COVID-19 Infection Prevention and Control

Primary, Community and Outpatient Settings

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NSW GOVERNMENT

CLINICAL EXCELLENCE COMMISSION

Contents

Introduction

The purpose of this document is to provide specific infection prevention and control guidance for community health centres, primary care services, community services, and outpatient settings. Infection prevention and control guidance for home visits is not included in this guidance document. See Home Visits.

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 evolving, advice and resources for clinicians and the public are being updated to meet changing needs. This guidance document is not intended for the NSW Ambulance service as they have specific procedures and guidance available.

Providers of care in community health centres, primary care services, community services, and outpatient settings should continue to ensure that there is minimal impact on patient/client care activities and models of care. The components of COVID-19 recognition and prevention must not impede routine care and necessary patient/client safety and quality programs.

The need for personal protective equipment (PPE) should be based on the anticipated exposure to blood and body substances, and precautions should be based on the mode of transmission of the infectious agents. The COVID-19 virus is spread mainly from person-to-person in close contact with one another, through respiratory droplets produced when an infected person coughs or sneezes and by the infected person contaminating a surface or object with the virus by touching it. When picked up on other peoples' hands, it can be transmitted when they touch their face and mucous membranes.

It is expected that community health centres, primary care services, community services, and outpatient settings areas maintain adequate supplies of PPE and hand sanitisers as part of their work health and safety (WHS) obligations.

New and updated guidance are 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.

What are community, primary and outpatient settings?

SETTING	OVERVIEW
Community Service	Community health services provide a diverse range of programs and health promotion activities to local populations or communities. The aim of community health services is to improve the wellbeing of local residents by: • Encouraging people to actively participate in their own health care • Partnering with primary care providers to provide coordinated care • Linking with other health and service providers to meet specific needs of residents • Promoting prevention of lifestyle related diseases and conditions • Developing health care programs and activities to improve social and physical environments in the community NSW Health have an integrated primary and community health service called HealthOne NSW. **ComPacks** The ComPacks Program has been developed to facilitate safe and early discharge of eligible patients from hospital by providing access to a short-term package of care designed to help them gain independence and prevent re-admission to hospital.
Primary Care	Primary health care is generally the first contact a person has with the health system. It relates to the treatment of patients who are not admitted to hospital. While general practice is the cornerstone of primary care in Australia, primary care can also include care provided through nurses (such as general practice nurses, community nurses and nurse practitioners), allied health professionals, midwives, pharmacists, dentists, and Aboriginal health workers. Primary health care can be provided as a home visit or in community-based settings such as general practices, other private medical practices, community health centres, local government, and non-government service settings, such as Aboriginal Community Health Services.

SETTING	OVERVIEW
Outpatient Service	Outpatient services are generally provided in a clinic setting, where patients are not formally admitted to hospital and do not stay overnight. Patients can consult specialist medical practitioners, have tests, counselling or other procedures, or be provided with allied health, such as physiotherapy, psychology or podiatry, or specialist nursing care and assessment. See NSW Health Outpatient Services Framework Guideline GL2019_011

Option for Telehealth

The Australian Government has set up Medicare Benefits Schedule and Department of Veteran's Affairs items for all doctors, nurses, allied health and mental health professionals to deliver services via Telehealth. See Australian Government website: COVID-19 National Health Plan – Primary Care – Bulk Billed MBS Telehealth Services for details. The Agency for Clinical Innovation (ACI) has developed guidance documents for Telehealth within NSW regarding the option for using telehealth modalities, patient/carer information and training resources.

Telehealth may not be suitable for all patients. Each of these healthcare settings will need to review their list of patients to determine the level of support, care or treatment that is required. The level of support must include consideration of the risk or benefit of face-to-face appointments versus telehealth options, or a combination of both. This information is to be shared between healthcare providers and services involved in the patient/client care and support. Any risks related to COVID-19 infection are to be included in the communication e.g. mandated 14 day self-isolation, development of COVID-19 symptoms and currently being tested, household member tested positive for COVID-19.

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 health workers, carers, and the community.

1. **Triage** and risk assessment through pre-screening prior to the visit and on arrival.

