

Patient Infection Prevention Management COVID-19

Patient Infection Prevention Management COVID-19 (Suspected or Confirmed)

Refer to the current version of the [DHHS 2019 Coronavirus Disease \(COVID-19\) Guideline for Health Services and GP's](#) link for current requirements in detail

This is an evolving situation, please check the DHHS guideline and Western Health microsite for the most current information

<p>ED Presentation</p> <p>All QRG documents listed can be accessed on Microsite</p>	<ul style="list-style-type: none">• Review current COVID-19 Case Definition on microsite• Place surgical mask on patient and transport promptly to isolation room by local site ED agreed route• Isolate patient in Class N negative pressure room or progress to designated COVID-19 areas for placement guidance if Class N negative pressure room occupied (ED Arrival, Triage and High Risk, Low Risk patient Cohorting during COVID-19 plan – Clinical Guidelines/Emergency Medicine)• Use COVID-19 log sheet (Western Health Forms database ID number AD24.2) to log all staff and visitors entering room / bay• Institute Contact and Droplet +/- Airborne transmission- based precautions for AGP's as per Appendix A PPE Guideline Risk Matrix in WH COVID-19 PPE Guidelines• Undertake Medical History and Screening Tool (AD24.1)• Place an infectious risk alert on EMR - COVID-19 Adding, removing and changing an Infectious Risk Alert QRG on microsite• Specimen collection as per COVID-19 Testing – EMR specimen collection process QRG and test ordering on EMR as per COVID-19 Testing – Ordering QRG or Pathology Process for COVID-19 PCR Testing Priority (Rapid and Fast Track) Clinical Guidelines• Refer to Testing - How to collect swabs for SARS-CoV2/COVID-19 PCR Testing QRG• High risk aerosol generating procedures (QRG) to be undertaken using Airborne and Contact transmission-based precautions - WH COVID-19 PPE Guideline• Limit use of AGPs to those absolutely necessary. Use Spacers in place of nebulisers. Nebuliser – spacer usage for metered dose inhaler therapy QRG• Perform fit check with P2/N95 mask – PPE P2/N95 Respirator mask – Principles of fit checking QRG to ensure effective seal prior to entering room (training video on microsite)• C-Xray performed in ED Class N negative pressure room where possible – refer to Medical Imaging QRG's• If CT required, advise Radiology in advance. Place mask on patient and transport patient in their current transmission based precautions.• If discharged home provide the relevant Patient Literature DHHS Coronavirus fact sheet from the microsite• Terminal cleaning as per below and Terminal Room cleaning QRG
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<p>Follow up advising patient of their test results (ED, RAC or inpatient)</p>	<ul style="list-style-type: none"> • When the test result is available: <ul style="list-style-type: none"> ○ If the test is negative for COVID-19 provide the negative result from the laboratory (VIDRL or Dorevitch) to the patient and manage any other cause of illness you have assessed as requiring treatment. Consider advising the patient in the normal manner that admission to hospital and further testing may be required if they deteriorate or the illness persists beyond 72 hours and no other cause is found. ○ An automated SMS from the Respiratory Assessment Clinic negative results will feedback to patients ○ If the test is positive for COVID-19, call DHHS on 1300 651 160 to confirm that the department is aware of the result and agree on next steps for management of the patient.
<p>Room allocation / Bed Management</p> <p>PPE Guideline and Append A: Risk Matrix & Room Allocation and Bed Management QRG documents listed can be accessed on Microsite</p>	<ul style="list-style-type: none"> • Ensure all patients wear a surgical mask on for all transporting – Transporting of Patient and Handling of Personal Belongings for COVID-19 QRG and all HCWs are wearing long sleeve isolation gown and surgical mask (Droplet and Contact precautions) for transfer • Ensure any receiving ward is notified as part of clinical handover for requirements of isolation and PPE. • If transferring via a lift, ensure the route is clear and the lift is used for the sole purpose of transferring the patient (no other patients, visitors or other area staff). • Patients requiring non-invasive ventilation (CPAP, BiPAP) should be risk assessed against the Appendix A PPE Guideline Risk Matrix and Safe Use of Respiratory Therapy QRG to determine if negative pressure room or single room is applicable • High flow nasal prong oxygen therapy should be avoided with preference give to mask with rebreather bag to reduce risk of infectious aerosol dispersal into the air or environment - refer to Safe Use of Respiratory Therapy QRG • Nebuliser therapy should be risk assessed to patient risks – refer to Appendix A PPE Guideline Risk Matrix. High risk patients should either have this treatment reviewed or only have this in a negative pressure isolation room where practical– use of Spacers is the safer option to reduce risk of infective aerosols being dispersed into the air and onto environmental surfaces. If used on non-COVID-19 patients ensure the patient side curtain is pulled between patients to act as a physical barrier Nebuliser – spacer usage for metered dose inhaler therapy QRG • Allocate Class N negative pressure ventilation isolation room or single room with own ensuite in the first instance. • Should a negative pressure room with ensuite not be available, place in a single room, door closed with dedicated toilet – refer to relevant Bed Management QRGs on microsite. Ensure the toilet lid is closed when flushed to reduce any risk of aerosolisation of droplet plumes from faecal matter. • Cardiac patients (suspected or confirmed COVID-19 or being tested post admission) who require monitoring - isolate in single room, door closed with Droplet and Contact precautions • If a dedicated toilet is not available in a single room, then a commode must be dedicated to the patient and left in the patient room. • For cohorting of patients refer to Bed Management of Room Allocations for Infectious Patients QRG
<p>Door</p>	<p>Must remain closed. Complete COVID log sheet (AD24.2) for all staff and visitors entering room (to assist with any contact tracing) as per COVID-19 Negative Pressure, Single Room Log Sheet QRG (Western Health Forms database ID number AD24.2)</p>
<p>Outside room / bed area</p>	<p>Adequate supply of hand rub, disinfectant wipes, surgical masks with visors, P2/N95 masks for aerosol generating procedures, gloves, eye protection (goggles/face shield), plastic apron and long sleeve gowns</p>

