



Northern Ireland Ambulance Service
Health and Social Care Trust



NIAS Operational Guidance for incidents involving Coronavirus (COVID-19)

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January 2020	2.0	Case definition changed to flow chart 1.5 and updated donning and doffing	H. Sharpe
February 2020	2.1	PPE requirements and disposal of linen updated to .Gov guidance	H. Sharpe
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April 05	7.0	Layout formatted and use of colour coding to assist in identifying current version Risk assessment flowchart updated to version 3.0 Inclusion of Regional COVID Destination Protocol Updated PPE Decision Making Algorithm Inclusion of HSC Regional Clinical Area Zoning & PPE Requirements PPE Donning & Doffing updated to highlight hand hygiene to extend to forearms, possibility of gown in place of Tyvek suit & Powered Respirator Hood Roles & Responsibilities and Action Cards Updated	S Graham

1. Aim

The aim of this operational document is to provide guidance to NIAS members of staff responding to and managing incidents involving patients with **suspected** and confirmed COVID-19.

This document should be read in conjunction with the latest Government guidance.

2. Objectives

- To provide guidance for risk assessment at point of call (EAC/NEAC)
- To provide guidance for NIAS Officers
- To provide guidance for NIAS attending crews

3. Scope

This operational guidance applies to the Emergency and Non-Emergency Ambulance Control staff, NIAS Officers and responding resources.

4. Roles and Responsibilities

The operational guidance is owned by the Northern Ireland Ambulance service Trust. It is the responsibility of those listed above to familiarise themselves with the content of this document and ensure they reference the latest version.

This document is maintained and updated by the Emergency Planning Department.

For roles and responsibilities for responding to an incident of this type, refer Action Cards at the back of this document.

5. Criteria for implementation

- Call to EAC which meets the case profile
- Crew attend patient who fits the case profile
- Call from HCP indicating potential or confirmed case of COVID-19

6. Organisational learning

This operational guidance will take into account any emerging learning points that and will remain subject to further improvement and development.

The operational detail of this document should continue to be developed prior to any anticipated implementation and will be kept under annual (or post incident) review by the Incident Management Team.

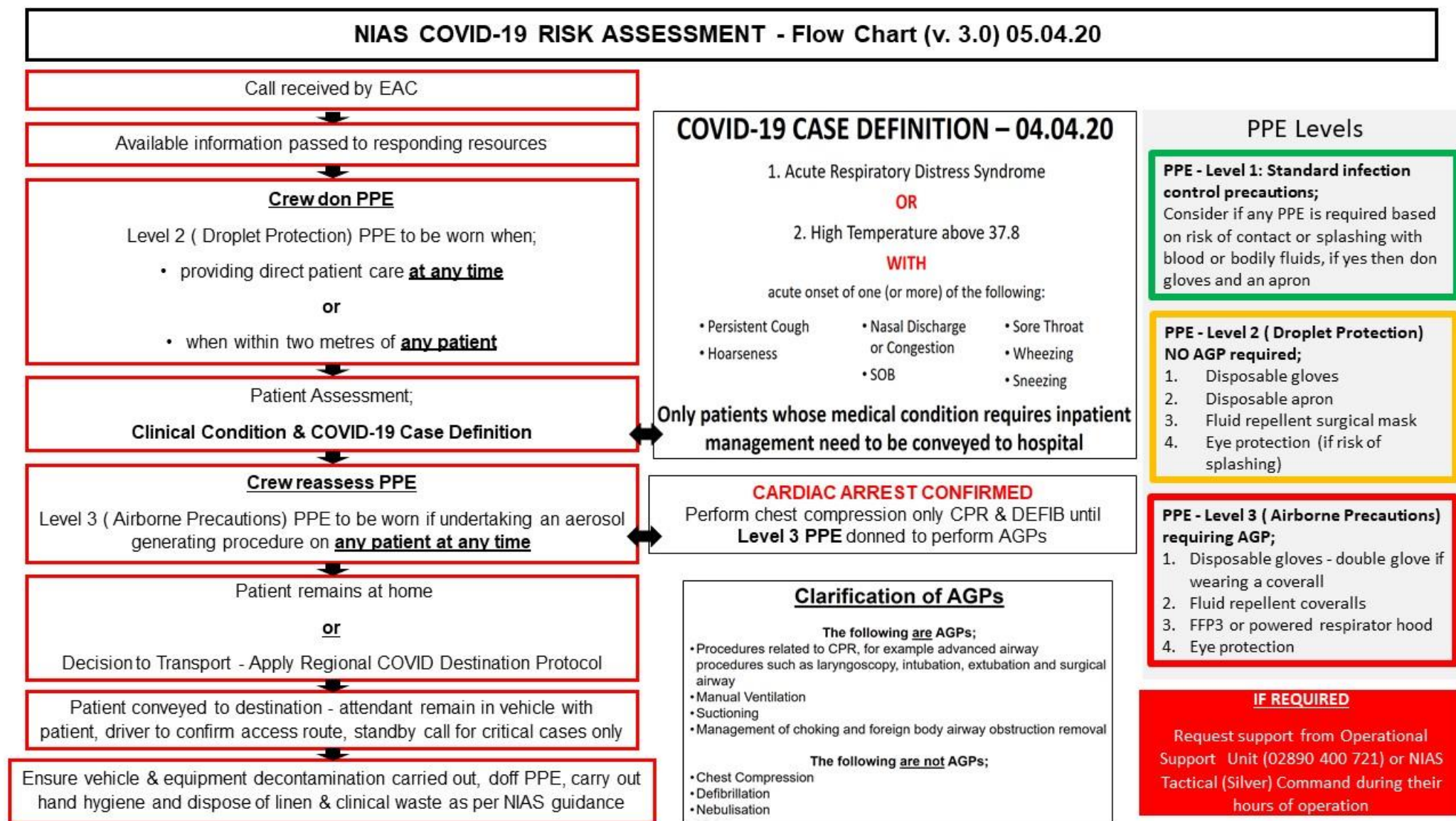
Following any activation of this concept of operations secondary to a potential or confirmed pandemic, a debrief should be carried out ASAP to allow us to strengthen our response for action in the future.