2. **Physical distancing** is to be practiced at all times to limit the transmission of COVID-19. Where practical, health workers 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.

3. **Respiratory hygiene and cough etiquette** – the following measures to contain respiratory secretions are recommended for everyone. This should be communicated to patients:

    a. Cover your mouth and nose with a tissue when coughing or sneezing

b. If you don't have a tissue, cough or sneeze into your elbow

c. Use the nearest waste bin to dispose of the tissue after use

d. 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 Clinical Excellence Commission 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 infection status of the patient/client, in any setting where community health, primary care services, community services, and outpatient care is delivered. These evidence-based practices are designed to both protect and prevent spread of infection among patients, care providers and healthcare personnel.

   Standard Precautions comprise the following measures:

   a. Hand hygiene

   b. Respiratory hygiene (cough etiquette)

   c. Personal Protective Equipment (PPE) is applied when exposure to blood and body substance is anticipated

   d. Aseptic technique for clinical procedures

   e. Occupational exposures: needlestick/sharps injuries or blood and body fluid splashes prevention

   f. Cleaning and disinfection of the healthcare environment and shared patient/client care equipment (see Appendix D)

   g. Waste disposal

   See Clinical Excellence Commission 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 posters of PPE required for each precaution.

   a. **Contact Precautions** protect healthcare and care providers and prevent them from transmitting COVID-19 from direct physical contact with the patient/client, from shared patient care equipment or from environmental surfaces directly contaminated by the patient/client.

   b. **Droplet Precautions** protect healthcare and care providers' 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.

   c. **Airborne Precautions** protect healthcare and care providers' 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.

6. **Assess and monitor risk**
    a. healthcare or care providers should conduct routine risk screening and monitor risk to their **patients/clients** 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 e.g. carer, family member, partner. Consideration will be given to patients who may be poor historians and may not have capacity to answer COVID-19 screening or risk assessment questions accurately.

    b. Healthcare or care providers must follow all requirements in regards to assessing, monitoring and reporting their own health and risk factors associated with COVID-19 to ensure their own safety and the safety of those they provide care to. **Health workers, staff, healthcare students and volunteers who have suspected, probable or confirmed with COVID-19** must not attend work if they have any acute respiratory symptoms. Symptoms of COVID-19 include **fever, 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**. They must also follow the home isolation guidance for people confirmed to have COVID-19 infection. Before returning to work, health workers must follow the NSW Health Release from Isolation criteria

7. **Vulnerable** (at risk for COVID-19) **patients** should be identified and risks associated with specific COVID-19 vulnerability should be considered in the provision of primary, community or outpatient care. If the patient/client requests specific infection prevention and control practices from healthcare or care providers, it should be considered in context with high community transmission of COVID-19 and the patient/client vulnerability e.g.patient requests provider to wear a surgical mask. The number of healthcare or care providers and contacts for vulnerable patients should be minimised as much as possible whilst maintaining the health and wellbeing of patient/client. For example, reviewing the appropriateness on the number of students and health workers visiting per appointment and the duration of time spent with the patient/client within 1.5 metres.

8. **All Healthcare or care providers** (including volunteers and non-clinical community support workers) 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. Training videos are available on My Health Learning and on the Clinical Excellence Commission website (See Appendix B).

9. Use **evidence based practice** ensuring culturally safe work environments and health services. See NSW Aboriginal Health Plan 2013-2023 and NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023.

10. For information on **uniforms/non-uniform** clothing, footwear and dress codes, refer to facility/organisation or Local Health District/Specialty Health Network Uniform policies/procedures/guidelines.

11. For annual influenza vaccination and **vaccinations** for adults, children and adolescents, refer to:
    a. NSW Immunisation Schedule 2020
    b. The NSW Health Occupational Assessment, Screening and Vaccination Against Specific Infectious Diseases Policy which outlines requirements for health workers
    c. Commonwealth Department of Health Aged Care Provider Responsibility for Influenza Vaccination requirements.

