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- UK Infection Prevention and Control Guidance – Updated

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The UK Infection Prevention and Control ([IPC](#)) guidance has been updated to reflect the most up-to-date scientific understanding of how to prevent and control COVID-19 infection. Amendments have been made to reinforce existing measures and provide further clarity where needed, including updates to testing and exposure.

The main amendments to the guidance are:

- **Sessional use of single use PPE/RPE** (Respiratory Protective Equipment) items will continue 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 areas for healthcare workers where AGPs are undertaken for COVID-19 patients
- The use of facemasks for staff and patients (if tolerated) is required across all healthcare settings in the UK. This is in addition to social distancing and hand hygiene for staff, patients and visitors in both clinical and non-clinical areas to further reduce transmission risk. Physical distancing of 2 metres remains standard practice (**unless providing clinical or personal care, in which case PPE should be worn in line with the pathway requirements**)
- Terminology change from 'shielding' to 'clinically extremely vulnerable'
- Advice that valved respirators should not be worn by healthcare staff in a sterile area such as theatres or surgical settings or undertaking a sterile procedure, as the exhaled breath is unfiltered
- Updates to care pathways to recognise testing and exposure

In addition to this, Practices must continue to meet their governance responsibilities to ensure:

- **Monitoring of IPC practices**
 - As recommended in the guidance, resources must be in place to implement and measure adherence to good IPC practice. This must include all healthcare settings for all staff (permanent, agency and external contractors)
- **Testing and self-isolation strategies**
 - These must be in place with a local strategy for the response if transmission rates of COVID-19 increase
- **Training in IPC**
 - Training must be provided to all staff, including the correct use of PPE (involving a face fit check if wearing a filtering face piece (FFP3), respirator, and the correct technique for putting on and removing (donning/doffing) safely

- **Risk assessment(s)**
 - This must be carried out for any staff member in an at risk or clinically extremely vulnerable group, including pregnant and Black, Asian and Minority Ethnic (BAME) staff although good practice indicates to carry these out for all staff. A risk assessment template is available in the QCS system
- **Patients at high risk or extremely high risk of severe illness**
 - These people must be protected from COVID-19, including consideration of families and carers accompanying patients for treatment and procedures
- **Healthcare settings are COVID-19 secure**
 - Any workplace risk must be, so far as is reasonably practicable, mitigated for everyone

No changes to the recommendations, including PPE, have been made in response to the new variant strains of COVID-19 at this stage, however this position will remain under constant review.

Practices must 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.