Chapter 5: Specific healthcare settings

This chapter is part of the Infection Prevention and Control Manual COVID-19 and other Acute Respiratory Infections for acute and non-acute healthcare settings, Clinical Excellence Commission, 2023.

The chapter summarises current evidence about ARI infection prevention and control strategies and interventions, and their implementation in healthcare settings.

Contents

Key points

- The components of ARI recognition and prevention must not impede routine care and necessary patient/client safety and quality programs
- Providers of care in these settings should continue to ensure there is minimal impact on patient/client care activities and models of care
- COVID-19 risk assessment should be aligned with the recommendations in *Chapter 3: NSW IPAC Response and escalation framework*

Acronyms and abbreviations

AGB	Aerosol-generating behaviour
AGP	Aerosol-generating procedure
CEC	Clinical Excellence Commission
CO	Carbon monoxide
COHb	Carboxyhaemoglobin
CO ppm	Carbon monoxide parts per million
CPAP	Continuous positive airway pressure
ECMO	Extracorporeal membrane oxygenation
HW	Health worker
IPAC	Infection prevention and control
IPPV	Intermittent positive pressure ventilation
LHD/SHN	Local Health District/Specialty Health Network
PACU	Post-anaesthesia care unit
PPE	Personal protective equipment
RMD	Reusable medical device

5.1 Introduction

This chapter provides advice on acute respiratory infection (ARI) including COVID-19 management in specific healthcare settings. Content will evolve over time and be updated as needed.

5.2 Maternity and neonatal services

Specific guidance relating to maternity is available on the NSW Health website: Guidance for maternity services and for information on neonatal services refer to Guidance for neonatal services.

Carbon monoxide testing in pregnancy

Smoking in pregnancy is one of the single most important avoidable causes of stillbirth and other adverse pregnancy outcomes. Carbon monoxide (CO) monitoring can be a very useful tool for smoking cessation.

NSW Health supports carbon monoxide monitoring for pregnant women as per LHD guidance, however this is dependent upon the transmission risk levels (refer to *Chapter 3: NSW IPAC Response and escalation framework)*.

During high (red alert) and moderate to high (amber alert) transmission risk levels this testing is not recommended, to enable women to maintain mask wearing during their antenatal appointments. However, this test should be provided based on risk assessment. During yellow and foundational, LHD should risk assess based on community transmission to inform the use of reusable or single patient use.

Note: Neither NSW Health nor the CEC endorses or promotes any products or equipment identified in this guidance.

Infection prevention and control measures for carbon monoxide measurement

NSW Health Maternity services use a handheld expired CO monitor to measure CO levels in the pregnant woman's breath. The monitor has a single-use mouthpiece for each user and the filters are changed when visibly soiled and according to the manufacturer's instructions for use.

Adhere to the following advice on infection prevention and control principles when using an expired CO monitor:

- Do not provide CO monitoring for a woman who answers 'yes' to any COVID-19 screening questions – refer to local LHD guidelines
- Both the HW and pregnant woman must perform hand hygiene prior to testing
- The HW should don non-sterile gloves if there is a risk of contact with blood or body fluid/respiratory particles
- The HW should wear a surgical mask during the procedure; refer to *Chapter 3: NSW IPAC Response and escalation framework*.

Procedure

1. The HW provides an explanation and offers the pregnant woman CO testing
2. Use a single-use mouthpiece (straw) for each woman
3. The HW inserts the mouthpiece into the expired CO monitor prior to handing the monitor to the woman
4. The woman holds the monitor while the test is being performed
5. Whilst the woman is exhaling, the HW should avoid positioning themselves in front of the exhaust port of the monitor
6. To start, press the symbol on the front of the monitor

7. Ask the woman to breathe in and hold when she sees the clock come up on the screen; ask the woman to keep holding her breath for the 15 second countdown
8. Two short beeps will sound during the last three seconds of the countdown
9. At the commencement of a long beep, ask the woman to blow slowly into the mouthpiece aiming to empty her lungs completely (over at least 5 seconds)
10. The CO parts per million (ppm) and equivalent % COHb levels appear on the screen
11. Refer to the NSW Health Fact Sheet on using an expired CO monitor for interpretation of the levels and additional information
12. Ask the woman to remove the single-use mouthpiece and dispose in the general waste on completion of the assessment
13. Hand hygiene to be performed following use of the monitor by both the HW and the woman.

