



NATIONAL AMBULANCE SERVICE

INFECTION PREVENTION & CONTROL GROUP (NASIPCG)

NHS England Health Care Service Recovery

**IPC Guidance changes to the Seasonal Respiratory Infections (SRIs) in health and care setting
update April 2022**

POSITION STATEMENT – 14/04/22

Background

The global pandemic is still ongoing and there is considerable uncertainty about the path the pandemic will take in the UK. The current UK IPC guidance reaffirms the measures needed to protect staff and patients and continue to support efficient delivery of NHS services to meet wider patient needs.

Whilst the emergence and identification of a SARS-CoV-2 variant of concern cannot be discounted this needs to be balanced against the indirect harms of the pandemic which is increasing across the system. There are new mitigations which support this transition including:

- Epidemiology of SARS-CoV-2 suggests that the virus is now likely to be associated with less morbidity and mortality.
- The UK population also has acquired a level of immunity via the vaccination programme.
- A number of therapeutics are now available for treatment of SARS-CoV-2 in all patients.
- The indirect harm of the pandemic is increasing (e.g., increased waiting times).

NHS England and the CNO/CMO office have announced that changes to the IPC guidance in health care settings will soon be published to support the national response to the Covid pandemic moving into its recovery phase.

The changes made are to move from the current seasonal respiratory guidance and Covid response back to predominantly pre-pandemic guidance for clinical care across healthcare settings and to a new business as usual model for patients who do not have infectious respiratory disease. This transition period will allow trusts to move to this new model by allowing time to review their own policies and procedures, training staff and ensuring that their services meet the local needs of their patients.

Whilst the guidance has yet to be published alongside the new national IPC manual the main points have been announced to support trusts putting new measures in place over this transition period.

These main changes will support the transition of the ambulance sector moving back to business as usual in most settings by adhering to the guidance set out in the new national IPC manual whilst using lessons learnt from the pandemic to improve IPC practice.

These changes are the **minimum standards** set for the ambulance sector in line with the NHSE national guidance to avoid any unnecessary variation in IPC practice.

Physical Distancing -

There is no longer a requirement to undertake physical distancing in any setting. However, the following principles set out the ongoing requirement for ambulance sector transport:

- Confirmed cases of the same infectious agent can be transported together i.e., 2+ COVID-19 cases. Patients who are known to be positive with an infectious disease should be isolated from other patients.
- All other patient groups may be transported together, and no physical distancing is required however, **Fluid Resistant Surgical Masks (FRSM) must be worn by both patients and staff.**
- Cars (including Voluntary Car Service and Private Hire) – 3 patients maximum. 1 located in the front passenger seat, 2 in the rear with a space between. All patients have access to their own window to allow manual ventilation. Under no circumstances should confirmed infectious cases be transported in a car.
- Risk assessments should be undertaken locally to determine transport arrangements for vulnerable patients i.e., immunosuppressed / immunocompromised.
- Escorts / carers may be permitted to travel (depending on local trust guidance) however they **must wear masks** and be advised on good hand and respiratory hygiene and not to travel if they are feeling unwell or have symptoms of infectious illness including for example COVID-19, norovirus.

Organisations must ensure all transported patients are wearing surgical masks unless medically exempt. Where patients are identified as medically exempt, they are permitted to travel with other patients if they are well and asymptomatic of respiratory symptoms.

Universal mask wearing (FRSM or equivalent transparent mask) for all staff and patients/escorts/carers will still be required whilst in the clinical setting. Patients will be required to wear surgical masks (unless medically exempt) whilst on ambulance transport and when in clinical settings.

There is no longer a requirement for staff to wear FRSMs whilst in the cab of a vehicle, (with a closed vehicle bulkhead), however masks should still be worn in the cab of a vehicle where it is indicated following a local risk assessment i.e., outbreak on station, hierarchy of controls cannot be applied or where staff wish to do so.

Where a vehicle has an open bulkhead, FRSM masks should continue to be worn if patients are travelling on the vehicle. FRSMs must continue to be worn when staff are with patients.

Whilst FRSMs are no longer mandated in the non-clinical setting (defined as areas where there are no patient contacts/direct interactions) staff may continue to do so, this should be based on risk assessment and local situational awareness e.g., masks in Contact Centres if high sickness levels/ trust outbreak criteria. Further information regarding working safely in the non-clinical setting will be provided separately.

PPE Levels

FRSMs must continue to be worn for all patient contacts by patients and staff.

Standard infection control precautions (SICPS)/ Level 1) - will apply for all asymptomatic patients. Universal wearing of **FRSM is required for all staff and patients in all health and social care settings.**

Staff should apply patient screening/triaging as appropriate and adhere to good IPC standard precautions in all areas, applying transmission-based precautions (TBP) (in addition to FRSM wearing) as required. Based on the level of exposure and the risk assessment consideration of additional PPE should be as follows:

Droplet /transmission-based precautions (TBP) - Level 2 PPE must be worn following a risk assessment e.g. risk of blood and body fluids/ suspected/ confirmed respiratory infections.

Airborne /transmission-based precautions (TBP) - Level 3 PPE must be worn following dynamic risk assessment:

- for all known or suspected respiratory infectious patients where AGPs are required –i.e., witnessed arrest where patient history can be clinically assessed.
- When undertaking AGPs or AGP is predicted to be required and there is an unacceptable risk of transmission of an infection following rigorous application of the hierarchy of controls i.e., known cardiac arrest where patients respiratory infectious status is unknown.

Level 3 is no longer required for all AGPs only those where there is known airborne exposure i.e., suspected or confirmed respiratory infection.

Environmental cleaning may revert to pre-pandemic levels for non-clinical areas in line with national cleanliness standards. This should be re-instated in the event of an outbreak and in line with any other escalation measures.

Vehicles should continue to be cleaned daily and in between patient cleans should be undertaken following transportation of all patients. Enhanced cleaning should be undertaken for suspected or confirmed infection cases and where AGPs have been undertaken within the vehicle.

Risk Assessments - Local risk assessments, guidance and procedures should be in place to ensure that patients are appropriately triaged and assessed for level of risk prior to transportation where possible.

Organisations are still required to undertake a risk assessment of the application of the hierarchy of controls which must consider ventilation and PPE amongst other IPC precautions as set out in the national guidance by UKHSA and AACE.

Trusts should now review their current practice to ensure that the changes above can be introduced over the next few weeks with particular emphasis on local risk assessments and a transitional approach. Trusts should also be able to re-instate further IPC precautions if there is a rise in SARS-Cov-2 positive cases.

An FAQ is also being produced to answer some of the ambulance specific questions that this guidance may not currently cover.

Guidance in relation to working safely in non-clinical areas will be released separately. In the meantime, trusts should continue to work within the current guidance whilst preparing for the move to the new guidance in due course.