

FAQ: COVID-19 and current restrictions (August 19th, 2021)

Q1: Why do EVO's have to wear full airborne PPE while driving. It is not safe; goggles fog up and side vision is impaired. We don't have to wear gown and goggles with suspected and confirmed patients as per guideline.

A1: Agreed it is unsafe for EVO's to drive with goggles. EVO's drive without wearing goggles. Please doff gloves, gown and goggles before entering front cabin. Keep wearing P2/N95 mask while driving. Don gown, goggles and gloves before unloading patient or before entering hospital. This is supported at EOC SCHN.

Q2: Am I allowed to use a Stethoscope?

A2: If the patient had a rapid COVID-19 test and it was negative, or the patient has no COVID-19 risk (newborn), then you can use a stethoscope. In these cases we are protecting the patient from us (we are coming from the red zone). However, local staff and parents could be infectious. Ensure to attend to hand hygiene – remove gloves and wash hands and don new gloves. For suspected/known COVID positive patients, the use of a stethoscope is discouraged as you are at risk of contaminating your face /mask when placing in ears.

Q3: Why are flight nurses wearing gowns and goggles? They are wearing P2/N95 masks and gloves only.

A3: They should be wearing airborne PPE – mask and goggles.

Q4: Do we need a clean person to get equipment from our retrieval bags once in full airborne PPE and do we need a clean person escort?

A4: This is in the COVID 19 guidelines. If in full airborne PPE – yes. Prior to attending the patient, try to get all equipment you need from the retrieval bags before attending the patient; you can access the bag at a later stage after cleaning your hands.

Q5: I feel like we are practising very bad hand hygiene since we are wearing full PPE. Can we change our gloves or can we only use hand sanitiser on top of gloves?

A5: It is preferred that you don't remove your gloves, however the cleaning of gloves with hand sanitiser is not recommended anymore. In suspected and infectious patients double glove and in non-infectious patients remove gloves, wash hands and fit new gloves. Gloves are not required for non-COVID patients.

Q6: When should vehicles be cleaned?

A6: Vehicles should get a deep clean after every suspected or confirmed COVID-19 patient or infectious patient as per guideline, and once a month. Floor and surfaces should be wiped down once a day.

Q7: When are we supposed to doff our PPE?

A7: After you have handed over patient and you are leaving patient area, doff gown and gloves; perform hand hygiene. Wear P2/N95 mask and goggles to vehicle.

Q8: When are we supposed to don airborne PPE?

A8: Before exiting the ambulance or aircraft and entering the hospital don N95 mask and goggles.

At patient area, if suspected or known COVID positive don full airborne PPE and wear airborne PPE until handover of patient and leave patient area in receiving hospital. Doff gown, gloves; perform hand hygiene; remove face shield and hat then wear P2/N95 mask and goggles to vehicle.

At patient area, if patient COVID negative, continue to wear N95 mask and goggles; use normal precautions and good hand hygiene until you leave the patient at the receiving hospital. Wear P2/ N95 mask and goggles to vehicle.

NB: If local team is in PPE, please match them to decrease conflict.

Rationale:

We are protecting us from the patient and the patient from us.

Q9: *We have to be in airborne PPE for very long times. When can I change my PPE?*

A9: Best time to change your PPE including P2/N95 mask is after stabilisation of your patient. P2/N95 masks should be changed approx. every 2 hours or when wet. Take some extra PPE into the hospital with you, so you can easily change – especially masks.

Q10: *Can we stop to get food on our way back from Newcastle if the hospital canteen is closed?*

A10: You should try not stop for food outside hospitals. Try to carry snacks. We are adding water and snacks into all vehicles.

Q11. *Can we wear scrubs under PPE instead of our retrieval uniforms particularly going into the warmer months?*

A11: Management is looking into how we can order staff for clinical staff and will look at different scrubs that are available. Idea is to change out of usual retrieval uniform on base and to go out in scrubs.

Q12. *Should the COVID clipboards be used for all retrievals?*

A12: No – only use for suspected or known COVID positive patients.

Q13. *Is there a designated area for deep cleaning of ambulances and cleaning of equipment after a suspected/known COVID case?*

A13: No. At present there is no room for a designated area until construction in hangar next door is completed.

Q14. *Should we be wiping down handles, car seats and seatbelts after transferring a COVID negative patient?*

A14: No, good hand hygiene is important.

Q15. *Should we wear airborne with aerosol generating procedure (AGP) PPE for all intubations?*

A15: No. Use full airborne + AGP PPE for patients that are known COVID positive or COVID status unknown. Or other infectious patients eg. Meningococcus.

Q16. *Do all parents who accompany a patient with NETS require a COVID swab result?*

A16: No. If a parent has respiratory symptoms or known COVID positive, the parent cannot travel with the patient and team. If the parent has no respiratory symptoms the parent can travel with the team but must wear a surgical mask. The parents are advised to get a COVID swab test to facilitate their entry into the receiving unit where their baby/child is being taken.