

# COVID-19 Infection Prevention and Control Advice for Health Workers

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CLINICAL  
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## Introduction

The purpose of this document is to provide specific and practical infection prevention and control guidance for health workers, healthcare students and volunteers. The Clinical Excellence Commission (CEC) provides guidance and policies on infection prevention and control to protect patients, health workers and healthcare environments. As the COVID-19 pandemic situation is changing, advice and resources for health workers and the public are updated to meet these needs.

This guidance document should be read in combination with:

1. [Management of COVID-19 in Healthcare Settings](#)
2. [The Application of PPE in Response to COVID-19 Pandemic](#)
3. [NSW Health Infection Prevention and Control Policy Directive PD2017\\_013](#)

New and updated guidance is being developed to address COVID-19 risks in a range of healthcare and other sectors. Please check the [NSW Ministry of Health](#) and [Clinical Excellence Commission](#) websites regularly for the most up-to-date COVID-19 information.

## Definitions

<b>Coronavirus</b>	Coronaviruses are a large family of viruses that cause a range of infections such as the common cold to the more serious diseases such as Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS).
<b>Novel coronavirus (nCoV)</b>	The novel coronavirus is a new strain of the virus. This strain had not been identified prior to December 2019.
<b>SARS-CoV-2</b>	The <a href="#">World Health Organisation</a> (WHO) officially named the new virus and the disease that the virus causes on the 11 February 2020. Coronavirus disease (COVID-19) is the <b>disease caused by the virus</b> severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)
<b>Pandemic</b>	The WHO defines a pandemic as the worldwide spread of a new infectious disease. The WHO declared the outbreak of COVID-19 a pandemic on 11 March 2020.
<b>Aerosol generating procedure (AGP)</b>	Aerosol generating procedures (AGPs) are defined as any medical and patient care procedure that results in the production of airborne particles (aerosols) less than 0.5 micrometres ( $\mu\text{m}$ ) in size which can remain suspended in the air, travel over a distance and may cause infection if they are inhaled.

## Transmission of SARS-CoV-2

The decisions for personal protective equipment (PPE) should be based on the anticipated exposure to blood, body fluids or infectious substances, and infection prevention precautions should be based on mode(s) of transmission. SARS-CoV-2 is principally spread by droplets and contact via:

- virus-laden respiratory droplets produced when an infected person coughs, sneezes or talks and reaches the nose/eyes/mouth of a person close by and/or
- touching surfaces that have been contaminated by these droplets and then contaminating your eyes/nose/mouth.

In some instances, when airborne particles have been artificially created, such as during respiratory aerosol-generating procedure (AGPs) on COVID-19 patients.

SARS-CoV-2 is transmitted predominantly between people through close contact and droplets, not by the airborne route. The people most at risk are those who are in close (and prolonged) contact with symptomatic COVID-19 patients. Choice of PPE is based on likely risk of exposure to, and the means of transmission of an infectious organism.

Not all AGPs require respiratory protection with an N95/P2 respirator. AGPs in patients with transmissible infections or communicable diseases, such as SARS-CoV2 and tuberculosis must be done with the appropriate respiratory protection. Seek advice from infection prevention and control or infectious diseases team if you are unsure.

## Key principles for infection prevention and control

**Early recognition of patients who have suspected, probable or confirmed COVID-19 is essential to maintaining the health and wellbeing of HWs, patients/clients, and the community.**

1. **Early recognition** of patients with **confirmed, probable or suspected COVID-19**. The definitions are documented on the NSW Ministry of Health Website: [COVID-19 testing advice/case definitions](#). The case definitions and testing advice should be checked each time, as these have undergone changes over the pandemic period due to improved testing and understanding of COVID-19 symptoms.
2. **Physical distancing** is to be practiced to limit the transmission of COVID-19. Where practical:
  - a. HWs, healthcare students, volunteers and patients are to remain one point five (1.5) metres apart, with the exception of the provision of clinical examinations, direct care and procedures
  - b. HWs, healthcare students and volunteers are also to remain 1.5 metres apart as much as possible and not gather in large groups for extended periods of time. The number of people in a group will change over time and advice from NSW Health and local health facilities should be followed.

3. **Respiratory hygiene and cough etiquette** measures to contain respiratory secretions are recommended for everyone. They should be practiced by HWs and healthcare students and communicated to patients and volunteers:
- Cover your mouth and nose with a tissue when coughing or sneezing
  - If you don't have a tissue, cough or sneeze into your elbow
  - Use the nearest waste bin to dispose of the tissue after use - do not put tissues in pockets.
  - Perform hand hygiene e.g. hand washing with soap and water for 20 seconds or alcohol-based hand rub, after coughing or sneezing or if contaminated objects/materials/equipment are touched.

See CEC website: [Respiratory Hygiene \(Cough Etiquette\)](#)

4. **Standard Precautions** represent the minimum infection prevention measures that apply to all patient/client care, regardless of suspected, probable or confirmed COVID-19 infection status of the patient/client, in any setting where care is delivered. These evidence-based practices are designed to both protect and prevent the spread of infection among patients/clients, care providers and HWs. They protect the HW, the patient/client and the healthcare environment.

