

COVID-19 Guidance for the remobilisation of services within health and care settings:

Infection Prevention and Control Recommendations

August 2020 v0.21

NHS England and NHS Improvement



Key messages



- **Supersedes the COVID-19 UK IPC guidance (18 June 2020)**
as we move from a period of high community and hospital prevalence/incidence into a period of low prevalence/incidence with isolated outbreaks identified by each country.
- **Local and national prevalence and incidence data is key**
and will be used to guide returning services as advised by Country specific public health organisations.
- **Applies in all four Home Nations**
- **All health-care settings**
including acute, diagnostics, independent sector, mental health and learning disabilities, primary care, maternity and paediatrics (this list is not exhaustive).



Public Health
England



Health
Protection
Scotland



Public Health
Agency



GIG
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Iechyd Cyhoeddus
Cymru
Public Health
Wales

3 COVID-19 pathways



High-Risk Pathway SICPs and TBPs	Medium-Risk Pathway SICPs and TBPs	Low-Risk Pathway SICPs
<p>This pathway applies to any care facility where:</p> <p>untriaged individuals present for assessment or treatment (symptoms unknown)</p> <p>OR</p> <p>confirmed SARS-CoV-2 (COVID-19) positive individuals are cared for</p> <p>OR</p> <p>symptomatic or suspected COVID-19 individuals including those with a history of contact with a COVID-19 case, who have been triaged/clinically assessed and are waiting test results</p> <p>OR</p> <p>symptomatic individuals decline testing.</p>	<p>This pathway applies to any facility where triaged/clinically assessed individuals are asymptomatic and are:</p> <p>waiting a SARS-CoV-2 (COVID-19) test result and have no known recent COVID-19 contact</p> <p>OR</p> <p>where testing is not required or feasible on asymptomatic individuals and infectious status is unknown</p> <p>OR</p> <p>asymptomatic individuals who decline testing in any care facility.</p>	<p>This pathway applies to:</p> <p>individuals triaged/clinically assessed prior to treatment with no COVID-19 contacts or symptoms, who have isolated/shielded AND have a negative SARS-CoV-2 (COVID-19) test within 72 hours of care and, for planned admissions, have self-isolated since the test</p> <p>OR</p> <p>patients who have recovered from COVID-19 and have had at least three consecutive days without fever or respiratory symptoms and a negative COVID-19 test</p> <p>OR</p> <p>patients or individuals in any care facility where testing is undertaken regularly (remain negative).</p>

High risk:

- Confirmed or suspected COVID-19
- No change in additional IPC measures or PPE

Medium risk:

- No contacts or COVID-19 symptoms
- No SARS-CoV-2 swab test result.
- No change in additional IPC measures or PPE

Low risk:

- No contacts or COVID-19 symptoms
- Negative SARS-CoV-2 swab test
- Self-isolated prior to admission following [NICE guidance](#) .
- Standard IPC measures alone




Key messages



- **Physical distancing of 2 metres**
is considered standard practice in all health and care settings
- **Facemasks / face coverings**
to be used in all health care settings in England and Scotland¹ in addition to social distancing and hand hygiene.
This applies to staff, patients and visitors in both clinical and non-clinical areas to further reduce transmission
- **Sessional use of single use PPE minimized**
and only applies to extended use of facemasks for healthcare workers
- **High and medium risk patients: No change in PPE**
- **Low risk patients: Standard Infection Prevention and Control**
- **IPC measures supported by up-to-date evidence, WHO and National IPC Manual [guide](#)**

1. You must wear a face covering by law in some public places unless you have a face covering exemption because of your age, health or other condition

Rationale for new guidance – why change?

-  1. Recover the maximum elective activity possible between now and winter
-  2. Build on lessons learned during the pandemic to date
-  3. Use Intelligence data for informed decision making

Additional measures



- **Minimise contact between pathways**
by establishing physical separation of patient and staff flow
- **Signpost and use physical barriers**
as appropriate to ensure that patients and staff understand the different risk areas
- **Hygiene facilities and messaging**
must be available for all patients, staff and visitors, such as:
 - Hand hygiene facilities including posters
 - Good respiratory hygiene measures
 - Physical distancing of 2m at all times (unless wearing PPE for clinical care)
 - Frequent decontamination of equipment and environment
 - Clear advice on the use of face covering and facemasks by patients, visitors and staff
- **Remote consultations**
rather than face-to-face should be offered to patients where possible and clinically appropriate

- **Standard Operating Procedures**

must detail the measures to segregate equipment and staff including planning for emergency scenarios as the prevalence / incidence of COVID-19 may increase and decrease until the pandemic is over

- **Surveillance of rates of infection transmission**

must be ongoing within the local population and for hospital onset cases (patients and staff) to allow rapid and continued response

