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<b>Title:</b> 'NNTP' Specific Covid-19 Virus SOP <b>Version 3.</b>	Reviewed Date	<b>8 April 2020</b>



### **'NNTP' Specific Covid-19 Virus SOP**

- As the advice and directions from the HSE relating to the Covid-19 Virus are being regularly updated, the specific management of a suspected /confirmed Covid-19 patient will be led by the duty NNTP consultant, on a case by case basis. (The latest guidance from the Health Protection Surveillance Centre (HPSC) for healthcare works, is available on [www.hpsc.ie](http://www.hpsc.ie)).
- The NAS Critical Care Services (NASCCRS) agreed guideline updated on the 08/04/2020 and printed below, serves as general guidance for the NNTP, including PPE and decontamination advice.
- Appropriate PPE is available for NNTP teams on all Critical Care Vehicles and is checked by the NAS EMT/Operative as part of the vehicle daily inspection check list.
- On completion of the transfer of the patient to the ICU team's care, the decontamination process is ideally completed there, as outlined in the NASCCRS guideline.



## Interim Infection Prevention and Control Precautions for Possible or Confirmed 2019 novel Coronavirus (2019 nCoV)

**\*(Updated 8/04/2020)\***

**Teams will respond to requests for service as usual for patients meeting threshold of Critical Care and are accepted into an ICU.**

Has the NAS Screening Tool already been applied to referral? If no, you must enquire into the following:

### **Possible case**

- Recent onset of fever or chills and/or signs or symptoms of respiratory tract infection, which includes cough: **Or**
- Contact (>15 min face-to face contact at < 2metres distance) with a confirmed case of COVID-19: **Or**
- Infant of mother with suspected / Confirmed Case of Covid 19

### **Probable case**

- A possible case for whom testing for 2019- nCoV is inconclusive (the result of the test reported by the laboratory) or for whom testing was positive on a pan-coronavirus assay.

### **Confirmed case**

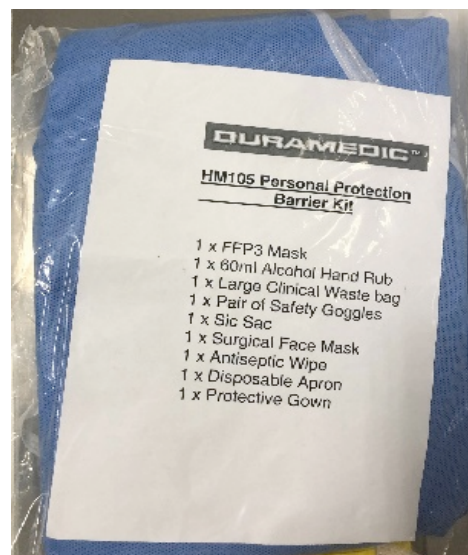
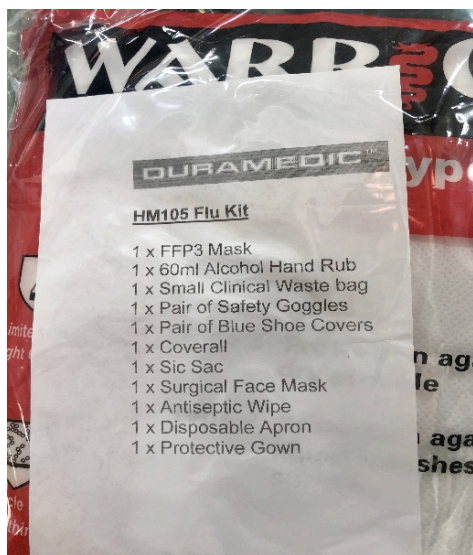
- A patient with laboratory confirmation of 2019-nCoV infection, irrespective of clinical signs and symptoms

**If these conditions are met, at any stage throughout the transport process, the following policy becomes applicable and must be communicated with all team members involved in the management and movement of the patient and trolley.**

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**PPE equipment available on all NAS-CCRS Ambulances (order in which PPE should be applied)**

1. Alcohol gel
2. Long-sleeved gown +/- shoe covers or Coverall
3. Respiratory protection - FFP3 mask
4. Eye protection Goggles
5. Gloves





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Implement 'Standard Precautions' for infection prevention and control with all patients at all times in addition to Contact and Droplet Precautions, as follows.

Apply PPE in the referring hospital before contact with the patient and referring clinical team.

### PPE:







- Strict Hand Hygiene
- Respiratory & Cough Hygiene
- **NB** Wear PPE as provided **at all times** starting before you enter the patient environment, continuing in the ambulance and until patient handover is completed and you have completed decontamination of the equipment.
- Depending on varying circumstances ( eg level of PPE contamination , patient acuity, travel duration,) it may or may not be appropriate to change PPE when leaving the referral unit .

Putting on PPE		
1. Decontaminate hands		
2. Put on disposable apron/gown		
3. Put on surgical mask or FFP2/3 respirator* as indicated		
For FFP2 or FFP3 respirators:		
Fit Check	A. Place mask over nose, mouth and chin	
	B. Fit flexible nose piece over nose bridge	
	C. Secure on head with elastic	
	D. Adjust to fit	
	E. Inhale – mask should collapse	
	F. Exhale – check for leakage around face	
4. Put on goggles if required - (If goggles fog up, the respirator is not fitted correctly, adjust and repeat fit check)		
5. Put on gloves		

## Interim Infection Prevention and Control Precautions for Possible or Confirmed 2019 novel Coronavirus (2019 nCoV)

### DECONTAMINATION:

- Carefully place all contaminated linen in an alginate bag inside the patient isolation room.
- Disposable equipment should be discarded inside isolation room.
- Move the transport trolley to the ante room if available and wait 20 minutes prior to cleaning trolley and transport equipment (Clearance of any aerosols is dependent on the ventilation of the room. Commonly 12-15 air changes per hour, and so after about 20 minutes there would be less than 1 per cent of the starting level).
- If no anteroom is available, wait in patient room for 20 minutes prior to cleaning the transport trolley and equipment. **NB** Ensure that there is no aerosol generation during this period e.g. disconnection of ventilation circuit, hand bagging patient etc.
- Use a combined detergent disinfectant solution at a dilution of 1000 parts per million available chlorine \* (ppm av.cl.) or a detergent clean followed by disinfection (1000ppm av.cl.) to thoroughly clean the all patient care equipment and transport trolley e.g. Chlor-clean\* or Klorsept. Available within the PICUs.
- Clinell wipes are also acceptable for decontamination.
- Pay special attention to frequently touched sites and equipment close to the patient.
- Clean all transport equipment prior to leaving the anteroom/patient's room.

Removing PPE		
In patient's room	<ol style="list-style-type: none"> <li>1. Remove gloves (avoid touching the outside of the gloves)</li> <li>2. Decontaminate hands</li> <li>3. Remove goggles</li> <li>4. Remove gown or apron (avoid touching the front of the gown/apron)</li> </ol>	   
In ante room or directly outside patient's room. Ensure door is closed	<ol style="list-style-type: none"> <li>5. Remove mask/respirator by breaking the ties. If ties are elastic grasp and lift ties from behind your head and pull off mask/respirator away from your face. Avoid touching the front of the mask/respirator &amp; use ties to discard</li> </ol>	 



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### RETURN TO BASE HUDDLE

- Clinical Team Responsible for decontamination of equipment as above
- NAS EMT/Operative responsible for decontamination of CCV
- There will be a conversation between Clinical Team Leader and NAS EMT/Operative to ascertain whether the equipment is clean and the ambulance is clean before returning to the CCV
- The team will then return to base as normal