Standard Precautions comprise the following measures:

- Hand hygiene
- Respiratory hygiene (cough etiquette)
- Personal protective equipment (PPE) is applied when exposure to blood and body substance is anticipated
- Aseptic technique for clinical procedures
- Occupational exposures: needlestick/sharps injuries or blood and body fluid splashes prevention
- Cleaning and disinfection of the healthcare environment and shared patient/client care equipment
- Waste disposal

See CEC website: [Standard Precautions](#)

5. **Transmission Based Precautions** should be used when Standard Precautions alone are insufficient to interrupt the transmission of a microorganism (transmissible infection or communicable disease). Precautions are applied and based on the mode(s) of transmission. See [Appendix A](#) for PPE posters for each precaution.

- Contact Precautions** protect HWs and healthcare students and prevent them from transmitting COVID-19 from direct physical contact with the patient/client, indirectly from shared patient care equipment or from environmental surfaces directly contaminated by the patient/client.
- Droplet Precautions** protect HWs and healthcare students' nose, mouth and eyes from droplets produced by the patient/client coughing and sneezing. These droplets can travel up to 1 metre if not stopped by the use of respiratory hygiene and cough etiquette or by the patient/client wearing a surgical mask. NOTE: this is the reason

why the 1.5 metre physical distancing rule is recommended – the 0.5 metre is the buffer zone.

- c. **Airborne Precautions** protect HWs and healthcare students' respiratory tract from very small and unseen airborne droplets that become suspended in the air. During aerosol generating procedures (AGPs), these small and unseen airborne droplets become aerosolised. A fitted P2/N95 mask will not allow these aerosolised droplets to enter the respiratory tract of the wearer during AGPs.

Standard and transmission based precautions facilitate breaking the chain of infection. See [Appendix B](#) for a poster.

6. **Assess and monitor risk** - HWs should conduct routine COVID-19 risk screening and monitor the risk of their **patients/clients** at each point in the episode of care. Consideration should be given to patients who may be poor historians and may not have capacity to answer COVID-19 screening or risk assessment questions accurately. HWs or healthcare students must follow all requirements in regards to assessing, monitoring and reporting their health and risk factors associated with COVID-19 to ensure their own safety and the safety of those they provide care for.
7. **Vulnerable patients** ([at risk for COVID-19](#)) should be identified and risks associated with specific COVID-19 vulnerability considered in the provision of care. If the patient/client requests specific infection prevention and control practices from HWs or healthcare students, it should be considered in context with high community transmission of COVID-19 and the patient/client vulnerability e.g. patient requests HW to wear a surgical mask. The number of HWs for vulnerable patients should be minimised as much as possible whilst maintaining the health and wellbeing of patients/clients. An example would be reviewing the appropriateness of the number of students and HWs per care period and the duration of time spent within 1.5 metres of the patient/client.
8. **Vulnerable HWs and healthcare students** ([at risk for COVID-19 infection](#)) are not at a greater risk of COVID-19 infection due to the availability, use and adherence to standard and transmission-based precautions. There is limited evidence regarding the risk of COVID-19 in pregnant women.
9. **All HWs and healthcare students** who may be required to provide care to patients with suspected, probable or confirmed COVID-19 must complete, at a minimum level, **education and training** in Infection Prevention and Control related to COVID-19. This includes the donning and doffing of PPE if required in clinical practice. Training videos are available on [My Health Learning](#) and on the [CEC website](#) and see [Appendix C](#).
10. **Evidence based practice** should be used to ensure culturally-safe work environments and health services for COVID-19 patients/clients. See [NSW Aboriginal Health Plan 2013-2023](#) and [NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023](#).

11. For information on **uniforms**, work clothing, footwear and dress codes, refer to facility/organisation or Local Health District/Specialty Health Network uniform policies/procedures/guidelines. Specific information on scrubs, uniforms, aprons and gowns is located on the [CEC website](#).
12. For **annual influenza vaccination** and **vaccinations** for adults, children and adolescents, refer to:  
[NSW Immunisation Schedule 2020](#)  
The NSW Health [Occupational Assessment, Screening and Vaccination Against Specific Infectious Diseases Policy](#) which outlines requirements for health workers.  
Commonwealth Department of Health Aged Care Provider Responsibility for [Influenza Vaccination](#) requirements.
13. **Access to hand hygiene products** should be available on entry to all community and healthcare facilities. Hand hygiene products should be accessible and available at the entry to any room for consultation, assessment, care, clinical procedure, treatment or diagnostic procedure. It should also be available at the entry to all inpatient areas and before seeing inpatients.
14. Follow local **recommendations or checklists** for monitoring and managing health worker safety and education in relation to infection prevention and control. Also consider incorporating professional society checklists such as [Renal Society of Australasia](#), into local programs.

