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Circular: **2020HOC0206AD**

Date: **31 March 2020**

To: **ALL MEMBERS**

Dear Brother / Sister

OFFICIAL GUIDANCE FOR AMBULANCE TRUSTS INCLUDING PPE - VEHICLE HYGIENE MANAGEMENT

Public Health England (PHE) published guidance ***for AMBULANCE TRUSTS*** on 13 March 2020. The guidance is wide-ranging and though produced for ambulance trusts in respect of ambulance personnel, there is a lot of read-across in respect of measures that fire and rescue services should be putting in place to protect firefighters whose health and safety is no less important than that of our brothers and sisters who work for ambulance trusts (and equivalents).

Members may wish to review the guidance to ensure that you are aware of the current advice. This circular does not replicate or paraphrase the guidance but draws members' attention to the fact that it has been issued. The advice is extracted from the following webpage:

https://www.gov.uk/government/publications/covid-19-guidance-for-ambulance-trusts/covid-19-guidance-for-ambulance-trusts

You will note that the guidance refers to PHEs advice re *PHE guidance for assessing possible cases.* This will be provided to members in a separate all members circular.

Whilst the approaches by governments to certain aspects of how they are responding to Covid-19 varies slightly, the advice provided to the public differs in style rather than content.

Fire and rescue services will have issued information to personnel, however with the fast-moving nature of the current crisis, the volume of information being published, and the changes to the way that fire and rescue services are having to operate due to the guidance issued by the governments in the UK, there is a likelihood of such information not being updated as quickly as any of us would have liked.

We hope this will be of assistance to members.

Best wishes.

Yours fraternally

ANDY DARK
Assistant General Secretary

Attach X1

AD/jh

PHE guidance: COVID-19: Guidance for Ambulance Trusts

Updated 13 March 2020

1. Identification of possible cases

This guidance is for possible cases of COVID-19 where an emergency ambulance response is required. If the patient is a confirmed case requiring inter-facility transfer, this will be undertaken by a Hazard Area Response Team (HART).

COVID-19 infection should be considered in all cases of respiratory infection. A travel history is no longer a requirement for determining a possible case. See PHE guidance for assessing possible cases.

Where possible cases are identified, this information must be passed to the responding resources (ambulance or response car) prior to arrival on scene.

2. On-scene clinician precautions

This guidance covers the use of personal protective equipment (PPE) for the management and transfer of a patient with possible COVID-19. If a risk assessment indicates the possibility of COVID-19, appropriate PPE must be donned safely before being within one metre of the patient, or having contact with the patient.

The risk assessment should include information provided prior to arrival at scene as well as any additional information gained on arrival.

The patient should be provided with a fluid repellent surgical facemask (FRSM) to wear for the duration of the care (if tolerated) unless oxygen therapy is indicated.

2.1 Aerosol generating procedures (AGP)

- AGPs generate tiny particles, small enough to remain in the air for extended periods, travel long distances and may be inhaled
- AGPs relevant to the ambulance service include intubation, suctioning, and procedures related to cardiopulmonary resuscitation

2.2 Key Points

- PPE must be worn by all staff who have direct contact with a possible COVID-19 patient and within one metre of the patient
- the driver is not required to wear PPE whilst driving
- ensure that the vehicle partition is closed or sealed throughout the transfer
- unless absolutely essential, AGPs should be avoided during the transportation of patients with COVID-19

3. Personal Protective Equipment (PPE)

The table below shows the required level of PPE that is recommended to be used as a minimum for the care of all possible COVID-19 cases; a dynamic risk assessment must be carried out to determine if a higher level or additional PPE is required.

PPE requirements	Close patient contact – possible or confirmed case	AGP – possible and confirmed cases
Hand hygiene	√	√
Gloves	√	√
Plastic apron	√	X
Fluid repellent coverall	X	√
Fluid repellent surgical facemask	√	X
FFP3 respirator	X	√
Eye protection	Risk assessment	√

3.1 Correct use of PPE

- care should be taken to ensure that PPE is donned and doffed correctly to avoid inadvertent contamination
- all used PPE must be disposed of as category B clinical waste and any reusable items (for example eye protection or powered respirator hoods) must be cleaned according to manufacturer or Trust instructions
- FFP3 face masks must only be used by staff who have been fit tested for the mask they are using, and staff must complete a fit check every time they are required to wear one
- powered respirator checks must be performed before each use, in accordance with the Trust instructions, including a battery check
- FFP3 facemasks can be safely worn for prolonged periods, the general recommendation from HSE would be for no more than 3 hours before changing

3.2 Donning PPE

PPE is required for all possible or confirmed COVID-19 patients and should be donned in the following order:

Any patient where an AGP is required, irrespective of COVID status:

With patients who are unconscious it will not be possible to determine their potential COVID risk. Therefore, the following PPE should be worn:

1. disposable apron
2. fluid repellent surgical mask
3. eye protection
4. disposable gloves

If it is known that they are a possible or confirmed case, refer below.

Possible or confirmed COVID-19 with no AGP required

1. disposable apron
2. fluid repellent surgical mask
3. eye protection if risk of splashing to the face or eyes
4. disposable gloves

Possible or confirmed COVID-19 requiring AGP

1. fluid repellent coverall
2. FFP3 if performing an AGP
3. eye protection
4. disposable gloves - double glove if wearing a coverall

3.3 Doffing PPE

It is important that the PPE is removed in an order that minimises the potential for cross-contamination.

When doffing PPE, follow the order below with the support and observation of your crewmate to ensure the risk of cross-contamination are minimised.

Hand decontamination helps to prevent the spread of infection - use alcohol hand rub between removing items of PPE.

