

<b>Subject:</b>	Update Progress Report to the Infection Prevention and Control Committee meeting 15 October 2020 on the response to the COVID-19 (SARS-CoV-2) pandemic
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### 1.0 PURPOSE

The purpose of the following paper is to provide the NHS Lanarkshire Infection Control Committee with an update progress report on the Infection Prevention and Control response to COVID-19.

### 2.0 SITUATION

NHS Lanarkshire, as well as the majority of central belt boards, are currently experiencing a considerable increase in cases of COVID-19 presenting to acute hospitals. This is occurring while there is the continued focus on remobilisation and recovery of essential services. Screening in the over 70s demographic, while providing additional focus on prevention and early recognition of infection, is bringing into play a greater pressure on capacity due to an increasing number testing positive after negative tests; this in effect triggers contact tracing and cohorting of exposed cases thereby decreasing the existing and already stretched bed base. In some cases, ongoing transmission of infection has been identified and wards closed temporarily to new admissions and transfers. Providing services in different ways has then been necessary in ensuring key specialist services remain operational and accessible. Infection Prevention and control are central and best placed to advise and support the strategies to prevent, identify and manage incidents involving cases of COVID-19. With this in mind, systems and processes are well established and embedded to manage the risk of ongoing transmission wherever care is provided.

### 3.0 BACKGROUND

Novel coronavirus (COVID-19) is a new strain of coronavirus first identified in Wuhan, China. Clinical presentation may range from mild-to-moderate illness to pneumonia or severe acute respiratory infection. COVID-19 was declared a pandemic by the World Health Organization on 12 March 2020. Extensive measures have been implemented across many countries to slow the spread of COVID-19. In Scotland, the current recommendations are for everyone to stay at home as much as possible and severely restrict their interactions with others outside the household. The demand on NHS services continues to be challenging while trying to resume essential services for the wellbeing of our communities.

### 4.0 ASSESSMENT

The IPC Team continue to provide advisory support to acute, community, care homes and additional independent community services including councils, the care inspectorate and education providers as part of the COVID-19 response. This immediate expansion of the service model to additional sectors over and above the IPC pre-COVID-19 remit has demanded a re-

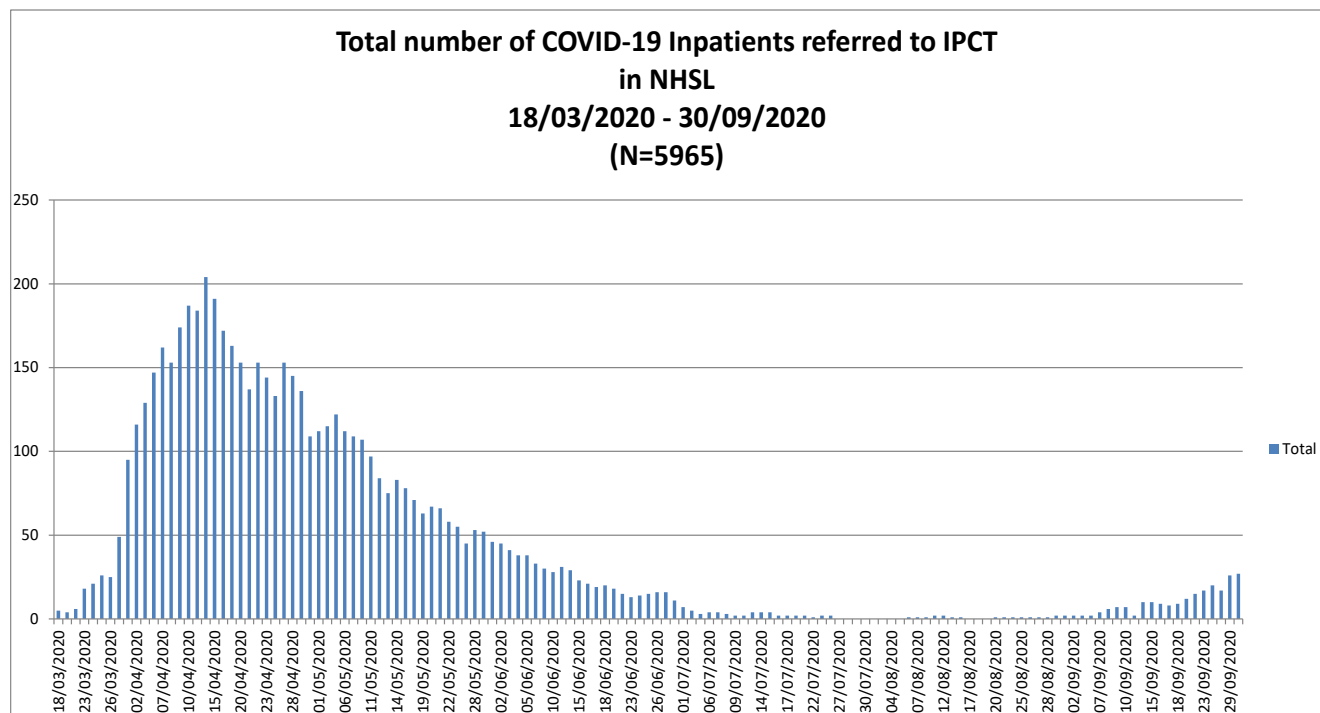
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prioritization of the IPC work plan and key deliverables. This planning has allowed the focus to clearly sit with COVID-19 prevention and control work while continuing to deliver on the must-dos for the board, ARHAI Scotland and Scottish Government.