## Respiratory symptoms or unexplained fever

NSW Health recommends that any HW, healthcare student or volunteer with respiratory symptoms or unexplained fever ( $\geq 37.50\text{C}$ ) should be tested for COVID-19 and immediately self-isolate. They should not return to work duties until they have been tested and cleared from COVID-19 infection.

Symptoms of COVID-19 include **fever** ( $\geq 37.50\text{C}$ ), **cough**, **sore/scratchy throat** and **shortness of breath**. Other reported symptoms of COVID-19 include **loss of smell**, **loss of taste**, **runny nose**, **muscle pain**, **joint pain**, **diarrhoea**, **nausea/vomiting** and **loss of appetite**.

The HW, healthcare student or volunteer must also follow the [home isolation guidance](#) for people suspected to have COVID-19. There are a number of [COVID-19 Testing Clinics](#) throughout NSW. General Practitioners and Emergency Departments can also perform COVID-19 testing.

If a HW, healthcare student or volunteer meets the following risk criteria:

1. is tested positive for COVID-19. They must follow the [NSW Health Release from Isolation criteria](#) before returning to work
2. has tested negative for COVID-19 and continues to experience respiratory symptoms or unexplained fever, they should be medically assessed prior to returning to work duties
3. has been informed that they are a contact of a person with COVID-19 by the local Public Health Unit or Public Health Emergency Operations Centre (PHEOC) must follow the [home isolation guidance](#).

For each of these scenarios, the HW, healthcare student or volunteer must inform their manager, supervisor or nominated person responsible for sick leave calls and provide details of their COVID-19 risk criteria.

Supervisors and managers must ensure that procedures are in place to ask every HW, healthcare students and volunteer at the beginning of each shift whether they have recent onset of respiratory symptoms or fever, and if so, to ensure staff who have symptoms are excluded from work, assessed and tested for COVID-19. Screening questions and temperature checks with an approved temperature monitoring device is [recommended](#) prior to work or entry to the facility for all people, including health workers.

## Principles of safe working for all health workers

### 1. Bare below the elbows

This concept refers to wearing short sleeves and no jewellery, except a plain wedding band, from below the elbow to the hands. Finger nails should be unadorned and short. This recommendation improves the effectiveness of hand hygiene for all staff who have direct contact and perform procedures on patients. Long sleeves become contaminated with pathogenic bacteria and fungi and may impede hand hygiene. Long sleeved disposable gowns (PPE) are permitted to cover all of the arms when worn for standard and contact precautions. Further information can be found in [Section 4.1.4 Infection Prevention and Control Practice Handbook](#).

### 2. Hand hygiene

Health workers play an important role in reducing the risk of transferring microorganisms from patient to patient, to the healthcare environment and to themselves. Wearing gloves is not a substitute for hand hygiene. Hand hygiene is the act of cleaning hands with:

- Alcohol based hand rub (ABHR) in either liquid, foam or gel form; or
- Antiseptic liquid hand wash and running water; or
- Plain liquid soap and running water and dry with single use towels.

Gloves must not be washed or have ABHR applied to them between patient contact or between procedures on the same patient.

If a HW experiences a skin reaction to a hand hygiene product, it must be reported to your immediate manager or supervisor for action or referral. This can be either a simple or complex issue and requires Staff Health or an Infection Prevention Control professional to assist the manager. Further information can be found in [Section 4.1.6 Infection Prevention and Control Practice Handbook](#).

Hand hygiene is also important for patients, clients and visitors to perform. HWs should provide education, assistance and support for them to perform hand hygiene. This is important for them to prevent the transmission of microorganisms and communicable diseases via their hands or from their hands touching equipment and their furniture.

### 3. Personal protective equipment

‘PPE Creep’



Transmission-based precautions are evidenced based and have been included in the prevention and control of transmissible infections, multi-resistant organisms and communicable diseases for over fifteen years.

Additional PPE of more than what is prescribed for contact, droplet and airborne precautions is not encouraged. This is called '**PPE creep**'. This term, coined by the Clinical Excellence Commission is to describe how individual HWs put on additional PPE that is not part of the prescribed transmission-based precaution requirements. The HWs have not considered the impact of cost, resources, approval or the additional contamination risks added to the doffing (removal) of PPE.

Hair covering and overshoes worn as part of surgical attire or specified aseptic technique procedures are not prescribed PPE for COVID-19 (contact, droplet, airborne precautions).

## **Safety tips when selecting, wearing and disposing of PPE**

This section must be read in conjunction with the CEC [Application of PPE in response to COVID-19 Pandemic](#).

