



January 2021

A message of reassurance about safe Infection Prevention and Control precautions for ambulance staff during the Covid-19 pandemic

Following the updated Government guidance about safe Infection Prevention and Control (IPC) precautions for ambulance staff during the COVID-19 pandemic, Dave Cunningham of the Association of Ambulance Chief Executives answers the key questions and provides reassurance to all ambulance staff about the work that is happening in the background to ensure that staff safety remains paramount.



Who is this message from?

The Association of Ambulance Chief Executives (AACE) is the representative body for all UK ambulance services and co-ordinates national workstreams on behalf of the ambulance sector.



Who is Dave Cunningham?

Dave Cunningham PgDip, MCPara is the Head of IPC for East of England Ambulance Service NHS Trust and currently seconded to AACE as the National Specialist Adviser for Infection control to support the national response to the COVID-19 pandemic. Dave has 20 years' experience working in the NHS, with over 10 years' experience specialising in Infection, Prevention and Control. He is the chair of the National Ambulance Service IPC group and leads the national team in the creation of the ambulance sector IPC Guidance in collaboration with the wider NHS and Public Health teams across the UK.



What is this message about?

In recent weeks we have become aware of significant staff anxieties being caused by misunderstandings and misinformation surrounding safe Infection Prevention and Control (IPC) precautions for ambulance staff (including safe levels of PPE) when treating and responding to COVID-19 patients.

We know that some staff are unsure about whether Level 2 PPE is safe or not, and whether Level 3 PPE provides better protection against the virus.

We are also aware of conflicting messages that are not aligned with the evidence base or expert advice and this lends to increased anxiety amongst staff. It is important not to allow opinion to conflict with scientific evidence-based guidance.

The purpose of this communication is to reassure staff that the IPC measures recommended within the national guidance remain best practice in line with the latest evidence reviews undertaken by IPC and public health experts.





Who developed the new Government guidance on IPC?

The IPC guidance for the ambulance sector has been reviewed and updated by the national ambulance service IPC group, following consultation with the central IPC Cell (which consists of IPC experts from NHSE/I, the UK public health specialists and the ambulance sector).



Is IPC not just PPE, plain and simple?

Definitely not. IPC consists of a range of precautions that work together to reduce the risk of infection for ambulance staff. These precautions are underpinned with ongoing dynamic risk assessments and include but are not limited to:

- **Good hand hygiene**
- **Respiratory and cough hygiene**
- **Safe management of the equipment and environment including decontamination**
- **Where possible and practical, maintaining safe distance from patients**
- **Ensuring patients wear a surgical mask, providing it does not compromise their clinical care**
- **Good ventilation**
- **Use of the nationally recommended levels of PPE**



What is meant by dynamic risk assessment?

This is a continuous process undertaken by the individual to identify hazards and assess the potential risks involved in the activity. It forms a crucial part of our patient and scene assessment when we assess the scene for dangers. It should start with the information you have received before you even reach the incident then be reviewed throughout the incident.



Can we just do a risk assessment and decide to use the highest level of PPE?

The risk assessment should be based on the information you have available and the risks you have identified to determine the appropriate level of PPE required. The guidance is there to support you to adopt the correct level of controls for the risks which are present or anticipated. There are a number of control measures to help reduce the risk and the guidance outlines these, only one of which is the level of PPE worn.

For example, if you are running to a cardiac arrest it would be reasonable to don level 3 PPE before entering the scene rather than donning level 2 to go in and assess. Because the likelihood of being required to undertake a high-risk AGP is high. Or, if you are conveying a patient to hospital who you think may deteriorate and require AGPs then it is reasonable to don level 3 at a suitable time as an anticipatory step to prevent a delay in patient care.





Updates to the IPC guidance – what do I need to know?

1. There are **NO CHANGES TO THE RECOMMENDED PPE** for direct patient care or when performing high-risk AGPs, and it remains crucial to perform regular dynamic risk assessments. Staff will be supported to wear the appropriate level of PPE to the situation presented and level of risk identified. As a reminder, the recommended PPE remains as follows:

- **Level 2 PPE for direct patient contact, no high-risk AGP performed.**
- **Level 3 PPE when undertaking high-risk AGP.**

We know that some staff are unsure about whether Level 2 PPE is safe or not, and whether Level 3 PPE provides better protection against the virus. However, the scientists and healthcare specialists in the IPC Cell are agreed that there is no additional protection to be gained by ambulance staff from increasing the level of PPE, and in fact it is more likely to make their working conditions more difficult because they are more uncomfortable to wear. The best advice is to ensure good compliance with the current IPC precautions.

Please be reassured that if this changed at any time, we would immediately amend and update the guidance to reflect those changes but at present the advice is simply to ensure a strict adherence to the current IPC precautions.

2. There are no changes to procedures within the high-risk AGP list. However, to make things easier for staff, we have added some statements of clarification that state that oral / pharyngeal suction and the insertion of basic airway adjuncts (eg: OP / NP airway) are not deemed as high-risk AGPs.
3. The new guidance reinforces the need for staff to ensure that patients wear a surgical mask, providing it does not compromise their clinical care, such as when receiving oxygen therapy.
4. There are no changes to decontamination requirements.
5. Triaging COVID pathways (high, medium & low or red, amber, green) will always be done by the receiving facility on arrival, this is not required to be undertaken by the ambulance service.
6. A useful new section has been added regarding good IPC practice in the event of delayed hospital handovers, with an associated aide memoire. This is to help guide staff with the most effective mitigation steps to reduce any potential infection risk in the event of prolonged periods of patient handover delays. These precautions work on the principles within the hierarchy of controls and rely on staff undertaking an appropriate risk assessment of the situation.





Does the new guidance consider new variants of the virus?

Yes, the identification of new variants of concern (VOC-202012/01 and VOC-202012/02) across parts of the UK has been fully considered by the IPC Cell in the revision of this new guidance. The recommendation from IPC experts is that there is no requirement to change the level of IPC precautions but to simply ensure good compliance with the current package of precautions.



Online resources

You can see the full updated guidance at <https://www.gov.uk/government/publications/covid-19-guidance-for-ambulance-trusts/covid-19-guidance-for-ambulance-trusts>.

You can see the AACE guidance on safe IPC during handover delays at: <https://aace.org.uk/wp-content/uploads/2021/01/AACE-IPC-Precautions-during-hospital-handover-delays-01.2021-F.pdf>

You can see the AACE 'working safely during Covid-19' poster set at: <https://aace.org.uk/wp-content/uploads/2020/12/AACE-COVID-19-SECURE-POSTER-SET-A3-POSTER-X-8-12.2020-DC.pdf>



Who can I contact for more information?

In the first instance you should contact your Trust's own IPC Lead. However, we are also more than happy to try and alleviate any concerns via AACE, please contact dave.cunningham@aace.org.uk.

