From: Ruth Milton <Ruth.Milton@phe.gov.uk>
Sent: 12 January 2021 10:27
To: NR @phe.gov.uk>
Cc: NR @phe.gov.uk>
Subject: OFFICIAL: RE: Ambulance Staff and PPE

OFFICIAL

NR

Thanks for your email. These are good questions and we all have real empathy for our ambulance colleagues, please convey our support and good wishes.
The evidence to date is that SARS-CoV-2 remains a virus that is transmitted by respiratory secretions. However as it continues to mutate, it is becoming easier to become infected for a given exposure.
If we go back to the initial advice for risk mitigation across all settings, the fundamental process is a risk assessment and then to apply relevant mitigations, moving down the hierarchy of controls. We know that ambulance colleagues adhere generally well to their IPC protocols, however this is a time when we all need to reflect and be even more careful than ever in how we apply each and every IPC measure.
To that end I would recommend that they revisit their risk assessment more regularly than they have to date and add those additional minor mitigations that can contribute. These might include opening ambulance cab windows when stationary, providing the weather can tolerate this, more regular cleaning of vehicle touch points and revisiting how many people to people contacts are absolutely necessary.
Best wishes
Ruth

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Public Health England

From: Name Redacted @phe.gov.uk>
Sent: 11 January 2021 08:46
To: Ruth Milton <Ruth.Milton@phe.gov.uk>
Cc: NR @phe.gov.uk>
Subject: Ambulance Staff and PPE
Importance: High

Good morning Ruth, I hope you are well. Late last week myself and NR were contacted by colleagues from AACE and the College of Paramedics regarding the amount of time ambulance staff are having to spend in the confined space of the ambulance with patients due to the pinch points of ambulance handover delays which at the moment seem unavoidable given the high level of demand and the pressure on hospitals.

They were wondering if there could be latitude within the current PPE guidance for ambulance staff facing an increasingly higher risk of infecting their patients and colleagues to make dynamic risk assessment on their PPE levels until such time as the critical mass of vaccines is undertaken within the ambulance sector.

The increased pressure on staff caused by extended handover times is leading to more cases of ambulance staff becoming infected with reported COVID 19 sickness rates which are now running at between 10% and 15% of staff, which in small part is increased due to better and more regular testing and asymptomatic positive staff needing to isolate.

This is placing pressure on the front line workforce, and the 999 and 111 call centre staff, part of the critical infrastructure of the ambulance service. These two issues alone have, and will develop critical points in the patient care continuum. Ambulance staff are maintaining professional IPC behaviours and responsibilities but guidance for long delays and crew activity during these long waits plus advice on the use of enhanced PPE to safeguard against increased time spent in close contact with COVID 1P9 positive individuals would be helpful at this stage.

I hope that this makes sense and that you are able to offer some advice that we can relay to Ambulance Service colleagues and by all means give me a call if you need to clarify any points that I have raised, regards

NR

NR

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