

EXECUTIVE BUSINESS RULES – Infection Prevention and Control of Coronavirus and COVID-19 at NETS

Please note that this information may not always be current – please refer to specific checklists for more up to date information

WHAT IS CORONA VIRUS AND COVID-19

Coronaviruses are a large family of viruses known to cause respiratory infections in humans which typically cause a mild illness such as the common cold. Rarely, animal coronaviruses can evolve to infect and spread among humans, causing severe diseases such as Severe Acute Respiratory Syndrome (SARS) which emerged in 2002, and Middle East Respiratory Syndrome (MERS) which emerged in 2012. Novel coronavirus (SARSCov2) is a new strain of coronavirus that has not been previously identified in humans and originated in Hubei Province, China and has spread rapidly throughout the world since December 2019

HOW IS CORONAVIRUS SPREAD

COVID-19 is most likely to spread from person-to-person through:

- Direct close contact with a person while they are infectious or in the 24 hours before their symptoms appeared.
- Close contact with a person with a confirmed infection who coughs or sneezes.
- Touching objects or surfaces (such as door handles or tables) contaminated from a cough or sneeze from a person with a confirmed infection, and then touching your mouth or face.

EVERYDAY MEASURES

Recommendations for good hygiene to protect self and others against infection:

- Regularly washing your hands with soap and water.
- Applying hand sanitiser (available throughout base). New hand sanitiser dispensers have been mounted outside the door to clinical coordination and in the corridor to the carpark entry/exit. You can use hand sanitizer every time you need to as long as you need to, and there is absolutely no need for the use of handwashing between any hand rubbing action
- Cover your mouth and nose or use the fold of your arm when you cough and sneeze, dispose of tissues, and use alcohol-based hand rub.
- Avoiding close contact with others, such as touching (avoid group congregation).
- Social distancing is one way to help slow the spread of viruses such as COVID-19. Social distancing includes staying at home when you are unwell, keeping a distance of 1.5 metres between you and other people whenever possible and no physical contact such as shaking hands, especially with people at higher risk of developing serious symptoms, such as older people and people with existing health conditions. Minimising exposure to common spaces such as team room, clinical coordination, kitchen, clean up room and simulation room.

- Team meetings or committee meetings should still proceed as long as staff practice social distancing and meetings are restricted to less than 60 minutes with no more than the number recommended for each room within NETS base.
- Do not report for work if you have any cold or flu-like symptoms.

ORGANISATIONAL MEASURES

- Our location at NETS Bankstown provides reasonable isolation from the general public and other health care workers where particular measures such as staff working from home are not as critical as is the case in other facilities.
- Minimisation of visits of non-essential personnel to base (including observers)
- Daily decontamination of common workstations (desks/phones).
- Regular (shift) decontamination of common equipment (Coord headsets and team mobile phones)
- Increased frequency of cleaning of common areas (kitchens)
- Removal of all bedding following use and correct placement in linen skips including replacing linen bags when full.
- Staff as from Monday 6th April will be required to undertake a personal welfare check upon arriving to work and again on departing

CRITERIA FOR TESTING STAFF

As of 25 March, staff will need to be tested for COVID-19 if they:

- Have undertaken international travel in the past 14 days and have a fever and/or respiratory symptoms, OR;
- Have been in direct contact with a COVID-19 positive person and have a fever and/or respiratory symptoms, OR;
- Are experiencing new onset of a fever and/or respiratory symptoms. Respiratory symptoms could include a cough, sore throat or a runny nose.

Note: Staff who are unwell with a fever, cough, and sore throat or flu symptoms should not come to work and inform their manager. You should self-isolate immediately and be tested for COVID-19 at one of the SCHN assessment centres. Regional staff should contact your line manager for further discussion.

Sydney Children's Hospital, Randwick

Outpatients, level 0 – ONLY enter via the separate entrance.

The Children's Hospital at Westmead

Monday – Sunday 1000 – 2000

Outpatients, ground level – ONLY enter via the separate entrance located outside the main entrance.

TRAVEL DIRECTIVES AND LEAVE

- **Planned overseas travel:** If you have approved leave, and you go ahead with your trip, you will NOT be able to return to work until the 14 day self-isolation period concludes. In this circumstance, you will NOT be eligible for special paid leave. Please speak to your manager to discuss
- **Staff currently overseas or recently returned:** Managers of staff who are currently overseas will need to make every effort to contact their staff and ensure they do not return to work until after their 14 day self-isolation period

concludes. Special paid leave will be considered for staff who were overseas at the time of the announcement (Sunday 15th March 2020), on a case by case basis. Managers need to consider the risk of staff who have returned in the past 14 days.