7. Background

On the 23rd January, a Central Alerting System (CAS Alert) was released in relation to the coronavirus (COVID19). This alert was authorised by Professor Chris Witty, (Chief Medical Officer for England and Chief Scientific Adviser to the DHSC), Professor Sharon Peacock, (PHE National Infection Service Director) and Professor Stephen Powis (NHS England Medical Director).

Northern Ireland is part of a four nations approach to this to ensure consistency across the UK. The Alert refers to a whole systems approach to reducing the spread of infection and is a key public health measure accordingly. For details on case definition please reference the latest GOVERNMENT guidance.

Appendix A - NIAS COVID-19 Risk Assessment Flow Chart



DESTINATION PROTOCOL FOR PRESUMED COVID-19 PATIENTS

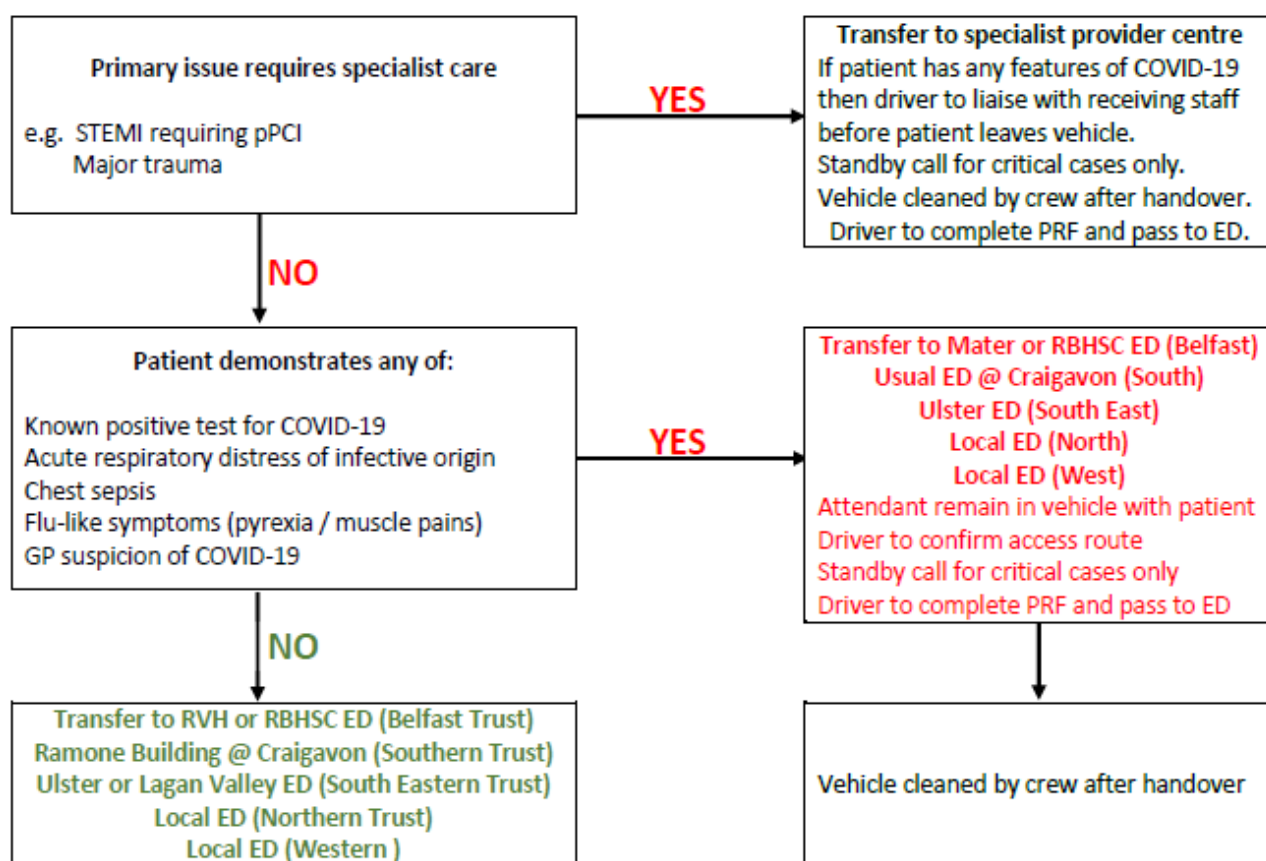
V2.1 ISSUE DATE 27.3.2020

NIAS has agreed a protocol with local hospital trusts who are implementing plans whereby patients who meet the diagnostic criteria listed and who require hospital assessment or admission should be brought directly to specified sites **unless their primary complaint requires specialist care at another unit.**

On arrival at the receiving department, the vehicle driver should check access arrangements with ED staff before the patient is offloaded from the ambulance. Hospital staff should work to minimise turnaround time.

We have been advised that the Downe ED will temporarily close to ALL patients at 2000hrs on Friday 27th March, and that the Daisy Hill ED will temporarily close to ALL patients at 1400hrs on Saturday 28th March. A new temporary ED is planned to open in the Ramone building* on the Craigavon site for non-COVID patients at 0800hrs on Sunday 29th March. These changes will remain in place until further notice.