PPE must be worn safely to protect the HW and patient from cross-contamination. Here are some basic safety tips when selecting, wearing and disposing of PPE to prevent contamination risks:

- Ensure that HWs have completed the necessary training and education program to enable them to select, wear and dispose of PPE correctly. Select the correct PPE for the task, procedure or care to be provided to protect HWs from contact/exposure to blood, body fluid or infectious materials.
- PPE that has been considered and approved for sessional use has been communicated to HWs and education provided on the type of PPE, safety measures and duration of the session. A risk assessment to evaluate the correct use of sessional PPE is developed and implemented.
- Aprons must be tied securely at the back and never tied at the front due to contamination risks.
- Gloves are worn when performing a task, procedure or care to prevent contact with blood, body fluid or infectious material. The correct size glove is selected to ensure they fit snugly and are not loose. Gloves should be removed immediately the task, procedure or care is completed to prevent contamination of environmental surfaces, equipment and person to person spread of infectious material.
- Remove the P2/N95 respirator (mask) when no longer in the clinical space and the patient intervention has been completed. Do not touch the front of the respirator (mask) and remove by touching the straps only. Do not reuse after it has been removed.
- When wearing an isolation gown that require thumbs to be placed in the holes, the thumbs should be inserted after performing hand hygiene and before putting on gloves. The gown must be tied at the back. Gloves should be used to form a seal around the wrists of the gown.

## **Wearing PPE outside the patients room to talk to another HW about the patient**

Masks, gloves and gowns are **not to be worn** outside patient rooms for example, between wards, break room, reception area, and are to be removed and disposed appropriately when proceeding to care for patients that are not isolated for COVID-19 or prior to leaving the facility.

PPE can be worn just outside the room in the following circumstances:

- The door remains closed for airborne precautions
- Physical distance is maintained
- Gloves are removed and hand hygiene performed prior to talking to the other HW
- A mask is not pulled down or adjusted to speak. If a mask is to be removed, hand hygiene should be performed before and after removal of the mask. A removed mask must not be re-applied.
- No risk of contamination with the other HW from the PPE
- Taking a pan/urinal directly to the utility room
- PPE is worn for a sessional period.

#### 4. Communication and clinical handover

Structured clinical handover between clinical teams, between healthcare organisations and between transitions of care not only improves patient safety but also enables HWs to understand the infection prevention precautions required to care for the patient. During the pandemic, HWs play a critical role to limit or contain the spread of COVID-19. It is important that HWs have the right information, delivered in the right way and take the appropriate infection prevention steps to protect themselves at the right time.

As circumstances change and information is rapidly evolving, all HWs involved in the care episode of a suspected, probable or confirmed COVID-19 patient must be informed of all relevant infection prevention and control risks. This includes all HWs who transport (see [Appendix D](#)), care, assess, consult or support the patient or client.

#### 5. Cleaning the environment and shared patient care equipment

Cleaning shared patient care equipment must be completed by following the manufacturer's Instructions for Use (IFU) for cleaning, drying and storage. Decisions regarding responsibility for cleaning shared patient care equipment should be definite and documented with clear lines of accountability in each clinical area. The cleaning detergent and/or disinfectant must be compatible with the equipment and manufacturer's IFU. HWs involved with the cleaning and storage of shared patient care equipment should be trained in cleaning techniques and choice of chemical. Further information can be found in the [Infection Prevention and Control Practice Handbook](#).

Contaminated surfaces and equipment may potentially contribute to the transmission of microorganisms and communicable diseases. Each health organisation must use a risk management framework when considering cleaning of the health care environment. The aim of determining risk is to ensure appropriate controls are implemented due to the variety of problems that inadequate cleaning can cause. All HWs responsible for the cleaning of the healthcare environment must be trained in cleaning techniques, choice of chemicals, frequency of cleaning and the type of clean required. See [Environmental Cleaning](#).

## 6. Secondary employment

If a HW has secondary employment (casual or part-time) in a private hospital, aged care facility or other type of healthcare organisation and an outbreak is declared, the primary employment site manager or supervisor should be notified as a courtesy.

As per the [NSW Health Code of Conduct](#): *If working as a full time employee, seek approval from the Chief Executive or his/ her delegate to undertake secondary employment; and if working as a part-time employee seek such approval if there is potential for a conflict of interest with NSW Health employment, or if the total work being undertaken raises issues about excessive working hours. Such approval for other employment must not be unreasonably withheld.*

## Lessons learned from the pandemic response


There is an opportunity to embed the lessons learned during the pandemic into routine work practices and regular personal hygiene habits.

Lessons learned include:

- Incorporation of physical distancing into our risk assessments for decisions regarding what PPE is required when in contact with patients/clients
- Frequent and attentive hand hygiene is required to protect ourselves, our patients/clients and the healthcare environment
- Wear gloves only if at risk of contact with blood, body fluids or infectious substances as gloves have the potential to spread the transmission of viruses and other transmissible microorganisms/infections/communicable diseases if worn habitually
- Wearing prescribed transmission based precautions PPE correctly protects us
- Standard Precautions are the minimum level of protection for both recognised and unrecognised transmission risks for blood borne and other transmissible microorganisms/infections/communicable diseases. Standard precautions protect the HW, the patient/client and the healthcare environment
- The removal of PPE requires hand hygiene between each step to prevent contamination of HW's hands, mucous membranes and the healthcare environment
- Our understanding of focused cleaning on shared patient care equipment and frequently touched surfaces (high touch points) reduces the risk of transmission of viruses and other transmissible microorganisms/infections/communicable diseases
- HWs have included frequent cleaning of personal items such as phones, pens, ID badges into routine habits
- If we are unwell with symptoms suggestive of an infection, we should not go to work
- There is a greater understanding, inclusion and focus on our infection prevention and control practices