<p>Transmission Based Precautions</p> <p>WH PPE Guideline and Append A: PPE Conservation Strategy Risk Matrix & Room Allocation QRG</p>	<ul style="list-style-type: none"> • Refer to Western Health PPE Guideline, COVID-19 PPE Tiers Poster and Appendix A Risk Matrix QRG • Complete COVID-19 Negative Pressure, Single Room Log Sheet QRG (Western Health Forms database ID number AD24.2) on microsite for each person entering and exiting room for contact tracing purposes for all suspected and confirmed COVID-19 cases • Airborne and contact precautions required for aerosol generating procedures as per Appendix A Risk Matrix PPE Guideline • For ICU patient specific management refer to specific section below “Care of critically ill patients in ICU” • Automated alerts for isolation order on EMR (Contact and Droplet +/- Airborne) with test ordering • Check the COVID-19 Infectious Risk alert on EMR (Suspected, Confirmed, Close or Casual Contact) refer to EMR COVID-19 Infection Risk QRG on microsite if not yet placed on EMR. Add alert if missing.
<p>Signage</p>	<p>PPE Posters on display outside Class N negative pressure rooms, single rooms or cohorted areas as per Appendix A Risk Matrix in PPE Guideline QRG and (S) Suspected or (C) Confirmed PPE Posters</p>
<p>Gloves</p>	<p>On entering the room, perform hand hygiene before and after glove usage and change gloves between episodes of care as per 5 Moments for hand hygiene</p>
<p>Gown</p> <p>All QRG documents listed can be accessed on Microsite</p>	<p>As per WH PPE Guidelines - Appendix A Risk Matrix and COVID-19 PPE Tiers Poster</p> <p>For suspected and confirmed COVID -19 (plus CPO, <i>C. auris</i> and infective gastro) a long sleeved isolation gown (water resistant or cloth with plastic apron) entering the room</p> <ul style="list-style-type: none"> • For confirmed and suspected COVID-19 cases including those undergoing listed high risk AGPs • Long sleeved isolation gowns can be worn between patients in designated areas for COVID-19 with a plastic apron with numbers of confirmed patients. Plastic apron is changed between patients, gloves changed with hand hygiene. Gloves should not be cleaned with alcohol hand rub. • Long sleeved isolation gowns can be worn between patient rooms if cohorted according to their COVID-19 status with a plastic apron and not on other transmission precautions. Plastic apron should be changed between patients. • Discard long sleeved disposable isolation gowns after use into designated collection containers if not visibly soiled for potential state wide decontamination process • If a cloth long sleeve isolation gown is worn, a plastic apron must be worn as these gowns are not water resistant. • Isolation gowns are not to be worn outside of clinical areas (i.e. between wards, in reception areas or in tea rooms)
<p>Goggles / Face Shield</p> <p>All QRG documents listed can be accessed on Microsite</p>	<p>Eye protection is required if surgical mask does not have visor and for all P2/N95 masks as well as for standard precautions – PPE Face Shield Use During COVID-19 Pandemic QRG and COVID-19 PPE Tiers Poster</p> <ul style="list-style-type: none"> • Full face shields will be provided to all staff for personal use – reusable and cleaned prior to donning and doffing • Safety goggles are available for those experiencing issues using face shields • Eye protection must provide side protection. • Personal spectacles are insufficient for protection. • Prescription safety goggles that wrap around the eye are acceptable

