09/06/20

WG Technical Briefing

1. PPE (*DCMO, ,* NR *SSP*)

Guidance changes

DCMO: Single issue probably worth discussing now – source of much interest following some change is the face coverings element. Until end of last week, no significant change in PPE guidance from what discussed previously**,** but now English mandate to wear face coverings on public transport. Ministers considering this – announcement due today by Minister (https://www.bbc.co.uk/news/uk-wales-politics-52978392)

NHS England on Friday extended their guidance to recommend medical masks in non-clinical areas (admin areas, record offices). Directed toward trusts in England. WHO also published new guidance on medical masks.

Difficult is differences between NHS England/WHO position. NHSE goes further into areas WHO don't go near e.g. WHO does not recommend medical masks for non-patient facing activities. WG officials and the Nosocomial Transmissions Group had to provide urgent advice to Ministers over weekend.

Eleri Davies PHW: WHO guidance update came out on Friday. Reviewed data + evidence for use of masks, particularly in context of growing use of masks across the world. Split into three parts of guidance: use in health & social care settings; use in public; use in home settings. Evidence hasn't changed much but restating importance of appropriate PPE in direct care. WHO do not recommend medical masks in non-patient facing activities.

WHO now encouraging people to use non-medical masks on voluntary basis, with small potential benefit. WHO also recommendation for medical masks for vulnerable people with co-morbidities where physical distancing can't be achieved.

Bottom line is that evidence base hasn't change massively – key use of PPE for direct clinical care but non-medical masks in public has changed.

Advice to Minister: Transmission is happening in non-social settings. Nosocomial Transmissions Group met yesterday – agreed that if someone is vulnerable and co-morbidities then they should wear a medical mask for their own protection where social distancing can't be guaranteed. Medical masks should be available for individuals in and probably provided.

WG don't support medical masks for health & social care staff in non-clinical areas - they do think it's important for social distancing in those areas and healthcare orgs under a legal duty to enforce that (see the guidance on hospital environments). They say have to consider stocks and supplies and don't want to increase demand on our stocks.

Stocks

NR **(Deputy Director, Shared Services):** SSP continue to procure and supply good volumes of PPE. Good pipeline for essentials going forward. Steady growth in Welsh suppliers, manufacturing base has increased, particularly for face masks.

Healthy supply of facemasks as it stands. SSP, WG and HBs undertake a constant review of guidance and wider position to anticipate what needs to be procured. Change in WHO guidance is a big thing,

potentially impact on stocks. May need to procure different types of masks e.g. Type II not fluid resistant. This is underway.

Discussion

- **Non-medical grade face coverings in communal areas:** I asked about their decision to not recommend medical masks in non-clinical areas for health care staff, and if non-medical grade masks would be encouraged as we know social distancing not possible in communal areas despite helpful NTG guidance on estates. DCMO said he is unsure what the Minister will be recommending, but he wouldn't foresee a statement against it but recognised a disconnect between staff transitioning from PPE in clinical areas to non-medical grade face coverings in non-clinical zones. Hand hygiene, reform of environments and social distancing most important.
- **At risk individuals and Risk Assessment**: Discussion around how this would apply to healthcare workers if their Individual risk assessment showed vulnerabilities. It was clarified then medical mask should be provided for their own protection –and will need to clarify that in guidance.
- **Vulnerable people in low risk settings**: Discussion around vulnerable people in low-risk settings e.g. schools. Vulnerable people would be recommended to access medical grade masks. Eleri Davies said its still important to work through and that PPE is the final barrier of defence, consideration needs to be given to risk of environment and exposure. Medical mask for vulnerable group would be a final barrier if all IP&C measures can't be met. Training would also be needed for donning & doffing in these areas.
- **Contact tracing and PPE**: if an individual who has received a positive test -of contact was with a healthcare worker wearing full PPE, then that worker wouldn't be a contact. However, if they were sporting a face-covering or not the full complement of PPE at the time they would become a contact. This is being worked through.

2. Testing (*Claire Rowlands, WG*)

Testing programme

Testing statistics published online: https://gov.wales/testing-weekly-update-9-june-2020-coronavirus

Continued to expand infrastructure to allow for increase in sampling.

New mass testing centre in Deeside from this Thursday (800 samples/day), another to be in Abergavenny by 15 June. 10 mass testing centres + 19 community testing + mobile test units

1000 tests for home swabs being ordered per day.

Care home testing via online request, 1700 samples/day but will increase to 3000 samples/day within next couple of weeks.

Lab capacity can run just under 12,000 tests per day. North Wales lab capacity has improved, and this is having a positive effect on timeliness of results.

Focus now is on speeding up testing process to allow for responses quickly – 89% of tests across this infrastructure report back within 48hrs.

Eligibility for testing has changed based on advice to allow for <5 to be tested too.

Antigen testing group now established for the rollout of antibody testing, although still not clear around immunity provided by antibody presence.

Contact tracing

System started on 1 June. Each LA has a team with over 600 individual trained so far.

Conversations with COVID positive individuals and their contacts do not follow a simple tick box approach but are risk based. More complex cases, including contact with care homes and healthcare staff who may/may not have worn PPE, are escalated to regional team, which has Public health input.

CRM system has been built and should launch today. This will give better management information and data categorisation. Contact tracing leads are still having conversations with sectors about risk assessments to increase resilience

Discussion

- **Employers responsibilities around positive test result**: WG leads recognised there was more to do to advise employers what their roles and responsibilities are in light of contact tracing
- **Test result integration with Welsh Clinical Systems**: I asked if there had been any progress on ensuring that test results (both from Welsh sources and English labs for home swabs) are now featuring on welsh clinical systems. Claire Rowlands says that she was aware NWIS had been working hard on this and was hopeful of progress around English testing data onto the GP record from next week
- **Care Homes**: Discussion around contact tracing for visitors to care homes and potential for an outbreak. Contacts who have suggested a recent visit to care homes would have their case escalated to regional level with clinical public health advice.
- **Measures to avoid contact tracing**: Other unions raised potential issues of Care Homes possibly refusing to be mass tested over concerns it would leave them short of staff – WG not aware of any instances where care homes have refused testing and would be concerned if this was the case as it risks compromising integrity of the whole system.
- **Large employers procuring private testing**: WG would not necessarily be against this but it would be critical that results feed into the wider public health picture and the contract tracing regime.