12. **Access to hand hygiene products** on entry to community health centres, primary care services, community services, and outpatient settings. Hand hygiene products should be accessible and available at the entry to any room for consultation, assessment, care, clinical procedure, treatment or diagnostic procedure.

Safe practices for all health workers (HWs)

The adherence to infection prevention and control principles including use of PPE is key in the prevention and control of inadvertent exposure to pathogens. HWs are to follow local guidelines and procedures.

The following key infection prevention and control practices of safe working are for HWs in community health centres, primary care services, community services, and outpatient settings:

a. Hand hygiene remains the safe practice foundation for HWs and patients/clients
b. HWs are trained on donning and doffing PPE; videos are available for training
c. HWs know what PPE they should wear for each setting and context
d. HWs have access to the PPE for the appropriate setting and context
e. HWs are bare below the elbows for clinical care
f. Gloves are single use as per Standard Precautions and disposal after each patient/client contact and changed when clinically indicated
g. Hand hygiene is performed after removing any element of PPE
h. HWs avoid touching their face
i. Hair is to be tied back or up during clinical care.

Preparation of Community Health Centres, Primary Care Services, Community Services, and Outpatient Settings for Patient Visits

ACTIVITY	RECOMMENDATIONS
Waiting room signage (with translation)	• post signs at entrances and in waiting areas about prevention actions such as hand hygiene, respiratory hygiene, reporting to reception if unwell • if a community health centre, primary care service, community service, or outpatient setting has defined the number of people who can sit in a waiting area, this should be displayed at the entrances
Limiting the number of people/family members accompanying the patient/client	• the community health centres, primary care services, community services, and outpatient settings is to 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
Social/Physical Distancing	• place chairs >1.5 metres apart. Consider if floor marking social distancing areas are required to prevent them being moved • determine if other ways in which patients can be separated e.g. patients waiting in their motor vehicle until their appointment • if the healthcare setting is expecting babies/children in strollers, additional space will need to be allocated • create or define separate areas for sick (acute respiratory symptoms) and well patients • assess how clinic spaces are currently set up and if these could be moved around to enable improved social/physical distancing • assess if a decluttering program is required for improved social/physical distancing
Hand Hygiene	• provide accessible supplies of alcohol based hand rub • provide information on location of bathroom if patient/client prefers washing hands with liquid soap and water for 20 seconds
Respiratory Etiquette/Hygiene	• provide information, tissues, alcohol based hand rub and access to a garbage bin • an information poster or information on a TV channel may be beneficial

ACTIVITY	RECOMMENDATIONS
PPE stock levels	• assess and restock PPE levels on a regular schedule • the stock level will be determined by the services provided, risk of patients with COVID-19 • consider the level of contact required and the number of procedures performed for the number of patients who attend appointment
Telehealth	• consider if telehealth options may be employed to connect separate rooms within the same facility to ensure that appropriate social distancing occurs
Temperature checks	• determine the location for temperature checks to be undertaken • determine the communication and actions required if a patient/client has a significant temperature • post signage for mandatory temperature checking • post reminders for people entering the waiting area for temperature checks and to perform hand hygiene
Shared Patient Equipment	• assess what equipment is shared • determine if any alternative single patient use or single use equipment is available for patients/clients with suspected, probable or confirmed COVID-19 • review manufacturer's instructions for cleaning equipment that is used on multiple patients • ensure that there are adequate and accessible cleaning products for cleaning • determine if equipment requires cleaning with detergent or a disinfectant, or both. The manufacturer's instructions will provide this detail • determine what requires a full clean or the equipment that requires cleaning on high touch-point surfaces e.g. door handles, light switches, back of chairs/arms of chairs, telephones, keyboards • check that detergent and disinfectant chemicals are compatible
Environmental Cleaning	• follow routine environmental cleaning standards within community health centres, primary care services, community services, and outpatient settings • focus on high touch surfaces from patients/clients, HWs and accompanying people • determine if any particular areas, surfaces, rooms or equipment require more regular cleaning e.g. patient/client chairs, external surfaces of alcohol hand rub dispensers • assess if surfaces, furniture and equipment is able to be cleaned easily e.g. no fabric on chairs

