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Guidance

# 1. COVID-19 infection prevention and control guidance: key messages and explanation of updates

Updated 15 April 2021

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## Key messages

This guidance is an amendment to the previous version 1.0 (20 August 2020), and the title change reflects the ongoing pandemic situation across the UK.

Amendments have been made to strengthen existing messaging and provide further clarity where needed, including updates to the care pathways to recognise testing and exposure. Appendices to support the remobilisation and maintenance of dental, mental health and learning disability services have also been added.

Changes to the previous version are listed below. Following a clinical and scientific review, no changes to the recommendations, including PPE, have been made in response to the new variant strains at this stage, however this position will remain under constant review. Organisations who adopt practices that differ from those recommended/stated in the national guidance are responsible for ensuring safe systems of work, including the completion of a risk assessments approved through local governance procedures.

All NHS organisations should ensure reliable application of all IPC recommendations and assurance on adherence, that PPE is available and in supply, and that all staff training is up to date.

Local and national prevalence and incidence data will continue to guide services as advised by country specific/public health organisations. The identification of new variants of concern including UK VOC 202012/01, lineage B.1.1.7, first identified in Kent on 20/09/2020 and lineage B.1.351 or 501Y.V2 first identified in South Africa in October 2020 have been considered in this revision.

For further information on the variants of concern refer to the following documents:

- ECDC. Threat Assessment Brief: Rapid increase of a SARS-CoV-2 variant with multiple spike protein mutations observed in the United Kingdom (<https://www.ecdc.europa.eu/en/publications-data/threat-assessment-brief-rapid-increase-sars-cov-2-variant-united-kingdom>)
- ECDC. Rapid Risk Assessment. Risk related to spread of new SARS-CoV-2 variants of concern in the EU/EEA (<https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-risk-related-to-spread-of-new-SARS-CoV-2-variants-EU-EEA.pdf>)
- PHE Technical briefing: Investigation of novel SARS-CoV-2 variant: Variant of concern 202012/01 (<https://www.gov.uk/government/publications/investigation-of-novel-sars-cov-2-variant-variant-of-concern-20201201>)

This data will continue to be used to ensure patients/individuals' treatment, care and support can be managed in the 3 COVID-19 pathways, which remain as:

- High risk: This includes patients/individuals who are confirmed COVID-19 positive by a SARS-CoV-2 PCR test or are symptomatic and suspected to have COVID-19 (awaiting result)
- Medium risk: This includes patients/individuals who are waiting for their SARS-CoV-2 PCR test result and who have no symptoms of COVID-19 and individuals who are asymptomatic with COVID-19 contact/exposure identified
- Low risk: This includes patients/individuals who have been triaged/tested (negative)/clinically assessed with no symptoms or known recent COVID-19 contact/exposure

Sessional use<sup>[footnote 1]</sup> of single use PPE/RPE items continues to be minimised and only applies to extended use of facemasks (all pathways) or FFP3 respirators (together with eye/ face protection) in the medium and high risk pathway for healthcare workers where AGPs are undertaken for COVID-19 cohorted patients/individuals.

The use of face masks or face coverings<sup>[footnote 2]</sup> across the UK is recommended in addition to social distancing and hand hygiene for staff, patients/individuals and visitors in both clinical and non-clinical areas to further reduce the risk of transmission.

Patients in all care areas must be encouraged and supported to wear a face mask, providing it is tolerated and is not detrimental to their medical or care needs.

Physical distancing of 2 metres is considered standard practice in all health and care settings, unless providing clinical or personal care and wearing appropriate PPE.

Patients/individuals on a low risk pathway require Standard Infection Control Precautions for all care including surgery or procedures.

All patients should be tested promptly for SARS-CoV-2 either at point of admission or as soon as possible/practical following admission across all the pathways.

The JIC principles in this document apply to all health and care settings including acute, diagnostics, independent sector, mental health and learning disabilities, primary care, care homes, care at home, maternity and paediatrics (this list is not exhaustive).

