IPC Highlights
Quick Reference Guide

This guide sets out highlights of the updated infection prevention and control (IPC) advice for health and care organisations as the UK moves to remobilise health and care services.

This applies to all health and care settings, including the independent sector and supersedes all existing COVID-19 guidance.*

*This guidance does not apply to adult social care settings in England. Adult social care providers in England should refer to existing guidance already in place.
The guidance includes examples of three care pathways that have been structured to enable organisations to separate COVID-19 risk at a local level and enable service restoration:

<table>
<thead>
<tr>
<th>High-risk</th>
<th>Medium-risk</th>
<th>Low-risk</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Any care facility where:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>untriaged individuals present for assessment or treatment (symptoms unknown) OR confirmed SARS-CoV-2 (COVID-19) positive individuals are cared for OR 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 awaiting test results OR symptomatic individuals who decline testing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>triaged/clinically assessed individuals are asymptomatic and are awaiting a SARS-CoV-2 (COVID-19) test result with no known recent COVID-19 contact OR testing is not required or feasible on asymptomatic individuals and infectious status is unknown OR asymptomatic individuals decline testing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>triaged/clinically assessed individuals with no symptoms or known recent COVID-19 contact who have isolated/shielded AND have a negative SARS-CoV-2 (COVID-19) test within 72 hours of treatment and, for planned admissions, have self-isolated from the test date OR individuals who have recovered from COVID-19 and have had at least 3 consecutive days without fever or respiratory symptoms and a negative COVID-19 test OR patients or individuals are regularly tested (remain negative)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The pathways can be applied to any health or care setting and there are some examples given within the guidance such as maternity or emergency care. The examples given should not be seen as defining that service to the particular pathway and it is important that this does not define the delivery of the care for the duration of care needs of the individual.
**Standard Infection Prevention and Control Precautions (SICPs)**

SICPs are the basic infection prevention and control measures necessary to reduce the risk of transmitting infectious agents from both recognised and unrecognised sources of infection and are required across all COVID-19 pathways.

These precautions must be used by all staff, in all care settings, at all times and for all patients, to ensure the safety of patients, staff and visitors. SICPS include:

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

Practice guides and literature reviews to support SICPs in each country are available in the full guidance.

**Physical Distancing (2m)**

Maintaining social distancing of 2 metres is considered standard practice in all health and social care areas across the UK (except when providing clinical care while wearing PPE).

To achieve physical distancing, healthcare services should implement measures to establish separation between care pathways, for example through the provision of separate entrances/exits or restricted access to communal areas.

**Transmission Based Precautions (TBPs)**

TBPs are additional measures required when caring for patients suspected or known to have COVID-19 and are based on the transmission route:

- **Contact**
- **Droplet**
- **Airborne**
### 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.

<table>
<thead>
<tr>
<th>Pathway</th>
<th>Disposable gloves</th>
<th>Disposable apron/gown</th>
<th>Face masks</th>
<th>Eye/face protection (visor)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Low</strong>&lt;sup&gt;3&lt;/sup&gt;</td>
<td>Single use if contact with blood and/or body fluids is anticipated</td>
<td>Single use apron (gown required if risk of spraying/splashing)</td>
<td>Surgical mask Type I, II or IIR for extended use&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Risk assess and use if required for care procedure/task where anticipated blood/body fluids spraying/splashes</td>
</tr>
<tr>
<td><strong>Medium</strong> – patients with no COVID-19 symptoms and no test result</td>
<td>Single use</td>
<td>Single use apron (gown required if risk of spraying/splashing)</td>
<td>FRSM Type IIR for direct patient care&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Single use or reusable</td>
</tr>
<tr>
<td><strong>Medium</strong> – when undertaking AGPs on patients with no COVID-19 symptoms and no test result</td>
<td>Single use</td>
<td>Single use gown</td>
<td>FFP3 or hood for AGPs</td>
<td>Single use or reusable</td>
</tr>
<tr>
<td><strong>High</strong> – if suspected or confirmed COVID-19 patient</td>
<td>Single use</td>
<td>Single use apron (gown required if risk of spraying/splashing)</td>
<td>FRSM Type IIR for direct patient care&lt;sup&gt;2&lt;/sup&gt;</td>
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</tbody>
</table>

<sup>1</sup>Extended use of face masks in England/Scotland for HCW when in any healthcare facility.

<sup>2</sup>FRSM can be worn sessionally if providing care for COVID-19 cohorted patients.

<sup>3</sup>Airborne precautions are NOT required for AGPs on patients/individuals in the low risk COVID-19 pathway, providing the patient has no other infectious agent transmitted via the droplet or airborne route.
The extended use of face masks and coverings in all healthcare settings in England and Scotland plays a vital role in reducing the risk of transmission of COVID-19.

Face Masks and Coverings

Face masks and coverings in healthcare settings
All staff (both clinical and non-clinical) should wear a face mask (Type I, II or IIR) at all times when not otherwise required to wear PPE for the provision of clinical care (including staff only areas)4. Inpatients in high or medium risk pathways should use a surgical face mask if this can be tolerated and does not compromise their clinical care unless isolated. All outpatients and visitors to healthcare settings should wear a face covering in line with government guidelines.

Face coverings in office and admin areas
Administration staff working in healthcare settings (including hospitals, GP surgeries, pharmacy, and community settings) are required to wear a face mask. Staff working alone in a single person office do not need to wear a mask, but will be required to wear one when leaving the private work area to move through the hospital building, e.g. on an errand, for meal breaks and arriving/leaving. Staff working in multi-occupancy offices should wear masks unless the area has clearly been demonstrated to be COVID-secure, e.g. 2m distancing, frequent environmental surface cleaning, one way movement, adequately ventilated, etc.

Providers of planned services should be responsive to local and national prevalence and incidence data on COVID-19 and adapt processes so that services can be stepped up or down to respond appropriately.

Positive cases of COVID-19 identified after admission who fit the criteria for investigation should trigger a case investigation. Two or more positive cases linked in time and place trigger an outbreak investigation.

Planned care in England should follow NICE COVID-19 rapid guideline: arranging planned care in hospitals and diagnostic services. Key measures for all planned care include comprehensive social distancing and hand hygiene measures for 14 days before admission. For all planned procedures needing anaesthesia or sedation, patients should also be tested for SARS-CoV-2 three days before admission and self-isolate from the day of the test until admission.

The guidance supersedes the previous 14-day self-isolation guidance outlined in the Operating framework for urgent and planned services within hospital settings.

*This applies to England only.