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Coronavirus (COVID-19): what you need to do

Stay at home

- Only go outside for food, health reasons or work (but only if you cannot work from home)
- If you go out, stay 2 metres (6ft) away from other people at all times
- Wash your hands as soon as you get home

Do not meet others, even friends or family.

You can spread the virus even if you don't have symptoms.

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Public Health
England

Guidance

Introduction and organisational preparedness

Updated 4 April 2020

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1. Introduction

This guidance outlines the infection prevention and control advice for health and social care workers involved in receiving, assessing and caring for patients who are a possible or confirmed case of COVID-19.

This infection prevention and control advice is considered good practice in response to the COVID-19 pandemic. It is based on the best evidence available from previous pandemic and inter-pandemic periods and focuses on the infection prevention and control aspects of this disease only, recognising that a preparedness plan will consider other counter measures.

N.B. The emerging evidence base on COVID-19 is rapidly evolving. Further updates may be made to this guidance as new detail or evidence emerges.

The transmission of COVID-19 is thought to occur mainly through respiratory droplets generated by coughing and sneezing, and through contact with contaminated surfaces. The predominant modes of transmission are assumed to be droplet and contact. This is consistent with a recent review of modes of transmission of COVID-19 by the World Health Organization (WHO).

2. Infection, prevention and control precautions

Standard infection control precautions (SICPs) and transmission based precautions (TBPs) must be used when managing patients with suspected or confirmed COVID-19.

2.1 Standard infection control precautions (SICPs) definition

SICPs are the basic infection prevention and control measures necessary to reduce the risk of transmission of infectious agents from both recognised and unrecognised sources. Sources include blood and other body fluids, secretions and excretions (excluding sweat), non-intact skin or mucous membranes, and any equipment or items in the care environment.

SICPs should be used by all staff, in all care settings, at all times, for all patients.

2.2 Transmission Based Precautions (TBPs) definition

TBPs are applied when SICPs alone are insufficient to prevent cross transmission of an infectious agent. TBPs are additional infection control precautions required when caring for a patient with a known or suspected infectious agent. TBPs are categorised by the route of transmission of the infectious agent:

Contact precautions: Used to prevent and control infection transmission via direct contact or indirectly from the immediate care environment (including care equipment). This is the most common route of infection transmission.

Droplet precautions: Used to prevent and control infection transmission over short distances via droplets ($>5\mu\text{m}$) from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual. Droplets penetrate the respiratory system to above the alveolar level. The maximum distance for cross transmission from droplets has not been definitively determined, although a distance of approximately 2 metres (6 feet) around the infected individual has frequently been reported in the medical literature as the area of risk.

Airborne precautions: Used to prevent and control infection transmission without necessarily having close contact via aerosols ($\leq 5\mu\text{m}$) from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual. Aerosols penetrate the respiratory system to the alveolar level. Interrupting transmission of COVID-19 requires both droplet and contact precautions; if an aerosol generating procedure (AGP) is being undertaken then airborne precautions are required in addition to contact precautions.

Refer to [Table 1 for recommended PPE for secondary care settings](#)

Refer to [Table 2 for recommended PPE for primary, outpatient and community care settings](#)

Refer to [Table 3 for recommended PPE for ambulance, paramedics, first responders and pharmacists](#)

Refer to [Table 4 for additional considerations](#)

3. Organisational preparedness for preventing and controlling COVID-19

Limiting transmission of COVID-19 in the healthcare setting requires a range of infection prevention and control measures which can be considered as a hierarchy of controls. Administrative controls are implemented at an organisational level (for example the design and use of appropriate processes, systems and engineering controls, and provision and use of suitable work equipment and materials) to help prevent the introduction of infection and to control and limit the transmission of infection in healthcare. The control of exposure at source, including adequate ventilation systems and effective environmental decontamination will physically reduce exposure to infection.

Employers are under a legal obligation – under [Control of Substances Hazardous to Health \(COSHH\)](#) – to adequately control the risk of exposure to hazardous substances where exposure cannot be prevented. The provision and use of personal protective equipment (PPE), including respiratory protective equipment (RPE), will protect staff, patients and visitors. Employees have an obligation to make full and proper use of any control measures, including PPE, provided by their employer.

The principles below are listed as a hierarchy of infection prevention and control measures at a local hospital/ward level.

(Note that this list is not exhaustive but includes key principles and illustrates a useful approach to preventing and controlling COVID-19).

Hierarchy of Control measures:

- early recognition or reporting of cases
- early assessment or triaging of cases
- implementing control measures, including:
 - maintaining separation in space and or time between suspected and confirmed COVID-19 patients
 - educating staff, patients and visitors about SICPs and TBPs
 - prompt implementation of TBPs to limit transmission
 - restricting access of ill visitors to the facility
 - instructing staff members with symptoms to stay at home and not come to work until symptoms resolve
 - planning and implementation of strategies for surge capacity

In preparedness for implementing these control measures all healthcare organisations should undertake planning, and test the preparedness response for the various phases of a pandemic. This includes:

- an assessment of their facilities' current capabilities. Healthcare services will not be able to operate under 'business as usual' during a COVID-19 pandemic. An assessment of the practical ability to deliver care and implement control measures under the pressure of an exceptional number of patient admissions and reduced staff numbers due to illness must be assessed; ensuring their facilities' most current blueprints are readily available and accessible if needed to make necessary changes
- an assessment of the current workforce
- working in a multidisciplinary team with healthcare and social care leaders or managers, engineering, and clinical staff to plan for segregation of patients and or services and creation of adequate isolation rooms; identifying potential areas that could be converted effectively with minimum modifications
- defining engineering, administrative, and personnel requirements that can be efficiently implemented during a pandemic COVID-19 event
- key areas such as emergency departments, outpatients, triage, reception desks, specialist departments will need to have plans in place to manage patients with suspected or confirmed COVID-19
- patients with long term conditions who develop symptoms of COVID-19 who need to attend the hospital for treatment or an outpatient appointment will need information on alternative arrangements

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