- New variant BA.2.86 identified, many mutations seen here
- Increased activity of COVID-19 outbreaks are being identified, spreading quickly and the attack rates are higher
- East of England remains below national average
- No reports of outbreaks in primary care in recent weeks. **Please do continue to report any outbreaks**
- The vaccination programme has been brought forward
- Staff are to be familiar with the guidance



# Symptoms of COVID-19, flu and common respiratory infections include:

- Continuous cough
- High temperature, fever or chills
- Loss of, or change in, your normal sense of taste or smell
- Shortness of breath
- Unexplained tiredness, lack of energy
- Muscle aches or pains that are not due to exercise
- Not wanting to eat or not feeling hungry
- Headache that is unusual or longer lasting than usual
- Sore throat, stuffy or runny nose
- Diarrhoea, feeling sick or being sick

Primary care staff who have **ONE** of these symptoms **AND** who have a high temperature **OR** do not feel well enough to go to work are advised to stay home and avoid contact with other people until they no longer have a high temperature or until they no longer feel unwell

Risk assess!

You are **NOT** required to take an LFD test



# Returning to work

## LFT POSITIVE RESULT

Do not attend work for at least 5 days

Only return if you feel well enough to work and do not have a temperature

- If displaying respiratory symptoms on return to work speak to your line manager who will undertake a risk assessment

continue to comply rigorously with all relevant infection control precautions as per the IPC Manual and

### **consider:**

- Redeployment to lower risk areas up to 10 days after symptom onset or the first positive test result
- Wear a surgical facemask up to 10 days after symptom onset or the first positive test result
- Negative results on LFD prior to returning to work



# Access to LFDS in Primary Care

LFD testing for staff is **only** required for those involved in direct **in-patient** care for those patients who are severely immunocompromised

Therefore, Primary Care practices should risk assess the need for access to stocks of LFDS to be kept within the practice for patient use

- Does the practice have high risk or severely immunocompromised patients where LFDS are required to inform clinical management?
- Does the practice have patients that fit the criteria for COVID-19 monoclonal antibody and antiviral treatment?
- Do practices require LFDS to support diagnosis and clinical management of clinically unwell patients?

