

CLINICAL UPDATE

15th December 2021

IP&C Guidance for the care of all patients during winter 2021/22

The national IP&C Covid guidance has been reviewed and a new document has been produced by the National Ambulance Services Infection Prevention and Control Group (NASPICG), and reviewed by Quality Improvement, Governance and Risk Directors (QIGARD) and the Association Ambulance Chief Executives (AACE). The guidance has been approved by QIGARD and overseen and signed off by the UK national Infection Prevention and Control (IPC) Cell led by NHSEI.

In essence the guidance is to include the consideration that patients and/or staff may pose a respiratory infection risk for reasons other than Covid-19, including influenza and respiratory syncytial virus (RSV).

All non-scheduled care patients should be triaged for respiratory infection on assessment or prior to attendance, depending on emergency, using screening questions. An example of the questions that can be used to identify respiratory infection risk are below. The answers to these should be documented on the patient notes and the receiving unit should be informed prior to patient handover.

All non-emergency scheduled care patients using Patient Transport Service (PTS) should (where possible) be screened for respiratory infection on booking as part of the assessment process with confirmation of no changes on the day of transport. Staff should check with the patient if they have any respiratory infection symptoms before they board the ambulance and inform the hospital if this is the case.

Hospitals should be notified if triage and assessment indicate suspicion of respiratory infection (including SARS-CoV-2) prior to offloading the patient, however this should not delay handover at the hospital.

All patients should be treated as suspected of having a respiratory viral infection unless risk assessment or confirmed diagnosis has excluded this. PPE levels remain as they were for staff during the care of all patients.

PPE Levels –patient facing

The main transmission mode of those respiratory infections remains to be droplet and contact, with a consideration for aerosol production during some procedures. Therefore, the PPE levels listed below remain to be correct for all patient contact. This does not remove the requirement for a dynamic risk assessment to ascertain if there are any other requirements for PPE outside of the standard approach listed below. Therefore:

- the current standard levels of PPE are appropriate when attending all patients (unless otherwise indicated) and where possible all patients should also wear an FRSM. PPE such as gloves and aprons should be changed between patients and also during care of the same patient where appropriate, whilst also following good hand hygiene practices, as outlined in the full guidance (link below).
- Level 2 PPE should be used as minimum for all patient contacts.
 - disposable gloves
 - disposable apron
 - fluid resistant surgical mask (Type IIR) (FRSM)
 - eye protection/face shield (if risk of splashing and for all suspected/confirmed COVID-19 patients)
- Level 3 PPE must be used when conducting aerosol generating procedures with all patients.
 - disposable gloves
 - fluid repellent coveralls/long sleeved apron/gown
 - FFP3 or powered respirator hood
 - eye protection/face shield (not required with a powered respirator)
- The standard decontamination methods should continue, including the thorough post patient decontamination, using vehicle based disinfectant wipes as a minimum. More extensive decontamination will be required following AGPs and/or bodily fluid exposure.

Patient triage/handover

The patient handover usually includes any identifiable indicators for infection risk and the new guidance includes this requirement. The guidance includes a sample screening tool that highlights the requirement for notifying to the receiving unit if the patient is to be considered a likely respiratory infection risk.

Screening Question	Yes	No
Have you had COVID-19 within the last 10 days?		
Are you waiting for a COVID-19 PCR result?		
Have you travelled internationally in the last 10 days to a country outside of the UK?		
Have you been identified by your health protection team as someone who should be in respiratory isolation?		
<p>Do you have any of the following symptoms that could be COVID-19 or influenza?</p> <ul style="list-style-type: none"> • high temperature or fever? • new continuous / dry cough? • a loss or alteration to taste or smell? • muscle aches • sore throat • headache 		
Do you have any new or worsening respiratory symptoms not already mentioned?		
Have you been diagnosed with a confirmed respiratory infection such as influenza?		

Table above: Example question set to identify a respiratory infection risk.

Full guidance can be found on this [Appendix for UK ambulance services](#).

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