OFFICIAL-SENSITIVE

Meeting **IPC Cell Huddle**

Date & Time **23 December 2020 – 12:00-13:30**

In attendance: Lisa Ritchie (Chair), NHSEI/ NR , NHSEI/ NR , NHSEI/ NR NR ACE/Eleri Davies, PH Wales /Gail Lusardi, PH Wales NR NR NHSEI/ NR , HSC NI /Susie Dodd, ARHAI Scotland/ NR PHE/ NR NHSEI/Jackie Mackintyre, NHSEI/ NR NHSEI/ NR NHSEI/ NR

Apologies: NR , NHSEI/Susie Singleton, PHE/Catherine Heffernan, PHE/ Laura Imrie, ARHAI Scotland NR HSC NI

Ref	Agenda item
1.	**MATTERS NOT ARISING ON THE AGENDA** None
2.	**MINUTES OF THE PREVIOUS MEETING** Not discussed.
3.	**ACTIONS LOG** Not discussed. Actions Closed:

No.	Update
150	Closed - Mental health guidance circulated.
156	Closed
157	Closed
158	Closed
159	Closed
160	Close

Actions Updated:

No.	Update
148	Ongoing.
151	Ongoing.
152	Ongoing.
153	Ongoing – Discussed at NIRB. LR to circulate wording re valved respirators not being used in theatres.
161	NR Provide examples of A&E handover delay issues to the DA's so they can be reviewed. Further details required. Update to be provided next meeting

New actions:

No.	Update
162	LR to request a timeline for paper on high risk AGPs

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4.	**RISK REGISTER – OPEN RISKS** The risk register was not discussed.
5.	**GUIDANCE** 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: LR 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: SD 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. NR 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: GL – 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 NR 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: NR – 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.

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

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.

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.

NR Asked NR if PHE had evidence of increased aerosol transmission?

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

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.

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.

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

GL – raised concern of IPC cell being overruled by PHE.

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.

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.

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

LR confirmed this should be done.

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

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

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	JM shared the updated IPC guidance with members. JM advised key messages were changed slightly regarding the use of FFP3s used in high risk areas, where there were AGPs i.e. sessional use in AGP 'hot spot' areas. NR advised that medium risk areas were now being used for contacts in several Trusts. However, in the guidance it said that medium risk areas had patients with no symptoms or recent Covid contact or exposure. JM to update the text. JM asked members if they were happy with the table under section 10. SD - it should be documented that aprons and gloves should not be used sessionally. JM advised that we have added in text re doing a risk assessment on sessional use of gowns. JM advised that we have changed the title of the guidance to 'Maintaining Services in Healthcare Settings. LR confirmed a position statement will be put together and colleagues will be cc'd into the email. SD asked whether the isolation time when returning from abroad is changing to 10 days? LR confirmed this is currently being reviewed by PHE.
6.	**DATA** Nothing discussed
7.	**MATTERS ARISING & ANY OTHER BUSINESS** AOB None discussed

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Appendix A

URGENT: UK IPC guidance consensus by 12md 23rd Dec 2020

IPC-CELL (NHS ENGLAND & NHS IMPROVEMENT - QF1)

Reply | Reply All | Forward | ...

To: IPC-CELL (NHS ENGLAND & NHS IMPROVEMENT - QF1); Laura Irvine; Sarah Doyle; IPC-CELL (NHS ENGLAND & NHS IMPROVEMENT - QF1); NR; DODD, Susie (NHS NATIONAL SERVICES SCOTLAND); Carole Fry; NR; NR; Gail Lusardi; NR; NR; +21 others

Tue 22/12/2020 17:02

Green

You replied to this message on 23/12/2020 10:34.

Dear colleagues,

Thank you for meeting today to discuss two papers (previously emailed) on SARs-CoV-2 VOC-202012/01:

- Rapid review of the literature SARS-CoV-2 variant VUI-202012/01: Implications for infection control within health and care settings
- SPI-M approved summary document: Estimating the importance of different routes of SARS-CoV-2 transmission in hospital settings

Based on the rapid review it was agreed that there is currently insufficient evidence to change the IPC/ PPE precautions in response to the emergence of this variant strain. The UK IPC cell, PHE have agreed to continue to monitor and review the emerging evidence and data and if this situation changes amend the guidance accordingly. This rapid evidence review has not identified a change in the mode of transmission between this variant strain and previous circulating strains of SARS- CoV-2 and therefore it was agreed that there should be no changes to the PPE recommendations as currently set out in the guidance until more evidence/data is available.

However, there was some discussion around increasing the use of FFP3 respirators in clinical areas where AGPs are **not** regularly being undertaken in the high-risk pathway. In the recent round of revisions requested to the existing guidance, it was agreed the sessional use of FFP3 for 'AGP hot spot areas' was to be added.

Can you confirm by return (midday tomorrow) whether you wish to recommend the use of FFP3 respirators in the high-risk pathway?

In relation to the SPI-M paper, it was agreed to strengthen the UK IPC guidance recommendation/ requirement for:

- The wearing of facemasks by all inpatients at all times across all care pathways, providing this is tolerated by the patient and ensuring this is not detrimental to medical/care needs.
- Highlight that adherence with the guidance must be considered across all Trusts/areas.
- Where possible (ensuring it is not detrimental to care) limit patient movement in hospital settings.
- Highlight the need for rapid testing particularly in high or increasing prevalence areas for staff and patients.

Kind regards,

PD

Lisa Ritchie PhD | Head of Infection Prevention and Control
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