Aside from patients requiring specialist care, NIAS crews should at all times take patients to the nearest emergency department as defined below.



A STANDBY CALL IS NOT REQUIRED UNLESS PATIENT IS CRITICALLY UNWELL

*Ramone building is located directly between main hospital building and South Divisional HQ, and vehicle access is by the normal ED loop road.

20200327CovidDestProtocolV2.0

NJR/RMcL

NOTE: The Regional Destination COVID Protocol is subject to change at short notice

Appendix C – PPE Decision Making Algorithm

NORTHERN IRELAND AMBULANCE SERVICE (NIAS) Personal Protective Equipment (PPE) decision making algorithm 02.04.20 V3

Recommended PPE for ambulance staff, paramedics and other first responders such as Rapid Response Vehicles

Setting	Context	Disposable Gloves	Disposable Plastic Apron	Disposable fluid-repellent coverall/gown	Surgical mask	Fluid-resistant (Type IIR) surgical mask	Filtering face piece respirator	Eye/face protection ¹
Ambulance staff/paramedic/first responders/pre-hospital critical care/ Helicopter Emergency Medical Service	Performing an aerosol generating procedure e.g. intubation, suctioning on any patient	✓ single use	✗	✓ single use coverall	✗	✗	✓ single use	✓ single use
	Direct patient care – within 2 metres of any patient	✓ single use	✓ single use	✗	✗	✓ single use	✗	✓ single use
	Driver conveying any patient in vehicle with a bulkhead, no anticipated direct care	✗	✗	✗	✗	✗	✗	✗
	Driver conveying possible or confirmed case(s) in vehicle without a bulkhead, no direct patient care and within 2 metres	✗	✗	✗	✗	✓ single use	✗	✗