ACTIVITY	RECOMMENDATIONS
	• develop a plan for cleaning in response to a COVID-19 positive patient/client. This should include: terminal cleaning, type of chemical, scope of cleaning. For a COVID-19 clinic, the plan should also include the frequency of cleaning.
Toys/Books/magazines	• remove books, magazines and pamphlets from waiting areas. • remove toys that cannot be cleaned.
Health promotion material	• clean holders regularly. The frequency will depend on how frequently these 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 COVID-19 cases:

- walk in visits are not encouraged during the pandemic as they are unable to be screened and assessed adequately;
- assessment screening responses should be documented in clinical notes

There are a number of mechanisms to determine the patient/client's risk of COVID-19 infection and other risks prior to a routine or scheduled appointment. The table below provides suggestions for communication. Check also NSW Ministry of Health webpage on outpatient clinics appointments.

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 COVID-19 (specific questions to be decided by the healthcare providers). Examples include: 1. Are you experiencing any acute respiratory symptoms for **COVID-19?** 2. **Have you been tested for COVID-19**? 3. Does a **household member** have **symptoms or COVID-19** confirmed by testing?

Cancellation or rescheduling appointment due to COVID-19	4. Have you been told to be in **self isolation** e.g. returned from overseas or a cruise, had a positive test? • Provide a **contact number** if answers 'yes' to any at risk question. • ***Reminder that if they develop respiratory symptoms or fever to call their GP for assessment and testing or National Coronavirus Helpline on 1800 020 080.*** If a patient/client states that they have previously been diagnosed with COVID-19 and they are now are clear, see Appendix C for clearance criteria. Determine if a: • home visit maybe required within the period of infectivity or self isolation • telehealth appointment may be an option.
WHEN THE PATIENT/CLIENT ARRIVES	
On arrival	**Re-screening question and actions required**
Reception Area If patient/client has acute respiratory symptoms, provide them with a surgical mask and ask them to wait in the pre-determined area (containment area)	• Range of screening questions regarding COVID-19 (specific questions to be decided by the healthcare providers). • Examples include: 1. Are you experiencing any acute respiratory symptoms for **COVID-19** e.g. sore throat, cough, sneezing**?** 2. **Have you been tested for COVID-19**? 3. Does a **household member** have **symptoms or COVID-19** confirmed by testing? 4. Have you been told to be in **self isolation** e.g. returned from overseas or a cruise, had a positive test? • Ask patient/client to perform hand hygiene ○ Inform patient/client where they are required to wait for the appointment

	○ Remind patient/client of social/physical distancing ○ These will also apply to person accompanying patient/client ○ If able, observe waiting area for any person showing acute respiratory symptoms
DURING THE APPOINTMENT	
Risk screening and respiratory symptom assessment to be undertaken by the allocated person	• Risk screening and respiratory symptom assessment should be documented in the clinical notes. Information is to be shared across the team • Ask 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 • Consider the need for interpreter services
General Safety Advice	• Limit the time spent with close face to face contact • Stand to the side of the patient/client when able • Do not shake hands • Review what items are handled by the patient/client and passed to healthcare staff that require cleaning • Provide a designated area for patients to place handbags etc. – not placed on beds, benches or chairs • Maintain social/physical distancing when able • Always have a supply of PPE within easy reach for standard precautions
Patients WITHOUT symptoms or risk factors for COVID-19	• No change to routine care, treatment or assessment. Use Standard Precautions and physical distance of >1.5 metres when applicable.

Patient/client with SUSPECTED, PROBABLE or CONFIRMED COVID-19 or a CONTACT for COVID-19 and requires an appointment	• The case definitions are documented on the NSW Ministry of Health Website: COVID-19 (Coronavirus) testing advice/Case definitions • Consideration must be given to postponing an appointment until the patient/client has either completed their period of isolation or they are able to be released from isolation. If not, the recommendations for Transmission Based Precautions must be applied. (See Appendix A)

Aerosol generating procedures

Aerosol-generating procedures (AGPs) include tracheal intubation, non-invasive ventilation, tracheotomy, cardiopulmonary resuscitation and collection of induced sputum.