Cleaning and storage

- Wipe the monitor and D-Piece external surfaces with neutral detergent wipes after each use
- Do not use cleaning solutions/wipes that contain alcohol or other organic solutions and refer to the manufacture's information for use
- Inspect the D-piece after each use and discard and replace if the filter is visibly soiled or contaminated
- Allow the monitor to be air dried prior to storage
- The monitor must be stored away from direct patient contact when not in use.

Additional information on CO monitoring

NSW Health Maternity Services currently use the Bedfont Smokerlyzer®. The manufacturer has a statement supporting the use of the device during COVID-19. The D-piece filter has been tested to filter viruses as small as 24 nanometres in diameter and the COVID-19 virus particle has a diameter of approximately 125 nanometres. Bedfont have concluded that bacterial and viral pathogens (including COVID-19) will effectively be removed by the D-piece filter at an efficiency rate of > 99% (bacteria) and > 97% (viruses).

FIGURE 11: EXAMPLE OF CARBON MONOXIDE MEASUREMENT EQUIPMENT

Information on the Bedfont Smokerlyzer®

Manufacturer information including user manual, infection control and maintenance guidelines are available on the Bedfont Smokerlyzer® website.

5.3 Access to surgery

Access to surgery may vary depending on the level of community transmission of COVID-19 and therefore it is important to check for up to date information at NSW Health Key principles for management of surgery during COVID-19 pandemic.

Surgery / Procedure

If the patient is suspected or confirmed to have COVID-19 and the decision is to proceed with surgery, then follow transmission-based precautions for droplet and airborne including standard precautions.

The decision to operate on a patient confirmed to have COVID-19 will be influenced by the level of transmission risk at a state level and the surgical need for each patient. The pathway for a patient from the emergency department (ED) or a ward bed to the operating theatre and return to the ward involves a number of interactions between HWs and the patient. Standard precautions always apply.

The following table outlines these steps and the actions needed to reduce the risk of transmission of SARS-CoV-2.

TABLE 6: RISK MANAGEMENT FOR SURGERY IN PATIENTS WITH SUSPECTED OR CONFIRMED COVID-19

Criteria	Action
PPE requirements	Standard and airborne precautions apply
Booking of surgery/procedure	Medical officer making booking to inform the Senior Nurse Manager/Patient Flow Coordinator, Anaesthetic Team and Procedural Charge Nurse of patient's COVID-19 status
Intubated patients for transfer	Isolate and contain resuscitaire for post-operative transfer if remaining intubated post procedure
Non-intubated patients with oxygen *in situ* transfer	Where possible consider using nasal prongs with a maximum O_2 flow of 4L under a surgical mask instead of a simple oxygen mask where possible
Arrival in procedural area	Transfer the patient directly to the operating / procedural room then continue completion of the pre-operative checklist where possible and practical
Arrival in operating/procedure room	Review transmission-based precautions and anaesthesia plan during sign-in
Anaesthesia induction	Follow COVID-19 airway management advice and resources
Procedural room	Avoid unnecessary entry and exiting of the procedural room following the patient's arrival
Extubation	HW to wear appropriate PPE
PACU (Recovery) – assess the risk	Depending on workload and resources recover the patient in the operating or procedure room. If this is not possible use a negative pressure or isolation

