

**COVID-19: Guidance for the remobilisation of services within health and care settings**  
**Infection prevention and control recommendations**

**Summary of major changes and basic guiding principles for implementation in NHS GGC**

The new guidance, published 21/08/20, supersedes the COVID-19 UKIPC guidance (18<sup>th</sup> June 2020) as we move from a period of high community and hospital prevalence/incidence into a period of low prevalence/incidence with isolated outbreaks identified by each country.

Remobilisation of services should be guided by the local and national COVID-19 prevalence/incidence data so that services can be stepped-up or down.

The major change in new guidance is creation of three patient pathways (High, Medium and Low Risk pathway) and requirement to maintain separation of patients on these pathways as much as possible. At the moment all patients admitted to hospitals in GGC are segregated in RED-GREEN-AMBER pathways. While there are similarities in the proposed and our existing pathways there also are significant differences. For clarity of terminology the High Risk pathway would be an equivalent of the Red pathway in GGC documents, Medium Risk to Amber and Low Risk pathway to the Green pathway.

There is no major change in **High risk** (Red in GGC) definition.

**Medium risk** (Amber in GGC) – this category is significantly expanded and will include some of the patient groups that previously have been considered as Green in GGC.

**Low risk** (Green in GGC) – major change as now only patients with no symptoms, no recent contact with COVID-19, negative COVID-19 test and self-isolation prior to admission are now included in this category. Previously COVID-19 positive patients need a negative COVID-19 test to be considered Low risk group which is different from our existing approach. Self-isolation is advised from the point of testing but can be extended on advice of clinician.

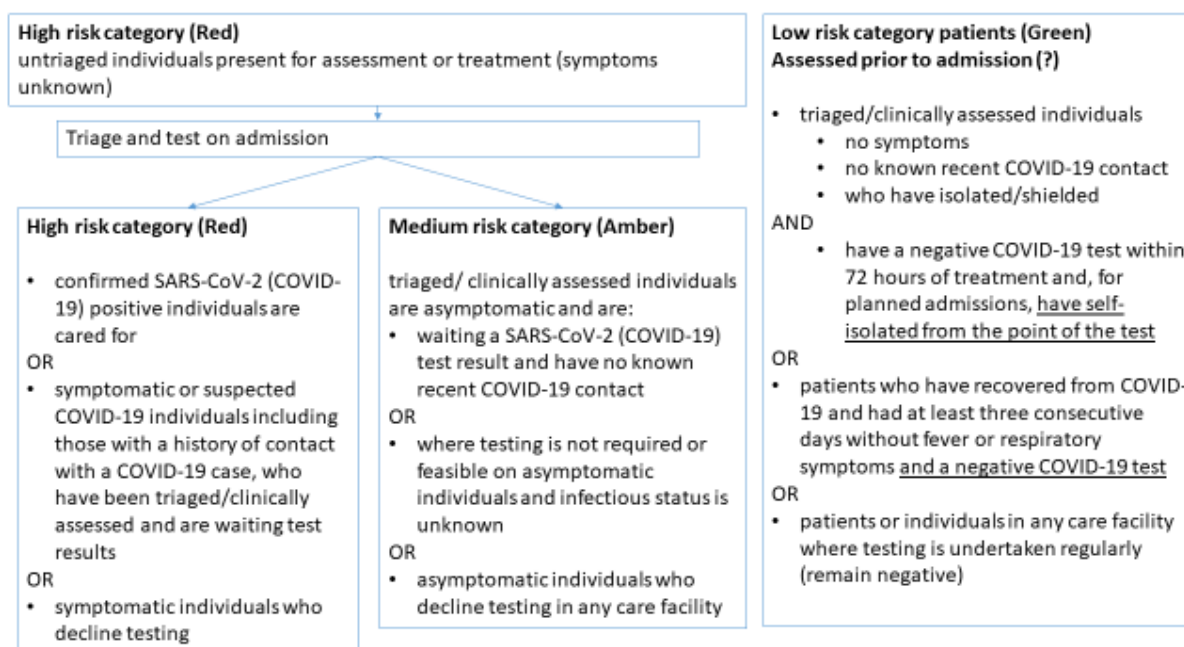
<b>High-Risk COVID-19 Pathway</b> <b>Section 9: SICPs &amp; TBPs</b>	<b>Medium Risk COVID-19 Pathway</b> <b>Section 8: SICPs &amp; TBPs</b>	<b>Low Risk COVID-19 Pathway</b> <b>Section 6: SICPs</b>
Any care facility where: a) untriaged individuals present for assessment or treatment (symptoms unknown) OR b) confirmed SARS-CoV-2 (COVID-19) positive individuals are cared for OR c) 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 waiting test results OR d) symptomatic individuals who decline testing	Any care facility where triaged/clinically assessed individuals are asymptomatic and are: a) waiting a SARS-CoV-2 (COVID-19) test result and have no known recent COVID-19 contact OR b) where testing is not required or feasible on asymptomatic individuals and infectious status is unknown OR c) asymptomatic individuals who decline testing in any care facility	a) Any care facility where triaged/clinically assessed individuals no symptoms, no 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 point of the test OR b) patients who have recovered from COVID-19 and had at least three consecutive days without fever or respiratory symptoms and a negative COVID-19 test OR c) patients or individuals in any care facility where testing is undertaken regularly (remain negative)

## Initial triage and admission to hospital

### Main principle: to minimise contact between pathways

The new guidelines state that on admission, before triage and assessment is done, all patients are considered as Red category, unless assessment is done prior to admission. Green patients will have their testing and assessment done prior to the admission therefore in reality at the front door we will have Red and Green patients.