<p>Masks</p> <p>All QRG documents listed can be accessed on Microsite</p>	<p>As per WH PPE Guideline COVID-19 PPE Tiers Poster and Appendix A Risk Matrix & Room Allocation</p> <ul style="list-style-type: none"> • Refer to the COVID-19 PPE Tiers poster for each Tier specific requirements • All staff must wear (at a minimum) a level 1 or type 1 surgical mask while at work with eye protection (Tier 1PPE). This now includes non-public facing staff. Cloth masks are not to be worn within the health service by staff, visitors or contractors. Surgical masks are available at all screening entry points. • Acute respiratory assessment clinics – are to wear surgical masks for all patient interactions with eye protection (Tier 2 PPE). • Surgical masks with eye protection are to be worn in controlled areas with a person who is suspected or confirmed to have COVID-19 for limited patient contact, for short episodes of care (Tier 2 PPE) • All healthcare workers in high-risk areas – open design intensive care units (ICU), emergency departments (ED), designated Coronavirus (COVID-19) wards are to wear P2/N95 respirator masks with eye protection (Tier 3 PPE) • P2/N95 Respirator (mask) required for ALL listed high risk aerosol generating procedures (AGPs) on suspected COVID-19 cases • P2/N95 Respirator (mask) with vents should not be worn as whilst this may protect the wearer, these do not protect those around the wearer • Staff must perform 'Fit Check' on each P2/N95 mask worn prior to entering the Class N negative pressure room / single room / cohorted bay P2/N95 Respirator mask Principles of Fit Checking QRG and training video • Male staff should be aware that facial hair will impact on ability to create an effective seal with fit checking – Facial hair and mask fit poster on PPE P2/N95 mask microsite • Surgical mask with Full-face shield or safety goggles for eye protection for all other routine direct care in confirmed and suspected COVID cases not requiring AGP outside of designated COVID-19 areas. • Masks to be worn continuously between patients until breaks or home. Masks are then discarded into clinical waste bins in clinical areas or general waste in non-clinical areas and hospital entrances. <p>Patient Masks – in clinical inpatient and outpatient areas, communal waiting areas and during transportation, it is recommended that patients wear a surgical face mask if this can be tolerated.</p> <p>A face mask should not be worn by patients if there is potential for their clinical care to be compromised (for example, when receiving oxygen therapy via a mask). A face mask can be worn until damp or uncomfortable.</p> <p>Visitor Masks – all visitors who enter Western Health sites will be provided with a surgical mask to wear for the duration of their visit. Cloth masks are not to be worn by visitors or support people due to unknown hygiene practices with personal masks.</p> <p>Visitation Factsheet QRG</p>
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<p>Fit checking</p> <p>All QRG documents listed can be accessed on Microsite</p>	<p>Fit checking is the process of ensuring a P2/N95 respirator achieves a good seal once it has been applied and should occur each time a respirator is donned, even if fit testing has previously been undertaken – refer to P2/N95 Principles of Fit Checking QRG and expert training video of process on microsite PPE section</p> <p>HCWs must perform fit checks every time they put on a P2/N95 respirator to ensure a facial seal is achieved.</p> <p>HCWs who have facial hair (including 1–2 day stubble) must be aware that an adequate seal cannot be achieved between the P2/N95 respirator and the wearer’s face. The wearer must either shave or seek an alternative protection.</p> <p>No clinical activity should be undertaken until a satisfactory fit has been achieved. Fit checks ensure the respirator is sealed over the bridge of the nose and mouth and that there are no gaps between the respirator and face. Western Health has both the traditional ‘Duckbill’ and the new ‘Cupped’ P2/N95 respirator masks. Refer to the specific poster outline the different application of each style masks as cupped ones are put on with a different technique.</p> <p>The procedure below outlines fit checking for the ‘Duckbill’ style:</p> <ol style="list-style-type: none"> 1. Placement of the respirator on the face so the top rests on your nose and the bottom is secured under your chin. 2. Placement of the top strap or ties over the head and position it high on the back of the head. 3. Pull the bottom strap over your head and position it around your neck and below your ears. 4. Place fingertips from both hands at the top of the nosepiece. Using two hands, mould the nose area to the shape of your nose by pushing inward while moving your fingertips down both sides of the nosepiece. 5. Checking the negative pressure seal of the respirator by covering the filter with both hands and inhaling sharply. If the respirator is not drawn in towards the face, or air leaks around the face seal, readjust the respirator and repeat process, or check for defects in the respirator. 6. Always refer to the manufacturer’s instructions for fit checking of individual brands and types of P2/N95 respirator. <p>A fit checking escalation process for poorly fitting respirator masks is being developed and will be available on the microsite.</p>
<p>Staff / Visitor room log</p>	<p>Completed outside of room/bay/zone for all persons entering and exiting the room for contact tracing purposes. COVID-19 Negative Pressure, Single Room Log Sheet QRG (Western Health Forms database ID number AD24.2)</p>
<p>Case movement and transfers</p> <p>All QRG documents listed can be accessed on Microsite</p>	<p>Aerosol generating procedures should be avoided where practical. All procedures and investigations (including portable C-Xray) should be carried out in the patient’s room, with exception of AGPs which should be performed in a Class N negative pressure room whenever possible or single room with door closed – refer to PPE Guideline and Appendix A Risk Matrix for further guidance as well as Medical Imaging – General X-ray on suspected or confirmed COVID-19 inpatients and ED patients QRG</p> <p>When transfer for clinical procedures is clinically required, the receiving area must be notified ahead of the transfer (i.e. CT Radiology) – Medical Imaging – COVID-19 Medical Imaging Department QRG.</p> <p>Transfers to other healthcare facilities (internal or external) should be avoided unless it is necessary for medical care. The receiving facility Infection Prevention Unit, the receiving ward or AHA must be notified prior to transfer as well as Ambulance Victoria or Medical transport. Ambulance Victoria have their own transporting guidelines for COVID-19.</p> <p>In clinical areas, communal waiting areas and during transportation, it is recommended that suspected or confirmed COVID-19 patients wear a surgical face</p>