# Appendix A: Standard, contact, droplet and airborne precautions

See CEC website: [Standard and Transmission Based Precautions](#) and [PPE Training Modules](#)

Standard, Contact, Droplet and Airborne Precautions		
Standard Precautions	<p>Standard Precautions apply for healthcare providers for patient/client care and comprise</p> <ul style="list-style-type: none"> <li>• hand hygiene</li> <li>• respiratory hygiene (cough etiquette)</li> <li>• PPE if in contact with blood or body substances</li> <li>• aseptic technique for clinical procedures</li> <li>• occupational exposures prevention</li> <li>• cleaning and disinfection of the healthcare environment and shared patient care equipment</li> <li>• appropriate waste disposal.</li> </ul>	
Type of PPE	<p><b>Fluid resistant apron* or long-sleeved gown</b></p> <p>*Apron use should be considered based on your anticipated contact/exposure to droplets while caring for symptomatic COVID-19 patients.</p>	<p><b>Fluid resistant surgical mask</b></p> 
	<p><b>Eye protection (safety glasses OR face shield)</b></p> <p>NB: Prescription glasses are not sufficient protection. Eye protection to be worn over prescription glasses</p>	
	<p><b>Gloves</b></p> <p>Appropriate type of gloves are worn when in direct contact with the patient</p>	

## Standard, Contact, Droplet and Airborne Precautions

### Precautions

#### Contact & Droplet

If direct contact with a suspected, probable or confirmed COVID-19 patient/client



#### Contact, Droplet & Airborne

If performing an AGP



### Suggested donning and doffing sequence

#### Suggested donning sequence (putting on PPE)

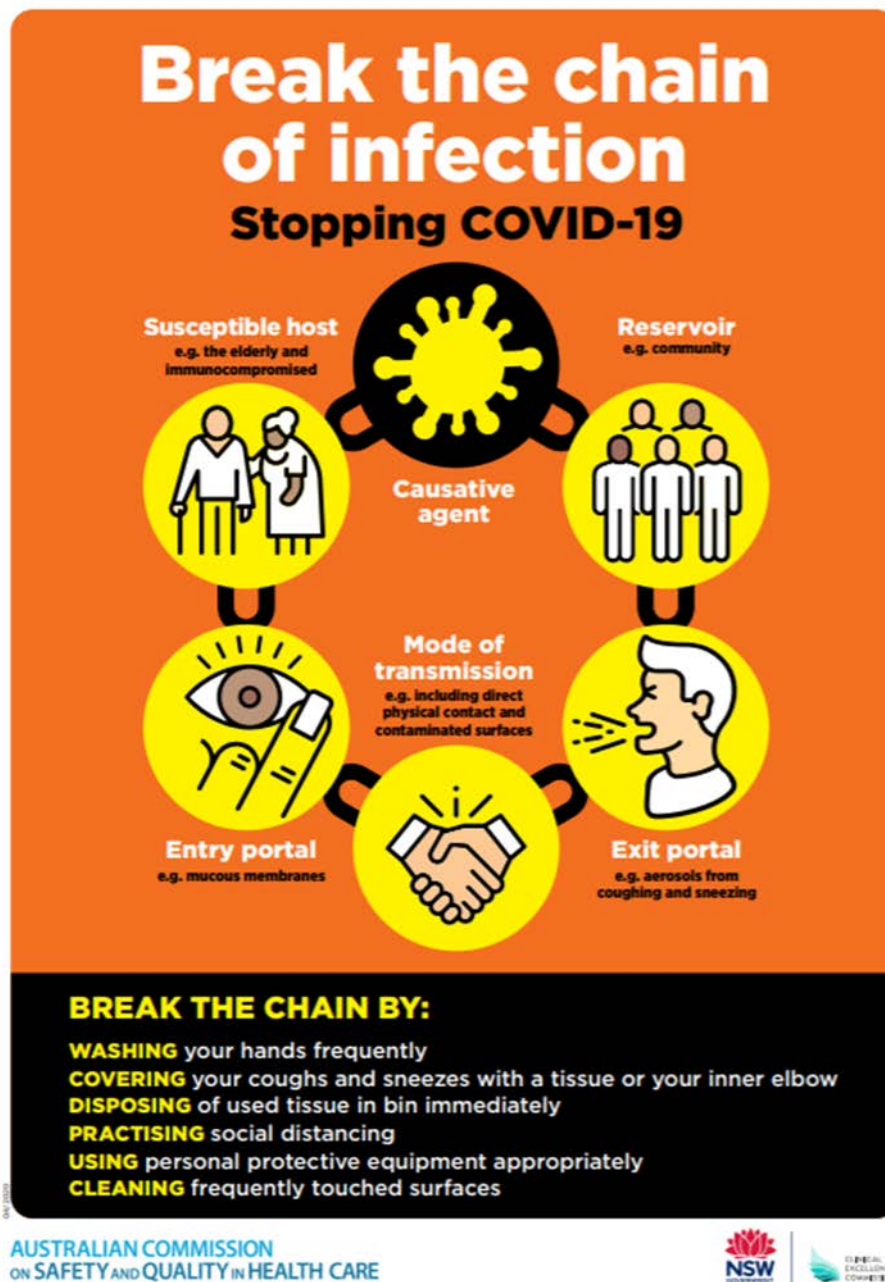
1. Perform hand hygiene
2. Apron or gown
3. Mask
4. Eye protection or face shield
5. Disposable non-sterile gloves when in direct contact with the patient/client