- **Positive cases identified after admission**

who fit the criteria for investigation should trigger a case investigation and two or more positive cases linked in time and place trigger an outbreak investigation

- **Assign teams of medical, nursing and domestic staff to single pathways where possible**

If a member of staff is required to move between pathways, sites or hospitals due to the unique function of their role, all IPC measures including social distancing must be maintained

- **Planned services should be responsive to local and national prevalence data**
and adapt processes so that services can be stepped up or down. Prevalence data can be assessed using weekly COVID-19 surveillance reports from the respective country with local evaluation of capacity, resources and pressure on the healthcare system.
- **Safe systems of working**
are an integral part of IPC and include administrative, environmental and engineering controls. Standards for ventilation will apply to specific areas in healthcare e.g., theatres and endoscopy suites.



Standard Infection Prevention and Control Precautions (SICPs)

Used for by all healthcare staff for all patients all of the time

Patient screening for COVID-19 symptoms	Safe management of the care environment
Hand Hygiene	Safe management of care equipment
Respiratory hygiene	Safe management of healthcare linen
Personal Protective Equipment	Safe management of blood and body fluids
Safe disposal of waste (including sharps)	Maintaining physical distancing (new SICP due to COVID-19)
Occupational Safety: Prevention and exposure management	

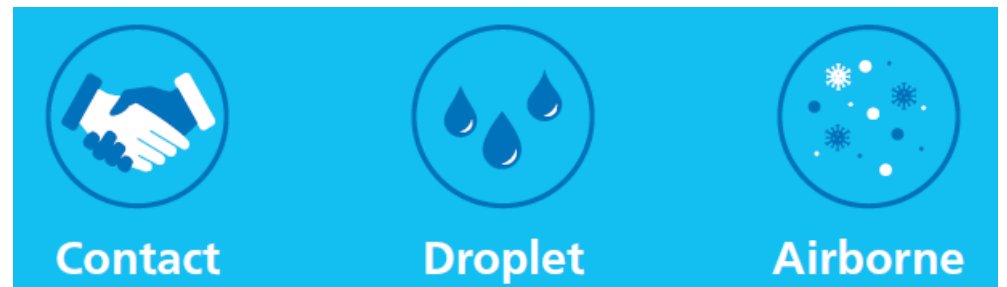


Transmission Based Precautions (TBPs)

Additional precautions to prevent the risk of transmission.

TBPs are based on route of transmission:

- Contact (symptomatic COVID-19 patients) and includes enhanced environmental and equipment cleaning
- Droplet (symptomatic COVID-19 patients): facemasks
- Airborne (AGPs in COVID-19 patients) FFP3 respirators



Communications

A range of communication products are being developed to support implementation of the guidance, including:

- Key highlights document
- COVID Triage chart
- Sample triage tool (Appx guide)
- Communications Toolkit (for trust use)
- FAQs



Personal Protective Equipment (PPE)				
Staff, patients and visitors in both clinical and non-clinical areas (in England and Scotland) are required to wear a face mask/face covering in addition to social distancing and hand hygiene.				
Pathway	Disposable gloves	Disposable apron/gown	Face masks	Eye/face protection (if used)
Low	Single use if contact with blood and/or body fluids is anticipated	Single use apron (gown if risk of spraying/splashing)	Surgical mask Type II for extended use/ FRSM Type IIR for direct care ¹	Risk assess and use if required for care procedure/ task where anticipated blood/body fluids spraying/ splashes
Medium - patients with no COVID-19 symptoms and no test result	Single use	Single use (gown required if risk of spraying/ splashing)	FRSM Type IIR for direct patient care ²	Single use or reusable
Medium - when undertaking AGPs on patients with no covid-19 symptoms and no test result	Single use	Single use gown	FFP3 or Hood for AGPs	Single use or reusable
High - if suspected or confirmed COVID-19 patient	Single use	Single use apron (gown required if risk of spraying/ splashing)	FRSM Type IIR for direct patient care ²	Single use or reusable
High - when undertaking AGPs on confirmed or suspected COVID-19 patient	Single use	Single use gown	FFP3 or Hood for AGPs	Single use or reusable

¹Extended use of face masks in England/Scotland for HCW when in any healthcare facility.
²FRSM can be worn repeatedly if providing care for COVID-19 confirmed patients.



Governance and responsibilities



Organisations and employers must ensure:

- Monitoring of infection prevention and control practices.
- Constant monitoring of local prevalence and nosocomial infection rates
- Testing and self-isolation strategies.
- Training in infection prevention and control
- Risk assessment(s).
- Patients at high risk/ extremely high risk in health and care settings are COVID-19 secure.

The UK IPC Cell will support and update / develop IPC guidance to the health care systems as required