

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

(Last update: 27 July 2020)

General information

Shared decision making when arranging planned care

- Make reasonable adjustments to ensure information is accessible to all people
 - for further advice on supporting people to make their own decisions, see guidance on [decision making and mental capacity](#).
- Discuss outcomes with the person:
 - benefits of going ahead vs risks from delay
 - confirm consent, covering COVID-19 risks
 - alternative options to the planned care.
- Agree admission, discharge and follow-up plans.
- Discuss individual risk factors (such as older age, sex, and whether the patient is from a black, Asian or other minority ethnic group, or has any underlying conditions) that affect chances of getting COVID-19 and severity of disease.

Infection prevention and control

- Follow the [UK Government guidance on COVID-19: infection prevention and control](#).

Service organisation

- Providers should be responsive to **local and national prevalence** so that services can be stepped up or down.
- Maintain effective communication and collaboration with regional NHSE/I and local public health teams to determine the current prevalence of COVID-19 in their local communities.

Before care

- Give health and wellbeing advice (exercise, avoiding alcohol and stopping smoking) to aid recovery (for example, [patient resources from the Centre for Perioperative Care](#)).
- Explain the person's care may be postponed if:
 - they test positive for SARS-CoV-2, or have COVID-19 symptoms
 - they are not clinically well enough for the planned care procedure to proceed
 - they need to self-isolate after exposure to someone with COVID-19.
- Explain what the person can and cannot bring with them, and discuss [safe travel arrangements](#).
- Explain [social distancing and hand hygiene measures](#) to help prevent infection throughout their care.

Minimising risks associated with COVID-19 before planned care

- Advise patients they should minimise contact with others and may want to self-isolate for 14 days.
- Assess patients for COVID-19 symptoms on the day before and when they arrive for their care.

Prevention and control

For all planned procedures needing anaesthesia or sedation:

- Give advice on when and where SARS-CoV-2 testing is available.
- Advise patients to:
 - follow comprehensive social distancing and hand hygiene measures for 14 days before admission
 - have a test for SARS-CoV-2 from 3 days before admission, and ensure the results are available beforehand
 - self-isolate from the day of the test until admission.

Prevention and control

For all other procedures, including tests and imaging:

- Advise patients to follow comprehensive social distancing and hand hygiene measures for 14 days before admission.

During care

- If PPE is used, ensure patients are able to communicate and understand care staff.
- Keep visitors to a minimum during inpatient stays.
- For patients staying in hospital for more than 5 days, follow [NHS England and NHS Improvement guidance on testing](#).

Ongoing care

- Test inpatients to ensure they do not have COVID-19 before discharge to other care settings.
- Discuss arrangements for follow up, postoperative care, and investigation and test results.
- Advise patients about what they should do if they develop symptoms of infection (including COVID-19 symptoms) within 3 weeks of planned care.