NB. This guidance does NOT apply to Adult Social Care settings in England. Adult social care providers in England should refer to existing guidance (<https://www.gov.uk/government/collections/coronavirus-covid-19-social-care-guidance>) already in place. DHSC/PHE will continuously review this guidance and update as needed.

The JIC measures recommended are underpinned by the National Infection Prevention and Control Manual (NIPCM) practice guide and associated literature reviews (<http://www.nipcm.hps.scot.nhs.uk>). NHS England is using this an opportunity to introduce and adopt the NIPCM as set out in the 'UK Five-year Tackling Antimicrobial Resistance National Action Plan (2019-2024).'

## 1. Explanation of the updates to infection prevention and control guidance

The guidance is issued jointly by the Department of Health and Social Care (DHSC), Public Health Wales (PHW), Public Health Agency (PHA) Northern Ireland, Health Protection Scotland (HPS)/National Services Scotland, Public Health England (PHE) and NHS England for health and care organisations as the UK moves to maintain healthcare services. The content is consistent with the administrative measures outlined in WHO JIC during healthcare when coronavirus disease (COVID-19) is suspected or confirmed: Interim Guidance, June 2020.

The JIC measures recommended are underpinned by the National Infection Prevention and Control Manual practice guide and associated literature reviews (<http://www.nipcm.hps.scot.nhs.uk/>).

Maintaining services continues to require 'new ways' of working during the ongoing pandemic. Continual assessment of the available evidence/science and feedback from guidance users, professional bodies and associations, has identified the amendments required to version 1.0 to assist in supporting services in this 'new and changing' environment whilst COVID-19 remains a threat. This is based upon emerging evidence, experience and expert opinion.

## 1.1 Main changes to the guidance

1. Sessional use<sup>[footnote 1]</sup> of single use PPE/RPE items continues to be minimised and only applies to extended use of facemasks (all pathways) or FFP3 respirators (with eye/face protection) in the medium and high risk pathway for healthcare workers where AGPs are undertaken for COVID-19 cohorted patients/individuals.
2. The use of facemasks for staff and patients (if tolerated) is required across all care pathways in the UK. This is in addition to social distancing and hand hygiene for staff, patients/individuals and visitors in both clinical and non-clinical areas to further reduce transmission risk. Physical distancing of 2 metres remains standard practice in all health and care settings (unless providing clinical or personal care, in which case PPE should be worn in line with the pathway requirements).
3. Addition of a dental appendix (<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>) to support the remobilisation/maintenance of this service across the UK.
4. Addition of a mental health/learning disability appendix ([https://asset.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/954616/Infection\\_Prevention\\_Control\\_Mental\\_Health\\_Learning\\_Disabilities\\_Appendix.pdf](https://asset.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/954616/Infection_Prevention_Control_Mental_Health_Learning_Disabilities_Appendix.pdf)) (for use in England only) to support remobilisation/maintenance of this service.
5. The list of what constitutes an AGP for neonates has been clarified and oral/pharyngeal suctioning is not considered as an AGP in any health or care setting.
6. Inclusion of key points from the COVID-19: Guidance for stepdown of infection control precautions within hospitals and discharging COVID-19 patients from hospital to home settings (<https://www.gov.uk/government/publications/covid-19-guidance-for-stepdown-of-infection-control-precautions-within-hospitals-and-discharging-covid-19-patients-from-hospital-to-home-settings>) relevant to the pathways.
7. Terminology change from 'shielding' to 'clinically extremely vulnerable' with the definitions highlighted in the glossary.
8. Advice that valved respirators should not be worn by a healthcare worker/operator in a sterile area such as theatres/surgical settings or undertaking a sterile procedure such as central line insertion, as the exhaled breath is unfiltered.
9. Updates to care pathways to recognise testing/exposure.

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1. Sessional or extended use should be limited to care areas where healthcare workers are providing continuous care for a group of cohort suspected or confirmed COVID-19 patients.
  2. Each UK country has recommended that the general public must wear a face covering by law in some public places unless exempt from wearing a face covering due to age, health or other condition. Each country also has guidance for facemasks/face coverings when working outside the clinical area in health and social care settings.

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