#### Suggested doffing sequence (removal of PPE)

1. Gloves
2. Perform hand hygiene
3. Apron or gown
4. Perform hand hygiene
5. Eye protection or face shield
6. Perform hand hygiene
7. Mask
8. Perform hand hygiene

NB: Hand hygiene must be performed before bringing hands towards face – clean hands, clean face.

## Appendix B: Break the chain of infection for COVID-19

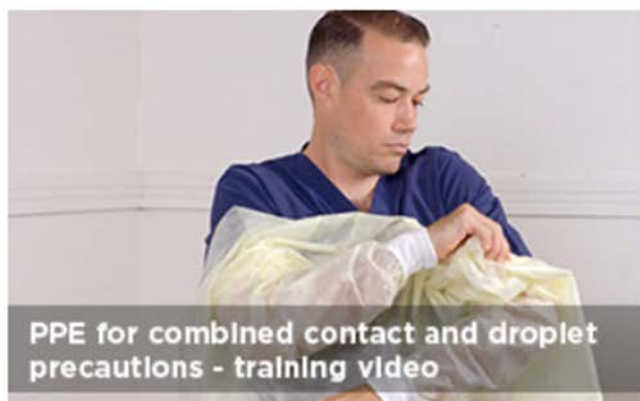


<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/break-chain-poster-a3>

## Appendix C: My Health Learning

The proper removal (doffing) and disposal of contaminated PPE is the most important step in preventing inadvertent exposure to microorganisms. There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials.

The CEC has developed videos to support PPE donning and doffing for COVID-19. NSW Health staff are required to view the videos in [My Health Learning](#) (Course Code 294450660) so that there is a record of completion. The course name is 'Personal protective equipment for combined transmission-based precautions'.



## Appendix D: Transport

### Health worker transport

Determine the number of health workers who should travel in the same motor vehicle together. The principles of hand hygiene, placement of bags, seating arrangements and air flow in the motor vehicle should be practiced.

**Perform a local risk assessment on the number of HWs who should travel together in a motor vehicle.**

**The local risk assessment may include consideration of HWs that:**

1. Are well and have no acute respiratory symptoms, particularly those symptoms that are usually classified as mild e.g. scratchy throat, 'bit of a sniffle'
2. Are able to perform hand hygiene prior to getting in the motor vehicle
3. Have completed their annual flu vaccination
4. Have bags that can be placed in the boot or on the floor
5. Do not share drinks, snacks or other food
6. Are comfortable to provide reminders to each other for face touching, hand hygiene, respiratory hygiene and cleaning
7. Do not share mobile devices (individual HW passengers may accept work related phone calls or check emails). These mobile devices are regularly cleaned
8. Are in a motor vehicle that is kept clean and high touch surfaces are cleaned between different drivers
9. Include other risks that are specific to the local team e.g. equipment that requires 2 people to carry

### Patient transport

Before transporting patients with suspected, probable or confirmed COVID-19, perform a risk assessment on:

- the type of motor vehicle required
- physical capability of patient/client and if assistance will be required
- the ability of the patient/client to wear a surgical mask and practice respiratory etiquette (hygiene)
- no other patient transported at the same time – no multi-loading.

For suspected, probable or confirmed COVID-19 patients, before entering the motor vehicle, both the driver and passenger are to perform hand hygiene (alcohol based hand rub). If the driver does not have any direct contact with the patient/client (within 1.5 metres), the driver is to use Droplet Precautions. If in direct contact, the driver is to use Contact (apron) and Droplet Precautions.

All hand bags are to be placed on the floor and not the seats. These can also be placed in the boot if they are large.



Passenger is to sit in back passenger side (diagonally opposite driver) – as far from driver as possible.

If the passenger has symptoms of a respiratory illness or suspected, probable or confirmed COVID-19, they should wear a surgical mask, perform hand hygiene and be educated regarding respiratory hygiene. They should be provided a plastic bag, tissues and alcohol hand rub. The driver is to wear a surgical mask and protective eyewear (if it does not obscure vision) during the transport. Hand hygiene is to be performed:

- before providing assistance to the passenger
- before entering the motor vehicle
- on exit from the motor vehicle
- after providing assistance to the passenger
- after dropping patient/client off and before returning to the motor vehicle

For transporting a patient with suspected, probable or confirmed COVID-19, the vehicle air flow should be checked to minimise recirculation by switching to non-recirculate. This setting will depend on the motor vehicle.



