

## COVID-19 Frequently Asked Questions 14.04.2020 @ 1600

- 1. Where do I find all the information on covid-19?**
  - All information will be found on the NETS website under the covid-19 tab
  
- 2. What PPE should I wear for suspected/confirmed COVID-19 patients?**
  - please refer to the COVID19 PPE flowchart from CHWED
  - Please wear the same PPE from start to end of contact with the patient unless you need to leave the patient for any reason. Doffing is the riskiest procedure so we need to limit this as much as possible.
  - Surgical mask for patients not requiring aerosol-generating procedures (AGPs) or treatment
  - Gown, gloves and eye protection should be worn for all patients
  - Hats are optional for tracheal intubation but recommended
  - Please ensure patient is also wearing a surgical mask where possible
  
- 3. What PPE do EVOs need to wear on leg 2?**
  - Full PPE until patient loaded. Doff gloves, gown, goggles; then ---
  - Surgical or P2/N95 mask – same as nurse and doctor
  
- 4. What PPE do EVOs need to wear when pushing the system with patient on board?**
  - Same PPE as nurses and doctors as per question 1.
  
- 5. What PPE do staff need to wear on leg 3?**
  - ROAD
    - Doff PPE after leaving patient care area
    - Before taking system to the vehicle, don Standard (gloves + surgical mask) + Contact (long-sleeved gown) precautions only for leg 3 as there is no patient and the vehicle would have been left to settle if any AGPs have been done remembering that the HMEs and bacterial/viral filters being used on circuits are lowering this risk immensely.
    - If you return to the vehicle less than 30 mins following an AGP then please wear airborne precautions
  - RW
    - *Teams will normally leave the helicopter at the end of leg 2 for Sydney metro and complete Leg 3 by road. If leg 3 needs to be completed by RW then NETS staff to don Standard (gloves + surgical mask) + Contact (long-sleeved gown) precautions*
  - FW
    - *As per RW*
  
- 6. How do we complete patient notes?**
  - Complete notes as usual – they will be ‘contaminated’ and completed while wearing PPE
  - Separate copies and hand-over with patient as usual
  - After handing over to receiving hospital, take a picture of notes on the NETS phone before placing in plastic sleeve/zip lock bag and send to [HELP@nets.health.nsw.gov.au](mailto:HELP@nets.health.nsw.gov.au) including the CCL as the Subject

- Ensure contaminated paperwork coming back to NETS is placed into a Ziplock bag and marked ?COVID-19 contaminated paperwork – only needs to be isolated for 24hours as per Alison Kesson from ID
  - Clean person wearing contact precautions PPE to hold open the Ziplock bags for putting the contaminated paperwork into
- 7. Should we wear 2 sets of gloves when documenting notes in ambulance in PPE?**
- No we don't need to wear 2 sets of gloves when following the above
- 8. If we are exposed to a COVID-19 patient, do we need to start the 14 days of isolation immediately ie next day?**
- Yes, but only if you are unprotected and the patient is COVID-19 positive
  - Wearing surgical mask and gloves for all patients will reduce this risk for everyone
- 9. Do teams going for bronchiolitis, pneumonitis and pneumonia need to do full contact, droplet and airborne precautions (with P2/N95 masks)**
- No. Do contact and droplet precautions and only add airborne precautions if:
    - Patient COVID-19 positive, OR
    - Performing AGPs, OR
    - Patient has risk factors AND going to ICU
  - A surgical mask on these patients should be used
- 10. Do you think there is any value in us taking a biohazard bag with us to put used equipment in for leg 3? I am thinking particularly about stuff we have removed from the retrieval bags and taken into the contaminated area because this equipment should not just be returned to the retrieval bags as that would result in cross-contamination.**
- Yes. Clear plastic bags have been added to the COVID-19 packs for contaminated equipment to be placed into
  - One is for used, contaminated equipment, second for carrying additional emergency equipment. The third is a spare
  - Any equipment in bag two which hasn't been accessed, can be cleaned and returned to the pack.
- 11. Do we need to be using the bacterial filter on the ventilator expiratory limb for suspected or confirmed COVID-19 patients?**
- Yes, filter at expiratory limb should be used to reduce exposure
  - In wet circuits, the Bact-trap filter should be placed at the patient side, after the in-line suction and a 2<sup>nd</sup> Bact-trap filter on the exhalation housing/valve
  - With dry circuits (Oxylog), the HME is to be placed directly after the in-line suction
- 12. Dry circuits – are these considered closed/bactitrap?**
- Yes
- 13. Hamilton and cross vent circuit do we add a HME filter?**
- No – see answer in Q11
- 14. Should we start using in-line suction?**