NB: The use of nebulisers should be avoided during an appointment as they produce aerosols and an alternative means of delivering medication (such as a spacer) should be used. The patient/client is to be informed that if they are prescribed a nebulised medication, this should be used prior to their appointment.

AGPs are generally hospital related procedures but for the purpose of control it is important to understand the risk and identification of an AGP and particular care should be taken during such procedures.

Collection of respiratory specimens are not generally regarded as aerosol generating, although airborne precautions should be considered for severely symptomatic patients/clients with COVID-19.

For an AGP, use Contact, Droplet and Airborne Precautions (see Appendix A).

Collecting respiratory specimens

For most patients, the collection of respiratory specimens is a low risk procedure and can be performed using **contact** and **droplet** precautions:

- Prepare all respiratory specimen items, biohazard bag and pathology request form. Labels or information should be on the collection tube prior to procedure
- Complete all patient/client safety checks and consent
- Perform hand hygiene before donning an apron and surgical mask. Use eye protection as per standard, contact and droplet precautions. Perform hand hygiene and put on gloves when ready to perform the procedure
- To collect throat or nasopharyngeal swab stand slightly to the side of the patient/client to avoid exposure to respiratory secretions, should the patient/client cough or sneeze
- At completion of specimen collection, remove PPE (in the correct sequence) and perform hand hygiene between steps and immediately after removing all PPE. If any item of PPE is touched with bare hands during removal, perform hand hygiene using

alcohol based hand rub or soap and water for at least 20 seconds if hands are visibly soiled
- Place tube into biohazard bag, with the pathology request form
- Wipe any contacted/contaminated surfaces with detergent/disinfectant
- The room surfaces (high touch surfaces) should be wiped clean with detergent/disinfectant wipes by a person wearing gloves and an apron (standard precautions).

Handling of consumer paper health records

The risk of paper health record contamination and subsequent exposure to COVID-19 in the absence of a spill (or similar) is thought to be unlikely and considered extremely low. The available evidence does not support the idea of holding notes for 5 days prior to scanning and this is an unnecessary step and may increase the risk of separating notes from where they may be needed. It is acknowledged that some paper records/forms may require handling by patients during their appointment period.

A local process should be implemented to manage these health records and the following steps may assist in reducing the risk of cross contamination of these items:

- Hand Hygiene before/after contact with notes (patients and HWs)
- Clean pens and accessories
- Keeping desk areas clean and tidy – cleaning of work stations and work sites
- Attending admin areas with clean hands and no PPE
- Move to electronic notes where able
- Zone/modelling to reduce notes going directly in to patient/client care zone

Waste management

Waste from patients with COVID-19 does not require special/additional management and should be considered as general waste and segregated according to existing definitions. Manage waste in accordance with routine procedures:

- Clinical waste should be disposed of in clinical waste streams
- All non-clinical waste should be disposed of into general waste stream
- PPE is considered general waste unless contaminated with blood and or body substances.

Handling of linen

Management of linen from a suspected, probable or confirmed COVID-19 case should be performed in accordance with Standard Precautions and routine procedure. Handle all used linen as per the Infection Prevention and Control Practice Handbook (section 4.7.1).

Reprocessing of reusable medical devices (RMD)

Follow routine procedures. There is no need for any special treatment of RMDs used on COVID-19 suspected, probable or confirmed cases.

DO NOT LABEL used RMDs as "*COVID-19 CASE*".

Patients/clients rights and responsibilities

The rights and responsibilities for patients/clients remain the same. In this pandemic period, the basic rights of safety, communication and participation may be crucial in relation to infection prevention and control. Patients/clients, particularly those who are considered vulnerable, may require increased communication regarding the infection prevention and control precautions that health workers will practice to keep them safe. Patients/clients may request greater participation in their safety by asking health workers to perform hand hygiene, wear a surgical mask or other infection prevention and control practices that they have prioritised.