Criteria	Action
	room in the PACU if available or single room with door closed
Transfer to receiving department from procedural area	Sending department to inform receiving area and HW responsible for transferring the patient of patient's COVID-19 status Patient to wear a surgical/procedural mask where possible
Environmental cleaning	Apply routine procedures for PPE Follow advice for cleaning in Chapter 2
Reprocessing of reusable medical devices (RMDs)	Follow routine procedures. DO NOT LABEL USED RMDs as COVID-19 CASE
Handling of linen	Handle all used linen as per standard precautions
Waste management	Manage in accordance with routine procedures
Education	Ensure HWs understand how to choose, don and doff PPE safely

Further information is available at:

- Surgical Services Taskforce; NSW Health: Emergency Surgery Guidelines
- NSW elective surgery table at Key Principles for Management of Surgery during COVID-19
- NSW Health elective surgery table Elective Surgery Access Policy Directive

5.4 Blood transfusions

The following information provides guidance to clinical areas to maintain the integrity of and prevent wastage of blood and blood products when caring for patients with COVID-19. The CEC Blood Watch team developed this information for clinicians in consultation with the CEC Infection Prevention and Control team and NSW Health Pathology.

To maintain supply and prevent avoidable wastage of blood products, the principles of Patient Blood Management should be adhered to in conjunction with standard precautions.

Principles for clinical areas (non-emergency)

- Follow the facility policy for single unit transfusion practice
- Do not request collection of blood products from pathology until it is confirmed that both the clinical area and patient are ready for transfusion
- Blood components should only be taken to clinical areas immediately prior to transfusion
- Blood components should only be placed on surfaces that have been cleaned and are not at risk of respiratory droplet contamination (including satellite refrigerators, platelet incubators/agitators, transport containers or other cleaned surfaces). All blood products should continue to be handled with standard precautions i.e., using gloves as routinely required along with hand hygiene

Frequently Asked Questions

1. What is the risk of contamination if a blood pack is taken to potentially contaminated bedsides or clinical areas and not used?

   There is no evidence that the virus causing COVID-19 can permeate a blood pack (NHS 2020).

2. Is there any way of wiping a blood bag to clean or disinfect it?

   No. Lifeblood have advised they are unable to recommend any product to clean or disinfect blood component bags. There is no validated or approved product or method for this purpose (Australian Red Cross Lifeblood, 2020).

3. Where a blood product enters a COVID-19 specific area can it be accepted back into laboratory inventory?

   Where standard precautions have been applied, blood products should not pose a risk to HWs upon return to the laboratory. Single use plastic transport bags may be used.

4. Should blood products from any clinical area be accepted back into the inventory?

   Blood components should only go to the clinical area and the patient bedside when the transfusion is ready to commence.

   If a blood component has been out of controlled storage, has breached the cold chain requirements and is no longer required, the laboratory should be contacted.

   If a blood component has been correctly stored and is no longer required, it can be returned safely from clinical areas containing patients infected with COVID-19 with no special precautions. Local infection prevention and control teams can confirm local policy[1].

   Ensure standard precautions are used when blood components are returned and follow guidance about personal protection.

5. Should there be a quarantine box to keep in cases where particular groups or product stock levels are low?

   A quarantine box should not be needed if the blood bag is taken to the patient bedside or into a COVID-19 restricted area when it is ready to transfuse.

References

1. NHS Blood and Transplant COVID-19 and information for hospital transfusion laboratories – 6.4.20, https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/18211/faqs-part-2-060420.pdf (accessed 21 April 2020)

2. Australian Red Cross Lifeblood Communication, AHP Coronavirus update 8 April 2020.

5.5 Medical Imaging

The provision of medical imaging services for patients with suspected or confirmed COVID-19 must not be delayed and the care provision should be based on a risk assessment and clinical need.

5.6 Non-acute healthcare settings

Community, primary care, and outpatient services provide a diverse range of programs and health promotion activities to local populations or communities. The COVID-19 pandemic has highlighted the importance of maintaining services with risk mitigation strategies to ensure the safety and well-being of HWs and patients/clients.

