

Dear NORS Leads and Team Members,

A number of concerns have been raised by teams in the current crisis. Most frequently, these relate to travel in the Van/inability to ensure social distancing, and precautions for surgery in donors (no suspicion of COVID19; PCR test negative). I am keen to continue to engage in dialogue with teams to help share current UK practice as the situation evolves.

Team Transport

The current guidance relating to PPE whilst working in the same space as COVID+ve patients (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874411/When_to_use_face_mask_or_FFP3.pdf) suggests the use of a conventional surgical mask (Fluid Resistant Surgical Mask; FRSM) if staff are greater than 1 metre away from patients and not involved in direct care. Although transport does not involve being in the same space as a COVID patient, it could be considered that wearing a surgical mask may reduce risk if social distancing cannot be maintained. This is a decision which teams may consider, but is based on significant extrapolation from this guideline. Teams and staff should make their own decisions.

You will also have received notification about initiatives being taken by Amvale to ensure vehicles are cleaned and safe for teams. **Additionally, NHSBT will support the use of two vehicles per retrieval to reduce staff proximity.** These initiatives should hopefully minimise risk for teams in transit.

PPE

NHSBT Guidance was issued earlier in the week as regards PPE for donor surgery. As we are aware, only donors with no suspicion of COVID and who are swab test-negative will be taken forward. Team Leads were encouraged in the guidance to approach their own infection control teams and to perform risk assessment, choosing appropriate PPE, on the basis of infection control recommendations. Last night, I surveyed all 16 NORS teams in the UK to see what approaches were being taken by teams when the patient has no suspicion of COVID and who is test-negative.

Of the 10 abdominal teams, 8 were using standard infection control precautions in such cases, whereas 2 were using 'enhanced' PPE. Of the 4 cardiothoracic teams who replied, 3 were using standard infection control precautions, whereas 1 was using 'enhanced' PPE.

At the time of publishing, no teams have been directed to use enhanced PPE by infection control. In each case where enhanced PPE was being used, this was a decision taken by the team.

If your infection control recommendation changes, please inform me (ian.currie@nhsbt.nhs.uk) as soon as possible. A guide to use of PPE (Appendix 16; <http://www.nipcm.scot.nhs.uk/media/1489/2020-2-6-appendix-16-ppe.pdf>.) This is from Health Protection Scotland. If I locate the equivalent document for PHE, I will forward.

With best wishes,

Ian Currie
UK Lead for Organ Retrieval