Recirculation button turned off

The driver side window should be slightly open and also the back-passenger window open to create a more direct air flow from driver if the patient/client has suspected, probable or confirmed COVID-19. If there is no risk of a person infected with COVID-19, the windows can remain up.

Cleaning of the motor vehicle is to occur at the end of the journey. Remove any visible contamination with detergent and disinfectant wipes. Clean the seat area, door handles or other areas touched by the patient/client with detergent wipes.

All agencies involved in the transfer / transport of COVID-19 suspected or confirmed patients are to implement their agency specific Standard, Droplet and Contact precautions. If tolerated, a surgical mask should be placed on patients during the transfer.

The transferring health facility should notify the NSW ambulance or other transport agencies on the patient's condition to ensure all staff required to attend this address are aware of the PPE requirement prior to arrival. The transporting agency should notify the area receiving the patient.

Patient transfers within a health organisation should use a route that minimises contact with the general hospital population including clinicians, for example dedicated lift service, external path.

If the patient is not suspected of COVID-19, has no other transmissible infection or communicable disease, usual transport procedures are to be followed.

## Where to find further CEC COVID-19 information for health workers

Policies, Guidelines, Handbook, Education and Resources	Relevant Health Worker Information
<a href="#">NSW Infection Prevention and Control Policy PD2017_013</a>	<ul style="list-style-type: none"> <li>• Legislative requirements for health workers</li> <li>• HWs are provided with education, in line with their duties, on preventing and controlling the risk of transmitting microorganisms at minimum during induction and on an ongoing basis</li> <li>• Standard and transmission based precautions</li> <li>• Hand hygiene</li> <li>• Management of health workers with symptomatic illness</li> <li>• Occupational screening and vaccination</li> </ul>
<a href="#">CEC Infection Prevention and Control Practice Handbook</a>	<ul style="list-style-type: none"> <li>• Standard and transmission based precautions</li> <li>• Hand hygiene</li> <li>• Staff health and HAI risk</li> <li>• Risk assessing HWs</li> <li>• Managing HWs</li> <li>• Exposure prone procedures</li> <li>• HW screening and vaccination</li> <li>• HWs with cystic fibrosis</li> <li>• HWs with herpes simplex virus</li> <li>• Healthcare worker education</li> <li>• Mandatory requirements</li> <li>• Local education and training</li> <li>• Respiratory and cough etiquette</li> <li>• PPE</li> <li>• Needlestick injury and sharps injury prevention</li> <li>• Food consumption by HWs</li> <li>• Staff attire</li> <li>• Perioperative attire</li> </ul>
<a href="#">Management of COVID-19 in Healthcare Settings</a>	<ul style="list-style-type: none"> <li>• Principles of safe working for all health workers</li> <li>• PPE donning</li> <li>• PPE in specific settings during COVID-19 pandemic</li> </ul>

Policies, Guidelines, Handbook, Education and Resources	Relevant Health Worker Information
	<ul style="list-style-type: none"> <li>• A visual guide to safe PPE</li> <li>• PPE doffing (removal)</li> <li>• Airborne precautions and aerosol generating procedures</li> <li>• Use of powered air purifying respirator (PAPRs)</li> <li>• Optimal use of PPE through extended or sessional use</li> <li>• Wearing a mask</li> <li>• Eye protection</li> <li>• Gloves</li> <li>• Response to COVID-19 or acute respiratory illness in a staff member</li> <li>• Managing a woman in labour</li> </ul>
<p><a href="#">COVID-19 Infection Prevention and Control: Application of PPE during COVID-19</a></p>	<ul style="list-style-type: none"> <li>• Precautions for COVID-19</li> <li>• Summary of principles for selecting PPE</li> <li>• Health worker responsibility</li> <li>• PPE information <ul style="list-style-type: none"> <li>○ Gloves</li> <li>○ Aprons and gowns</li> <li>○ Respiratory and facial protective equipment</li> <li>○ Eye protection</li> <li>○ Surgical masks</li> <li>○ Discarding surgical mask after use</li> <li>○ Respirators and examples <ul style="list-style-type: none"> <li>○ Disposable high particulate respirator (P2/N95 masks), optimal use and discarding after use</li> <li>○ Use of powered-air purifying respirator (PAPR)</li> <li>○ Elastomeric respirators</li> </ul> </li> </ul> </li> <li>• Mask fit checking and fit testing</li> <li>• Aerosol generating procedures</li> <li>• Extended or sessional use of PPE</li> <li>• Reprocessing of PPE during COVID-19 pandemic</li> <li>• Recommended PPE for HWs in clinical settings</li> <li>• Mask utilisation priority during pandemic</li> </ul>
<p><a href="#">Personal Protective Equipment (PPE)</a></p>	<ul style="list-style-type: none"> <li>• Guidance documents</li> </ul>