- These have arrived but supply is still short
- We have these in the COVID-19 packs
- Please only use once you have had the training
- Please keep any items you don't require clean and left in retrieval packs so they can be repackaged for future use

**15. Is there any advantage to teams cleaning their own gear when they return to base from suspected cases? That way exposure for the entire case from beginning to end can be tracked to just one team.**

- As the team returning on Leg 3 will be wearing contact precautions (long-sleeved gown and gloves), where possible that team should clean the equipment – wearing the same gown but changing gloves, hand hygiene, don surgical mask, hand hygiene and don new gloves
- If on overtime or will go into overtime, cleaning should defer to the next available team
- If the returning team is unable to clean, then leave the system and retrieval packs in the vehicle and label the vehicle with the contaminated signs
- However, the returning team should still wipe over with tuffie wipes and return the red drug pack and iStat to the pharmacy room

**16. What can I do to prevent the spread of infection in the workplace?**

- Maintain the social distancing and observe room limits
- Wash your hands regularly with soap and water, or if not available then sanitise your hands regularly, and avoid touching your face
- Do not eat in patient areas, especially patient bedsides.
- Keep your personal water bottles away from patient areas, to avoid contamination.
- The cleaner is doing an extra clean on Base at 11:00am daily

**17. Is it safe to wear my clothes home?**

- Yes, by following proper PPE precautions, there is no need to change out of your work clothes before going home
- As per normal practice staff have the choice to travel to and from work in your own clothing and change into uniform at work

**18. Can I wear scrubs?**

- For those who wish to change, a limited supply of hospital theatre scrubs will be made available at NETS

**19. Should we have a NETS COVID-19 email address group?**

- This has now been set up please email any questions, concerns, information to [COVID-19@nets.health.nsw.gov.au](mailto:COVID-19@nets.health.nsw.gov.au)
- An alert system is being set up to advise staff of “hot” new information, using the Signal app

**20. Have we advised hospitals about parents not travelling with patients?**

- At present we are discussing this at initial conference call with referring units and looking into a document for referring hospitals.
- A parent brochure has been created.

**21. Are we taking parents of suspected/confirmed covid-19 patients?**

- No parents are to travel if their child is in this group
- There may be exceptional circumstances to the rule and these should be discussed with the state director and nurse manager on call
- Where patients and parents have no risk factors for COVID-19, parents may be transported by road, FW & RW with their child, if there are no other contraindications
- For social distancing purposes a mask may be offered to the parent/guardian travelling

**22. How can we maintain social distancing when on base?**

- Each room has a maximum occupancy number been posted on the door, please all adhere to this
- There is a certain amount of chairs in the room for the amount of occupants it can hold, please do not bring in any additional chairs
- 1<sup>st</sup> on call 3-person team to be in the hot room
- 2<sup>nd</sup> on call 3-person team to be in the cold room
- 3<sup>rd</sup> on call 3-person team to be in the meeting room which will be better set up in the near future.

**23. What do I use to clean any potentially contaminated equipment?**

- Tuffie wipes for all medical equipment
- Chlor-clean for vehicles to avoid depleting tuffie wipes and is for environmental cleaning which the ambulance is considered to be

**24. How will I find out test results of patients we have moved?**

- We are currently working with the network to streamline this and get results for every patient moved
- For those who return a positive result, public health will continue to contact anybody they have been in contact with which has been working very well
- A note on the "Outcomes" page in CRS will reflect this once the result is known
- Once the result is known, the team will be contacted by their line manager

**25. If we are to keep the red drug bag outside the patient room, who is responsible for watching the bag? Especially if we don't have an EVO with the team?**

- Place red drug pack into a clear plastic bag, seal and bring into the patient room
- If needing to access, remove gloves, hand hygiene, open plastic bag/drug pack and take out required drug/s. Reseal plastic bag, hand hygiene and re-don gloves

**26. What are we using to clean team benches, computers, keyboards and mouse?**

- any detergent wipes can be used (rediwipes)

**27. Standard precautions for all patients**

- Before entering the hospital, apply standard precautions (gloves and surgical mask) for all patients – grade up PPE for suspected/confirmed Covid-19 at patient area

## **28. Double gloving**

- Double gloving is not recommended for intubation as per infectious diseases – there is no risk of being infected through your skin, only from mouth and nose, therefore good hand hygiene is the most important fact

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<sup>i</sup> Aerosol-generating procedures (AGPs) = high flow<sup>i</sup>, nebuliser, suction, tracheal intubation, non-invasive ventilation, tracheotomy, CPR, manual ventilation, bronchoscopy and for intubated patients. For these P2/N95, goggles, long sleeve gown, gloves are required