1. The full list of aerosol generating procedures (AGPs) is within the IPC guidance

2. In communal waiting areas and during transportation, it is recommended that suspected or confirmed cases wear a surgical face mask if this can be tolerated. The aim of this is to minimise the dispersal of respiratory secretions, reduce both direct transmission risk and environmental contamination. A surgical facemask should not be worn by patients if there is potential for their clinical care to be compromised (e.g. when receiving oxygen therapy).

Please note that hand hygiene should be practiced and extended to exposed forearms, after removing any element of PPE.

Appendix D – HSC Regional Clinical Area Zoning & PPE Requirements

Care providers such as Acute Care Trusts and Private Providers such as care homes are moving to a system of geographical zoning and colour allocation of areas. The purpose of this is to provide an easy to understand guide to the type of PPE required in specific settings. You may see posters with the risk assessed colour for that area being displayed on entrance doors and bay areas within settings. Each area will be risk assessed at every shift change and a colour will be allocated to them depending on the type of patients that they are managing at that time. It is important to remember to check the colour level each time that you visit that area as circumstances can rapidly change and the risk level of the area can have to be increased/ decreased. The colours equate to a risk level and indicate which level of PPE should be worn.



Appendix E – PPE Donning – NO AGPs

Donning of Personal Protective Equipment (PPE), COVID-19, NIAS V6 05.04.20
Cases involving no Aerosol Generating Procedures (**NO AGPs**)

Where possible PPE should be donned with the support of a buddy whose is to ensure that PPE is safely donned.
A 360° turn should be undertaken and all PPE checked before any care activity

PPE should be donned carefully and should not be rushed.
Please note that hand hygiene should be practiced and extended to exposed forearms

Step 1: Prepare PPE



Pair of Gloves, Disposable Apron,
Fluid Repellent Surgical Mask, Eye Protection

Step 2: Ensure that all hair is tightly secured

Step 3: Carry out Hand Hygiene extended to exposed forearms



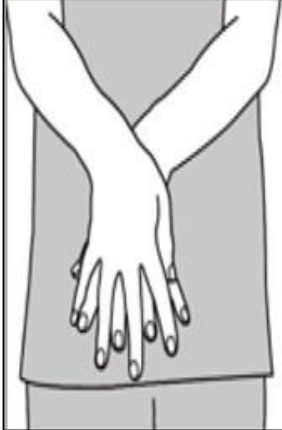





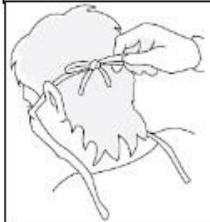

Step 4: Put on disposable apron

Step 5: Put on surgical mask, tie each strap in a bow behind the head with one strap above the ears and the other at the nape of the neck, mould nose bridge to nose

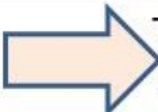
Step 6: Put on Eye Protection, ensure comfortable fit