### First Pandemic Wave

During the period from March to June 2020, the IPC seen a significant increase in referrals to the team. See Graph 1 below.

**Graph 1:** Total number of COVID-19 in-patient referrals to IPCT



There were also a considerable number of Problem Assessment Groups and Incident Management Team meetings to support outbreaks of COVID-19 in both our patient and staff populations. These outbreaks were protracted due to the number of days areas have required to maintain restrictions. In total, there were fifteen outbreaks in non-COVID (Green) pathways involving patients and staff and seven independent staff clusters and one additional cluster involving Serco staff. Five wards were closed temporarily to new admissions and transfers with an overall total of 111 bed days lost. See Tables 1 & 2 below.

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**Table 1a:** Number of incidents, patients and staff affected March to May 2020

Hospital	Ward	Speciality	Date of first report	Date ward closed	Date ward opened	Number of patients confirmed	Number of staff confirmed
UHH	7	Stroke	23/03/2020	24/03/2020	03/04/2020	13	0
UHH	16	COE	02/04/2020	N/A	N/A	12	1
UHM	20	COE	02/04/2020	N/A	N/A	5	2
Kilsyth Victoria Cottage Hospital	Kilsyth Victoria Cottage Hospital	COE	03/04/2020	03/04/2020	30/04/2020	12	12
Coathill	Glenmore	COE	10/04/2020	N/A	N/A	2	0
Wester Moffat Hospital	Heather	COE	10/04/2020	10/04/2020	N/A	7	2
UHW	14	Orthopaedic	20/04/2020	N/A	N/A	2	0
UHM	4	Surgical	04/05/2020	N/A	N/A	2	1
UHM	1	Renal	04/05/2020	N/A	N/A	4	5
Kello	Kello	COE	04/05/2020	04/05/2020	27/05/2020	6	12
UHM	Out patients	Renal Dialysis Outpatient Units	14/05/2020	N/A	N/A	26	11
Udston	Avon	REHAB	14/05/2020	14/05/2020	10/06/2020	10	12
UHW	10	COE	20/05/2020	N/A	N/A	5	0
UHW	6	Medicine	26/05/2020	N/A	N/A	0	5
UHW	10	COE	28/05/2020	N/A	N/A	3	0
Strathclyde	Strathclyde	REHAB	29/05/2020	N/A	N/A	2	0
						<b>111</b>	<b>63</b>

