COVID-19 and Infection Prevention and Control

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RESIST

Infection Prevention and Control Controversies

There is variation in detail between national guidance on infection prevention and control issued in different countries. Similarly, many specialist societies have issued recommendations, which differ in some details from national or international guidelines on infection prevention and control. Although differences in detail are a focus of considerable debate and can create a very challenging environment for infection prevention and control practice is it important to focus on the clear consensus on all the most critical aspects of infection prevention and control and to continue to work together to manage those areas of difference and to look to emerging evidence to resolve them.

Staff – Key Points

Minimise the number exposed
The importance of adequate staffing
Cohort staffing where possible – COVID and non COVID
Staff who have recovered likely at reduced risk caring for COVID patients
One-Stop Care : Planning for the person who enters the care area to do as much as possible in one-stop
Minimise social interaction and face-to-face meetings
Check for symptoms at the start of each shift and report if symptoms appear

Visitors – Key Points

Very limited

Care of dying including pastoral visits
Maternity – birth partners who are asymptomatic
Visits to children
Carers /key workers for those with disability

Advise on risk and how to minimise

Standard Precautions – Key Points

Patient placement – early assessment of all patients and surveillance for development of new symptoms in hospital

Hand hygiene
Respiratory and cough hygiene (provide tissues and hand rub at entrances)
Personal Protective Equipment (PPE) – supplies and training
Use when needed – avoid ritual use
Linen and Laundry
All linen used in direct care of COVID-19 “infectious” linen
Uniforms and Clothing
Scrubs - not essential and are not PPE but should be considered
Changing area for staff

Standard Precautions – Key Points -2

Management of blood and body fluid spills
Management of waste – healthcare risk waste

Transmission Based Precautions – Key Points

Patient placement – signage at entry for contact and droplet
Single room en suite where possible
If not en-suite managing commode use

Patient placement of **aerosol generating procedures**
(some areas of controversy remain around what constitutes AGP)
AGP ideally in negative pressure room with airborne precautions
(otherwise single room)
Cohorting and Streaming
COVID and non-COVID Streaming
Cohort confirmed positives easier that cohort suspect

Transmission Based Precautions – Key Points

Cohorting – the challenge of AGPs especially for Suspect Cohort areas

Keep space

Promote mask use if possible

Use privacy curtains

Personal Protective Equipment (PPE)

Based on task and proximity & contact

Note: area of differences of view – generalized use of surgical masks

Extended use of PPE

Not ideal, accepted in some situations, NO EXTENDED GLOVE USE

Transmission Based Precautions – Key Points

Type of PPE

Coveralls – where gowns are not available

Quality of PPE

Respirators
Respiratory Masks and PARPs

Caps/Hoods and Shoe covers – not recommended

Transmission Based Precautions – Key Points

Donning & Doffing PPE

Donning coveralls – need a training video

Doffing –remove all PPE in ante-room if available
otherwise remove all PPE but the mask in the room
In cohort areas- apply same principle in the context

Note: if reprocessing of eye protection has to be considered eave eye protection on until leave the room and the place is a clean dry container
If reprocessing of masks has to be considered place the mask in a clean dry container

Transmission Based Precautions – Key Points

Donning & Doffing PPE

Duration of Transmission Based Precautions

Discharge if possible
Testing of clearance generally not required

Reusable Patient Care Equipment
Allocated to a patient or cohort
Reuse with appropriate decontamination
Mobile Healthcare Equipment & Personal digital assistant -
– minimise use and clean/disinfect if used
PDA – if you need to scan can you use a photocopy ?

General Environment

Clean and clutter free
Avoid fans

Routine cleaning
Cleaning Frequency
Terminal Cleaning

Unused Medication Blood Products and PPE

Do not discard critical items

Specific Scenarios

Suspect COVID-19 in an In Patient

Surveillance & Monitoring for key symptoms should be implemented
Relevant to patients and healthcare workers

Specific Settings

Critical Care Setting

Operating Theatres

Outpatients

Radiology

Dialysis (we are not recommending respirator masks)

Maternity Units
Internal and External Transfer

Transfers

Internal

External

Attendance for Regular Treatment

For example dialysis/ oncology

Asymptomatic patients can travel by their usual means

Asymptomatic patients who have been informed that they are close contacts may drive themselves to the unit or be driven by someone who is willing to drive them (Units should have arrangements in place in the event this is not possible).

Patients who have symptoms of possible COVID-19 must telephone in advance of their appointment and if necessary may drive themselves to the unit, if they feel well enough or be driven in private transport by someone who has already had exposure and is willing to drive them. If they have a surgical face mask this should be worn, if tolerated for transfer to the hospital.

Laboratory

For information in relation to laboratory processes, refer to HPSC recommendations on *Biosafety guidance for diagnostic laboratories handling specimens from individuals with possible, probable or confirmed infection with Novel Coronavirus (2019 nCoV), Middle East respiratory syndrome Coronavirus or Avian Influenza A* available at www.hpsc.ie

Double bagging of specimens at time of collection is **not** required,

Laboratory specimens, including those from COVID-19 patients can be sent by pneumatic tube systems, in line with standard operating procedures

Point of Care Testing

Point-of-care testing (POCT) should not be performed on potentially-infectious specimens where a practical and safe alternative exists.

If point-of-care blood gas analysis is necessary to manage a critically ill patient, the incremental risk to HCW beyond the risk of delivering direct patient care is likely to be minimal and it may be performed with specific precautions

Care of the Deceased

Communication of level or risk

Hygienic preparation

Any IPC procedures that have been advised before death must be continued in handling the deceased person after death

Transport to the Mortuary

An inner lining is not required in terms of COVID-19 risk but may be required for other, practical reasons such as maintaining dignity or preventing leakage affecting the mortuary environment

PPE is <u>not required</u> for transfer, once the body has been placed in the coffin

Extraordinary Measures when PPE is in short supply

Reduce risk of exposure as much as possible
Substituting Items of PPE
Surgical face masks –are there FFP2 masks or less than ideal but acceptable masks
Gowns – good quality disposable plastic aprons and bare below the elbows
Decontamination of eye/face protection, for example goggles where there is a shortage of equipment
Prioritising use of PPE
AGPs are likely to represent the highest risk of transmission of infection to HCWs and when PPE is in short supply, these are the procedures

Decanting Alcohol-Based Hand Rub (ABHR)

Decanting of ABHR from large to smaller containers is not ideal, but is acceptable if necessary in the context of a shortage of suitably-sized ABHR units AND in the context of the current COVID-19 pandemic.

The container used must be clean, dry and of a suitable nature. If removal of temporary units of ABHR is an issue, then increasing the number of fixed ABHR units may be considered locally.