Step 7: Apply gloves



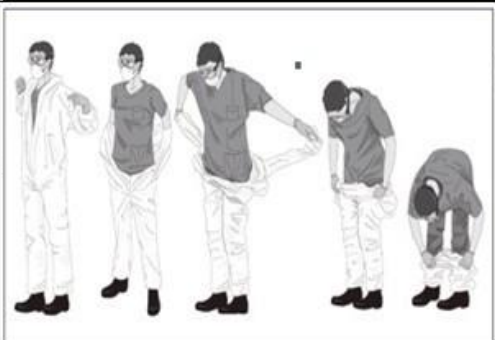


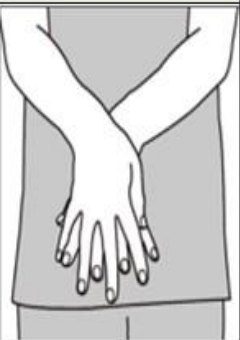





Step 8: Stop and think, do not use this PPE if there are AGPs anticipated

Doffing of Personal Protective Equipment (PPE), COVID-19 NIAS V6 05.04.20 Cases involving <u>no</u> Aerosol Generating Procedures (NO AGPs)			
Where possible PPE should be doffed with the support of a buddy who should remain at a distance of 2 metres.			
<p style="color: red;">PPE should be removed carefully and should not be rushed. Please note that hand hygiene should be practiced and extended to exposed forearms, after removing any element of PPE</p>			
1. Remove gloves  	2. Decontaminate hands 	3. Remove disposable apron <div style="display: flex;">  <div> <p>Unfasten or break apron ties at the neck and let the apron fold down on itself.</p> </div> </div> <div style="display: flex;">  <div> <p>Break ties at waist and fold apron in on itself – do not touch the outside – this will be contaminated. Discard.</p> </div> </div>	4. Remove eye protection – visor/safety glasses/goggles <div style="display: flex;">  <div> <p>Reach to the back of the head with both hands to find the strap, lift strap over the top of the head. Let the visor fall away from your face and place in bin.</p> </div> </div> <p style="text-align: center;">Or</p> <div style="display: flex;">  <div> <p>Use both hands to handle the Straps/legs by pulling away from face and discard</p> </div> </div>
5. Decontaminate hands 	6. Remove surgical mask <div style="display: flex;">  <div> <p>Reach to the back of the head with both hands to find the bottom retaining strap, untie, reach to top strap and untie keeping hold of the strap and, lean forward, let mask fall away from face, control with strap, place in bin.</p> </div> </div>		7. Decontaminate hands and wash with soap and water at earliest opportunity 

Appendix G – PPE Donning – With AGPs

Donning of Personal Protective Equipment (PPE), COVID-19, NIAS V6 05.04.20 Cases involving Aerosol Generating Procedures (AGPs)	
Where possible PPE should be donned with the support of a buddy whose is to ensure that PPE is safely donned. A 360° turn should be undertaken and all PPE checked before any care activity	
PPE should be donned carefully and should not be rushed. Please note that hand hygiene should be practiced and extended to exposed forearms	
Step 1: Prepare PPE	 Two Pairs of Gloves, Tyvek Suit (or Fluid Repellent Long Sleeve Gown), FFP3 Mask (or Powered Respirator Hood), Eye Protection
Step 2: Ensure that all hair is tightly secured	
Step 3: Carry out Hand Hygiene extended to exposed forearms	
Step 4: Apply first pair of gloves	
Step 5: Don Tyvek suit (or Fluid Repellent Long Sleeve Gown), ensure that zip is fully pulled up (or if using Fluid Repellent Long Sleeve Gown fasten neck and back ties), pull cuffs of sleeves of suit/gown down to mid way down hands over first pair of gloves <small>Note: the hood of the suit does not need to be applied for management of COVID-19</small>	
Step 6: Put on FFP3 Respirator Mask (or Powered Respirator Hood). If FFP3 - ensure that you have been fit tested to this mask, perform a fit check, only proceed if fit check is satisfactory	
Step 7: Put on Eye Protection, ensure comfortable fit (omit this step if Powered Respirator Hood used)	
Step 8: Put on second pair of gloves, ensure that suit/gown sleeves are tucked into second pair of gloves and that cuffs of gloves are pulled up as far as possible	

Appendix H – PPE Doffing – With AGPs

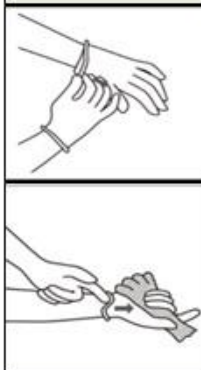
Doffing of Personal Protective Equipment (PPE), COVID-19 NIAS V6 05.04.20 Cases involving Aerosol Generating Procedures (AGPs) with FFP3 Mask				
Where possible PPE should be doffed with the support of a buddy who should remain at a distance of 2 metres.				
<p style="color: red;">PPE should be removed carefully and should not be rushed.</p> <p style="color: red;">Please note that hand hygiene should be practiced and extended to exposed forearms, after removing any element of PPE</p>				
1. Remove outer gloves	2. Remove Tyvek Suit (or fluid repellent long sleeve gown if used)		3. Remove inner gloves	4. Decontaminate hands
 			 	