MOVING PATIENTS

In the event you are tasked to transport a patient with severe respiratory infection or suspected or confirmed case of COVID-19. Note that a history of overseas travel or exposure to known sufferers will be ascertained on the call. Any such referral should be escalated to the duty nurse manager and state director.

General guidance:

- **Contact and droplet precautions** are recommended for routine care of patients.
- **Contact and airborne precautions** are recommended when performing aerosol generating procedures, including intubation and cardiopulmonary resuscitation (CPR).
- **Provide advance notice** to the receiving hospital of the case and ascertain any particular requirements for receipt of the patient
- **Decline to convey family members** in known or suspected cases of Covid-19

PRECAUTIONS DURING ROUTINE CARE

The following contact and droplet precautions are recommended during routine care of a patient with possible COVID-19.

1. Place a surgical mask on the patient if one is not already in place, unless this will aggravate breathing difficulties.
2. Perform hand hygiene before donning a gown, a surgical mask, eye protection and gloves. (4 PPE kits are located in each NETS ambulance)
3. After the encounter - remove gloves, perform hand hygiene, remove gown perform hand hygiene, remove eyewear, remove surgical mask and then perform hand hygiene again.
4. Apply clean PPE and clean any contacted/contaminated equipment and surfaces with detergent/disinfectant. (If new PPE required obtain from referring facility)
5. Contact precautions on Leg 3.

Note: Write notes as normal. Leave copy in patient's room. Original notes to be dropped in to clear bag which is sealed with date and time and not opened for 24hrs.

AEROSOL GENERATING PROCEDURES

Aerosol-generating procedures (AGPs) include tracheal intubation, non-invasive ventilation, tracheotomy, CPR, manual ventilation before intubation, and bronchoscopy.

Note: Performing AGP procedures are contraindicated for any road or air transport.

TRANSPORTING BY ROAD

Any patients that are suspected or confirmed COVID-19 patients that require Airborne Generating Procedures such as those identified previously, NETS will not move. The patient will need to be intubated and ventilated. Any variations to this will require a high level discussion between the NETS Consultant the

NETS State Director, Nurse Manager on Call and Critical Care Program Medical Lead

Note: that, if the patient is intubated, with closed circuit ventilation, the risk of aerosol transmission, is negligible and the P2/N95 respirator can be exchanged for a more comfortable surgical mask.

Note: P2/N95 masks are only effective where individuals are clean shaven

Ambulance air flow

During transport, vehicle ventilation in the driver compartment should be on non-recirculated mode to maximise air changes that reduce potentially infectious particles in the vehicle. The air conditioner in the patient compartment should not be utilised as this is recirculated air.

TRANSPORTING BY AIR

- Obtain a PPE kit from the NETS' ambulance before air travel.
- Retrieval staff who remain in close contact with the patient should continue to wear PPE as above (see note re use of P2/N95 respirator vs surgical mask above)
- Rotary wing: The cockpit should be isolated through use of the aircraft blind. Once pilots are in the cockpit masks and other PPE can be removed.
- Air conditioning (if applicable) should be selected in non-recirculating mode.
- Fixed-wing pressurised aircraft: If available aircraft recirculation should be deselected.
- If cabin air recirculation is selected, then HEPA filtration is preferred. Aircraft ventilation should remain on at all times during transport of respiratory patients, including during ground delays.

ARRIVING AT A REFERRING HOSPITAL OR DESTINATION HOSPITAL

- During the initial conference call with the referring/accepting unit a discussion should take place about accessing the unit the patient is in or has been accepted into
- There should be a clear plan if the patient you are transporting is suspected or confirmed of having COVID-19 and limiting the exposure of this patient to others within the hospital.
- A discussion should also occur if you need to travel through an emergency department or other high risk areas with or without a patient. NETS teams should be prepared and informed whether they will need to wear PPE for their own protection even if the patient being moved is unrelated to COVID-19
- Social distancing should be possible transiting through departments. Where preferable an appropriate alternative pathway should be used. Any transport of a patient with COVID should be notified to the receiving hospital at or before the time of conferencing.

CAN A TEAM BE RETASKED BEFORE RETURNING TO BASE HAVING MOVED A SUSPECTED OR CONFIRMED COVID-19 PATIENT

- If a 'high risk' or 'known to be infected' patient is transported, the ambulance, equipment and team will return to Base. Other options will be required for a subsequent urgent mission; including transporting the clinical team (no bags, no equipment) by other means. If no other option, the ambulance for the first mission will transport this team – as long as the subsequent mission itself is

not 'high risk' or known COVID as PPE would be required. This won't affect the majority of missions.

USE OF PPE IN LIFE THREATENING SITUATIONS

In circumstances where NETS teams are providing clinical care in life threatening situations (for example, CPR upon arrival) for a patient with suspected COVID-19, staff must adequately apply full airborne precautions.

