Northern Ireland Ambulance Service
Health and Social Care Trust

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

Title:	NIAS Operational Guidance for incidents involving Coronavirus (COVID-19)	Issued Date: 27 May 2020
Author:	Emergency Planning Department	Review Date:
Approved by:	NIAS Strategic (Gold) Command	Version: 8.0 - BLUE

Contents

Version Control:

Date	Version	Comments	Author
January 2020	1.0	Document created	H. Sharpe
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
March	2.2	Contact HALO added to EAC action card, decontamination PPE requirements added	H .Sharpe
March 10	3.0	Case definition changed flow chart 1.6. PPE changed. Phone patient added to officer action card	H. Sharpe
March 11	4.0	Case definition changed flow chart 1.7. PPE requirements changed	H. Sharpe
March 12	4.1	Number for BHSCT modified – mobile number removed	H. Sharpe
March 14	5.0	Case definition changed flow chart 1.8 PPE requirements updated to .Gov guidance	J. McArthur
March 15	6.1	Risk assessment flow chart updated to v2.0 Minor wording changes to Appendices E, F, G & H - all to v5.0 – PPE donning and doffing Update to Appendix J – Vehicle Decontamination	S Graham
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
16 April 2020	7.1 - YELLOW	Update to Background, Risk Assessment Flowchart & Decontamination Sections Inclusion of RIDDOR Reporting, Considerations for Cardiac Arrests & Guidance for Care of the Deceased with Suspected or Confirmed Coronavirus	S Graham
27 May 2020	8.0 - BLUE	Risk Assessment flowchart updated to version 4.0 following case definition change. Regional Destination Protocol updated to v2.2 Action Card 3 updated with updated wording regarding provision of fluid repellent surgical mask to patients Action Card 3 updated with increased emphasis on need to ensure a Patient report form is completed and information regarding air conditioning / air extraction systems Appendix Q - Considerations for Cardiac Arrests updated with information regarding fluid repellent surgical masks and oxygen masks during resuscitation, information regarding risk assessment and updated Cardiac Arrest PPE infographic	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.

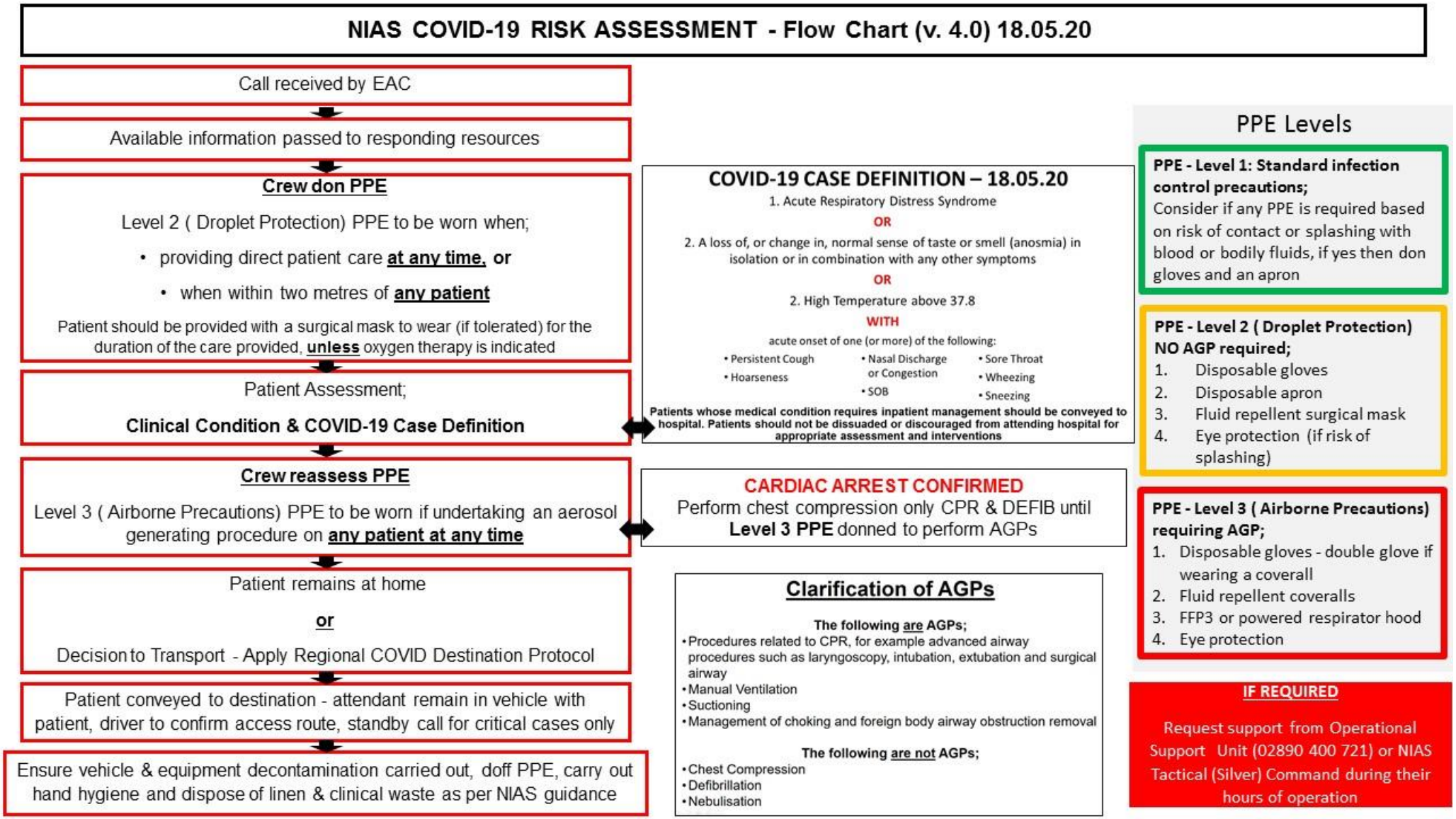
7. Background

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.