The following table summarises the IPAC recommended for patient visits in a range of settings.

TABLE 7: RECOMMENDATIONS FOR COVID-19 INFECTION PREVENTION AND CONTROL FOR PRIMARY CARE, COMMUNITY AND OUTPATIENT SETTINGS DURING AMBER AND RED ALERT LEVEL

ACTIVITY	RECOMMENDATIONS
Telehealth	• Consider if telehealth options may be employed to ensure continuous care provision. Guidance in relation to telehealth is available at ACI- Virtual care
Screening	• Screening of patients for symptoms prior to attendance as part of routine clinical assessment and this can occur as the first available opportunity after entry
Waiting room signage (with language translations)	• Post signs at entrances and in waiting areas about infection prevention actions such as hand hygiene, respiratory hygiene, physical distancing and reporting to reception if unwell • If the number of people who can sit in a waiting area has been defined, this should be displayed at the entrance
Limiting the number of people/family members accompanying the patient/client	• Define the number of people/family members allowed; this will be determined by the type of setting and the services provided • Consider alternatives such as using telehealth to communicate with family members while the patient/client attends the visit
Physical distancing	• Create or define separate areas for patients with ARI and patients with other conditions
Hand hygiene	• Provide accessible supplies of alcohol-based hand rub (ABHR)
Respiratory etiquette/hygiene	• Provide information, tissues, ABHR and access to a waste bin
Personal protective equipment (PPE) stock levels	• The stock level will be determined by the services provided and risk of attendance of patients with an ARI/COVID-19 • Consider the level of contact required and the number of procedures performed for the number of patients who attend appointments • Check expiry dates, not to overstock
Shared patient	• Assess what equipment is shared

ACTIVITY	RECOMMENDATIONS
equipment	• Determine if any alternative single patient use or single use equipment is available • Review manufacturer instructions for cleaning equipment that is used on multiple patients • Ensure that there are adequate and accessible cleaning products available
Environmental cleaning	• Follow routine environmental cleaning processes within community health centres, primary care services, community services, and outpatient settings • Focus on high touch surfaces from patients/clients, HWs and accompanying people • Assess if surfaces, furniture and equipment can be cleaned easily e.g., avoid fabric chairs • Develop a plan for cleaning which should include terminal cleaning, type of chemical, scope of cleaning
Toys/books/magazines	• Remove books, magazines and unnecessary pamphlets from waiting areas • Pamphlets required are to be kept to a minimum • Remove toys that cannot be cleaned
Health promotion material	• Clean holders regularly – the frequency will depend on how often the materials are accessed by patients/clients

Pre-screening for routine and scheduled appointments

Prior to routine and scheduled face-to-face appointments, a risk assessment should be undertaken to identify any potential risk of ARI/COVID-19:

- Risk screening should be encouraged during periods of high transmission risk of COVID-19 and other respiratory pathogens, and this can occur as the first available opportunity after entry
- Assessment screening responses should be documented in clinical notes.

There are several mechanisms to determine the patient/client's risk of ARI/COVID-19 infection and other risks prior to a routine or scheduled appointment.

Vulnerable patients (at risk for COVID-19) should be identified and risks associated should be considered in the provision of primary, community or outpatient care. If the patient/client requests specific IPAC practices from healthcare or care providers, it should be considered in context of high community transmission of COVID-19 and patient/client vulnerability e.g., patient requests provider to wear a surgical mask. Information regarding COVID-19 and influenza vaccination should be documented in the patients' health record.

The table below provides suggestions for patient screening and actions during increased community transmission of ARI/COVID-19.