	<p>mask if this can be tolerated. The aim of this is to minimise the dispersal of respiratory secretions, reduce both direct transmission risk and environmental contamination.</p> <p>A face mask should not be worn by patients if there is potential for their clinical care to be compromised (for example, when receiving oxygen therapy via a mask). A face mask can be worn until damp or uncomfortable. Transporting of Patient and Handling of Personal Belongings for Suspected or Confirmed COVID-19 QRG and Patient Management Transit Routes FH or SH Internal Pathways of Travel QRGs</p> <p>Staff transporting patient wear the appropriate PPE transmission precautions that the patient is being managed in, based on risk assessment matrix and ability of patient to wear surgical mask</p> <ul style="list-style-type: none"> • Ventilated patients should be managed in Airborne + Contact precautions due to accidental disconnection risks. • No high-flow or non-invasive ventilation is to be in use for patient transports due to high risk of aerosol generation on route with potential environmental contamination risks and within confined spaces such as lifts– face mask with rebreather bag should be used.
Role of Ambulance Victoria	<p>Ambulance Victoria may be activated by the department to transport persons under investigation and suspected cases of COVID-19 from a port of entry, general practice or other setting to an emergency department, as required.</p> <p>When transfer of a patient is required, the department's Communicable Diseases Section (1300 651 160) will coordinate the transfer with Ambulance Victoria. Ambulance Victoria's State Health Commander or delegate will liaise with the general practice or setting directly to coordinate the transport of the patient to the emergency department.</p>
Clinical transport services (non-critical)	<p>Clinical transport staff are to screen all passengers for risk of COVID-19 and are not permitted to transfer patients who are suspected or confirmed COVID-19, a close contact or returned traveller in quarantine or have respiratory symptoms.</p> <p>Apply physical distancing (1.5 metres). Place client in the rear of the vehicle. A mask is not required by the driver or the passenger.</p>
Transferring patient home with family member	<p>For those patients following testing in ED or discharged following admission for COVID-19 infection. Driver and patient to wear a surgical mask. Patient must remain in home isolation/quarantine until advised by the department.</p>
Clinical Equipment Cleaning All QRG documents listed can be accessed on Microsite	<p>Nurses are responsible for cleaning of patient equipment</p> <ul style="list-style-type: none"> • Minimise equipment in the patient room • Use dedicated equipment where possible • Wear appropriate PPE whilst cleaning clinical equipment as per Appendix A PPE Guideline Risk Matrix & Room Allocation • Use disinfecting wipes to clean equipment ensuring they are sufficiently wet – 1 wipe for each piece of small equipment to ensure there is sufficient wetness of the wipe to clean and not cross contaminate. • Use additional wipes for large equipment • Clean in 'S' shaped pattern from clean to dirty ensuring no wiping over of a previously cleaned area. • Allow to air dry (allow minimum of 1-minute contact time for the surface to dry and be disinfected) • Place on green 'Clean' tag (dated) to indicate item cleaned.
Environmental cleaning and disinfection	<p>Nursing staff are to advise and support the PSA's or Environmental staff in knowing what PPE is required to be worn dependant on below. Wear appropriate PPE whilst cleaning clinical equipment as per PPE Guideline, COVID-19 PPE Tiers Poster and Appendix A Risk Matrix & Room Allocation</p>

<p>All QRG documents listed can be accessed on Microsite</p>	<ol style="list-style-type: none"> Surgical mask, full face shield, long sleeved isolation gown and gloves should be used during any cleaning and disinfection of any suspected COVID-19 patient Surgical mask, long sleeved isolation gown, full face shield and gloves should be worn during routine cleaning of any confirmed COVID positive patient if an aerosol generating procedure has not occurred within 30 mins prior to cleaning P2/N95 mask, long sleeved isolation gown, full face shield and gloves should only be worn for cleaning of any confirmed or suspected COVID patient if a high-risk aerosol generating procedure has occurred within 30 mins prior to cleaning There is no need to leave a room to enable the air to clear after a patient has left the room unless there was an AGP performed. Cleaning can still be undertaken with Tier 3 PPE <p>Patient isolation room should be cleaned at least once daily and following any aerosol generating procedure or other potential contamination. Particular attention should be given to</p> <ul style="list-style-type: none"> All horizontal surfaces Door handles Call bell Bed rails Bedside phone IV poles etc <p>Shared bathrooms should be cleaned 3 times per day (each shift)</p>
<p>Handling of Equipment</p>	<p>Ideally, dedicate equipment to individual patient use. Clean as per above. Discard any item that cannot be cleaned</p>
<p>Linen</p>	<p>Linen skip in the patient room / bed area. Bag linen inside the patient room. Ensure wet linen is double bagged and will not leak.</p>
<p>Waste</p>	<p>All waste to be treated as clinical waste. Clinical waste to be disposed of in the usual manner. Clinical waste bags should not be clipped to side of PPE isolation trolley's to prevent cross contamination of clean PPE.</p>
<p>Meal Trays All QRG documents listed can be accessed on Microsite</p>	<p>There is no requirement for additional infection prevention measures. Trays do not require bagging nor is disposable crockery or cutlery required.</p> <p>Routine thermal washing in kitchen is sufficient and kitchen routine food safety precautions are sufficient. Food Services – Meal ordering using CBOARD Patient App QRGs</p>
<p>Discharge Cleaning All QRG documents listed can be accessed on Microsite</p>	<p>For routine <u>terminal cleaning procedure with 'Actichlor plus'</u> there has been a change to the concentration to preserve stock of Actichlor to 1000ppm for all terminal cleaning except for confirmed Candida auris patients where 5000ppm must be used - Terminal Cleaning QRG</p> <ol style="list-style-type: none"> Surgical mask, full face shield, long sleeved isolation gown and gloves should be used during terminal cleaning and disinfection of any suspected COVID-19 patient P2/N95 mask, long sleeved isolation gown, full face shield and gloves should be worn for terminal cleaning of any confirmed or suspected COVID patient if a high-risk aerosol generating procedure has occurred within 30 mins prior to cleaning There is no need to leave a room to enable the air to clear after a patient has left the room unless there was an AGP performed. Cleaning can still be undertaken with Tier 3 PPE

