

NATIONAL AMBULANCE SERVICE  
INFECTION PREVENTION & CONTROL GROUP (NASIPCG)

**IPC Guidance for Seasonal Respiratory Infections (SRIs) in health and care settings  
Winter 2023/2024**

**POSITION STATEMENT – 13/10/2023**

**Background**

Seasonal Respiratory Infections (SRIs) including Covid-19 and Influenza still cause considerable risks to patients and staff over this forthcoming winter period. 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 many IPC measures have been reduced or removed, some measures are required to remain in place and are the minimum standards set for the ambulance sector in line with the NHS national guidance and the relevant National IPC Manuals (NIPCM), to avoid any unnecessary variation in IPC practice.

**General Principles**

- Confirmed SRI: patients who are known to be positive with an infectious disease should be isolated from other patients. Receiving hospitals/units must be informed prior to arrival to allow for appropriate isolation/ facilities to be arranged.
- Suspected SRI: patients who are symptomatic to respiratory infectious disease, defined by the NHS: [Respiratory tract infections \(RTIs\) - NHS \(www.nhs.uk\)](https://www.nhs.uk) should be managed locally, through risk assessment. This should include information of local disease prevalence and through the application of the hierarchy of controls to determine safe systems of work and working processes i.e., restrictions, measures.
- Risk assessments: should be undertaken locally to determine the appropriate infection prevention and control measures/restrictions required for each Trust. This is a dynamic process based on localised disease prevalence and other factors that impact transmission of infectious disease.

**Mask Use**

Ambulance Cabs: there is currently no requirement for staff to wear fluid repellent surgical masks (FRSMs) whilst in the cab of an ambulance 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 scenario or where the hierarchy of controls cannot be applied, or where staff wish to do so.

Clinical Settings: during peaks of increased prevalence or as part of local outbreak management plans, ambulance staff may be required to wear additional PPE, such as a FRSM within ambulance settings or when entering regional emergency departments or wards. These decisions are made based on organisations own risk assessment and NHS staff are required to comply when on site.

Non-Clinical Settings: 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 and should be based

on individual/local risk assessment. For example, the use of FRSM in Contact/Control Centres if high infectious disease sickness levels are experienced or as part of outbreak management measures. These measures must be adhered to.

### **Physical Distancing**

There is no longer a requirement to undertake physical distancing in any setting however, consideration should be given to vulnerable patient groups i.e., immunosuppressed/ immunocompromised with documented risk assessments undertaken locally.

### **Standard Infection Control Precautions (SICPS)**

SICPS apply for all asymptomatic patients. Staff should apply patient screening/triaging as appropriate and adhere to good IPC standard precautions in all areas, applying transmission-based precautions (TBP) as required, based on the level of exposure and the risk assessment consideration of additional restrictions and measures should be taken.

### **Ventilation**

Air should not be recycled within the cab/saloon of an ambulance vehicle and where delays are likely to be experienced, i.e. prolonged ED handover delays, staff should ensure that the ventilation systems are running and set to extract. It remains best practice to open windows for 10 minutes every hour to allow a fresh air supply and to reduce the risk of particle build up within confined environments.

### **Environmental Cleaning**

Premises: should be undertaken in line with the NHS National Cleanliness Standards and the National IPC Manual. Additional measures should be re-instated in the event of an outbreak and in line with any other escalation measures.

Ambulance Vehicles: in-between patient cleans must be undertaken between the transportation of all patients. Additionally, all vehicles are required to be cleaned daily.

### **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 required to undertake a risk assessment of the application of the hierarchy of controls which must consider measures such as ventilation and PPE amongst other IPC precautions as set out in national guidance by UKHSA, NHSE and/ or AACE.

Trusts should now review their current practice to ensure that risk assessments and local Trust IPC policies and procedures are up to date for the forthcoming winter period.