

COVID-19 Guidance for the remobilisation of services within Health and care settings: Infection prevention and control recommendation FAQs

- **Why is a new guide needed?**

We are learning more about COVID-19 every day. As we move into a new phase where the health and care systems focus on the restoration of services, the guidance has been updated to help health and care providers to assess how settings can be classified by risk with appropriate infection prevention and control measures.

- **Is this guidance consistent with WHO guidelines?**

The content is consistent with the measures outlined in WHO guidance "[IPC during healthcare when coronavirus disease \(COVID-19\) is suspected or confirmed: Interim Guidance, June 2020](#)".

- **Who is the guide for?**

Everyone who works in the NHS, and Independent Care Sector no matter what their role, has an important role to play in preventing the spread of infection.

- **Which parts of the NHS have to use this guide?**

This guide applies in England, Northern Ireland, Scotland and Wales. The IPC principles in the guide apply to all health care settings including all hospitals, general practice surgeries, mental health settings, care homes, pharmacies and independent hospitals.

- **What is different in this guide?**

The main difference is that the guide recommends three care pathways depending on the risk of patients/individuals having COVID-19.

For those caring for patients/individuals on the high or medium risk pathways, there is no change in the level of PPE needed to protect staff.

- **Who are high risk patients/individuals?**

High risk patients/individuals are suspected or confirmed to have COVID-19 because of symptoms, a high index of clinical suspicion, or contacts or a positive test result.

- **Who are medium risk patients/individuals?**

Medium risk patients/individuals have no COVID-19 contacts or symptoms but have not had a negative SARS-CoV-2 (COVID-19) test. Individuals going to see their GP or visiting outpatients and initial acute/emergency admission to hospital will be in this group.

- **Who are low risk patients/individuals?**

Low risk patients/individuals have no COVID-19 contacts or symptoms, have had a negative SARS-CoV-2 (COVID-19) test and have self-isolated from the time of the COVID-19 test until their admission to hospital.

The guidance includes clear criteria for those patients/individuals who are considered low risk, i.e. patients/individuals who have had no COVID-19 symptoms or contacts, a negative COVID-19 test, and have self-isolated from the time of their test until hospital admission; or patients/individuals in any care facility where testing is undertaken regularly (and they remain negative); or patient/individuals who have recovered from COVID and have had at least 3 consecutive days without fever or respiratory symptoms and a negative COVID-19 test result. Also, patients being admitted who have been positive for COVID-19 and recovered.

- **What can staff do at work to help protect themselves?**

The important things at work are: wear a facemask, undertake regular hand hygiene, frequently clean and maintain a clutter free environment, keep a social distance of 2 metres whenever possible. If you need to wear additional PPE, you will be advised where and when, and receive appropriate training.

- **What are Standard Infection Control Precautions (SICPs)?**

SICPs are the basic infection prevention and control measures necessary to reduce the risk of transmission of infectious agents from both recognised and unrecognised sources of infection.

Sources include, blood and other body fluids, non-intact skin or mucous membranes and any equipment or items in the care environment that could have become contaminated.

These standard precautions must be used by all staff, in all care settings, at all times, for all patients/individuals whether infection is known to be present or not.

SICPs include hand and respiratory hygiene, frequent surface decontamination of environment and equipment, and physical distancing. Maintaining social distancing of 2 metres is considered standard practice in all health and social care areas across the UK (unless when wearing PPE to provide clinical care).

- **What are Transmission Based Precautions (TBPs)?**

TBPs are additional precautions to be used in addition to SICPs when caring for patients/individuals with a known or suspected infection and are required when caring for patients/individuals with known or suspected COVID-19.

These are referred to throughout the guidance and take into consideration the additional precautions required for contact, droplet and airborne spread of COVID-19 and the PPE required by health and care staff.

- **What are AGPs?**

AGPs (Aerosol Generating Procedure) are medical procedures that can result in the release of tiny droplets of fluid from the respiratory tract when treating

someone who is suspected or confirmed to be suffering from COVID-19. These go into the air and may be breathed in or can settle on surfaces where the virus can live for a few days if not removed by ventilation or cleaning. AGPs are associated with an increased risk of respiratory transmission.

A full list of AGPs can be found in the guidance.

- [What PPE do healthcare staff need to wear in the low risk pathway?](#)

The guidance includes clear criteria for patients/individuals on a low risk pathway, which takes into consideration those patients being admitted and those individuals who have been positive for COVID-19.

PPE is required for the low-risk pathway as per SICPs, and additional TBPs where blood and other bodily fluid sprays are anticipated.

- [Why are patients self-isolating for 3 days rather than 14 days before surgery?](#)

NICE have reviewed the available evidence and recommend that patients/individuals self-isolate from the time of their test until they are admitted to hospital and this will usually be 3 days.

- [What should staff do if a patient or visitor refuses to wear a mask?](#)

The safety of both staff and patients is of paramount importance and **face coverings or facemasks** should be worn by patients/visitors, in-line with government guidance. We expect that all patients/visitors who can do so will follow these recommendations.

However, some people cannot tolerate wearing a facemask or covering and other measures such as taking all reasonable steps to identify practical working solutions with the least risk to all involved can ensure that care is still delivered safely. Care should not be denied to those unable to wear a face mask or covering.

Patients and visitors should refer to [government guidance](#) on face coverings.

- [What is the guidance for vaccination settings?](#)

The guidance states that:

In some clinical outpatient settings, such as vaccination/injection clinics, where contact with individuals is minimal, the need for single use PPE items for each encounter, for example, gloves and aprons is not necessary. Gloves and aprons are recommended when there is (anticipated) exposure to blood/body fluids or non-intact skin. Staff administering vaccinations/injections must apply hand hygiene between patients and wear a sessional facemask.

ENDS