

Reassurance for staff on Infection Prevention and Control Measures – including PPE

There have been questions raised by some healthcare staff in relation to some of the IPC precautions recommended within the National guidance. The members of the National Ambulance Service IPC group (NASIPCG) in conjunction with the national trades union leads through our National Ambulance Staff Partnership Forum (NASPF), want to reassure staff of the measures being taken to ensure your safety.

The NASIPCG is made up of the Heads of IPC from all UK Ambulance Services and represents the Ambulance sector within the National IPC Cell, led by NHS England, which is responsible for the development and review of the National IPC Guidance. The IPC cell consists of IPC specialists from Healthcare and Public Health across the four nations, and currently meets weekly to review the latest evidence and guidance.

There have been questions raised about whether COVID-19 is spread via airborne transmission and therefore the need for a higher specification mask. The current position, based on evidence reviews, within national *and* international guidance is that COVID-19 is predominately spread via the droplet/ contact route. The transmission route has not changed with the emergence of new variants of the coronavirus.

It is important to understand that the presence of aerosols is not confirmation of the presence of viable pathogens. Some misunderstanding originates from terms that have become widely used and often over simplified, for example aerosols and aerosol generating procedures (AGP). AGPs are procedures which not only have the potential to generate aerosols, but also, and more importantly are associated with an increased risk of infection. It is acknowledged that when we breath, talk, cough etc. respiratory particles of varying sizes are produced ranging from aerosols to large droplets. Although, these respiratory droplets are produced, transmission is dependent on the viable infectious dose carried within these particles.

To help staff undertake an appropriate dynamic risk assessment it is important to remember the chain of infection and how the precautions can break the chain. Something to consider is to think about the level of contact and exposure to COVID-19 positive patients/ individuals you have had over the past year and how compliant you have been with the IPC precautions (including the level of PPE worn)?

There is a lot of discussion about specific elements of the IPC precautions and whether they are effective for the risk of COVID-19 transmission. The IPC precautions are a package of measures to reduce the risk – far more than what mask you wear. Each of the components are required and play their part in breaking the chain of infection. When you consider the hierarchy of controls, PPE is the last level of protection.

Ventilation is a significant factor in reducing the risk of transmission, and wherever possible natural ventilation should be encouraged. Whether that be opening a window/ door a little on scene or opening the window in the crew room/ cab.

There have been questions raised by some staff regarding the ventilation within the ambulances. To clarify, the CEN standard specification for the ambulance ventilation system is 20 air changes per



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hour as a minimum and all ambulance vehicles must meet these regulations. The standard for hospital treatment rooms is 6-12.

An independent study conducted into the airflow within ambulances, has found that the ventilation within ambulances is effective and confirms that the current guidance reflects the best strategy of maximising ventilation. Furthermore, it has found that although setting the ventilation system to extract is preferable, using the ventilation system without extract on is similarly effective in removing airborne particles.

Another discussion topic is in regards to the move by the government to easing restrictions as part of the Covid-19 roadmap to recovery. Whilst this is aimed at the public it must be re-enforced that there are no plans to change the current Healthcare guidance in light of this. This is due to several factors including the changing dynamics of the variants that are out there, PPE fatigue, viral load and the potential greater risk to staff due to public complacency and none adherence to the guidance. It is more important than ever that staff continue to adhere to the national guidance for their own, their patients and their colleague's safety.

Ambulance Services continue to encourage and support staff to undertake an appropriate dynamic risk assessment when in contact with patients, with due consideration of the presenting risks, the environment, your IPC training, and all recommended IPC precautions.

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