No AGPs being performed

1. disposable gloves
2. hand decontamination
3. disposable apron
4. eye protection (if worn)
5. hand decontamination
6. fluid repellent surgical mask
7. hand decontamination

AGP performed (FFP3 facemask and eye protection)

1. outer pair of gloves
2. coveralls
3. inner pair of gloves
4. hand decontamination
5. eye protection
6. hand decontamination
7. FFP3 facemasks
8. hand decontamination

AGP performed (Powered Respirator Hood)

1. outer pair of gloves
2. respirator hood
3. coveralls
4. inner pair of gloves
5. hand decontamination

4. Patient assessment

The recommended advice for possible and confirmed COVID-19 patients with mild symptoms is for them to stay at home until they are well. See stay at home advice.

Following the patient assessment and determination of a possible COVID-19 patient, crews should consider if the patient needs to be conveyed to hospital; this may vary with local protocols and should be discussed with the COVID-19 Coordination service (if not dispatched by them).

5. Conveyance and patient handover

- if the patient requires conveyance it is important to contact the receiving unit to have a discussion regarding where to take the patient as this may not be the usual area within the hospital
- if community screening is available within the area, then follow the local protocol
- if the patient requires conveyance they will require conveying to, and assessment at, an IDU or ED, as per local agreements, and with an appropriate pre-alert and discussion before leaving the scene

5.1 Utilising the most appropriate conveying resource

Possible cases must **not** be conveyed by:

- a response car
- an Air Ambulance

1. consider the removal of non-essential equipment from the vehicle or moving non-essential equipment to a closed compartment prior to loading the patient in the vehicle
2. avoid opening cupboards and compartments unless essential, if equipment is likely to be required then remove from the cupboard prior to loading patient
3. consider if alternative transport options are available in liaison with Ambulance Control Room (ACR)
4. air conditioning or ventilation on vehicles must be set to extract and not recirculate the air within the vehicle
5. non-essential persons (such as observers, family members) are not to travel within the patient compartment with a possible case
6. family members and relatives of these patients must be asked to remain at home and not attend the hospital. They should be left with contact details for the hospital you are conveying the patient to and asked to phone later for an update before visiting
7. observers should, where possible, be taken to the nearest ambulance station. If this is not possible, they should remain in the cab of the vehicle for the duration of the incident and the ACR should be notified

Pre-alert

Crews are required to notify the receiving unit to the fact that they are conveying a possible COVID-19 patient and provide an expected time of arrival (ETA) to ensure the receiving unit can prepare for arrival and patient isolation. The receiving unit will advise the crew where the patient should be brought, as it may not be the ED.

On arrival

- the driver is to inform the receiving unit of their arrival prior to off-loading the patient
- the receiving unit is required to support the offloading of the patient into the department, ensuring the route is clear

6. Post conveyance

- all linen should be disposed of as infectious linen, as per local policy, at the receiving unit
- all waste should be disposed of as clinical waste, as per local policy, at the receiving unit
- conveying staff are expected to wipe down any equipment and all surfaces with universal detergent or disinfectant wipes immediately following patient transfer – this should be completed before PPE is removed
- the vehicle should be left to ventilate with windows open and extractor fan set to extract whilst travelling to station or depot or base. Ensure this is done prior to removal of PPE
- the crew are to remove PPE in the designated area identified within the receiving unit
- all PPE is to be disposed of a clinical waste, as per local policy, at the receiving unit

7. Decontamination

As coronaviruses have a lipid envelope, a wide range of disinfectants are effective. PPE and good infection prevention and control precautions are effective at minimising risk but can never eliminate it.

If an alternative disinfectant is used within the organisation, the local Infection Prevention and Control Team (IPCT) should be consulted on this to ensure that this is effective against enveloped viruses.

It is possible that these viruses can survive in the environment with the amount of virus contamination on surfaces likely to have decreased significantly by 72 hours, so thorough environmental decontamination is vital.

7.1 If AGPs were not performed

The vehicle will require an enhanced between patient clean ensuring thorough decontamination of all exposed surfaces, equipment and contact areas before it is returned to normal operational duties, with universal sanitising wipes or a chlorine-based product.

- appropriate PPE must be worn to decontaminate the vehicle - as a minimum this should include apron and gloves
- any exposed equipment (such as not within closed compartments) left on the vehicle will require decontamination with universal sanitising wipes or equivalent, as per the standard between patient clean
- all contact surfaces (cupboards, walls, ledges and so on), working from top to bottom in a systematic process, will require decontamination
- pay special attention to all touch points
- ensure that the stretcher is fully decontaminated, including the underneath and the base
- the vehicle floor should be decontaminated with a detergent solution

7.2 If AGPs were performed (such as intubation, suctioning, or cardiopulmonary resuscitation)

The vehicle will require an enhanced decontamination of all exposed surfaces, equipment and contact areas before it is returned to normal operational duties, with a chlorine-based product.

- appropriate PPE must be worn to decontaminate the vehicle - as a minimum this should include a fluid-repellent surgical mask, eye protection, apron and gloves
- any exposed equipment (in other words not within closed compartments) left on the vehicle will require decontamination with a universal detergent followed by chlorine-based solution at 1,000 parts per million
- starting from the ceiling of the vehicle and working from top to bottom following a systematic process, all exposed surfaces will require decontaminated with a universal detergent followed by a chlorine-based solution at 1,000 parts per million
- pay special attention to all touch points
- ensure that the stretcher is fully decontaminated, including the underneath and the base
- the vehicle floor should be decontaminated with a detergent solution followed by a chlorine-based solution at 1,000 parts per million