



NATIONAL AMBULANCE SERVICE

INFECTION PREVENTION & CONTROL GROUP (NASIPCG)

IPC Guidance for Seasonal Respiratory Infections (SRIs) in health and care settings. Winter 2022/2023

POSITION STATEMENT - 25/01/2023

Background

The global Covid pandemic and Influenza season is still ongoing and there are considerable risks to patients and staff over this 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.

NHS England and UKHSA had published guidance with changes to the IPC guidance in health care settings to support the move to the English and Scottish National Infection Prevention Manual whilst still responding to the respiratory infections within healthcare settings. Whilst numbers may start to fall over the next few weeks it is felt necessary that to reduce the risk again certain aspects of the guidance should be re-instated based on local risk assessments.

Therefore, in trusts where changes have already been implemented and mitigations may have been reduced a risk assessment will be required to determine whether mitigations need reinstated such as mask wearing in all settings as well as re-introducing physical distancing in the non-clinical settings.

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 should be adhered to (especially in the event of outbreaks within areas):

- 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.
- 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 COVID19, norovirus.
- Organisations must ensure all transported patients are wearing surgical masks unless clinically unable to do so or are 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.
- **Ventilation** –Air should not recycled in the cab and where there are delays (i.e. ED handover ensure that the ventilation systems are running. On sites it is best practice to have the windows opened 10 minutes in every hour to reduce the risk of particle build up.

Universal mask wearing (FRSM or equivalent transparent mask) for all staff and patients/escorts/carers will still be required whilst in the clinical setting . (defined as where there are patient contacts/ direct intervention taking place), Patients will be required to wear surgical masks (unless medically exempt) whilst on ambulance transport, on scene 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/control Centres if high sickness levels/ Outbreaks on station/ Contact centres as per Outbreak Policy must be adhered to.

PPE Levels

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

Standard infection control precautions (SICPS)- 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 taken.

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 re-instated if a local risk assessment deems necessary. Trusts should also be able to re-instate further IPC precautions (i.e. screens in contact centres) if there is a rise in respiratory infections/ high sickness levels/ Covid-19 outbreak.