

From: [Dave Cunningham](#)
To: [Name Redacted](#); [Jenny Winslade](#); [Martin Flaherty](#)
Cc: [Susie Singleton](#); [IPC-CELL \(NHS ENGLAND & NHS IMPROVEMENT - QF1\)](#)
Subject: RE: Letter from the College of Paramedics
Date: 07 January 2021 10:50:11
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)

Hi **NR**

The below points were discussed and reviewed by the IPC cell at the meeting yesterday, whereby the group consensus was that there is no requirement to increase the level of RPE and the these measures (detailed below) were considered sensible and pragmatic to adequately mitigate the risk.

This will be reflected in the meeting minutes once completed and approved. I have cc'd Susie (as PHE rep in the cell) and IPC Cell should further verification be required to support this.

In the event of a delay in handing over your patient at the receiving facility, clinicians must follow the local processes in place with regards to notifications and escalations. Where, under exceptional circumstances, it is necessary for the patient to remain in the ambulance whilst awaiting hospital handover then the below IPC precautions should be considered as good practice and adopted where reasonably practical:

- *Ensure that the patient and any essential escorts wear surgical facemasks throughout, providing it does not compromise their clinical care, such as when receiving oxygen therapy. This will help to minimise the dispersal of respiratory secretions, reduce environmental contamination and virus particles in the air.*
- *Minimise the number of individuals within the patient compartment, only essential escorts and the minimum number of clinicians to provide a safe level of care to the patient should remain in the patient compartment. This will help to minimise the dispersal of respiratory secretions, reduce environmental contamination, and reduce virus particles in the air.*
- *Consider patient positioning and where practical/ possible avoid sitting face to face.*
- *Maintain ventilation systems operating (set on extract), this may require the vehicle to remain running or started periodically to allow the ventilation system to operate. This will help to dilute the level of virus particles and maintain air circulation within the patient compartment.*
- *Enable clinicians who are providing care to the patient to be rotated regularly, where possible. This rotation of staff will prevent prolonged exposure time and allow individuals the opportunity to safely change PPE and rehydrate whilst ensuring safe care for the patient.*
- *Decontaminate contact surfaces more frequently, where practical this should be carried out during the delay to reduce the environmental contamination levels.*

There is no requirement to increase the level of PPE worn by the clinicians unless the level of care/ clinical interventions indicate that a different level of PPE is required. This should be based upon the individuals dynamic risk assessment, with consideration of the transmission route and PPE guidance. There is no evidence that increasing the level of PPE in non-AGP scenarios provides any additional protection. The literature review can be found here

Kind regards