5. Remove eye protection – visor/safety glasses/goggles	6. Decontaminate hands	7. Remove FFP3 mask		8. Decontaminate hands and wash with soap and water at earliest opportunity
  <p>Reach to the back of the head with both hands to find the strap, lift strap over the top of the head. Let the visor fall away from your face and place in bin.</p> <p>Or</p> <p>Use both hands to handle the Straps/legs by pulling away from face and discard</p>		 <p>Reach to the back of the head with both hands to find the bottom retaining strap, bring it up to the top strap, lift straps over the top of the head let the mask fall away from your face and place in bin.</p>		

Doffing of Personal Protective Equipment (PPE), COVID-19 NIAS V6 05.04.20 Cases involving Aerosol Generating Procedures (AGPs) with Powered Respirator Hood

Where possible PPE should be doffed with the support of a buddy who should remain at a distance of 2 metres.

PPE should be removed carefully and should not be rushed.
Please note that hand hygiene should be practiced and extended to exposed forearms,
after removing any element of PPE

1. Remove outer gloves

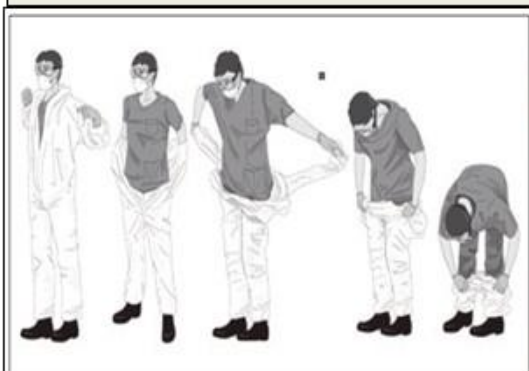


2. Remove Powered Respirator Hood



1. Reach to the back of the head to find the back of the hood
2. Reach under the chin to find a tag at the bottom of the hood
3. Move the hood in a forward and downward motion and set aside for decontamination
4. Unbuckle the waist belt
5. Switch off the respirator
6. Detach the breathing tube

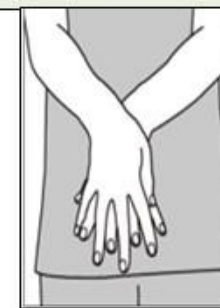
3. Remove Tyvek Suit (or fluid repellent long sleeve gown if used)



4. Remove inner gloves



5. Decontaminate hands and wash with soap and water at earliest opportunity



Appendix I –Manager/Officer Suggested Contingency PPE

Manager/Officer Suggested Contingency PPE	
Item	Quantity
Tyvek Suit – Small	1
Tyvek Suit – Medium	1
Tyvek Suit – Large	1
Tyvek Suit – X-Large	2
Tyvek Suit – XX-Large	2
FFP3 Mask (3M 8835+ or 3M 1895V+)	2
FFP3 Mask (3M 8833)	2
Face Shield (Disposable)	3
Alcohol Foam 50ml	3
Large Clinical Waste Bags	5
Clinical Waste Tags	5
White Aprons (Disposable)	1 Packet
Nitrile Glove – Small	1 Box
Nitrile Glove – Medium	1 Box
Nitrile Glove – Large	1 Box
Nitrile Glove – X-Large	1 Box
Clinell Wipes	1 Packet of 200
Surgical Mask	12

Vehicle Decontamination

Adapted for NIAS from COVID-19: guidance for Ambulance Trusts issued on 13th March 2020

If AGPs were not performed

The vehicle will require an enhanced clean between patients ensuring thorough decontamination of all exposed surfaces, equipment and contact areas before it is returned to normal operational duties, with **Clinell Universal Sanitising Wipes** or **Actichlor Plus** - 1 tablet in 1 Litre of water to achieve 1,000 parts per million chlorine

- Appropriate PPE must be worn to decontaminate the vehicle - fluid-repellent surgical mask, eye protection, apron and gloves
- Any exposed equipment (such as not within closed compartments) left on the vehicle will require decontamination with **Clinell Universal Sanitising Wipes** or **Actichlor Plus** as per the standard between patient clean
- All contact surfaces (cupboards, walls, ledges and so on), working from top to bottom in a systematic process, will require decontamination
- Pay special attention to all touch points
- Ensure that the stretcher is fully decontaminated, including the underneath and the base
- The vehicle floor should be decontaminated with **Actichlor Plus**