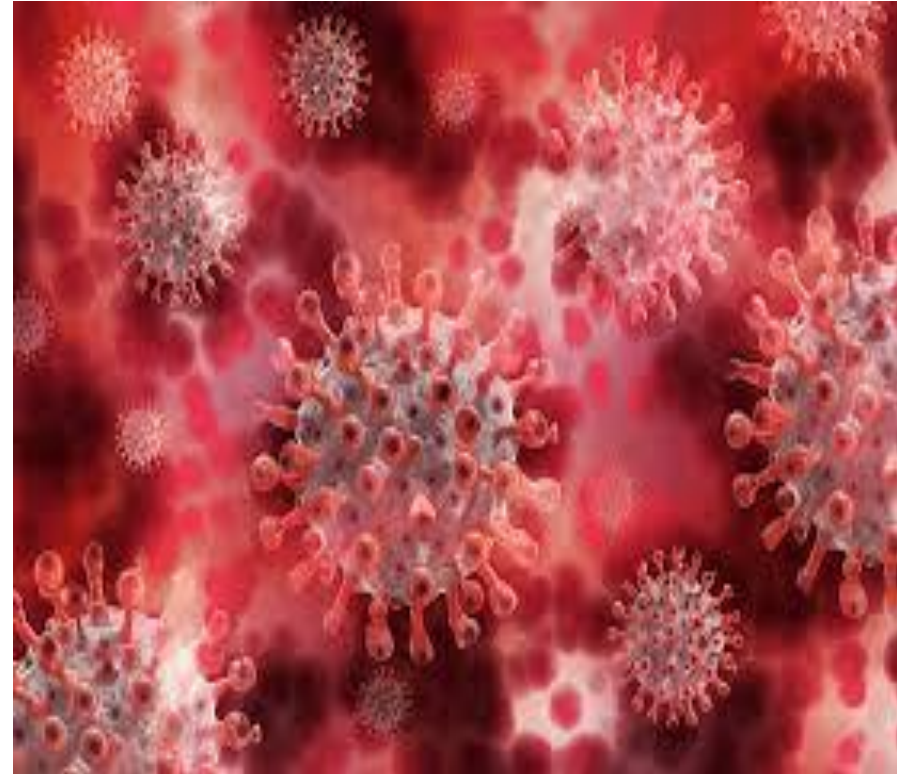


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# COVID-19 Outbreak

- **Definitions**
- **An Exposure**
  - Individual case with LFT/ PCR confirmed COVID-19
- **A Cluster**
  - 2 or more LFT/PCR confirmed COVID-19 cases not linked
  - Illness onset within a 14-day period
- **An Outbreak**
  - 2 or more LFT/PCR confirmed COVID-19 cases amongst staff or patients who are linked (i.e. who are direct, close/ proximity contacts in the setting)
  - Illness onset within a 14-day period



# Outbreak process to follow

- Practices should ensure adherence with correct guidance
- Practices should have completed the NHSE [Board Assurance Framework](#) or the HWE ICB IPC COVID-19 Secure Assessment should have been undertaken
- All practices should notify the HWE ICB IPC Team and relevant Primary care team immediately upon being made aware of 2 or more staff who are suspected or confirmed as having COVID-19 within 14 days of each other
- GP practices should undertake a risk assessment using the provided flow chart in the action card to identify whether there have been any possible contacts of the positive case during the infectious period, i.e. 3 days before the positive test date or symptoms or within 10 days after symptoms started, tested positive
- **OBSERVE CONTACTS CLOSELY FOR SIGNS AND SYMPTOMS AND ADHERE TO GOOD IPC PRECAUTIONS**
- Practices must report the incident to UKHSA East of England Health Protection Team
- IIMARCH forms to be completed
- Risk assess re mask use



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# Being Winter prepared

- Refer to the hierarchy of controls
- Do not attend work if you are unwell
- Get vaccinated
- Adhere to the IPC manual
- Hand hygiene
- Good cleaning regimes including enhanced cleaning
- Ventilate
- Triage and isolate appropriately
- Wear PPE appropriately
- Risk assess for mask use
- Adhere to the dress code policy



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# COVID-19 booster vaccination and seasonal flu vaccination

You are entitled to a FREE COVID-19 & Flu vaccination

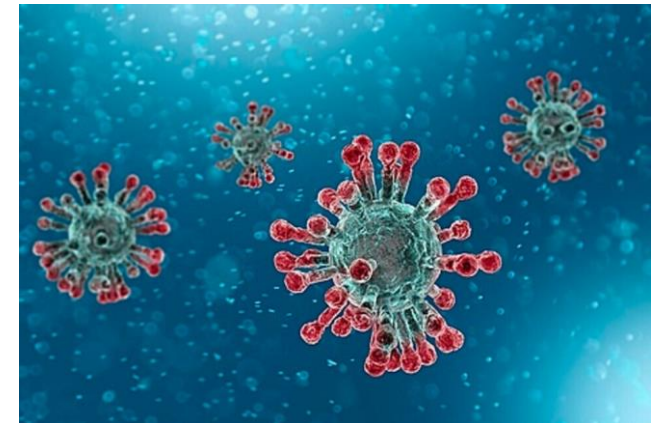
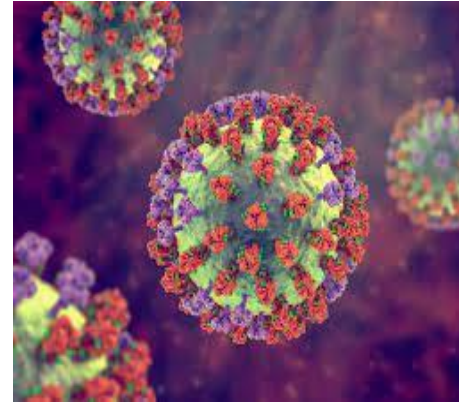
## COVID-19

- [COVID-19 vaccination - NHS \(www.nhs.uk\)](https://www.nhs.uk)