Transport

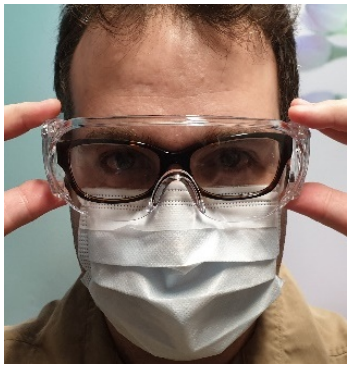
For health workers who are required to transport patients/clients or for health workers who are required to travel together, see Appendix E.

Appendix A: Standard, Contact, Droplet and Airborne Precautions

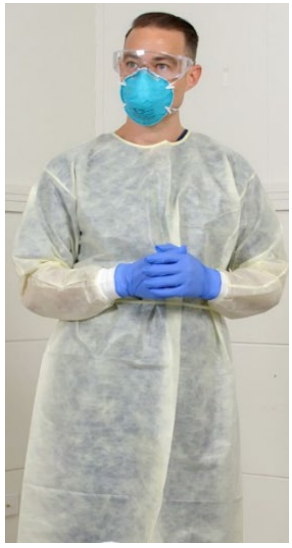
See Clinical Excellence Commission website: Standard and Transmission Based Precautions and PPE Training Modules

<table>
<tr><th colspan="4">Standard, Contact, Droplet and Airborne Precautions</th></tr>
<tr><td>Standard Precautions</td><td colspan="3">Standard Precautions apply for healthcare providers for patient/client care and comprise
hand hygiene
respiratory hygiene (cough etiquette)
PPE if in contact with blood or body substances
aseptic technique for clinical procedures
occupational exposures prevention
cleaning and disinfection of the healthcare environment and shared patient care equipment
appropriate waste disposal.</td></tr>
<tr><td>Type of PPE</td><td>Fluid resistant apron* or long-sleeved gown.

*Apron use should be considered based on your anticipated contact/exposure to droplets while caring for symptomatic COVID-19 patients.</td><td>Fluid resistant surgical mask

  </td><td>Eye Protection
(Safety Glasses
OR
Face shield)

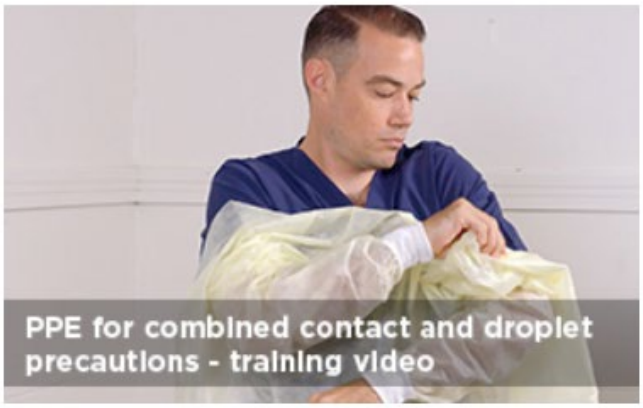
NB: Prescription glasses are not sufficient protection. Eye protection to be worn over prescription glasses</td></tr>
</table>

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

Appendix B: 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 C: Patient/Client Cleared from COVID-19 (Release from Isolation)

People confirmed as having COVID-19 with a mild illness who are home isolating can end self-isolation if:

- at least 10 days have passed since the onset of their symptoms and
- all symptoms of their acute illness have been resolved for the previous 72 hours.

Some people may have a pre-existing illness with chronic respiratory signs or symptoms, such as chronic cough. In this case, their doctor should assess whether the signs and symptoms of COVID-19 have resolved.

See NSW Health Release from Isolation guidance.