	<ol style="list-style-type: none"> 4. Staff must perform '<u>Fit Check</u>' on each P2/N95 respirator (mask) worn prior to entering the negative pressure room if AGP performed as above. Fit checking training video on PPE section of microsite 5. Adequacy of cleaning is to be audited with UV markers by the Environmental services Department (ESD managers) as required.
Management of blood products Blood Product Shortages during COVID-19 QRG	<p>COVID-19 management of blood products:</p> <ul style="list-style-type: none"> • Fresh blood products (RBC, platelets, FFP and cryoprecipitate) come in a semi-permeable bag that cannot be wiped over with alcohol or other antiseptics. • Blood products that go into the rooms of patients in isolation, cannot be returned to the laboratory or blood fridge. They will need to be appropriately discarded as contaminated waste. The laboratory must be made aware this has happened to update records appropriately. • Laboratory staff will check the status of the patient if any blood product is returned to the laboratory. <p>Suspected or confirmed transfusion reactions:</p> <ul style="list-style-type: none"> • For any patient in isolation or at risk of COVID-19 blood bags and/or giving sets must not be returned to the laboratory for testing after a suspected or confirmed transfusion reaction. They should be appropriately discarded as contaminated waste.
Respiratory Therapy All QRG documents listed can be accessed on Microsite	<ul style="list-style-type: none"> • For COVID-19 (confirmed or suspected) patients requiring non-invasive ventilation (CPAP, BiPAP) Safe use of respiratory therapy to minimise AGP QRG with approval process detailed • Nebuliser therapy should be discouraged where practical with use of Spacers as the safest option to reduce risk of infective aerosols being dispersed into the air and onto environmental surfaces – refer to Nebuliser – Spacer Usage for Metered Dose Inhaler Therapy QRG
Testing Requirements for COVID-19 All QRG documents listed can be accessed on Microsite	<p>Refer to the following QRGs for testing requirements:</p> <ul style="list-style-type: none"> • How to collect swabs for SARS-CoV2/COVID-19 PCR testing • COVID-19 PCR testing priority (Clinical Guideline) for rapid PCR and fast track testing with required criteria for such testing and WH approval process
Code Blue and Met Calls for deteriorating patients All QRG documents listed can be accessed on Microsite	<p>A series of deteriorating patient system QRGs have been developed to assist with pre-symptomatic, suspected or confirmed COVID-19 patients</p> <ul style="list-style-type: none"> • Deteriorating Patient Systems - Flow chart – Modifications to the Adult ALS algorithm during COVID-19 • Deteriorating Patient Systems - Flow chart Adult BLS during COVID-19 • Deteriorating Patient Systems – Q&A – Modifications to Adult BLS algorithm during COVID-19 • Deteriorating Patient Systems - Flow chart – CCU staff responding to MET and call for help during COVID-19 • Deteriorating Patient Systems –Q&A – CCU staff responding to MET and call for help during COVID-19 • Deteriorating Patient Systems – PPE guidance poster for ALL Adult Code Blue activations during COVID-19 period
Medical Records/ Patient Charts	<p>Standard precautions apply to the management of all patient charts/ medical records. No patient charts / records are to be left in the patient rooms.</p> <p>HCWs should not perform any documentation, either paper based or electronic, without first removing PPE and performing hand hygiene. Facilities that utilise</p>

	<p>electronic systems are to ensure shared computer equipment can be cleaned and disinfected between patients.</p> <p>There is no requirement to quarantine medical records prior to returning to health information services.</p>
<p>PPE Conservation Strategies</p> <p>All QRG documents listed can be accessed on Microsite</p>	<p>In order to ensure ongoing supplies of available PPE Western Health will be implementing conservation strategies for all PPE supplies to ensure there is sufficient stock available for high risk patients and doesn't lead to no PPE being available. Refer to the role of the PPE team in ensuring supplies PPE – Critical Stores Process QRG</p> <p>Please refer to the Western Health COVID-19 Personal Protective Equipment Guideline as PPE recommendations may change due to stock issues.</p> <ul style="list-style-type: none"> • All staff should wear short sleeves (above the elbow), no watches, wrist jewellery, no nail enhancements and single plain ring to facilitate hand hygiene at all times to reduce risk to self • Hand hygiene should be done to the elbow if plastic aprons used and is good practice in current times to protect staff • Staff providing care for other infectious patients requiring precautions will need to have a plastic apron if providing direct care where there is risk of contamination to clothing • CPO's, Candida auris and infectious gastro only patients, will continue to have contact precautions (long sleeve isolation gown and gloves) • Airborne precautions will continue for Measles, Chickenpox, disseminated Shingles and TB – staff with documented immunity to Measles or Chickenpox do not need to wear P2/N95 respirator masks for Measles, Chickenpox or disseminated Shingles • Restrict numbers of medical and allied health staff attending patient on round – 1 key person • Bundle nursing care where able to maximise patient care and PPE usage • Extended P2/N95 mask wear as required until mask damp or going on break • Reusable full face shields are available to be worn by all Western Health staff to protect masks, colleagues and self with cleaning before donning and after removal • Refer to Scrubs: Management of Personal and Hospital Provided Work Clothes and Stay Safe – Work Clothes QRGs
<p>COVID19 Screening tools</p> <p>All listed tools can be accessed on Microsite</p>	<p>Several screening tools are available to assist with risk assessment of patients at risk of COVID-19 presentations</p> <ul style="list-style-type: none"> • COVID-19 Medical History and Infectious Screening tool (form AD24.1) • COVID-19 Outpatient Screening tool (form AD24.4) • JKWC COVID-19 Infection Prevention Status Screening tool (form AS24.3)

