

COVID-19 rapid guideline: arranging planned care in hospitals and diagnostic services

NICE guideline

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Your responsibility

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Contents

Overview	4
1 Advice and support for shared decision making when arranging planned care	6
2 Before the planned care.....	8
3 Minimising the risks associated with COVID-19.....	10
All planned procedures needing anaesthesia (general, regional and local) or sedation	11
All other planned procedures, including diagnostic tests and imaging	11
4 Planning and scheduling	12
5 During the planned care	13
6 Ongoing care and support.....	14
7 Healthcare workers	15
8 Service organisation	16
Terms used in this guideline	17
Update information.....	18

Overview

The purpose of this guideline is to help healthcare professionals deliver efficient planned care while minimising the risk of COVID-19 in the context of increasing or decreasing local prevalence. It also aims to help patients make decisions about their planned care.

It is for adults, young people and children in hospitals and diagnostic settings. Planned care covers elective surgery (day surgery and inpatient stays), interventional procedures, diagnostics and imaging. It does not include services where people have ongoing outpatient and day-case procedures such as chemotherapy, radiotherapy and dialysis.

When using this guideline, follow the usual professional guidelines, standards and laws (including those on equalities, safeguarding, communication and mental capacity), as described in [making decisions using NICE guidelines](#).

NICE has also produced [COVID-19 rapid guidelines on delivery of radiotherapy, delivery of systemic anticancer treatments and dialysis service delivery](#).

This guideline is for:

- health and care practitioners
- health and care staff involved in planning and delivering services
- commissioners

The recommendations bring together:

- evidence from published literature on COVID-19 and arranging planned care
- existing national and international guidance and policies
- advice from specialists working in the NHS from across the UK. These include clinicians and provider organisations delivering planned care services, patients, NHS England and NHS Improvement, and Public Health England.

We developed this guideline using the [interim process and methods for guidelines developed in response to health and social care emergencies](#). We will review and update the recommendations as the knowledge base develops.



Public Health
England

1 Advice and support for shared decision making when arranging planned care

1.1 When offering planned care in hospitals and diagnostic services in the context of COVID-19:

- Make reasonable adjustments to ensure information is accessible to all people (for example, those with a language barrier or learning disability). For further advice on supporting people to make their own decisions, see NICE's guideline on decision making and mental capacity.
- Discuss the possible outcomes of the procedure or investigation with patients (and their families and carers as appropriate) before reaching a shared decision. This should include:
 - the benefits of having the planned care, and the effects on their health and wellbeing of postponing or not having it
 - ensuring that the patient understands the risks associated with COVID-19 during the planned care and has given informed consent
 - alternative options if the planned care is declined by the patient or postponed.
- Agree an admission and discharge plan, and follow-up arrangements for patients having elective surgery.
- Explain that UK government infection prevention and control measures will be used to reduce the risk of getting COVID-19.

1.2 When discussing the risks of getting COVID-19, discuss the factors that may inform the patient's decision to have planned care, including:

- individual factors associated with an increased risk of getting or becoming severely ill with COVID-19, such as older age, male sex, and whether the patient is from a black, Asian or other minority ethnic group, or has any underlying conditions (for example, people who are covered by the UK government guidance on shielding and protecting people defined on medical grounds as extremely vulnerable to COVID-19; see recommendation 3.5)

- individual circumstances such as occupation (for example, working with other people) or living arrangements (multigenerational, hospice or social care) that might increase their risk of exposure to SARS-CoV-2 before and after planned care (see recommendation 3.5)
- [UK government local and national prevalence data](#) on COVID-19 (see [recommendation 8.1](#)) that might affect their risk of exposure to SARS-CoV-2 before and after planned care.

2 Before the planned care

- 2.1 Before planned surgery, give patients timely health and wellbeing advice (for example, [patient resources from the Centre for Perioperative Care](#)) about the things they can do in preparation (for example, exercising, avoiding alcohol and stopping smoking) to help them recover more quickly and make complications less likely if they get COVID-19. Follow the relevant [NICE guidance on lifestyle and wellbeing](#).
- 2.2 Advise patients that their planned care may be brought forward if local services operate a stand-by list (see [recommendation 4.1](#)).
- 2.3 Explain to patients that their planned care is likely to be postponed if they:
- test positive for SARS-CoV-2
 - have symptoms of COVID-19
 - are not clinically well enough or
 - need to self-isolate after contact with someone with COVID-19 (for example, as identified by the NHS Test and Trace system).

If their planned care is postponed, they should also ask their hospital specialist team as soon as possible about rescheduling it.

- 2.4 Explain to patients (and families and carers as appropriate) what they can and cannot bring with them. This will depend on the type of planned care they are having (such as clothes for an inpatient stay, and a mobile phone or tablet to have contact with family, carers or friends).
- 2.5 Explain to patients (and families and carers) about the social-distancing and good hygiene measures that will be needed to prevent the spread of SARS-CoV-2 before, during and after their planned care. Follow [UK government guidance on how to stop the spread of coronavirus](#).
- 2.6 If safe patient transport services are not available, advise patients to use private transport to and from the planned care setting if possible. If this is not possible,

then advise patients using public transport to follow UK government advice on travel.