Appendix D: Cleaning Summary

Process/ surface	Summary of steps for cleaning
Clean	Clean hard surfaces with a multipurpose spray, detergent wipe or soap and water • Wear gloves to clean (clean hands before putting on and after removing them) • Use disposable cloths or change cloths after cleaning a room/area • Bathrooms and toilets require separate cloths • Use firm cleaning strokes in an 'S' pattern (top to bottom) and clean in sections. 'Cleaner' areas should be cleaned before 'dirtier' areas • Focus on high touch points such as doorknobs, light switches, countertops, handles, chairs, keyboards, desks, phones, bathrooms, sinks, writing materials (if shared) • Remove gloves when the cleaning is completed and perform hand hygiene
Disinfect	After cleaning, use a disinfectant wipe or spray if required (e.g. patient/client frequently touches the surface, equipment or device – high touch surfaces) • Some manufacturers have a disinfectant/detergent disposable cloth. These are suitable for cleaning • Diluted household bleach solution may be suitable (follow instructions on bottle) • Don't mix a detergent and disinfectant together in a bucket or container – they do not mix • Let the disinfectant dry – it requires a certain amount of contact time to disinfect the surface. Check manufacturer's instructions for use • Wear gloves to disinfect (clean hands before putting on and after removing them) • Remove gloves when the disinfection is completed
Soft surfaces	These include carpeted floor, rugs, curtains, blinds • Vacuum daily • Spot clean as required with a suitable cleaning agent for fabrics and carpets • Wear gloves to clean (clean hands before putting on gloves and after removing them)
Electronics	Items such as phones, touch screens, keyboards, remote controls, tablets • Consider having a wipeable cover if able • Check manufacturer's instructions for cleaning and types of cleaning chemicals that are able to be used • Check that cloths are compatible with the electronic device

Mechanical equipment	• Ensure patient/client does not have any sensitivities or allergies to chemicals • If patient/client is suspected, probable or confirmed COVID-19, cleaning of their medical/mechanical equipment should occur frequently: at least daily • Patient/clients should have a regular cleaning schedule for their medical/mechanical equipment
Biomedical Equipment	• Equipment should be cleaned according to the manufacturer's instructions

Appendix E: Transport

Determine the number of health workers who should travel together 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 observed and 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 with each to provide reminders for face touching, hand hygiene, respiratory hygiene and cleaning
7. they 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

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 in wearing a surgical mask and practising respiratory etiquette (hygiene).

Before entering the motor vehicle, both the driver and passenger are to perform hand hygiene (alcohol 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.

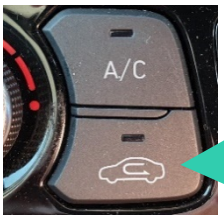
Passenger is to sit in back passenger side (diagonally opposite driver) – as far from driver as possible.

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 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 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.

- Handle soiled laundry with minimum agitation to avoid contamination of the air, surfaces and persons (e.g. roll up)
- Used, soiled or wet linen should be placed into appropriate laundry receptacle at the point of generation
- Clear leak-proof bags are to be used to contain linen that is heavily soiled with blood, other body substances or other fluids (including water)
- Linen bags should be securely closed and not filled completely as this will increase the risk of rupture in transit and injury to bag handlers
- Reusable linen bags must be laundered before re-use
- Hand hygiene using soap and water for 20 seconds or alcohol based hand rub must be performed following the handling of used linen.

Appendix F: Where can I find more information?

- NSW Health: COVID-19
- Clinical Excellence Commission**:** Infection Prevention and Control for COVID-19
- NSW Health Release from Isolation (for people released from self-isolating at home, close contacts, travellers, hospital isolation, transport and health workers)
- Clinical Excellence Commission**:** Infection Prevention and Control for Home Visits
- Community Motor Vehicle, see NSW Health Website: Community-based and outpatient health services
- NSW Health COVID-19 (Coronavirus) - Guidance for community-based and outpatient health services
- NDIS Quality and Safeguards Commission: NDIS Commission coronavirus (COVID-19) information
- Disability Services Australia: Coronavirus (COVID-19)
- Clinical Excellence Commission website: Environmental Cleaning
- Clinical Excellence Commission: Infection Prevention and Control Handbook
- For national updates – Department of Health and Ageing
- CDNA National Guidelines for Public Health - Coronavirus Disease 2019
- Coronavirus (COVID-19) guidelines for outbreaks in residential aged care
- NSW Health website Home Isolation Guidance
- CDNA SoNG Case and Contact definitions

The Healthcare Associated Infections (HAI) Program provides expertise in Infection Prevention and Control and assists local health districts and specialty networks in NSW to manage and monitor the prevention and control of HAIs.