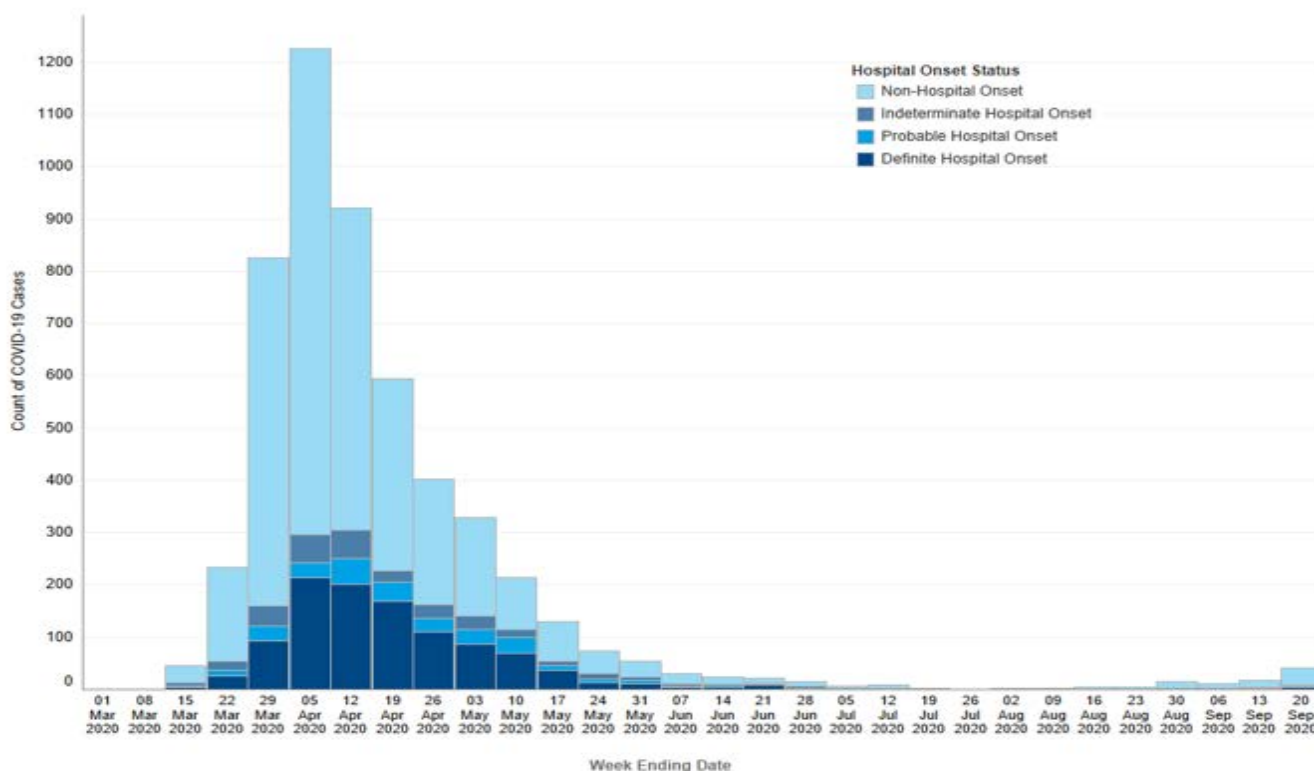
**Table 1b:** Staff Clusters

April to May 2020

Service	Staff suspected	Staff confirmed by testing
HECT	2	5
Orthodontics	2	4
Serco Kitchen	0	3
UHM Management Floor	4	7
Ward 9 UHM	0	9
Ward 14 UHW	9	5
Wester Moffat	12	5
Ward 6 UHW	9	5
	<b>38</b>	<b>43</b>

An epidemiological review and validation exercise for all positive COVID-19 cases continues to determine the number of hospital onset cases in relation to the total number reported overall. Figure 1 demonstrates the number of cases from March 2020 to mid-September 2020 for Scotland. The greatest number of hospital onset infections occurred during the first wave in the month of April and began to decrease thereafter; this is in line with the greatest peak in demand for NHS services overall when an increase in staff cases and ongoing transmission in our hospitals occurred.

**Figure 1: Epidemic curve of COVID-19 cases with first positive specimen taken during an inpatient stay, by onset status: week-ending 1 March to week-ending 20 September 2020 (n=5,254). <sup>1,2</sup>**



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Table 2: Number of COVID-19 cases, by onset status and NHS board: specimen dates up to 20 September 2020.

