

NHS England Health Care Service Recovery

Infection Prevention and Control and working safely guidance for ambulance trusts – April 2022.

Frequently Asked Questions:

1. I am unable to physically distance from my crew mate whilst in the cab of an ambulance. Do I need to wear a FRSR?

Crews do not need to wear surgical masks when they are in a closed cab unless they wish to do so or where a risk assessment deems it necessary. Where there is an open bulkhead, crews must wear masks when patients are on the vehicle.

2. Do I need to wear a FRSR when on a Hub/station?

Whilst it remains good practice to continue mask wearing in non-clinical areas, it is no longer mandated. FRSR masks should still be accessible and available for all staff who wish to continue to wear them or where the local risk assessment deems it necessary for these to be worn i.e. outbreak setting.

3. Can patients who have respiratory symptoms be transported with other patients.

Patients who have respiratory symptoms and are not confirmed SARS-CoV-2 positive can be transported with other patients based on local risk assessment however, FRSR **must** be worn and good hand hygiene performed. There is no requirement for physical distancing.

SARS-CoV-2 positive patients should not be transported with other non-positive patients.

If a patient is mask exempt to wear a mask they should be transported separately whilst community rates remain high.

4. Can a confirmed respiratory infectious patient travel in an RRV, car or taxi?

No.

5. Do I need to wear a powered hood/FFP3 respirator if I attend an AGP where there is no respiratory infection?

No, however this should be based on your own clinical risk assessment. Staff only need to wear level 3 if there is a suspected or confirmed respiratory infection. For example: Known cardiac arrest and unknown aetiology – level 3 – witnessed cardiac arrest where you have a good history of the patient prior to and no respiratory symptoms level 2. If in doubt level 3.

6. Do CFRs still have to retreat if they are in level 2 PPE in the event of a cardiac arrest?

No

7. Does the ambulance still require a deep clean if an AGP occurs in the vehicle?

No, however if an AGP has been undertaken with a suspected/ confirmed respiratory infectious patient, an enhanced clean is required. This must encompass all exposed surfaces, equipment and contact areas before it is returned to normal operational duties using a chlorine-based product, or locally approved IPC team equivalent – see below:

- detergent/disinfectant solution at a dilution of 1,000 parts per million available chlorine (ppm av.cl.)
- a general-purpose neutral detergent in a solution of warm water followed by a disinfectant solution of 1,000ppm av.cl.
- an alternative combined detergent/disinfectant wipe which is effective against enveloped viruses.

8. Do I need to wear a FRSIM while at work or in training centres?

There is no longer a requirement to wear a FRSIM in non-clinical settings, unless a local risk assessment deems it necessary i.e., outbreak setting or where individuals wish to do so.

9. Can we now allow ride-outs or observation shifts for all non-essential staff?

Non-essential journeys are still not recommended however this should be based on local risk assessment.

10. Can we increase our trainees that we have in vehicles at our training centres?

Yes however, numbers should be based on local risk assessment including the application of the hierarchy of controls and adequate ventilation in the vehicles.

11. Do we need to be physically distanced? If not, do we need to wear FRSIMs?

There is no longer a requirement to undertake physical distancing unless your individual or local risk assessment for that environment/ area deems it necessary.

12. Can we stop temperature checking?

Yes, however it remains best practice and trusts may wish to leave them in place in case of escalation or reinstatement of increased IPC measures.

13. Can we have events on-site? E.g., retirement lunches

Yes – however a local risk assessment should be undertaken to determine on any mitigations that may need to be put in place i.e., restriction on numbers for the size of the room, availability of hand sanitiser etc.

14. Will screen dividers remain in place?

Local risk assessment will determine whether these are necessary however, it is good practice to leave these in place.

15. What is the recommended cleaning frequency for office areas?

Whilst enhanced cleaning is no longer required (unless in an outbreak situation) the minimum daily cleaning standards should be in place and staff must continue to wipe their workspaces prior to and after their shift as a minimum.

16. Will measures such as mandatory mask wearing, temperature checks, physical distancing return?

Organisations will continue to take a risk-based approach to ensure the health and safety of the workforce. It is plausible that organisations will experience peaks of infectivity throughout different seasons and therefore, local organisations will risk assess the requirement to reintroduce certain measures in line with local increased prevalence and outbreak management plans.