Key messages

Local and national prevalence and incidence data will continue to guide services as advised by country specific/public health organisations. Identification of new variants of concern is inevitable and on each new identification evidence for any change in transmissibility, mode of transmission, disease severity and any evidence of vaccine evasion will need to be considered as well as local incidence and prevalence of any new variant of concern. It may be necessary to change the IPC measures required on the basis of any new evidence.

For further information on the variants of concern go to:

- Threat Assessment Brief: Emergence of SARS-CoV-2 B.1.617 variants in India and situation in the EU/EEA
- Investigation of SARS-CoV-2 variants of concern: technical briefings

For further guidance on investigating and managing variants of concern go to:

- Guidance for investigating and managing individuals with a possible or confirmed SARS-CoV-2 Variant of Concern or Variant Under Investigation

This data will continue to be used to ensure patients/individuals' treatment, care and support can be managed in the 3 COVID-19 pathways, which remain as:

- high risk – this includes patients/individuals who are confirmed COVID-19 positive by a SARS-CoV-2 PCR test or are symptomatic and suspected to have COVID-19 (awaiting result)
- medium risk – this includes patients/individuals who are waiting for their SARS-CoV-2 PCR test result and who have no symptoms of COVID-19 and individuals who are asymptomatic with COVID-19 contact/exposure identified
- low risk – this includes patients/individuals who have been triaged/tested (negative)/clinically assessed with no symptoms or known recent COVID-19 contact/exposure

To ensure maximum workplace risk mitigation, organisations should undertake local risk assessments based on the measures as prioritised in the hierarchy of controls. If an unacceptable risk of transmission remains following this risk assessment, it may be necessary to consider the extended use of RPE for patient care in specific situations. The risk assessment should include evaluation of the ventilation in the area, and prevalence of infection/new variants of concern in the local area.

10.2 Personal protective equipment: suspected/confirmed COVID-19 patient/individual

PPE required by type of transmission/ exposure	Disposable gloves	Disposable apron/gown	Face masks	Eye/face protection (visor)
Droplet/Contact PPE	Single use	Single use apron and gown (if risk of spraying/ splashing)	FRSM Type IIR for direct patient care[1]	Single use or re-usable
Airborne PPE (When undertaking or if AGPs are likely)* If an unacceptable risk of transmission remains following rigorous application of the hierarchy of control**	Single use	Single use gown	FFP3[2] or respirator /Hood for AGPs	Single use or re-usable

[1] FRSM can be worn sessionally (includes eye/face protection) if providing care for COVID-19 cohorted patients/individuals
[2]FFP3 can be worn sessionally (includes eye/face protection) in high risk areas where AGPs are undertaken for COVID-19 cohorted patients/individual

*NB. Consideration may need to be given to the application of airborne precautions where the number of cases of COVID-19 requiring AGPs increases and patients/individuals cannot be managed in single or isolation rooms.

**Or if an unacceptable risk of transmission remains following rigorous application of the hierarchy of control, taking these controls into account, it may be necessary to consider the extended use of RPE for patient care in this situation.

10.2.1 Respiratory protective equipment (RPE)/FFP3 (filtering face piece or hood):

Respirators are used to prevent inhalation of small airborne particles arising from AGPs.

Respirators should:

- be well fitting, covering both nose and mouth