



Resumption of face-to-face stop smoking consultations and carbon monoxide (CO) monitoring

Since March 2020, stop smoking services (SSS) have admirably maintained service delivery in response to the challenges of COVID-19 by adapting to remote smoking cessation consultations and maintaining provision of stop smoking medication. CO monitoring was paused across all stop smoking interventions as a consequence.

Face-to-face behavioural support

Behavioural stop smoking support **may** now be resumed in person, face-to-face, by following government COVID-19 guidance. This is in line with the resumption of other public health interventions, including drug and alcohol support and treatment by community healthcare providers.

Providers of community healthcare services (such as SSS) should ensure that measures are in place so that all service delivery settings are COVID-19 secure, including using social distancing, staff and service users wearing face masks (with a supply of disposable masks available for users who arrive without one), optimal hand hygiene, frequent surface decontamination, ventilation and other measures where appropriate. SSS should also advise/remind clients not to attend appointments if they have any COVID-19 symptoms. Measures should be reviewed and adjusted along with any changes in local or national government advice.

www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/new-recommendations-for-primary-and-community-health-care-providers-in-england

Any decision by service providers to resume face-to-face provision should be considered alongside local coronavirus restrictions, as well as operational practicalities within the stop smoking service. **Remote behavioural support remains a practical option for continuity of stop smoking provision, where services consider that this remains the best local option.**



Carbon monoxide (CO) monitoring

CO monitoring is evidence-based and recommended by the National Institute for Health and Care Excellence (NICE). It is an effective tool for reinforcing motivation during quit attempts as well as validating outcomes, and it is also routinely used by healthcare professionals to identify smokers as part of referral pathways into support to quit.

A group consisting of representatives from Public Health England and NHS England and NHS Improvement was established in May 2020 to explore the level of potential risk from CO monitoring and COVID-19 virus transmission. The group has obtained information on several aspects of this potential risk, including:

1. Infection prevention and control
2. Viral filtration efficacy
3. Risk assessment

Information obtained by the group has now been reviewed by the National COVID-19 Response Centre (NCRC). Based upon the analysis of viral filtration systems within CO monitors, as well as standard infection control processes, PHE advise that the risk of COVID-19 virus transmission via use of CO monitors is minimal. **Therefore, PHE recommend that SSS should resume use of CO monitors wherever face-to-face service provision is being delivered.**

Where stop smoking support continues to be delivered remotely, SSS providers should not receive sanctions for being unable to carry out CO verification with self-reported four-week quitters. Commissioners may also consider variations to contractual Key Performance Indicators such as four-week CO validated quit rates, that have been impacted by COVID-19.

When resuming CO monitoring, staff should ensure that they follow their manufacturer's guidance on the safe handling/cleaning of monitors. Additional COVID-19 specific guidance now includes:

- Carry out the test with a minimum 2 metre distance between the SSS adviser and the client, using verbal instructions on how to use the monitor.
- Ensure the client is not facing the advisor when blowing into the machine.
- Ensure the room where CO monitoring is taking place is well-ventilated.
- Ask the client to dispose of the mouthpiece into the bin themselves, then wash their hands/use sanitiser.
- **NOTE:** CO monitoring is not classed as an Aerosol Generating Procedure (AGP) and so does not require a FFP3 filtration mask for the adviser undertaking the test.



This recommendation also applies to any healthcare professional who would routinely use CO monitoring to identify smokers and refer them into support to quit. This includes maternity staff at antenatal appointments with pregnant women. All pregnant women should be routinely monitored for carbon monoxide as part of their antenatal care, in line with NICE guidance and the Saving Babies Lives Care Bundle. NHSEI will be informing maternity trusts of this decision to resume CO monitoring.

When resuming CO monitoring in any setting, staff should adhere to their monitor manufacturer's latest guidance on the safe use of products, including the regular cleaning of monitors, replacement of consumables and use of relevant Personal Protection Equipment (PPE) in relation to COVID-19 guidance. The two main suppliers of CO monitors in England have carried out their own risk assessments and updated their guidance accordingly.

Check your monitor provider's website for latest guidance:

Bedfont www.bedfont.com/coronavirus

MD Diagnostics www.mdd.org.uk/covid-19-news

If using any other monitor, contact the provider for their latest COVID-19 safe guidelines.