

## **Infection Prevention and Control Cell High Level Summary 27/04/20 – 28/04/20**

### **1. National Cell Update from [NR]**

Sampling in Care Homes – the draft document that was sent to the National cell has now gone to the NHS Clinical cell and a response is awaited. [NR] circulated NI comments that were sent back and also shared a draft of our NI guidance for their consideration.

Fit testing of N95 masks – [NR] shared the discussion IPC Cell had re some of the N95 masks being able to be fit tested if they had rubber seal and explained the issues with fit testing the KN95 masks as they have no rubber seal and have looped ear pieces – colleagues on the cell agreed with what we had discussed and said that they have asked their Health and Safety colleagues for an opinion.

Blood Transfusion service – [NR] raised the issue of wearing masks and eye protection in the Blood Transfusion Service. Public Health Wales are currently drafting guidance on this and they are developing a table of PPE to use depending on the different tasks being undertaken or the area that they are working in. Colleagues in Wales will share this when it is finalised.

Domiciliary Care – PHE were under pressure to draft something re Dom Care as they were having issues with supply of masks in particular. The current draft of the PHE guidance is currently sitting with the Care Minister for sign off. The National cell agreed that the approach currently outlined in the PHE document (i.e. sessional use of masks between houses for an entire shift) was in response to a shortage of PPE and not what would be standard IPC advice or best practice from an IPC perspective. [NR] (PHE) agreed with this and said that this would be a temporary measure until stocks of masks and visors were available but the agreement on the cell from Welsh, Scottish and NHS England colleagues was that we should be advising on what is best practice and not on what could be done if there is a supply issue. [NR] said she would go back to colleagues in PHE and explain our position and it may be that this Domiciliary Care guidance, if it is issued, would only be for PHE. Scottish colleagues are currently asking staff to risk assess if masks and visors are needed at all and Welsh colleagues were definitely not in favour of wearing masks and visors between house visits regardless of the distance.

[NR] advised that a line has been added to page 51 in PHE guidance to advise that the Northern Ireland stance is that single use PPE should not be reused. Scotland and Wales have asked for the same line to be included for them.

### **2. COVID 19 PPE Regional Modelling Group**

The core aim of the group is to develop a COVID 19 PPE model which supports the effective planning, provision and utilisation of PPE across our health and social care system.

The PPE Modelling Group will:-

- Reflect extant ICP and PPE policy and guidance in modelling.
- Build on epidemiological/needs data to predicate PPE need.
- Differentiate the level of PPE Kit required by different services settings including AGP.
- Develop a framework for effective utilisation of PPE across differing service groupings.
- Develop PPE trigger points in response to changes in guidance and COVID 19 need reflect now cast over next 18 months.

Terms of Reference shared with the group.

The first meeting of the PPE Regional Modelling group will take place on 29/04/20. Jonathan Hauser from the National PPE Modelling Team will be joining the call to present. An update will be provided to IPC Cell following this meeting.

A query was raised re PPE and AHP concerns. Rodney noted that AHPs should follow PHE guidance re AGPs and deviance from the guidance should be on a risk assessed basis only. Any deviance from guidance will require a case to be put together to articulate clinical judgment and risk assessment for submission through the National IPC Cell.

### **3. PPE Utilisation Task and Finish Group**

Evidence and literature review ongoing. Pauline noted the group are moving in the right direction and an update will be provided following 29/04/20.

### **4. Infection Prevention and Control for Care Homes**

A care home that has two or more confirmed case of Covid-19 will now be identified as having an outbreak.

**NR** is leading on work to implement a proactive IPC Strategy in to Care Home and Residential Home settings. There are three main points to this strategy and they are:

1. IPC Training – PHA Health Protection team are working alongside CEC to provide IPC training to staff
2. Enhanced Cleaning – supporting care homes on advanced cleaning within a care home. There has been a new proposal to make provisions available through Mount Charles. The requirements for this cleaning will be situ and not mobile.
3. Partnership working to provide support – Dentists/podiatrists/Nurses to work with HSCT and the 5 identified IPC Support Leads to work as part of a learning network.

**NR** noted that additional data fields will be added to the RQIA App to provide additional information to Care/Residential homes.

Enhancement of medical supplies Care/Residential homes will also be included in this piece of work. For example, ensuring there are enough blood pressure cuffs in each home.

**NR** advised that the current Outbreak Pack has clear guidance on cleaning and roll of CEC would be to deliver what is already included in the manual. The main issue is around cleaning is man power to carry it out.

NHSCT and BHSCT noted that they currently use BICS training for domestic staff. Irene Thompson to speak to BHSCT training team re capacity to provide training and link in with this work.

An emergency meeting took place on 28/04/20 re care homes including surge planning. Rodney will update the IPC Cell at the next meeting.

## **5. Collection of Nose and Throat swab for COVID 19**

The video is nearly complete. Some additional information and voice overs have been included. The video will contain a link to PHE guidance on self-swabbing. Monica Merron will share the video today (28/04/20) or tomorrow (29/04/20).

## **6. Coveralls**

**NR** sampled and tested a coverall and advised that it is comfortable, fluid repellent and a good fit. In order to carry out safe donning and doffing a buddy or a chair would be required. **NR** has put together a poster of safe donning and doffing for these coveralls and has shared with the IPC Cell. **NR** has passed this information on to Pals to secure an order. These coveralls are only to be used in the absence of gowns.

## **7. Issue re aprons (Pinafores)**

Further issues and concerns raised re pinafore aprons that have been received in HSCTs. The IPC Cell noted that this causes more risk and does not provide adequate protection. **NR** to send an email to Pals advising these aprons are not suitable for use.

Another apron/smock brought to the attention of the group as being unsafe. Irene Thompson shared an image of it with the group. **NR** to email Pals advising these are unsuitable for use.

## 8. Letter from Richard Pengelly re key changes to testing for Covid-19

Query raised by SEHSCT re a letter from Richard Pengelly which outlines conflicting advice to PHE. This issue is being raised through Silver and the Health Protection Team within PHA are also looking at this.

## 9. Fluid repellent gown alternative

John Barron, Pals, shared a video of an alternative gown with those IPC Cell members providing product advice. [NR] and [NR] advised this looks suitable and they are collecting samples to review. They will then feedback to the group and Pals.

## 10. Skin Integrity

[NR] queried whether there is a regional approach to skin integrity. Irene Thompson and [NR] advised they have guidance drawn up for their respective HSCTs [NR] and [NR] to send their skin integrity posters to [NR] [NR] will then link with [NR] PHA, re pulling together a regional poster.