TABLE 8: PATIENT SCREENING TO DETERMINE INFECTION PREVENTION AND CONTROL REQUIREMENTS DURING INCREASED COMMUNITY TRANSMISSION OF ARI/COVID-19

BEFORE THE PATIENT/CLIENT ARRIVES	
Pre visit screening options	**Screening questions or action required**
SMS and/or telephone call to patient/client or carer prior to visit Or Pre-visit phone call if pre-screening questions were answered more than 24 hours prior to visit due to a cancelled or rescheduled appointment	• Reminder of appointment • Range of screening questions regarding ARI/COVID-19 (specific questions to be decided by the healthcare providers). The following examples are provided however, the LHD/SHN may determine the final screening questions. Examples may include: ○ Any symptoms for ARI/COVID-19 ○ Testing for ARI/COVID-19 undertaken recently ○ Confirmed COVID-19 infection in the last 5 weeks ○ Have you been identified as a close contact of a COVID-19 case in the past 14 days?
Cancellation or rescheduling appointment	• If a patient/client states that they have previously been diagnosed with COVID-19, determine if they are still within their period of infectivity or meet the criteria for de-isolation for the purpose of their visit (see *Appendix 2A: Deisolation criteria for COVID-19 within NSW healthcare facilities*) • If the patient/client cannot be de-isolated for their visit, determine if: ○ Their appointment can be deferred without compromising their care ○ A virtual (telehealth) appointment or home visit may be an option if their appointment cannot be safely rescheduled
WHEN THE PATIENT/CLIENT ARRIVES	
On arrival	**Re-screening question and actions required**
Reception area If patient/client has ARI symptoms, provide them with a surgical mask (if not wearing one) and ask them to wait in the pre-determined area	• Rescreen using suggested screening questions above • Ask the patient/client to perform hand hygiene • Inform the patient/client where they are required to wait for the appointment • If possible, observe the waiting area for any person showing ARI symptoms • Provide their contact number to the home visiting team or GP if answers 'yes' to any at risk question to perform follow up screening

DURING THE APPOINTMENT	
Risk screening and ARI assessment to be undertaken by the allocated person	• Risk screening and ARI symptom assessment should be documented in the clinical notes; information is to be shared across the team • Ask the patient/client and accompanying person to perform hand hygiene prior to entering the room • Action should be taken to mitigate respiratory symptom risk factors e.g., respiratory hygiene, use of a surgical mask where practical • Consider the need for interpreter services (telehealth where practicable or face-to-face)
Patients without ARI symptoms or risk factors for COVID-19	• No change to routine care, treatment, or assessment. Use standard precautions and adhere to the current NSW Health risk level and LHDs local guideline.
Patient/client with suspected or confirmed ARI/COVID-19 and who requires an appointment	• For case definitions refer to CDNA National guidelines for public health units • Consider postponing an appointment or alternate model of care until the patient/client has met the criteria for de-isolation applicable to the specific healthcare setting (see *Appendix 2A: Deisolation criteria for COVID-19 within NSW healthcare facilities*) • If postponing is not possible, transmission-based precautions must be applied

Re-opening or scaling up outpatient services

During periods of increased community transmission of ARI/COVID-19, health facilities may cease or reduce their outpatient services. Re-opening or scaling up of outpatient services should align with usual routine operations and meet the requirements within the Management of Outpatient (Non-Admitted) Services. Ensuring that the most appropriate provision of care remains paramount.

5.7 Advice for Breast Screen NSW services

The following advice is provided for the safe operation of breast screening services during increased ARI/COVID-19 community transmission risk.

The recommendations are based on known transmission risks for ARI/COVID-19 and, as for all IPAC precautions, an individual risk assessment is required.

These recommendations should be read in conjunction with relevant LHD guidelines.

1. On presentation, reception HW to ask all clients about ARI/COVID-19 screening questions. Clients displaying any ARI symptoms will be triaged by a clinical HW and rescheduled as appropriate
2. Cleaning of frequently touched surfaces

3. Provide hand hygiene products for HWs and clients
4. Radiographers to use transmission-based precautions if indicated by risk assessment
5. Radiographers to undertake mammograms with minimal face to face contact by standing behind, or to the side of the client while positioning for the mammogram
6. Clean medical imaging equipment between clients as per usual practice.

