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Produced for	ATG and STAC
Date Produced	5 July 2021 Updated 9 August 2021 (version 2)
Subject	Assessing Feasibility of Red Pathway Tool

Situation

This document has been developed in response to updated guidance on High Risk Pathways provided by NIPCM <https://www.nipcm.hps.scot.nhs.uk/scottish-covid-19-infection-prevention-and-control-addendum-for-acute-settings/which-states>:

5.13.1 General organisational Preparedness and COVID-19 Risk Assessment of the healthcare Environment

A structured risk assessment should be undertaken with Health and Safety (H&S) representatives, Estates and Facilities representatives, Occupational Health Services (OHS) Infection Prevention and Control Team (IPCT) and the clinical team to systematically consider potential hazards in the context of COVID-19 which could negatively impact users of that environment including staff, patients and visitors and ensure application of mitigation measures to eliminate, reduce or control risk.

5.13.2 Organisational Preparedness and COVID-19 Risk Assessment when determining appropriate location for High Risk Pathway

*Some clinical environments present a greater risk in terms of COVID-19 transmission if used to care for cohorts of suspected and/or confirmed COVID-19 cases. NHS Boards must seek to identify and prepare the most suitable clinical area for **planned placement** of patients requiring care on the high risk (red) pathway. This is **not required** for areas used for the medium and low risk pathways where sporadic cases of ‘unexpected’ positive COVID-19 cases may arise. In GGC where pathways are still in use we would ask that the service areas review existing pathways.*

Prior to determining areas for placement of the high risk pathway a full risk assessment of the proposed area must be carried out led by Health and Safety teams and involving Estates and Facilities representatives, Occupational Health Services (OHS) Infection Prevention and Control Team (IPCT) and the clinical team. This should be undertaken using the hierarchy of controls and recognise that there is lowest risk where elimination can be achieved and highest risk where PPE is the only control in place. Risk assessments should be undertaken regularly as determined by the NHS Board to ensure no change to the level of risk.

*If the risk assessment concludes that an unacceptable risk of transmission remains within the environment after rigorous application of the hierarchy of controls (e.g. inadequate bed spacing AND natural ventilation where windows cannot be opened) and **only** if there are no other more optimal low risk clinical areas suitable for the high risk pathway cohort then the NHS Boards should consider utilising the area for this purpose with provision of Respiratory Protective Equipment (RPE) for the staff working in this area.*

Background / Update

Description of Red Pathway: High-risk (red) COVID-19 pathway – Includes all areas designated as red pathways including for example emergency departments.

Any care facility where:

- a) Untriaged individuals present for assessment or treatment (symptoms unknown) or,

- b) Confirmed SARS-CoV-2 PCR 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 decline testing.

Assessment / Action

This document presents a proposed checklist tool as opposed to a “structured risk assessment” on the basis that a suite of risk assessments have already been undertaken by service areas. Instead, a checklist tool has been developed to consolidate existing information available in order to assess the feasibility of a red pathway.

Application of the tool should be owned by the respective Service Directors and their management team. In assessing the feasibility of an area becoming a red pathway, the following checklist should be completed:
Red Pathway Checklist

Questions	Yes/ No	Comments
Is an “in date” Social Distancing risk assessment completed for the area.		
Does the Social Distancing risk Assessment confirm that all identified control measures have been implemented.		

Note: all identified control measures should be in place. If there are any outstanding actions required, progress these to completion prior to progressing this checklist.

Does the assessment for bed spacing confirm that a minimum of 2.7m is in place and maintained.		
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Note: if the bed spacing risks assessment confirms that the bed spacing is not at least 2.7m then this area is not suitable as a red pathway and other options must be considered.

Assessing ventilation – Principles

- If there is an area that is mechanically ventilated, i.e. mechanical ventilation is the mechanical system in a building that brings in “fresh” outdoor air and removes the “contaminated” indoor air, then this should always be the preferred option for the red pathway (ventilation must be verified by EFM and conform with current building regulations).
- If there is no area that meets the above requirements then an area should be chosen with natural ventilation, i.e. windows can be opened and it is safe to do so at all times.
- Areas with neither mechanical nor effective natural ventilation should only be chosen as a last resort and bed spacing and social distancing controls must be in place at all times. If this type of area is chosen then it may require an assessment with regards to the use for FFP3 respirators. Service managers should consider if this should be added to their local risk registers. Staff and patients exposures may be considered during this assessment.

- AGP*s should not be carried out on high or medium risk patients (Red, Amber) in an area with no mechanical or natural ventilation regardless of bed spacing or isolation facilities.

AGP guidance can be accessed here:

<https://publichealthscotland.scot/publications/sbar-assessing-the-evidence-base-for-medical-procedures-which-create-a-higher-risk-of-respiratory-infection-transmission-from-patient-to-healthcare-worker/sbar-assessing-the-evidence-base-for-medical-procedures-which-create-a-higher-risk-of-respiratory-infection-transmission-from-patient-to-healthcare-worker-version-12/>

Recommendation

- It is recommended that the proposed checklist tool and ventilation assessment is utilised in place of the recommended “structured risk assessment” based on the assessment above.
- Application of the tool and the assessment of the available ventilation should be owned by the respective Service Directors and their management team.
- Areas should not be utilised as red pathways where the output of the checklist identifies areas as unsuitable.

ARHAI COVID-19 Healthcare Environmental Risk Assessment Algorithm is inserted below for info.



2021-7-21-ventilation-algorithm-v12.pdf