3 Minimising the risks associated with COVID-19

- 3.1 For children and young people having elective surgery, follow the [Royal College of Paediatrics and Child Health guidance for the recovery of elective surgery in children](#).
- 3.2 For maternity and antenatal services, follow the [Royal College of Obstetricians and Gynaecologist guidance on COVID-19 infection and pregnancy](#).
- 3.3 Advise patients (and families and carers as appropriate) that, to reduce their risk of getting COVID-19, they should minimise contact with others and may need to self-isolate before their planned care (see recommendation 3.5).
- 3.4 Assess patients for symptoms of COVID-19 on the day before and when they arrive for planned care. Discuss how the assessments will be done beforehand, for example, by telephone or video consultation to minimise face-to-face contact.
- 3.5 Advise patients who are at greater risk of getting COVID-19, or having a poorer outcome if they get it, that:
- they may want to self-isolate before a planned procedure
 - the length of self-isolation should be 14 days.
- 3.6 Have a local policy in place for all planned procedures outlining the testing and self-isolation strategies needed if local transmission rates of SARS-CoV-2 increase. The policy should take into account:
- local and national prevalence (see [section 8](#) for service organisation advice on responding to relevant local and national information on COVID-19)
 - factors associated with an increased risk of getting or becoming severely ill with COVID-19

- the need to make individual decisions with each patient that reflect their specific risks and circumstances (see [recommendation 1.2](#) for details).

All planned procedures needing anaesthesia (general, regional and local) or sedation

3.7 Advise patients (and families and carers as appropriate) when and where they can have a SARS-CoV-2 test in line with local arrangements. Include information on the availability of testing and how to access it.

3.8 Advise patients to:

- follow comprehensive social-distancing and hand-hygiene measures for 14 days before admission
- have a test for SARS-CoV-2 no more than 3 days before admission, and ensure the results are available beforehand
- self-isolate from the day of the test until admission.

All other planned procedures, including diagnostic tests and imaging

3.9 Advise patients to follow comprehensive social-distancing and hand-hygiene measures for 14 days before having planned care.

4 Planning and scheduling

4.1 Healthcare providers should think about flexible measures that are determined locally, so that planned care is delivered efficiently. Examples from the evidence include:

- process mapping to tackle bottlenecks in the system
- workflow organised by high- or low-volume procedures
- allowing time for cleaning and other infection prevention control measures between patients
- optimising resources where feasible, for example, having 2 treatment areas so that a patient can be seen in 1 area, while the other area is being cleaned
- minimising cross-contamination between teams and sites
- a stand-by list of patients who may be able to replace those who test positive for SARS-CoV-2 at assessment.

4.2 Minimise time in the planned care setting by:

- careful scheduling
- encouraging patients to arrive at the scheduled time (not too early)
- texting or phoning patients when you are ready to see them, so that they can wait in a designated area.

5 During the planned care

5.1 When providing planned care:

- follow [UK government guidance on infection prevention and control](#)
- follow [UK government guidance on personal protective equipment](#)
- minimise potential SARS-CoV-2 transmission to healthcare workers (see [section 7](#)).

5.2 If personal protective equipment is likely to restrict communication with some patient groups, use other ways of communicating to meet their needs (see [recommendation 1.1](#)).

5.3 Keep visitors to a minimum during inpatient stays, and make sure that essential visits are safe and in line with [UK government guidance on infection prevention and control](#).

5.4 For patients having inpatient surgery who stay in hospital for more than 5 days follow [NHS England and Improvement guidance on testing](#).

6 Ongoing care and support

- 6.1 Test inpatients to ensure they do not have COVID-19 before they are discharged from hospital to other care settings including care homes and hospices in line with [NHS England and Improvement guidance on testing](#). If they test positive for COVID-19 and would otherwise have been discharged to a care home, ensure that they are discharged into a designated setting in line with the [Department of Health and Social Care's requirement for designated settings](#).
- 6.2 Discuss arrangements for follow up, postoperative care, and outcomes of diagnostic tests and investigations. Advise patients about what they should do if they develop symptoms of infection (including COVID-19 symptoms) within 3 weeks after the planned care.

7 Healthcare workers

- 7.1 For healthcare workers working in planned care services, offer individual COVID-19-related risk assessment.
- 7.2 Healthcare workers with known or suspected COVID-19, or who live in a household in which another person is known or suspected to have COVID-19, should self-isolate and arrange to be tested in line with local protocols. They should only return to work in accordance with [UK government's guidance \(COVID-19\) on management of staff and exposed patients or residents in health and social care settings](#).

8 Service organisation

8.1 Providers should maintain effective communication and collaboration with:

- NHS England and NHS Improvement Regional Teams and Local Directors of Public Health to determine the current prevalence of COVID-19 in their local communities
- other local providers, including the independent sector.

8.2 Providers of planned care services should be responsive to relevant local and national information on COVID-19, and adapt processes so that services can be stepped up or down:

- using [weekly COVID-19 surveillance reports from Public Health England](#)
- depending on pressure on the healthcare system, local capacity and resources.

Terms used in this guideline

Planned care covers elective surgery (day surgery and inpatient stays), interventional procedures, diagnostics and imaging.

Update information

Minor changes since publication

9 July 2021: In recommendation 2.5 we updated the link to the latest UK government guidance on how to stop the spread of coronavirus.

27 November 2020: We added advice to recommendation 6.1 to cover arrangements for inpatients who test positive for coronavirus before discharge into other care settings.

16 September 2020: In recommendation 3.6 we added text about what a local policy for planned procedures should cover.

25 August 2020: In recommendation 1.2 we clarified that male sex is a risk factor associated with getting or becoming severely ill with COVID-19. We made wording changes for clarification in section 3 on the timing of and local arrangements for SARS-CoV-2 testing.

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