5.8 Group community sessions and meetings

The purpose of this guidance is to enable LHD/SHNs to assess and manage risks associated with increased community transmission of ARI/COVID-19 when conducting community group meetings/sessions in a safe environment.

Given the diversity of group community sessions/meetings, the risk assessment framework is principle-based to enable each individual specialty service to design their own safe environment.

The lines of communication in each setting and for each group will need to be very clear so that when risks are identified, they are escalated to the person with the appropriate level of knowledge and authority to respond and mitigate the risks.

Guiding principles include:

- HWs need to remain vigilant in practicing IPAC principles including ARI/COVID-19 safe behaviour in health and outreach facilities, external health services group training / meeting activities and during school visits
- The appropriateness of telehealth will depend on the patient/client cohort and the health service/modality being offered. It is acknowledged there are certain interventions that are unsuitable to conduct via telehealth
- HWs need to maintain COVID-19 safe behaviours and model how they want the community to act within the group sessions/meetings
- NSW Public Health have developed resources containing suggested language for health professionals to use
- For information on COVID-19 safety for Early childhood education centres, see here.

5.9 Standing up testing clinics

When establishing drive-through, pop-up or mobile ARI/COVID-19 testing clinics, it is important to consult with the local IPAC team and to consider the following practices:

Physical set up of the COVID-19 testing clinic

- Location and workflow of the clinic
- Ventilation for enclosed pop-up clinics (established or temporary building or a pop-up tent)
- Signage to direct and inform patients, control traffic and/or queues, limit speed etc.
- Separate areas for HWs to don and doff PPE safely

- Allocated PPE-free zone for a HW break area
- Separated and enclosed storage for both used and reprocessed items, i.e., shared patient equipment and PPE. All reusable equipment/items must be reprocessed as per their manufacturer's instructions for use
- Waste collection areas
- Bathrooms for HWs.

Equipment/resources/consumables

Access to:

- ABHR at the point of care
- Equipment to enable specimen collection, security of specimens and access for pathology couriers to collect specimens
- PPE for standard and transmission-based precautions including uniforms (variations required for different weather conditions, operational hours, drive-through vs walk-in clinics)
- Products to enable routine and enhanced environmental cleaning
- Products to enable cleaning of shared patient care equipment (including chairs) after each use
- Patient information resources.

Staffing

- Allocation and delineation of various HW roles
- Orientation and education program for HWs in the pop-up clinic on infection prevention and control
- Ensure HWs have the training and resources to enable good practice in taking swabs
- Adequate security for HW safety.

High visibility apparel

High-visibility (high-vis) apparel is protective equipment for highlighting the physical location of a person/object and may be required for the safety of HWs working in outdoor environments such as COVID-19 drive-through clinics where:

- There is movement of machinery (motor vehicles)
- The clinic is open during evening or night-time hours
- Protection from the weather may be required.

High-vis apparel is not:

- A hierarchy of control for infection prevention and control strategies
- Intended for standard, contact and droplet precautions
- Protecting HWs from exposure to transmissible infections, such as SARS-CoV-2.

The workflow should consider who performs the administrative role (e.g., traffic control) and clinical role to ensure appropriate utilisation of PPE. High-vis apparel should be allocated to HWs responsible for directing traffic and/or where their work location requires high visibility.

It is recommended that HWs collecting specimens or assessing patients within 1.5m do not wear high-vis apparel. This will avoid added risk for self and cross-contamination between patient interactions and during doffing.

Collecting specimens

When collecting respiratory specimen transmission-based precautions should be observed whether or not respiratory symptoms are present. For most patients, the collection of respiratory specimens is a low-risk procedure and can be performed using standard and droplet precautions. Based on risk assessment, airborne precautions with eye protection to be used (refer to *Chapter 3: NSW IPAC Response and escalation framework* for further information).

