



1. Home (<https://www.gov.uk/>)
  2. Coronavirus (COVID-19) (<https://www.gov.uk/coronavirus-taxon>)
  3. Healthcare workers, carers and care settings during coronavirus (<https://www.gov.uk/coronavirus-taxon/healthcare-workers-carers-and-care-settings>)
  4. COVID-19: infection prevention and control (IPC) (<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>)
- Public Health  
England (<https://www.gov.uk/government/organisations/public-health-england>)

Guidance

## **5. COVID-19 infection prevention and control guidance: standard infection prevention control precautions (SICPs) - all pathways**

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**SICPs** are the basic **IPC** 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. Sources of (potential) infection include blood and other body fluids secretions or excretions (excluding sweat), non-intact skin or mucous membranes and any equipment or items in the care environment that could have become contaminated.

The application of **SICPs** during care delivery is determined by an assessment of risk to and from individuals and includes the task, level of interaction and/or the anticipated level of exposure to blood and/or other body fluids.

**SICPs** must therefore be used by all staff, in all care settings, at all times and for all patients/individuals, whether infection is known or not, to ensure the safety of patients/individuals, staff and visitors. This section highlights the key measures for the COVID-19 pathways. Please refer to the practice guide<sup>[footnote 1]</sup> for additional information on the other elements which remain unchanged.

The elements of **SICPs** are:

- patient placement and assessment for infection risk (screening/triaging/testing)
- hand hygiene
- respiratory and cough hygiene
- personal protective equipment (see below)
- safe management of the care environment (see below)
- safe management of care equipment (see below)
- 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 social/physical distancing (new SICP due to COVID-19)

## 5.1 Personal protective equipment (PPE)

For the purpose of this document, the term 'personal protective equipment' is used to describe products that are either **PPE** or medical devices that are approved by the Health and Safety Executive (HSE) and the Medicines and Healthcare products Regulatory Agency (MHRA) as protective solutions in managing the COVID-19 pandemic.

Local or national uniform policies (<https://www.england.nhs.uk/about/equality/equality-hub/uniforms-and-workwear/>) should be considered when wearing **PPE**.

### All **PPE** should be:

- located close to the point of use (where this does not compromise patient safety, for example, mental health/learning disabilities). In domiciliary care **PPE** must be transported in a clean receptacle
- stored safely and in a clean, dry area to prevent contamination
- within expiry date (or had the quality assurance checks prior to releasing stock outside this date)
- single use unless specified by the manufacturer or as agreed for extended/sessional use including surgical facemasks

- changed immediately after each patient and/or after completing a procedure or task (unless sessional use has been agreed and local risk assessment undertaken)
- disposed into the correct waste stream depending on setting, for example domestic waste/offensive (non-infectious) or infectious clinical waste
- discarded if damaged or contaminated
- safely doffed (removed) to avoid self-contamination. Refer to guidance on donning (putting on) and doffing (removing) (<https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures>)
- decontaminated after each use following manufactures guidance if reusable PPE is used, specifically non-disposable goggles/face shields/visors

### **Gloves must:**

- be worn when exposure to blood and/or other body fluids, non-intact skin or mucous membranes is anticipated or likely<sup>[footnote 2]</sup>
- be changed immediately after each patient and/or after completing a procedure/task even on the same patient
- be put on immediately before performing an invasive procedure and removed on completion
- not be decontaminated with alcohol based hand rub (ABHR) or soap between use

NB. Double gloving is NOT recommended for routine clinical care of COVID-19 cases.

### **Aprons must be:**

- worn to protect uniform or clothes when contamination is anticipated or likely
- worn when providing direct care within 2 metres of suspected/confirmed COVID-19 cases
- changed between patients and/or after completing a procedure or task

### **Full body gowns or fluid repellent coveralls must be:**

- worn when there is a risk of extensive splashing of blood and/or body fluids
- worn when undertaking aerosol generating procedures
- worn when a disposable apron provides inadequate cover for the procedure or task being performed (surgical procedures)
- changed between patients/individuals and immediately after completing a procedure or task

### **Eye or face protection (including full-face visors) must:**

- be worn if blood and/or body fluid contamination to the eyes or face is anticipated or likely – for example, by members of the surgical theatre team and always during aerosol generating procedures
- not be impeded by accessories such as piercings or false eyelashes
- not be touched when being worn

NB. Regular corrective spectacles are not considered as eye protection.

## Fluid resistant surgical face mask (FRSM Type IIR) masks must:

- be worn with eye protection if splashing or spraying of blood, body fluids, secretions or excretions onto the respiratory mucosa (nose and mouth) is anticipated or likely
- be worn when providing direct care within 2 metres of a suspected/confirmed COVID-19 case
- be well-fitting and fit for purpose, fully cover the mouth and nose (manufacturers' instructions must be followed to ensure effective fit and protection)
- not touched once put on or allowed to dangle around the neck
- be replaced if damaged, visibly soiled, damp, uncomfortable or difficult to breathe through

## Surgical face masks Type II must be:

- worn for extended use by healthcare workers when entering the hospital or care setting (Type IIR is also suitable). Type I are suitable in some settings, refer to the resource section for country specific guidance

## Head/footwear

- headwear is not routinely required in clinical areas (even if undertaking an AGP) unless part of theatre attire or to prevent contamination of the environment such as in clean rooms
- headwear worn for religious reasons (for example, turban, kippot veil, headscarves) are permitted provided patient safety is not compromised. These must be washed and/or changed between each shift or immediately if contaminated and comply with additional attire in, for example, theatres
- foot/shoe coverings are not required or recommended for the care of COVID-19 cases

Note that PPE may restrict communication with some individuals and other ways of communicating to meet their needs should be considered.

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1. Practice guides and literature reviews to support SICPs are available for England and Scotland (<http://www.nipcm.hps.scot.nhs.uk/>), Wales (<https://phw.nhs.wales/services-and-teams/harp/infection-prevention-and-control/nipcm/>) and Northern Ireland (<https://www.niinfectioncontrolmanual.net/>).
  2. Vinyl medical gloves should only be worn in care situations where there is no anticipated exposure to blood and/or body fluids.

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