<p>Care of critically ill patients in ICU</p> <p>ICU engineered to be negative pressure environment</p> <p>WH ICU local guideline</p> <p>Refer to PPE - WH COVID-19 PPE Guideline for list of AGPs on Microsite and Appendix B Risk Matrix for PPE requirements</p>	<p>Patients who require admission to ICU with severe COVID-19 are likely to have a high viral load, particularly in the lower respiratory tract. All staff to wear a P2/N95 respirator mask a full face shield within ICU except for breaks to protect colleagues and self. Refer to COVID-19 Tiers Poster for specific Tier 3 PPE requirements</p> <p>Airborne and Contact Transmission Based Precautions</p> <ul style="list-style-type: none"> Used in all open designed ICUs where suspected or confirmed COVID-19 or is in quarantine, or where history cannot be obtained patients are cohorted where frequent, prolonged episodes of care are provided COVID-19 PPE Tiers poster Undergoing high risk AGPs as per WH COVID-19 PPE Guideline – list of high risk AGPs and Appendix A Risk Matrix Where suspected or confirmed COVID-19 patients are cohorted and there is risk of unplanned AGPs and/or aerosol generating behaviours (screaming, shouting, yelling, singing or abusive) Whilst McMonty Hood minimises the risk, Tier 3 PPE is still an inherent requirement for open designed ICU/open pods. P2/N95 Respirator mask (must be Fit checked each time applied) P2/N95 Respirator Mask – Principles of Fit Checking QRG. An air-tight seal may be difficult to achieve for people with facial hair with P2/N95 mask. If a tight seal cannot be achieved with fit checking, facial hair should be removed. Goggles / full face shield for eye protection Theatre cap may be worn Long sleeved isolation gown fully tied up at the back Gloves that extend over cuff of gown Requires ongoing compliance with 5 Moments in hand hygiene with glove usage Increased cleaning of all attached patient equipment in bay and desk by nursing staff with Green Clinell Extended use of P2/N95 respirator masks may be required whereby staff will need to wear masks for several hours without doffing. Staff should be educated not to touch their face or mask except in doffing Complete COVID-19 Negative Pressure, Single Room Log Sheet QRG (Western Health Forms database ID number AD24.2) for all people who enter the bay into the patient zone Complete for all people who enter bay / negative pressure room Ensure separate workflow practices in anteroom with clearly defined CLEAN and DIRTY sections No personal items, bags or devices to enter the anteroom / bays Minimise items stored at desk / computer area and clean down frequently keyboards, mouse, pens and station regularly
<p>Care of critically ill patients in ICU Cont.</p>	<p>Training in the use of PPE</p> <ul style="list-style-type: none"> ICU staff caring for patients with COVID-19 (or any other potentially serious infectious disease) should be trained in the correct use of PPE, including Fit Checking (training video on microsite) Use of ‘buddy’ or ‘spotter’ reinforced to observe PPE donning, fit checking of P2/N95 mask and doffing Visual cues with donning and doffing posters for staff to follow sequencing As this is an evolving situation PPE requirements may change. <p>Refer to specific ICU management QRGs on the microsite for additional guidance.</p>

<p>Care of the deceased</p> <p>Refer to Care of the Deceased Patient with Suspected or Confirmed COVID-19 QRG</p>	<p>For all suspected or confirmed COVID-19 patients who are deceased, the same level of infection prevention and control precautions should be used for the management of a deceased person as were used before their death.</p> <p>As such, droplet and contact precautions should be used when handling deceased persons for whom COVID-19 infection is suspected or confirmed.</p> <p>Additional precautions may be required, for example airborne and contact precautions, if conducting an autopsy. This will be dependent upon the risk of generation of aerosols.</p> <p>Refer to Care of the Deceased Patient with Suspected or Confirmed COVID-19 QRG for further guidance on the following key requirements:</p> <ul style="list-style-type: none"> • immediate care following death • NOK interaction and spiritual cultural requirements • removal of jewellery for family • preparation of the body • post mortem examination • clarification of COVID-19 status by the treating medical staff member • medical notification of death of confirmed COVID-19 result to DHHS urgently by calling 1300 651 160 • transfer of the deceased (positive or suspected COVID-19) to the mortuary • preparation to release the deceased (positive or suspected COVID-19) to funeral director • release of the deceased (positive or suspected COVID-19) to a funeral director • washing the deceased's clothes and personal bed linen
<p>Specific at Risk Groups Information</p> <p>All QRG documents listed can be accessed on Microsite</p>	<ul style="list-style-type: none"> • Aboriginal Health – DHHS Aboriginal patients accessing public health services brochure • Aboriginal Guidelines – DHHS Access to food and essential supplies brochure • Aboriginal Guidelines – DHHS Physical distancing, protecting yourself and your family brochure • Aboriginal Guidelines – Testing Aboriginals and Torres Strait Islander Victorian brochure • Visitor Restrictions – Newborn Services QRG • Visitor Factsheet • Vulnerable Staff QRG • Vulnerable Staff Member in the Workplace Screening Form
<p>Primary Care/ Ambulatory Care/ Outpatient Settings</p>	<p>All patients should be screened for COVID-19 risk factors prior to any appointments in these settings. If assessed as low or no risk for COVID-19 PPE is not required; standard precautions apply for all examinations.</p> <p>If at risk or suspected or confirmed to have COVID-19, wherever possible, appointments should be deferred until recovered or no longer at risk (for example, quarantine period is complete). If the appointment cannot be deferred, place a mask on the patient (if tolerated) and immediately place them into a single room. Use the following PPE:</p> <ul style="list-style-type: none"> • Surgical mask • Eye protection (Face shield, safety goggles) • Long sleeved isolation gown • Gloves
<p>Individuals Homes (HCWs providing</p>	<p>All patients should be screened for COVID-19 risk factors prior to attending an individual's home. Refer to COVID-19 PPE Tiers Poster on PPE section of microsite for specific PPE requirements based on initial risk assessment.</p>