For more information see: Public Health Laboratory Network (PHLN) guidance on laboratory testing for SARS-CoV-2 (the virus that causes COVID-19)

5.10 Home visits

Home visits from healthcare and NGO providers enable personalised and individualised care for patients/clients. Providers of home care will continue to ensure that there is minimal impact on patient/client care activities. The impact of ARI/COVID-19 recognition and prevention must not impede routine and necessary patient/client models of care, safety, and quality of care.

It is expected that home care providers maintain adequate supplies of appropriate PPE, cleaning materials and ABHR to protect themselves if caring for a patient/client with suspected or confirmed ARI/COVID-19, as part of their work health and safety (WHS) obligations in addition to preventing cross transmission.

Please check the NSW Health, Department of Health Managing home care through COVID-19 and Clinical Excellence Commission websites for the most up to date information.

The Commonwealth Department of Health Managing home care through COVID-19 remains the key document for providers for persons living at home.

Information for disability support providers webpage has several guidance documents and information for community-based services and home visiting to reduce the risk of COVID-19 for their residents.

For patients/clients and household members without symptoms or risk factors for COVID-19, there is no change to care, treatment or assessment. Usual infection prevention and control principles and practices are to be followed as per the Infection Prevention and Control Practice Handbook. Use of standard precautions and PPE according to the risk escalation framework (refer to *Chapter 3: NSW IPAC Response and escalation framework*).

5.10.1 Key IPAC principles for home visits

Early recognition of patients/clients who have suspected or confirmed ARI/COVID-19 is essential to maintaining the health and wellbeing of providers, carers, HWs and the community. The following key elements are important factors:

1. **Triage** and risk assessment through a screening process prior to arrival at the home or premises should be conducted. COVID-19 risk assessment of patients/clients should be undertaken by providers of care in the home prior to each visit.
2. **Respiratory hygiene and cough etiquette** to contain respiratory secretions are recommended for everyone and should be communicated to patients/clients
3. **Standard precautions** represent the minimum infection prevention measures that apply to all patient/client care, regardless of suspected or confirmed infection status of the patient/client, in any setting where healthcare and home care is delivered. These evidence-based practices are designed to both protect and prevent spread of infection among patients/clients, care providers and HWs.
4. **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.
5. **Challenging behaviours** include shouting or behaviours that result from agitation or difficulty following instructions. These behaviours in patients/clients can be particularly concerning during the first week of infection when viral load may be high, and risk of transmission is increased. HWs and care providers may be required to wear a particulate filter respirator (P2/N95 respirator) when caring for patients/clients suspected or confirmed with ARI/COVID-19 and with cognitive impairment or challenging behaviours.
6. **Assess and monitor risk** through routine risk screening and monitoring for patients/clients and the HW or care provider at each point in the episode of care. The risk screening and risk management required for the patient/client is inclusive and required for others who will be present at the appointment and/or living in the home.
7. **HW or care providers** must follow all requirements for assessing, monitoring and reporting their own health and risk factors associated with ARI/COVID-19 to ensure their own safety and the safety of those they provide care for.

   HW, care providers, healthcare students and volunteers who are suspected or confirmed with COVID-19 should follow the NSW Health Management and support after testing positive for COVID-19 guidance. Before returning to work, HWs must follow the COVID19 and other ARI: Managing Health Worker Exposures Return to Work in a Healthcare Setting.
8. **Vulnerable patients/clients** (at risk for COVID-19) should be identified and risks associated with specific COVID-19 vulnerability should be considered in the provision of home care.
9. **Vulnerable HWs and care providers** should be individually risk assessed to determine their suitability for care of patients/clients with suspected or confirmed COVID-19.