Policies, Guidelines, Handbook, Education and Resources	Relevant Health Worker Information
	<ul style="list-style-type: none"> <li>• Posters for transmission based precautions, fit checking P2/N95 mask, isolation signs, respiratory hygiene</li> </ul>
<a href="#">Recommended Guidance on Mask Use in New South Wales</a>	<ul style="list-style-type: none"> <li>• Types of masks in healthcare settings and community</li> </ul>
<a href="#">COVID-19 Infection Prevention and Control Guidance for Home Visits</a>	<ul style="list-style-type: none"> <li>• Key principles for infection prevention and control</li> <li>• Transport</li> <li>• Standard, contact, droplet and airborne precautions</li> <li>• My Health Learning</li> <li>• Cardiopulmonary resuscitation</li> </ul>
<a href="#">Infection Prevention and Control Primary, Community Care and Outpatient Settings</a>	<ul style="list-style-type: none"> <li>• Safe practices for health workers</li> <li>• Key principles for infection prevention and control</li> <li>• Transport</li> <li>• Standard, contact, droplet and airborne precautions</li> <li>• My Health Learning</li> </ul>
<a href="#">Information for Healthcare Workers - Scrubs, uniforms, aprons and gowns – COVID-19</a>	<ul style="list-style-type: none"> <li>• Relevant policies related to uniforms</li> <li>• Uniforms and PPE</li> <li>• Contamination of uniforms</li> <li>• Wearing uniforms or scrubs outside</li> <li>• Wearing aprons or gowns</li> </ul>
<a href="#">COVID-19 Infection Prevention and Control Advice for Security Staff</a>	<ul style="list-style-type: none"> <li>• PPE requirements</li> </ul>
<a href="#">Advice for BreastScreen NSW Staff in relation to COVID-19</a>	<ul style="list-style-type: none"> <li>• Transmission based precautions</li> </ul>
<a href="#">Decision algorithm for recommended PPE in allied health procedures</a>	<p>Decision algorithm for suspected, probable or confirmed COVID-19, influenza and other acute respiratory viral infections:</p> <ul style="list-style-type: none"> <li>• Type of precautions required (standard and transmission based precautions)</li> <li>• PPE requirements</li> </ul>

Policies, Guidelines, Handbook, Education and Resources	Relevant Health Worker Information
	<ul style="list-style-type: none"> <li>• Physical distancing</li> <li>• Procedures that may produce respiratory droplets or body fluids</li> <li>• Aerosol generating procedures</li> <li>• Evidence regarding droplets versus aerosols in coughing</li> </ul>
<a href="#">COVID-19 Infection Prevention and Control Guide for correct sterile surgical gown selection</a>	<ul style="list-style-type: none"> <li>• Selecting the most suitable sterile gown</li> <li>• Examples of procedures, risk of exposure and level of sterile gown required</li> <li>• Sterile surgical gown selection for patients with suspected, probable or confirmed COVID-19</li> </ul>
<a href="#">Managing Personal Protective Equipment for the administration of hazardous drugs during COVID-19 pandemic</a>	<ul style="list-style-type: none"> <li>• PPE – Gown Specification</li> <li>• Strategies to preserve supply</li> </ul>
<a href="#">PPE training for individual transmission-based precautions</a>	<ul style="list-style-type: none"> <li>• My Health learning videos</li> <li>• COVID-19 specific donning and doffing sequence</li> <li>• Additional My Health Learning modules <ul style="list-style-type: none"> <li>○ Infection Prevention and Control Practices (Course code: 46777047)</li> <li>○ Infection Prevention – Transmission Based Precautions (Course code: 253093581)</li> <li>○ Infection Prevention – Enhanced Precautions for Pandemic Flu (Course code: 289888589)</li> </ul> </li> </ul>
<a href="#">PPE: Keeping health workers and consumers safe</a> (powerpoint presentation)	<ul style="list-style-type: none"> <li>• Standard and transmission-based precautions</li> <li>• Donning and doffing PPE (photographs)</li> </ul>
<a href="#">COVID-19 Critical Care</a>	<ul style="list-style-type: none"> <li>• Contact Droplet Airborne Precautions Sign 2020 Poster</li> <li>• Airway management and PPE</li> </ul>
<a href="#">Surveillance and response for Carbapenemase producing enterobacterales (CPE)</a>	<ul style="list-style-type: none"> <li>• Standard and transmission based precautions</li> <li>• Hand Hygiene</li> <li>• Role of Infection Control staff</li> </ul>

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<a href="#">in NSW Health Facilities GL2019_012</a>	
<a href="#">Intravascular Devices PD2019_040</a>	<ul style="list-style-type: none"> <li>• PPE</li> <li>• Hand Hygiene</li> </ul>
<p><b>NSW Health Workforce <a href="#">Advice for Health Agencies</a> relating to staff who have:</b></p> <ul style="list-style-type: none"> <li>• travelled to COVID-19 affected countries;</li> <li>• had close contact with a person confirmed to have COVID-19 infection;</li> <li>• had casual contact with a person confirmed to have COVID-19 infection;</li> <li>• have primary carer responsibilities for children directed to stay home from school/ daycare; and/ or</li> <li>• remained overseas and are unable to return.</li> </ul>	