Introduction

The Clinical Excellence Commission provides guidance and policies on infection prevention and control to protect patients, health workers and healthcare environments. Rapid guidance is developed in response to emerging risks associated with COVID-19. Please check the NSW Ministry of Health and Clinical Excellence Commission websites regularly for the most up-to-date COVID-19 information.

The purpose of this advice is to respond to questions raised by security staff within healthcare facilities. More detail can be sourced from key NSW and national sources:

- NSW Ministry of Health Infection Prevention and Control Policy PD2017_013
- NSW Infection Prevention and Control Practice Handbook
- National COVID-19 updates – Department of Health and Ageing
- CDNA National Guidelines for Public Health - Coronavirus Disease 2019

A close COVID-19 contact is someone who:

- has had more than 15 minutes of face-to-face contact over the course of a week (in any setting) with a person with confirmed or probable COVID-19 (including in the 48 hours before their symptoms appeared)
- has shared a closed space with a person with confirmed or probable COVID-19 for more than 2 hours (including in the 48 hours before their symptoms appeared)

Security staff within NSW healthcare facilities have requested specific advice regarding their risks with COVID-19. Below are their questions and the responses that are based on relevant evidence and NSW infection prevention and control policies and guidance documents.
1. What PPE is to be worn when in close proximity with an individual outside the hospital but on hospital grounds (e.g. when restraining or escorting off the premises or when enforcing smoking by-laws)?

2. What PPE is to be worn when touching surfaces (e.g. as part of lock up/lock down)?

3. What PPE is to be worn when managing hospital access points?

4. What PPE is to be worn while conducting general patrols within a health campus?

- No specific PPE is required for any of these situations unless in contact with blood or body fluids.
- It is recommended that frequent hand hygiene is performed using alcohol based hand rub or washing with soap and water for 20 seconds at a hand wash basin.
- Care should be taken to avoid touching your face.
- Social/physical distancing should be utilised where practical.
- Shared keys should be cleaned with a disposable cleaning cloth. This should occur before the start of the shift and at the end of each shift.

Standard Precautions

Standard Precautions apply to all patient care and comprise hand hygiene, respiratory hygiene (cough etiquette), PPE if in contact with blood or body substances, occupational exposures prevention, cleaning and disinfection of the healthcare environment and shared equipment, and appropriate waste disposal.

5. What PPE is to be worn routinely while in attendance in a COVID clinic?

- COVID clinics are attended by people who are symptomatic for COVID-19.
- Social/physical distancing should be utilised where practical.
- It is recommended that Contact and Droplet Precautions are applied if in direct contact with patients i.e. when <1.5 metres. This includes surgical mask, plastic apron and eye protection.
- Gloves should be worn during direct contact with patients.
- Staff wearing PPE must complete the My Health Learning training for donning and removal of PPE hosted on the Health Education and Training Institute (HETI) portal.
- It is recommended frequent hand hygiene is performed using alcohol based hand rub or washing with soap and water for 20 seconds at a hand wash basin.
- Care should be taken to avoid touching your face.
6. What PPE is to be worn when restraint of a patient is required?

Patients with suspected, probable or confirmed COVID-19 in hospital will be known. If you are called to a clinical area and restraint is required, the staff will let you know what PPE is required.

It is important to maintain your safety against respiratory droplets by putting on the correct PPE prior to contact with the patient.

Standard Precautions

Standard Precautions apply to all patient care and comprise hand hygiene, respiratory hygiene (cough etiquette), PPE if in contact with blood or body substances, occupational exposures prevention, cleaning and disinfection of the healthcare environment and shared equipment, and appropriate waste disposal.

Contact and Droplet Precautions if in direct contact with patients

<table>
<thead>
<tr>
<th>Suggested Donning Sequence (putting on PPE)</th>
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</thead>
<tbody>
<tr>
<td>1. Apron</td>
</tr>
<tr>
<td>2. Surgical mask</td>
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<tr>
<td>3. Eye protection or face shield</td>
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<tr>
<td>4. Disposable non-sterile gloves when in direct contact with the patient</td>
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</tbody>
</table>

NB: Hand hygiene must be performed before donning gloves

<table>
<thead>
<tr>
<th>Suggested Doffing Sequence (removal of PPE)</th>
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</thead>
<tbody>
<tr>
<td>1. Gloves</td>
</tr>
<tr>
<td>2. Apron</td>
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<tr>
<td>3. Eye protection or face shield</td>
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<td>4. Surgical mask</td>
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</tbody>
</table>

NB: Hand hygiene must be performed after glove removal and between steps if there is a risk of contamination. Avoid touching the face at all times.