In these circumstances, staff are advised to ensure their own safety including:

- Full PPE should be donned. At the completion of the episode of care, removal of gloves (perform hand hygiene) removal of gown, perform hand hygiene remove eyewear, gown and mask (perform hand hygiene again);
- Notification of your employer if you have had a close contact with a suspected or confirmed case of COVID-19 without using appropriate PPE e.g. if COVID-19 was not suspected at the time; and
- Seeking advice from your local public health authority regarding any need to be isolated and monitored for symptoms of the virus.

PUTTING ON PPE (donning)

- Perform hand hygiene
- Put on gown (fasten at back)
- Put on the appropriate mask
- Perform fit test
- Put on protective eyewear/faceshield
- Perform hand hygiene
- Put on non-sterile gloves

REMOVING PPE (doffing)

- Remove gloves
- Perform hand hygiene
- Remove gown
- Perform hand hygiene
- Remove protective eyewear/faceshield
- Remove mask
- Perform hand hygiene

TRAINING

It is important that you know how and when to wear PPE. This includes simple things like ensuring long hair is tied back and we are bare below the elbows in clinical areas. To support staff, PPE training sessions will be organised and advertised in coming days.

- Training will be delivered by the CNEs.
- Training will be recorded in HETI
- Training will be undertaken at opportune times when there are staff available and able to socially distance
- The SCHN PowerPoint on PPE donning and doffing will be circulated to all staff.

CLEANING

- Quarantine road vehicles and systems that have been used to transport suspected or confirmed COVID-19 patient for decontamination on return to base which will require a disinfection clean (refer to below)
<https://www.health.gov.au/sites/default/files/documents/2020/03/environmental-cleaning-and-disinfection-principles-for-covid-19.pdf>
- Neonatal and paediatric systems should be removed from the vehicle and have a disinfection clean in the garage before being returned to the equipment room
- The garage is ventilated. That can be increased by re-opening the entry door and opening the exit door – to create ‘flow through’.
- Whilst clinical staff are cleaning equipment the EVO’s will clean the ambulance
Cleaning of ambulance
EVOs should refer to instructions circulated by Operations Manager
Cleaning of Retrieval Systems and Equipment
- Linen should have been placed in the linen skip at the destination hospital, if linen has returned to base place in base linen skip
- Handle linen as per normal procedures. All linen is treated as potentially infectious and processes in place are currently adequate
- Staff should collect an empty tub from the laundry to place lead covers and harnesses in for cleaning
- Collect Biohazard bags
- Perform Hand Hygiene, put on gown and fasten, put on appropriate mask, perform fit test, put on protective eyewear/faceshield, perform hand hygiene, put on non-sterile gloves.
- Locate clinical waste bin near sliding door to building for putting PPE in after cleaning
- Take Tuffies to clean system/trolley/Stryker stretcher and wipe down bags
- Place pulse oximeter probe in biohazard bag
- Place all items that need to go to CSSD in a biohazard bag
- Place lead covers and any neonatal harness in tub
- Wipe down systems/monitors/equipment/trolleys/stretchers thoroughly with Tuffies
- Once cleaning is completed take bucket and biohazard bags to entry door
- Remove PPE and place in clinical waste bin
- Once back in restore room wash hands and place pulse oximeters in biomedical bucket and CCSD items in plastic container and then into CSSD transport box
- For cleaning lead covers and harness following guidelines posted in the laundry
- Wash hands
- Once systems and retrieval bags are dry they can be taken into restore room for replenishing and restocking

Note. For patients that were intubated decontamination of the vehicle is not required. Only items of equipment used on the task as well as areas of the vehicle likely to have been touched need to be decontaminated.

REFERENCES

<https://www.health.gov.au/sites/default/files/documents/2020/03/coronavirus-covid-19-information-for-paramedics-and-ambulance-first-responders.pdf> - (accessed on 16/3/2020)

<https://www.health.gov.au/sites/default/files/documents/2020/03/coronavirus-covid-19-information-for-aeromedical-retrieval-of-patients.pdf> - (accessed on 16/3/2020)

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<https://www.health.gov.au/sites/default/files/documents/2020/03/environmental-cleaning-and-disinfection-principles-for-covid-19.pdf> - (accessed on 17/3/2020)

<https://www.health.nsw.gov.au/Infectious/diseases/Pages/coronavirus-update.aspx> - (accessed on 19/03/2020)

NSW Ambulance – Clinical Practice Standards - CLINICAL PRACTICE STANDARD
— Aeromedical Operations AO.CLI.21 – Novel Coronaviruses – Version 1, March
2020 (page 2)

Current as of 6 April