If AGPs were performed

(such as intubation, suctioning, or cardiopulmonary resuscitation)

The vehicle will require an enhanced decontamination of all exposed surfaces, equipment and contact areas before it is returned to normal operational duties, with **Actichlor Plus** - 1 tablet in 1 Litre of water to achieve 1,000 parts per million chlorine

- Appropriate PPE must be worn to decontaminate the vehicle - fluid-repellent surgical mask, eye protection, apron and gloves
- Any exposed equipment (i.e. not within closed compartments) left on the vehicle will require decontamination with **Actichlor Plus**
- Starting from the ceiling of the vehicle and working from top to bottom following a systematic process, all exposed surfaces will require decontaminated with **Actichlor Plus**
- Pay special attention to all touch points
- Ensure that the stretcher is fully decontaminated, including the underneath and the base
- The vehicle floor should be decontaminated with a chlorine-based solution at - **Actichlor Plus**

Actichlor™ Plus is an effective chlorine disinfectant product for all aspects of surface and environmental disinfection. It **combines** a chlorine compatible detergent with NaDCC* in a single tablet format, offering excellent cleaning and disinfection performance in one easy step.

*Sodium dichloroisocyanurate is a chemical compound widely used as a cleansing agent and disinfectant

Procedure for dealing with clinical waste/linen generated by a COVID-19 call:

All clinical waste (Including PPE) must be disposed of as per normal procedures.

Any linen potentially contaminated must be treated in line with NIAS infected linen procedures, i.e. placed in a water soluble bag and then a red infected linen bag.



Roles & Responsibilities		COVID-19 v 2.0
Group	Roles & Responsibilities	
NIAS Strategic (Gold) Command	Provide updates, guidance and assurance to Trust Board Provide strategic guidance to NIAS Tactical Command Nominate representatives to sit on regional working groups	
NIAS Tactical (Silver) Command	Provide updates to NIAS Strategic (Gold) Command Ensure compliance with best practice and national guidelines To liaise with PHA and other Health Trusts and agencies	
NIAS Operational Support Unit (OSU)	Provide updates, guidance and assurance to NIAS Strategic (Gold) Command Ensure compliance with best practice and national guidelines Provide guidance to NIAS staff Provide clear guidance on staff welfare issues	
Emergency Planning	Liaise with PHA and other Health Trusts and Partner Agencies Ensure business continuity plans are in place Provide National Interagency Liaison Officer (NILO) and HART Advisor support to NIAS Tactical (Silver) Command	
Hazardous Area Response Team (HART)	Provide HART response capability Provide support to Operations in relation to cases involving COVID-19 Provide National Interagency Liaison Officer (NILO) and HART Advisor support to NIAS Tactical (Silver) Command	
Ambulance Control	Maintain a heightened level of awareness of COVID-19 case definition Process calls using the AMPDS system and in line with current NIAS Guidance Provide responding/conveyancing resource with all available information and update as necessary Maintain communication links with NIAS Tactical Command	
Officer/Manager	Maintain a heightened level of awareness of COVID-19 case definition Maintain communication links with NIAS Tactical Command (during hours of operation) or EAC outside of hours Provide relevant updates to NIAS Tactical Command (during hours of operation) or EAC outside of hours	
Responding/Conveying Resource	Maintain a heightened level of awareness of COVID-19 case definition Provide clinical care, assessment and transportation as required to cases of COVID-19 Select appropriate PPE and don and doff PPE as per NIAS guidance and training Deal with the clinical requirements of the patient Decontaminate vehicle and dispose of clinical waste and linen as per NIAS guidelines	

ACTION CARD 1 – Ambulance Control		COVID-19 v 2.0
No.	Action	
1	Retain a heightened level of awareness of COVID-19 case definition – see Appendix A NIAS Risk Assessment Flow Chart	
2	Calls should be processed using the AMPDS system and in line with current NIAS Guidance (if this call is received via the buddy arrangements for Scotland, all notes to be inclusive and on completion, a call must be made to the duty supervisor of Scottish Ambulance Service)	
3	Maintain communication links with NIAS Tactical Command (during hours of operation)	
4	Allocate appropriate responding/conveyancing resource	
5	Provide responding/conveyancing resource with all available information and update as necessary	
6	When required, liaise with responding/conveying resources and facilitate communication with receiving departments in line with current guidance e.g. NIAS Destination Protocol for presumed COVID-19 patients – see Appendix B Regional COVID Destination Protocol	
7	Allow sufficient time for crew to decontaminate vehicle and dispose of linen/clinical waste	