<p>clinical care, social services staff)</p>	<p>If able to maintain physical distancing and providing non-contact care where the client or household is cleared, NOT suspected or confirmed to have COVID-19 and NOT in quarantine - Tier 1 PPE</p> <ul style="list-style-type: none"> • Surgical mask and eye protection • Hand hygiene <p>If providing direct care of a confirmed or suspected COVID-19 in home isolation/quarantine and unable to physically distance whilst providing care involving touching the client, contact with blood or body fluids - Tier 2 PPE</p> <ul style="list-style-type: none"> • Surgical mask • Eye protection (Face shield, safety goggles) • Long sleeved isolation gown • Gloves • Hand hygiene products such as alcohol-based hand rub or hand wipes should be available. <p>In community settings in an uncontrolled environment with suspected or confirmed client or household members AND there is exposure to aerosol generating behaviours such as yelling, screaming, shouting or abusive behaviour – Tier 3 PPE</p> <ul style="list-style-type: none"> • P2/N95 respirator mask with fit check prior to entering house • Eye protection (Face shield, safety goggles) • Long sleeved isolation gown • Gloves • Hand hygiene products such as alcohol-based hand rub or hand wipes should be available.
<p>Clinical Guidelines All Clinical Guidelines can be accessed on Microsite</p>	<p>A suite of clinical guidelines have been developed to assist in clinical management of suspected or confirmed COVID-19 patients.</p> <ul style="list-style-type: none"> • COVID-19 Patient Management • Allied Health • Ambulatory Care and HITH • Community Health • Critical Care • Diagnostic Services • Drug Health Services • Emergency Medicine • Nursing • Sub Acute Medicine • Surgical and Procedural • Women's and Childrens <p>Dedicated information and resources are also available on the microsite for Doctors, Nurses and Midwives as well as other clinical staff.</p>
<p>External Contactors</p>	<ul style="list-style-type: none"> • All contractors presenting to Western Health undergo symptom screening as part of sign on at designated entry points • Contact details are collected via the computer booth with information held by Engineering which can be used for contact tracing purposes if required. • Refer to Visitation guidance factsheet for contractors visiting Western Health QRG for PPE, social distancing and hand hygiene requirements
<p>Visitor Screening on entry points</p>	<ul style="list-style-type: none"> • All visitors are screening on entry points across Western Health by Security

<p>Refer to WH Visitation Factsheet and Contact Tracing QRGs</p>	<ul style="list-style-type: none"> • Visitors are logged against the patient being visited details and provide a contact mobile phone number, time of visit and time of exit which can be used for contact tracing purposes if required. • Sunshine – the previous 7 days log sheets are held in JKWC Security Office and collected each Monday AM to be filed in the Security Coordinators office • Footscray and Williamstown – screened at front entrance only and records held at main security office until Monday (weekly) when sent to be filed in the SH Security Coordinators office
<p>Physical Distancing Requirements All QRG documents listed can be accessed on Microsite</p>	<p>Physical distancing is to be practiced within clinics and wards, between staff, patients and visitors.</p> <p>These principles may be applied more broadly in any workplace setting. This includes:</p> <ul style="list-style-type: none"> • Waiting room chairs separated by at least 1.5 metres • Direct interactions between staff conducted at a distance • Staff and patients to remain at least 1.5 metres apart with the exception of clinical examinations, procedures and nursing care • Hospital cafeterias may only provide takeaway choices • In residential care settings, communal activities may still proceed as long as physical distancing is practiced. This may mean smaller groups offered more frequently. <p>Refer to Keeping safe at work during COVID-19 QRG</p>
<p>Mobile phone usage</p>	<p>Mobile phones should not be used whilst wearing PPE. Mobile phones should be placed into a plastic zip lock bag at commencement of shift and the outer surface cleaned down after each use. Alternatively, a fully encased protective cleanable (non-porous) cover can be used which is wiped down after each use and before leaving work.</p>
<p>Healthcare workers screening All QRG documents listed can be accessed on Microsite</p>	<p>HCWs should only attend work if they are well. Prior to going to work each day, HCWs should consider whether they feel unwell and should take their own temperature. Daily attestations by staff are required to be collected by DHHS that staff are in good health prior to commencing work, are free of any COVID-19 symptoms and are not known close contacts of close contacts of COVID-19 positive cases (accept with appropriate PPE at work) refer to Western Health staff COVID-19 symptom self-screening factsheet QRG and Daily Staff Symptom Attestation log sheet on microsite</p> <p>Staff are required to report to their manager if they have any of the following symptoms prior to starting work or at any time while at work:</p> <ul style="list-style-type: none"> • Temperature higher than 37.5 degrees Celsius • Symptoms of acute respiratory infection, such as cough, sore throat, shortness of breath, runny nose, or anosmia or other signs outlined at in the current Chief Health Officer's case definition on the microsite.
<p>Self-isolation / Self-quarantine</p>	<p>Any HCW who has implemented the recommended infection prevention precautions, including the use of recommended PPE, while caring for a suspected or confirmed case of COVID-19, is not considered to be a close contact.</p> <p>However, if a HCW develops symptoms consistent with COVID-19, they should self-isolate and seek appropriate medical care including testing. Testing is preferred to be undertaken at Sunshine respiratory assessment clinic as tests for HCWs will be treated as fast tracked. All HCWs with fever or symptoms of acute respiratory infection should be tested for COVID-19, as per the testing criteria.</p>

