

- To:
- Trust CEOs
 - Trust directors of nursing
 - Trust medical directors
 - Trust chief operating officers
 - Trust DIPCs
 - Trust IPC leads
 - CCG directors of nursing
 - CCG medical directors
 - Regional IPC leads
 - Regional chief nurses
 - Regional medical directors

NHS England and NHS Improvement
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- cc.
- Regional directors
 - Regional operating directors

Dear colleagues,

Next steps on IPC: Publication of revised UK Infection Prevention and Control (IPC) Guidance and an IPC Manual for England

Thank you for everything you and your teams have done over the last two years. With the pressure from COVID-19 continuing, we are setting out a way forward on a number of areas where guidance has evolved throughout the pandemic; adapting the way that the NHS operates with COVID-19 in general circulation and with the virus likely to remain endemic for some time to come. This second letter, following our previous correspondence on testing, sets out our approach to delivering the UK Health Security Agency's (UKHSA) advice in relation to Infection Prevention and Control.

UKHSA has today published their revised [UK IPC Guidance](#). This takes into account UKHSA's latest assessment of the scientific evidence, and also the feedback from local providers on the ongoing impact on capacity that IPC measures are having. This revised guidance contains the following important changes in relation to the isolation of COVID-19 positive inpatients and their contacts:

- **Stepping down inpatient COVID-19 isolation precautions:** For inpatients with COVID-19, where available, LFD tests can be used to reduce the isolation period down from 10 days to 7 days. Patients should have two negative LFD tests taken 24

hours apart as well as showing clinical improvement, before being moved out of isolation before day 10. These tests can take place on any two consecutive days from day 6 onwards but if either of the two tests is positive, the patient must not be re-tested and must complete the full 10 day isolation.

- **Stepping down COVID-19 precautions for exposed patient contacts:** Inpatients who are considered contacts of SARS-CoV-2 cases are no longer required to isolate if they are asymptomatic.

In-line with the flexibility afforded for local risk-assessment within the UK IPC Guidance, and advice from UKHSA, the following should also be noted:

- **Returning to pre-pandemic physical distancing in all areas**, including in emergency departments, ambulances and patient transport, as well as all primary care, inpatient and outpatient settings. This should be done in a way that maintains compliance with all relevant Health Technical Memoranda and Health Building Notes.
- **Returning to pre-pandemic cleaning protocols outside of COVID-19 areas**, with enhanced cleaning only required in areas where patients with suspected or known infection are being managed.

These changes to the UK IPC Guidance signal a step in the transition back to pre-pandemic IPC measures. This transition is further supported by the publication of an [IPC Manual for England](#). Providers should make plans to assure themselves that they have implemented the standard IPC measures outlined in the Manual as soon as possible.

UK IPC Guidance continues to recommend all healthcare organisations should undertake local risk assessments to ensure safe systems of work, balancing risks across the whole patient pathway from home into hospital, in the context of the wider impact of COVID-19 on health services. Providers should ensure that they have balanced these risks appropriately and take into account the impact on capacity and flow given current pressures on UEC and elective pathways.

All patients, visitors and staff should continue to practise good hand and respiratory hygiene, including the continued use of face masks by staff and face masks/coverings by visitors and patients where clinically tolerated. The current triaging and cohorting arrangements outlined in UK IPC Guidance will continue to apply.

All providers should follow the new [COVID-19 testing arrangements](#) introduced from 1 April which outline implementation of UKHSA's advice on NHS patient and staff testing, including agreed protocols for the use of PCR and LFD tests.

Yours faithfully



Sir David Sloman
Chief Operating Officer
NHS England and NHS
Improvement



Prof Stephen Powis
National Medical Director
NHS England and NHS
Improvement



Duncan Burton
Deputy Chief Nursing
Officer, Workforce and
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