## Flu

- Can be accessed via your GP or a local pharmacy
- [Flu vaccination guidance for social care workers and carers - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
- [Find a pharmacy that offers the NHS flu vaccine - NHS - NHS \(www.nhs.uk\)](https://www.nhs.uk)

Ensure that you take ID/ a letter when attending a vaccination appointment

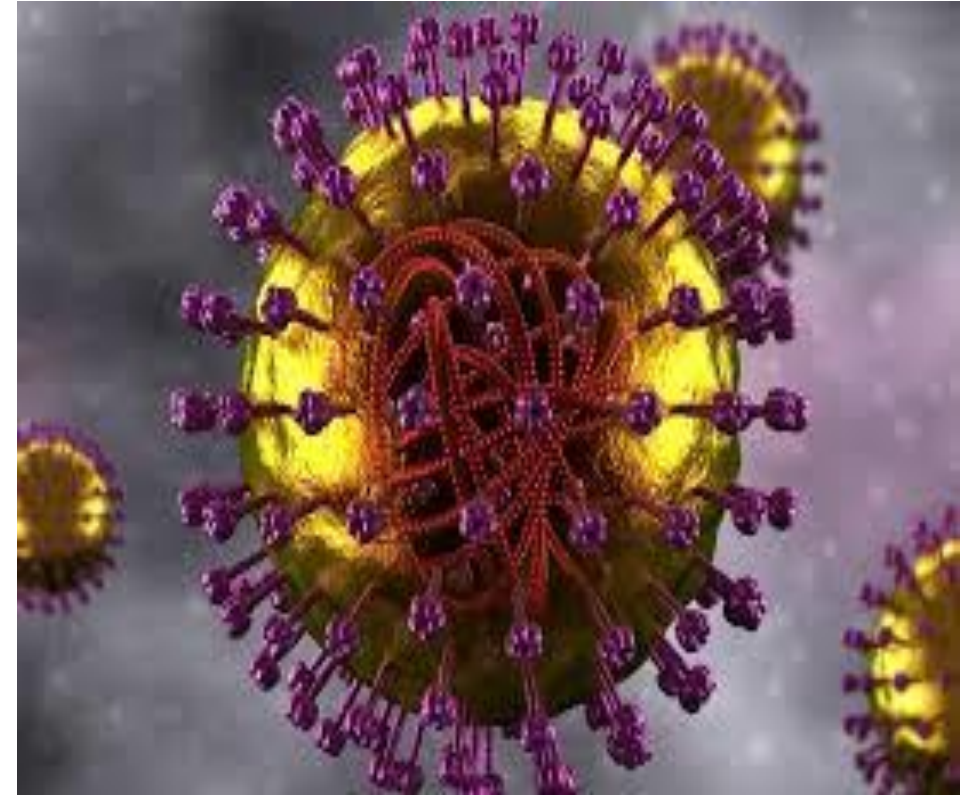


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# Measles

- There is a new briefing note for primary care
- Guidance has been refreshed and some minor changes included such as:
  - Bringing the previously separate measles post-exposure prophylaxis guidance into this one single document
  - Clarifications in the text to support assigning case definitions and risk assessment
  - Updated information on available immunoglobulin products and use



# Measles and implications for primary care services:

- Suspected measles cases (a rash and a fever) should be isolated immediately on arrival to protect other patients.
- All suspected measles cases should be promptly notified by phone to the: - UKHSA Health Protection Team (HPT) to facilitate timely public health action
- All healthcare workers (and receptionists / staff who have direct contact with patients) should have satisfactory evidence of protection against measles to protect both themselves and their patients
- Children should receive their two doses of MMR vaccine **on time** at 12 months and 3 years and 4 months
- The MMR vaccine can be given from six months of age before travel to a high risk country
- Patients over the age of three years and four months who do not have two recorded doses of MMR vaccine should be caught up opportunistically. There is no upper age limit to offering MMR vaccine.
- New entrants from abroad and newly registered patients should have their immunisation history checked and missing doses caught up
- Unvaccinated post-natal women should be offered any outstanding doses
- Recommendations in the **NICE guidelines** on Vaccine Uptake in the General Population [NG218] and the NICE Quality Standard [QS145] which covers how to increase vaccine uptake **in groups and settings that have low immunisation coverage** and describes high-quality care in priority areas for improvement.