	<p>HCWs are required to self-quarantine for 14 days after overseas travel and after being identified as a close contact with a confirmed case of COVID-19 without the use of appropriate PPE.</p>
<p>Healthcare worker or patient exposure and contact tracing</p> <p>All QRG documents listed can be accessed on Microsite</p>	<p>All staff entering a confirmed or suspected COVID-19 negative pressure, single room or designated area are required to complete the COVID-19 Negative Pressure, Single Room/Bay Log Sheet QRG (Western Health Forms database ID number AD24.2) on microsite when entering and exiting room/bay/area for contact tracing purposes.</p> <p>Western Health encourages all staff to download the Australian Government COVIDSafe app to allow for prompt identification of potential community exposure for prompt isolation and testing if contacted via the app process by a public health official from a positive contact.</p> <p>Contact tracing is a method of rapidly identifying and isolating all individuals who have been in close contact with a COVID-19 positive case. Contact tracing identifies all individuals, such as patients, staff and visitors who have had close contact with the index case from 24 hours prior to onset of symptoms until when droplet and contact transmission based precautions were instigated.</p> <p>Contact tracing is undertaken because individuals who meet the close contact definition are considered at risk of developing COVID-19. Through identification and isolation of close contacts the organisation can minimize the risk of COVID-19 transmission and ensure prompt medical review if the close contact becomes symptomatic. Such exposures to staff or patients are reported to DHHS at the time identified who will require updating on the status of the exposure and steps taken. Contact tracing staff make recommendations to all close contacts in relation to their need to isolate, seek testing and/ or medical evaluation.</p> <p>Contact tracing should be commenced when a patient or staff member has attended a Western Health site before they were known to be infectious with COVID-19.</p> <p>Contact tracing does not need to occur in suspected COVID-19 cases.</p> <p>Close contact', as defined by the DHHS is:</p> <ul style="list-style-type: none"> • face-to-face contact for more than 15 minutes or • sharing a closed space for more than two hours <p>with a confirmed case of coronavirus disease (COVID-19) during their infectious period without wearing of appropriate PPE or if there is identified a PPE breach. The time is determined from a single or cumulative exposure.</p> <p>If an individual was wearing personal protective equipment (PPE) which aligns with PPE COVID-19 guidance during contact with the index case they are not considered a close contact but are deemed a casual contact and no contact is required.</p> <p>Refer to the COVID-19 Contact Tracing QRGs on the microsite for escalation process when a potential exposure risk has occurred.</p> <p>Initial phone contact details to Infection Prevention on notification of asymptomatic patient or pre-symptomatic staff member testing positive to COVID-19</p> <p>A dedicated phone number for the Infection Prevention contact tracing team has been set up for managers or AHA to contact in order to initiate a risk assessment for potential exposure with a positive COVID-19 result, from a patient who was asymptomatic or pre-symptomatic and therefore not being nursed in COVID-19</p>

	<p>transmission based precautions PPE. This may also apply to a staff member who has worked pre-symptomatic and subsequently tests positive.</p> <p>Phone: 83456113 press option 4 for contact tracing team or via Switch. Contact tracing team available until 2130 hrs. After 2130hrs Infectious Diseases on call.</p>
HCW Clearance	<p>If a HCW is identified as a confirmed case of COVID-19, they must not return to work until they are advised by DHHS that they meet return to work criteria.</p>
COVID -19 Staff Clinic Enquires Helpdesk	<p>Western Health has a dedicated COVID-19 Staff Enquiries Helpdesk to respond to staff enquiries related to COVID-19.</p> <p>Staff can email or call the Helpdesk directly with questions about onset of COVID-19 symptoms, exposures to COVID-19 in the community or home, testing criteria or clinic information. Managers can also contact the Helpdesk team to seek advice about COVID-19 related matters impacting their staff. Please note, staff confidentiality will be maintained at all times.</p> <p>Contact information: Email is recommended as the first point of contact where possible. Emails will be responded to within 24 hours.</p> <p>Email address: whscovid-19staffclinicenquiries@wh.org.au</p> <p>Telephone contact: via Switch 8345 6666, choose option 1 for COVID – then request Staff Enquiries Helpdesk.</p> <p>Hours of operation: Monday to Sunday, 8am to 4.30pm</p>