NHS board	Total COVID-19 cases (n)	Non-hospital onset (n)	Indeterminate hospital onset cases (n)	Probable hospital onset cases (n)	Definite hospital onset cases (n)	Non-hospital onset (%)	Indeterminate hospital onset cases (%)	Probable hospital onset cases (%)	Definite hospital onset cases (%)
Ayrshire & Arran	1,521	237	20	20	46	15.6%	1.3%	1.3%	3.0%
Borders	468	63	5	7	30	13.5%	1.1%	1.5%	6.4%
Dumfries & Galloway	353	74	6	1	0	21.0%	1.7%	0.3%	0.0%
Fife	1,133	147	12	8	119	13.0%	1.1%	0.7%	10.5%
Forth Valley	1,319	166	12	9	25	12.6%	0.9%	0.7%	1.9%
Golden Jubilee	9	3	2	2	2	-	-	-	-
Grampian	2,129	198	20	23	80	9.3%	0.9%	1.1%	3.8%
Greater Glasgow & Clyde	7,484	1,329	110	95	429	17.8%	1.5%	1.3%	5.7%
Highland	525	74	9	5	23	14.1%	1.7%	1.0%	4.4%
<b>Lanarkshire</b>	<b>3,639</b>	<b>534</b>	<b>54</b>	<b>39</b>	<b>123</b>	<b>14.7%</b>	<b>1.5%</b>	<b>1.1%</b>	<b>3.4%</b>
Lothian	3,994	502	44	54	140	12.6%	1.1%	1.4%	3.5%
Orkney	18	4	0	0	0	22.2%	0.0%	0.0%	0.0%
Shetland	59	6	0	0	0	10.2%	0.0%	0.0%	0.0%
Tayside	2,285	260	17	14	47	11.4%	0.7%	0.6%	2.1%
Western Isles	10	5	0	0	0	50.0%	0.0%	0.0%	0.0%
<b>Scotland</b>	<b>24,946</b>	<b>3,602</b>	<b>311</b>	<b>277</b>	<b>1,064</b>	<b>14.4%</b>	<b>1.2%</b>	<b>1.1%</b>	<b>4.3%</b>

National data presented in Table 2 reports 3.4% of all cases in NHS Lanarkshire were hospital onset with 1.1% falling into the probable hospital onset category. These cases triggered further investigation and in some instances ward temporary restrictions and closures. The risk of ongoing transmission within our healthcare environments is an ever present reality. Guidance on the management of the infection has been an evolving picture and as such has posed considerable logistical challenges and continues to do so. Further challenges were evident on the publication of the accountabilities of the Executive Nurse Director for NMAHPs for Care Homes and Care at Home. From May 2020 IPCT have provided trained IPCNs to support the Care Home agenda. This has been facilitated from the existing Whole Time Equivalent (WTE) resource for IPCT.

### Recovery Phase

Moving into the Recovery phase in July 2020 placed an additional pressure on the service as IPC is integral to all revised service models, pathways and reviews. As well as the service being well embedded in all clinical and environmental recovery groups across all of health and care, an IPC Assurance Sub-Group was established early on in the first wave, including key partners across NHS and the independent sector, to provide assurance to the COVID-19 IMT that all appropriate measures are being taken to ensure the safety of our staff and individuals in our care. This group has worked collaboratively throughout all the phases of the pandemic and continue to meet to support the ongoing response.

### Remobilisation Phase

Throughout July the IPC focus shifted significantly to remobilisation of essential services across the board. The Chief Nursing Officers Directorate at the SGHSCD requested a number of assurance position statements on our remobilisation plans for reducing the risk of nosocomial transmission. These included additional cleaning of the healthcare environment, how we were maintaining the

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built environment, staff rostering, physical distancing measures, the extended use of face mask etc. Most of these elements are captured in the recently published COVID-19 Guidance for the remobilisation of services within health and care settings: Infection Prevention and Control Recommendations.

### Outbreak and Incident Overview during Remobilisation

An increase in cases of COVID-19 in our hospitals has been evident from mid-September 2020 and is increasing exponentially.

**Table 3:** Contact Incident Data 10-09-2020 to 12-10-2020

Total Number of Incidents	<b>37</b>
Total Number of Inpatient Contacts traced	<b>126</b>
Total Number of Discharged Contacts traced	<b>36</b>
Total Contacts traced	<b>162</b>
Total Number of Incidents related to over 70's screening and asymptomatic	<b>19</b>

Test and Protect has been established by the Scottish Government to support the test, trace, isolate and support strategy for Scotland. The IPCT are now responsible for the Test and Protect strategy for complex settings i.e. healthcare. Keeping a significant focus on COVID-19 management, and more recently contact tracing for patients and staff, must be the overriding priority to continue to remain focused on quality and safety across the system during the ongoing pandemic.

### 5.0 RECOMMENDATION

- NHSL ICC to note report

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