ACTION CARD 2 – Officer/Manager		COVID-19 v 2.0
No.	Action	
1	Ensure stock check of Officer/Manager vehicle PPE/contingency PPE completed at start of period of duty – see Appendix I Manager/Officer Suggested Contingency PPE	
2	Maintain a heightened level of awareness of COVID-19 case definition when responding to all calls – see Appendix A NIAS COVID Risk Assessment Flow Chart	
3	Contact NIAS Tactical Command at start of period of duty and confirm name, role, callsign and hours of period of duty	
4	Participate in Teleconferences; <ul style="list-style-type: none"> Ops Huddle (COVID-19 focus) at 09:30 hours daily Ops Huddle (COVID-19 focus) at 15:30 hours daily 	
5	Maintain communication links with NIAS Tactical Command (during hours of operation) or EAC outside of hours	
6	Provide relevant updates to NIAS Tactical Command (during hours of operation) or EAC outside of hours	
7	As appropriate, debrief call with responding/conveying staff and consider crew welfare issues	
8	Identify any issues/learning outcomes to NIAS Tactical Command (during hours of operation)	
9	If undertaking role of a responding/conveying resource follow appropriate action card – see Appendix O Action Card 3 Responding/Conveying Resource	

ACTION CARD 3 – Responding/Conveying Resource		COVID-19 v 2.0
No.	Action	
1	Ensure stock check of vehicle PPE completed at start of period of duty	
2	Retain a heightened level of awareness of COVID-19 case definition when responding to all calls – see Appendix A NIAS Risk Assessment Flow Chart	
3	Ensure that the vehicle partition is closed and sealed	
4	Relocate non-essential items in the saloon to cupboards where possible	
5	Radio communication should be through the driver. Where it is necessary for the attendant to be in radio communication, remove the handheld NIAS radio from its cover to facilitate decontamination post call	
6	Don appropriate PPE when indicated, as per NIAS Guidance – see Appendix C PPE Decision Making Algorithm , Appendix D – HSC Regional Clinical Area Zoning & PPE Requirements , Appendix E PPE Donning NO AGPs , Appendix G PPE Donning With AGPs	
7	As required, review level of PPE during incident (e.g. if patient subsequently requires AGPs to be performed)	
8	When in attendance, the patient should be provided with a surgical mask to wear for the duration of the care provided, unless oxygen therapy is indicated. Explain use of PPE to patient/relatives as appropriate	
9	Appropriate to the patient's clinical condition, limit the equipment and time staff spend in close proximity to the patient	
10	When transporting to vehicle; avoid touching outside of vehicle. Minimise patient contact with ambulance surfaces/equipment.	
11	The driver of the vehicle to doff PPE and carry out hand hygiene in line with NIAS guidance prior to entering the cab of the vehicle – see Appendix F PPE Doffing NO AGPs , Appendix H PPE Doffing With AGPs	
12	En-route to hospital, appropriately manage the clinical condition of the patient limiting the equipment and time staff spend in close proximity to the patient	
13	Unless absolutely necessary due to the patient's clinical condition, Aerosol Generating Procedures (AGPs) should be avoided during the care and transportation of COVID-19 patients	
14	If transportation is required, determine the appropriate destination for the patient in accordance with current NIAS Destination Protocol for presumed COVID-19 patients – see Appendix B Regional COVID Destination Protocol	
15	On arrival at receiving department; <ul style="list-style-type: none"> • Attendant remain in vehicle with patient • Driver to confirm access route • Standby call for critical cases only • Where possible, the driver should complete the PRF with information supplied by the attendant and pass to receiving department 	
16	At completion of call, ensure vehicle & equipment decontamination carried out, doff PPE, carry out hand hygiene and dispose of linen & clinical waste as per NIAS guidance – see Appendix F PPE Doffing NO AGPs , Appendix H PPE Doffing With AGPs , Appendix J Vehicle Decontamination , Appendix K Clinical Waste Management	
17	Complete PRF if not already done	
18	Re-stock PPE and clinical supplies as required and return vehicle to normal state of readiness	