

4.	<b>RISK REGISTER – OPEN RISKS</b>  The risk register was not discussed.
5.	<b>GUIDANCE</b>  IPC guidance discussion follow-up to yesterday's meeting and email request to cell members. See email in Appendix A.  Discussion regarding consensus on PPE level following new variant strain:  <b>LR</b> confirmed today's meeting will be a further discussion to reach consensus regarding the IPC/PPE guidance following the meeting yesterday to discuss new variant strains.  The consensus from yesterday's discussions on the question of whether we need to change recommendations on the level of PPE/RPE was that there does not appear to be available evidence that the PPE/RPE levels currently recommended in the IPC guidance should change at this time. IPC measures, including face mask wearing by patients, promotion of rapid testing, limiting patient movement within hospitals, to be strengthened in the IPC guidance. Scotland invited to present their position: <b>SD</b> advised there was no evidence to support a change in the use of FFP 3 masks. If it was changed there would be significant implications with roll out in care homes and there may be less compliance with other IPC measures.  <b>NR</b> agreed with the consensus position, staff testing, and strengthening the messages regarding other IPC measures. Boards need to be assured that staff are complying with the IPC measures we are not sure this is currently happening. Enhanced cleaning has also been an area that appears to have been overlooked.  Wales invited to present their position: <b>GL</b> – Agreed need to emphasise key IPC measures, for example, enhanced cleaning. A lot of Amber wards are changing to Red. Lateral flow testing, vaccines for staff and enhanced cleaning are required. There has also been an issue with staff complaints about face masks not fitting properly.  Northern Ireland invited to present their position: In the absence of robust evidence to support the move <b>CM</b> felt that colleagues might think that they have not been appropriately protected with what has been previously recommended.  We (NI) are not currently working to the remobilisation guideline but to the previous IPC guidance until we agree an implementation plan for NI.  PHE invited to present their position: <b>NR</b> – PHE are recommending FFP3 masks in all medium/high risk pathways (irrespective of AGPs) as there could be increased airborne transmission in these pathways.  NHSE&I colleagues:

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**NR** - Agreed with the consensus. There are concerns regarding the use of FFP3 masks, due to availability and capacity for fit testing. There is evidence that other IPC measures are not being adhered to currently.

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**JM** - What is the process if PHE make a different statement to the IPC cell?

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**LR** - The IPC cell was requested to provide a position statement on whether any change is required to IPC/PPE guidance in relation to the SARS-CoV-2 variant VUI-202012/01. This will be submitted to HOCI WG.

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**NR** - If higher levels of PPE recommended at this time, in the absence of evidence, it would be difficult to go back on this. We need to look more closely at healthcare worker to healthcare worker transmission.

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**DC** - Asked **NR** if PHE had evidence of increased aerosol transmission?

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**NR** - There may be a risk of increased aerosol transmission following evidence re singing, shouting and enclosed spaces.

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**ED** - The evidence around singing, and shouting is separate from the evidence regarding the new variant strain. There is no evidence that transmission mode is different and no evidence than the new variant strain is more virulent. We should be careful with the language we use around this.

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**NR** confirmed agreement with **ED** on the rationale and has advised the **CE** at a Trust regarding this. If organisations get the messaging right, we should not need to increase PPE level.

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**SD** - If the virus was transmitting via aerosol, why would we not see higher transmissibility in red pathways.

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**GL** - raised concern of IPC cell being overruled by PHE.

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**LR** - The IPC cell has reached a consensus position. The consensus position of the UK IPC cell will then be put forward to the HOCI WG Chairs. We will continue to review this position in the light of new evidence/ science and amend IPC guidance accordingly.

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**LR** asked members if they wanted to see the consensus position statement before it is sent to the HOCI WG Chairs/ CNO. All confirmed they were happy for this to be sent by **LR**.

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**ED** - Asked if we can share the message to public health colleagues.

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**LR** confirmed this should be done.

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**NR** - we are keen to work with the IPC cell and PHE support the core message.

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**NR** - If there was a conflicting decision it could marginalise IPC and cause a lack of confidence in the workforce.

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