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# Education Framework for the IPC workforce

Sets clear outcomes for the development and growth of a skilled workforce to promote the confidence and leadership skills necessary to ensure that practitioners challenge and effectively support the reliable implementation of safe standards of care for the patients we serve



Education Framework for the Infection Prevention and Control Practitioner (IPC) Workforce



# Scabies

- For the clinical management of **single cases** of scabies please refer to the NICE guidance. Recommended treatment involves the application of permethrin 5% cream (lyclear) or malathion (0.5%) aqueous liquid (Derbac-M) if permethrin is not appropriate
- Affected individuals can return to work, school or nursery after completion of the first 24-hour treatment dose as prescribed by a clinician
- Affected individuals should avoid close physical contact with other people until completion of the first 24-hour treatment dose
- People with scabies should be advised that symptoms may persist for up to 6 weeks after treatment. Clinicians should consider prescribing antipruritics for the management of the itch if persistent or distressing
- Where scabies has been acquired from a sexual partner a referral for and sexually transmitted infections (STI) screen should be advised
- HCW'S should wear appropriate PPE when handling and providing personal care until the first 24 hours treatment dose has been completed
- Transfer of cases to other settings should be avoided until the first 24 hour treatment dose has been completed



# Scabies

- **Contacts** should all be treated at the same time as the index case, on 2 occasions 7 days apart (even if asymptomatic). If staff contacts are off duty at the time of treatment, they should complete the first 24-hour treatment dose before returning to work.
- Have a low index of suspicion for identifying potential contacts of a case of crusted scabies due to the increased risk of transmission.
- Staff should be vigilant for signs and symptoms of scabies for an 8-week period and if 2 or more cases of scabies are identified in the setting then management should proceed as per an outbreak scenario
- [UKHSA guidance on the management of scabies cases and outbreaks in long-term care facilities and other closed settings - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/ukhsa-guidance-on-the-management-of-scabies-cases-and-outbreaks-in-long-term-care-facilities-and-other-closed-settings)



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# Educate patients

## Get Winter Strong: revisiting respiratory infection guidance for a safer season

[Blog Editor](#), 19 September 2023 - [Coronavirus \(COVID-19\)](#)



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# To Conclude

- Have a good understanding of the COVID-19 guidance
- Ensure that you have read the COVID-19 outbreak action card
- Ensure that your practice is winter ready
- Encourage staff to be vaccinated against winter nasties
- Access the IPC teams page & training hub regularly to stay up to date with new notifications and information
- If in doubt, contact the lovely IPC team. We are always happy to support and advise, there is no such thing as a silly question 😊
- We are all in this together!



Thank you  
do you  
have any  
questions



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# References

[Managing healthcare staff with symptoms of a respiratory infection or a positive COVID-19 test result - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

[NHS England » National Standards of Healthcare Cleanliness 2021](#)

[NHS England » National infection prevention and control](#)

[C1694-Practical-Steps-towards-completing-local-risk-assessment-Primary-care-community-care-and-outpatient-sett.docx \(live.com\)](#)

[National-infection-prevention-and-control-board-assurance-framework.xlsx \(live.com\)](#)

[Item-10-Measles-resurgence-Letter-for-primary-care-31.10.23.pdf \(england.nhs.uk\)](#)

[National measles guidelines - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

[NHS England » Education Framework for the Infection Prevention and Control Practitioner \(IPC\) Workforce](#)

[UKHSA guidance on the management of scabies cases and outbreaks in long-term care facilities and other closed settings - GOV.UK \(www.gov.uk\)](#)

[Get Winter Strong: revisiting respiratory infection guidance for a safer season - UK Health Security Agency \(blog.gov.uk\)](#)

[People with symptoms of a respiratory infection including COVID-19 - GOV.UK \(www.gov.uk\)](https://www.gov.uk)



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