To:
- NHS trusts and foundation trusts:
  - chief executives
  - chairs
  - chief operating officers
  - medical directors
  - chief nurses
- CCGs:
  - accountable officers
  - chairs
  - clinical leads
- ICSs:
  - leads
  - chairs
- PCN leads

cc.
- NHS England and NHS Improvement regions:
  - directors
  - medical directors
  - chief nurses
  - heads of primary care

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

**11 February 2022**

Dear Colleagues,

## UK infection prevention and control (IPC) guidance for elective services

Following on from Tuesday's publication of the Delivery Plan for Tackling the COVID-19 Backlog of Elective Care, we wanted to reiterate the current IPC measures in place for elective services.

On 27 September 2021, the UK Health Security Agency (UKHSA) published three IPC recommendations relating to low risk (ie planned) procedures, which outlined the following measures for these services:

- Physical distancing of 1m plus with appropriate mitigations in clinical areas for planned procedures involving asymptomatic, fully vaccinated patients.
- Lateral flow testing on the day of the procedure for asymptomatic, fully vaccinated elective patients rather than a negative PCR and three days' self-isolation beforehand.
- Standard cleaning procedures in clinical areas for planned procedures, including those required between patients.

These recommendations were supported by updated UK IPC Guidance published by UKHSA in November 2021, which set out that all non-respiratory patients should be treated with standard IPC measures, as was the case before the introduction of COVID-19-focused IPC guidance.

We appreciate that for many providers, the number of COVID-19 inpatients remains high. The UK IPC Guidance outlines the enhanced IPC measures required for both these patients and for patients admitted in an emergency until their COVID status can be confirmed. Preventing in-hospital COVID-19 transmission remains a top priority, which is why the requirement for universal masking for staff and masks or face coverings for patients and visitors remains in place in all healthcare settings.

However, the UK IPC Guidance also makes clear that pathways should be designed locally to meet local needs. This is particularly important in low-risk elective pathways where standard IPC measures should ordinarily apply. National and regional IPC teams are available to support safe and efficient delivery in these pathways by undertaking diagnostic reviews of current IPC processes in place in your organisation.

In addition, it should also be noted that the Chief Inspector of Hospitals has agreed that the Care Quality Commission will take a proportionate approach to oversight and regulation, which takes into account a hospital's wider operational context.

UKHSA will continue to keep UK IPC Guidance under review in line with developing scientific knowledge.

Yours sincerely,

**Sir David Sloman**
Chief Operating Officer
NHS England and NHS Improvement

**Ruth May**
Chief Nursing Officer, England
NHS England and NHS Improvement