5.10.2 Education of patients/clients

It is important that patients/clients who require a home visit are provided basic IPAC education. This should include:

- Hand hygiene
- How to store and handle any sterile medical consumables required for dressings and/or treatment
- Reporting of an ARI, gastrointestinal symptoms, or rashes prior to a home visit by a HW or care provider
- What PPE the HW or care provider will be wearing and why it is required
- Up to date information on COVID-19 relevant to the patient/client.

5.11 Disability information

There are numerous resources available for people with disability and their carers or supporters. Table 9 includes links to resources and an email contact if PPE is not available.

TABLE 9: COVID-19 RESOURCES FOR PEOPLE WITH A DISABILITY AND THEIR CARERS OR SUPPORTERS

Information	Link or email
Providers unable to obtain sufficient PPE from existing supply sources	Email: MOH-NDIS@health.nsw.gov.au
Information and referrals for people with disability and their supporters about coronavirus (COVID-19) • Transitioned to 'Disability Gateway' • Resources for COVID-19 – easy read, AUSLAN	https://www.dss.gov.au/disability-and-carers/information-and-referrals-for-people-with-disability-and-their-supporters-about-coronavirus-covid-19
COVID-19 information for people with disability	https://www.health.nsw.gov.au/disability/covid-19/Pages/default.aspx
Updated guidance for disability service providers	https://www.health.nsw.gov.au/Infectious/covid-19/Pages/disability-support.aspx
Guidance for home care service providers	https://www.health.nsw.gov.au/Infectious/covid-19/Pages/home-care-latest-advice.aspx
COVID-19 advice for people with disability	https://www.nsw.gov.au/covid-19/how-to-protect-yourself-and-others/resources-for-people-with-disability Current info
Resources for carers	https://www.nsw.gov.au/covid-19/how-to-protect-yourself-and-others/resources-for-people-with-disability#resources-for-carers Current info

Information	Link or email
What you can and can't do under the rules	https://www.nsw.gov.au/covid-19/what-you-can-and-cant-do-under-rules Current info
COVID-19 Health Professionals Disability Advisory Service	https://www.health.gov.au/contacts/covid-19-health-professionals-disability-advisory-service Australian Gov department of health website
Coronavirus (COVID-19) Easy Read resources collection	https://www.health.gov.au/resources/collections/coronavirus-covid-19-easy-read-resources Australian Gov department of health website
Providing health care remotely during the COVID-19 pandemic	https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-advice-for-the-health-and-disability-sector/providing-health-care-remotely-during-covid-19#telehealth-services-

Appendix 5A: Further information relevant to aged and residential care

- For national updates – Department of Health and Aged Care
- Coronavirus (COVID-19) - CDNA National Guidelines for Public Health Units
- Managing a COVID-19 outbreak in residential aged care
- NDIS Quality and Safeguards Commission: NDIS Quality and Safeguards Commission - COVID-19 resources and information
- Advice to residential disability care facilities (RDCF)
- COVID-19 advice for people with disability
- COVID-19: Advice for aged care services
- Advice to residential aged care facilities (RACFs)

Appendix 5B: Cardiopulmonary resuscitation

First responders (HWs performing the home visit) can take the following action(s):

- If they have a mobile phone dial the emergency number for an ambulance, activating the speaker or hands-free option
- Can commence chest compressions, using standard and droplet precautions while awaiting the arrival of NSW Ambulance to undertake airway manoeuvres
- Rescue breaths are recommended for adults if equipment and PPE is available. The choice of technique for airway management will be dependent on the practitioner experience, the type of equipment available and the circumstances of the resuscitation
- Consider providing rescue breaths to infants and children in addition to chest compressions.

Reference:

1. COVID-19 infection risk to rescuers from patients in cardiac arrest
2. Caring for people with COVID-19
3. Preparedness for cardiopulmonary resuscitation during the COVID-19 pandemic
4. CPR during the pandemic, National clinical evidence taskforce