- Public Health England (https://www.gov.uk/government/organisations/public-health-england)

Guidance

7. COVID-19 infection prevention and control guidance: low risk pathway - key principles

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Contents

7.1 Maintaining physical distancing
7.2 Personal protective equipment
7.3 Safe management of environment/equipment and blood/body fluids
7.4 Aerosol Generating Procedures (AGPs): procedures that create a higher risk of respiratory infection transmission
7.5 Visitors
7.6 Discharge or transfer

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This pathway applies to any care facility where:

a) Triaged/clinically assessed individuals with no symptoms or known recent COVID-19 contact/exposure.

AND

Have a negative SARS-CoV-2 test result within 72 hours of treatment and, for planned admissions, have self-isolated for the required period of from the test date.

OR

b) Individuals who have recovered (14 days) from COVID-19 AND have had at least 48 hours without fever or respiratory symptoms.

OR

c) Patients or individuals are part of a regular formal NHS testing plan and remain negative and asymptomatic .

Clinicians should advise people who are at greater risk of getting COVID 19, or having a poorer outcome from it, that they may want to self-isolate for 14 days before a planned procedure. The decision to self-isolate will depend on their individual risk factors and requires individualised care and shared decision making.

NB. Some individuals who have recovered from COVID-19 may continue to test positive for SARS-CoV-2 by PCR for up to 90 days from their initial illness onset. If they do not have any new COVID-19 symptoms and have not had a known COVID-19 exposure they are unlikely to be infectious. However, advice should be sought from an infection specialist (infectious disease/virologist/microbiologist) for severely immunosuppressed individuals who continue to test positive.

7.1 Maintaining physical distancing

All staff and other care workers must maintain social/physical distancing of 2 metres where possible (unless providing clinical care and wearing personal protective equipment (PPE) as per care pathway).

7.2 Personal protective equipment

PPE required for standard infection control precautions (SICPs) is as follows (see table below):

SICPS/PPE (all settings/all patients/individuals)	Disposable gloves	Disposable apron/gown	Face masks	Eye/face protection(visor)
If contact with blood and/or body fluids is anticipated	Single use	Single use apron (gown if risk of spraying / splashing)	FRSM Type IIR for direct patient care and surgical mask* Type II for extended use	Risk assess and use if required for care procedure/task where anticipated blood/body fluids spraying/splashes

*Sessional/extended use of facemasks apply across the UK for HCWs in any health or care settings.

NB. Airborne precautions are NOT required for AGPs on patients/individuals in the low risk COVID-19 pathway, providing the patient has no other known or suspected infectious agent transmitted via the droplet or airborne route.

7.3 Safe management of environment/equipment and blood/body fluids

During the pandemic, the frequency of cleaning of both the environment and equipment in care (patient) areas should be increased to at least twice daily, this includes frequently touched sites/points and communal facilities such as shared toilets.

In the low risk COVID-19 pathway organisations may choose to revert to general purpose detergents for cleaning, as opposed to widespread use of disinfectants (with the exception of blood and body fluids, where a chlorine releasing agent (or a suitable alternative) solution should be used).

7.3.1 Safe management of waste of waste

Waste must be segregated in line with the respective countries' national regulation and there is no requirement to dispose of all waste as infectious waste in the low risk pathway.

7.3.2 Operating theatres and procedure rooms

Within the low risk COVID-19 pathway, standard theatre cleaning and time for air changes provides appropriate levels of IPC and there is no requirement for additional cleaning or theatre down time unless the patient has another infectious agent that requires additional IPC measures.

7.4 Aerosol Generating Procedures (AGPs): procedures that create a higher risk of respiratory infection transmission

Airborne precautions are NOT required for AGPs on patients/individuals in the low risk COVID-19 pathway, providing the patient has no other known or suspected infectious agent transmitted via the droplet or airborne route.

There is no additional requirement for ventilation or downtime in this pathway, providing safe systems of work, including engineering controls are in place.

7.4.1 Critical care areas

Providing suspected/confirmed COVID-19 cases can be cared for in single rooms or isolation rooms, the department should no longer be classified as an AGP 'hot spot' or 'high risk area.' This should be defined locally depending on prevalence/incidence data and the subsequent pathway assigned. This negates the requirement for the routine wearing of airborne PPE including a respirator in the low risk COVID-19 pathway.

7.4.2 Operating theatres

Patients/individuals in the low risk COVID-19 pathway do not need to be anaesthetised or recovered in the operating theatre if intubation/extubation (AGP) is required.

7.5 Visitors

As outlined in the administration measures for the pathways (section 4.4) (https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/care-pathways#IPCmeasures), hand hygiene and respiratory hygiene, and the wearing of a face covering (if tolerated) along with social distancing should be encouraged and maintained. Therefore visitors require no additional PPE. Visitors should be triaged.

7.6 Discharge or transfer

There is no restriction on discharge unless the patient/individual is entering a long-term care facility where testing may be required. If someone in the patient's household has COVID-19 or is a contact of a COVID-19 case and is self-isolating, the discharge guidance will be provided by the clinician.

In England, to ensure testing does not delay a timely discharge to a care home, all patients who have previously tested negative should be re-tested for SARS-CoV-2 again 48 hours prior to discharge. Immunocompetent patients who have tested positive within the previous 90 days, and remain asymptomatic, do not need to be re-tested. The information from the test results, with any supporting care information, must be communicated and transferred to the relevant care home. No-one should be discharged from hospital directly to a care home without the involvement of the local authority.

Discharge arrangements may differ between countries, refer to country specific resources in Section 2.1 (https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/introduction-and-organisational-preparedness).

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