4.1 Administration measures for the pathways

1. Establish separation of patient pathways and staff flow to minimise contact between pathways. For example, this could include provision of separate entrances/exits (if available) or use of one-way entrance/exit systems, clear signage, and restricted access to communal areas:

   - care areas (for example, ward, clinic, GP practice, care home) may designate self-contained area(s) or ward(s) for the treatment and care of patients/individuals at high, medium and low risk of COVID-19. Temporal separation may be used in clinics/primary care settings
   - as a minimum in smaller facilities or primary care outpatient settings, physical/or temporal separation of patients/departments at high risk of COVID-19 from the rest of the facility/patients

2. Ensure that hygiene facilities IPC measures and messaging are available for all patients/individuals, staff and visitors to minimise COVID-19 transmission such as:

   - hand hygiene facilities including instructional posters
   - good respiratory hygiene measures
   - maintaining physical distancing of 2 metres at all times (unless wearing PPE due to clinical or personal care as per pathways)
   - increasing frequency of decontamination of equipment and the environment
   - considering improving ventilation by opening windows (natural ventilation) if mechanical ventilation is not available
   - clear advice on the use of face coverings and facemasks by patients/individuals, visitors and staff in non-patient facing areas. This will include:
     - use of facemasks/ coverings by all outpatients (if tolerated) and visitors when entering a hospital, GP/dental surgery or other care settings.
     - use of a surgical facemask (Type II or Type IIR) by all patients across all pathways, if this can be tolerated and does not compromise their clinical care, such as when receiving oxygen therapy. This will minimise the dispersal of respiratory secretions and reduce environmental contamination.
     - extended use of facemasks by all staff in both clinical and non-clinical areas within the healthcare or care settings.
     - where visitors are unable to wear face coverings due to physical or mental health conditions or a disability, clinicians/person in charge should consider what other IPC measures are in place, such as physical distancing and environmental cleaning, to ensure sufficient access depending on the patient's condition and the care pathway