To allocate patients to the appropriate pathway COVID-19 screening is required for all hospital admissions. Green category patient will have their screening done and results available prior to the admission. Currently the general agreement for screening of day-cases, minor procedure patients and patients undergoing some diagnostic procedures in GGC is such that they do not require pre-procedure screening unless an overnight or longer hospital stay is anticipated. According to the new guidelines this patient category will be considered as Amber and will require additional infection control precautions. In these cases, the screening protocols might need to be reviewed to allocate these patients to the Green category.



### Patient placement on wards

It is advised to assign a team of medical/nursing/domestic staff for isolation/cohort facilities if prevalence/incidence rate for COVID-19 is high.

It is required to maintain 2 m physical distancing at all times and use additional physical barriers like screens or privacy curtains (if possible and safe to do so) between bed spaces if patients are cohorted in multi-bed bays.

Priority for isolation in SR should be given to patients with clinical COVID-19 symptoms waiting for the test result. Patients with low clinical suspicion and not requiring/declining testing are not priority group for SR. As always, patients with other contagious infections might be prioritised for SR placement. Suspected cases sub-group in Amber pathway must be isolated or cohorted separately until test result is known.

### Guiding principles of various aspects of patient care

Main guiding principles of the new guidance are summarised below in the table. Please refer to the guidance document for full details.

	Green=Low risk category	Amber=Medium risk category	Red=High risk category
<b>PPE</b>	SICPs  (Surgical Type II face mask can be used for extended period of time, FRSM for direct patient care)	SICPs +TBP	SICPs +TBP
<b>AGP</b>	Respiratory PPE NOT required, provided no other airborne infection suspected  No need for additional ventilation or downtime, providing safe systems of work, including engineering procedures are in place*	Respiratory PPE	Respiratory PPE
<b>Cleaning</b>	Cleaning twice daily could be considered  General purpose detergent (except for blood and body fluids)	Cleaning twice daily  Detergent +disinfectant (chlorine)  Additional cleaning required for equipment and frequently touched surfaces	Cleaning twice daily  Detergent +disinfectant (chlorine)  Additional cleaning required for equipment and frequently touched surfaces
<b>Critical care</b>	Droplet precautions  No need for respiratory PPE or classification as a “high risk area” if suspected and positive cases are in SR	Droplet precautions  Full AGP PPE for direct care  Airborne precautions for all staff need to be considered if suspected/confirmed cases requiring AGP cannot be managed in single rooms	Droplet precautions  Full AGP PPE for direct care  Airborne precautions for all staff need to be considered if suspected/confirmed cases requiring AGP cannot be managed in single rooms

	<b>Green=Low risk category</b>	<b>Amber=Medium risk category</b>	<b>Red=High risk category</b>
<b>Operating theatres</b>	Standard cleaning and no need for additional downtime post-AGP, unless other infectious agent suspected  Patients do not need to be anaesthetised and recovered in theatres if AGP is performed	Anaesthetise and recover in theatres if AGP is required  Chlorine based detergent following each case	Anaesthetise and recover in theatres if AGP is required  Chlorine based detergent following each case
<b>Visitors</b>	Allowed, provided adherence to IC precautions – hand hygiene, face covering and social distancing is maintained	Should be allowed, provided adherence to IC precautions – hand hygiene, face covering and social distancing is maintained	Limited to only essential visitors and use of appropriate PPE needs to be considered
<b>Discharge</b>	No restriction but follow the guidance if discharged to long term care facility	No restriction but follow the guidance if discharged to long term care facility  Advice on self-isolation for patient and family members needs to be provided on discharge  Ambulance service and receiving facilities must be informed of the status of the patient	With advice on self-isolation for patient and family members  Ambulance service and receiving facilities must be informed of the status of the patient

\*This point will need additional discussion and individual risk assessments as some of the areas of many hospitals in GGC are not compliant with existing standards of ventilation.

It is expected that local adaptation of guidance will be required for each hospital. Risk assessment and approval of clinical governance is required if there is deviation from these recommendations.

Certain aspects of patient care will require further clarification and additional guidance documents will be issued shortly.

Various sub-groups of Amber category and requirements of patient placement for each will need to be clarified and incorporated in local pathways.