COVID-19 infection should be considered in all cases of respiratory infection. A travel history is no longer a requirement for determining a possible case. There is currently sustained transmission of COVID-19 throughout the UK as defined by the four nations Public Health experts, therefore there is an increased likelihood of any patient having coronavirus infection.

Appendix A - NIAS COVID-19 Risk Assessment Flow Chart



Appendix B – Regional COVID Destination Protocol

Northern Ireland Ambulance Service
Health and Social Care Trust

UPDATED DESTINATION PROTOCOL FOR PRESUMED COVID-19 PATIENTS

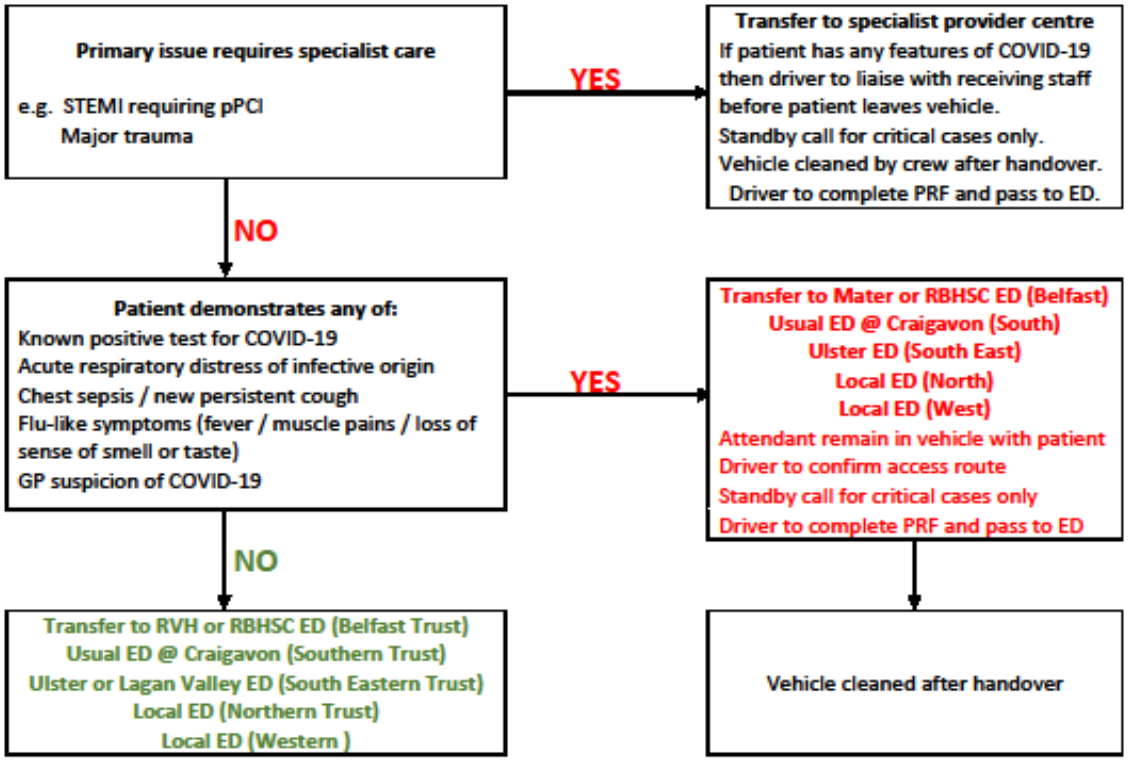
V2.2 ISSUE DATE 26.5.2020

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 and Daisy Hill ED remain temporarily closed to all patients. At Craigavon Area Hospital, all ambulance patients should now be brought to the respiratory ED housed in the original emergency department in the main hospital building, and not to Ramone. The RBHSC is now accepting children up to the age of sixteen years*.

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.

*i.e. those who have not yet reached their sixteenth birthday

20200526CovidDestProtcolV2.2 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

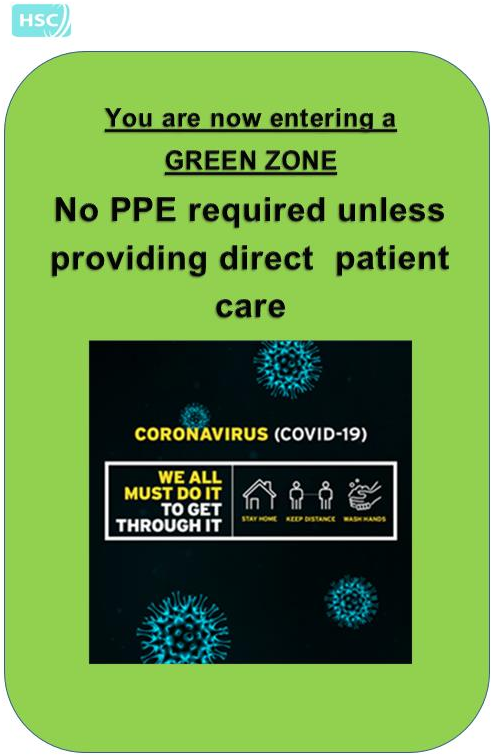
Setting	Context	Disposable Gloves	Disposable Plastic Apron	Disposable fluid-repellent coverall/gown	Surgical mask	Fluid-resistant (Type IIR) surgical mask	Filtering face piece respirator	Eye/face protection[1]
Ambulance staff/paramedic/first responders/pre-hospital critical care/ Helicopter Emergency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

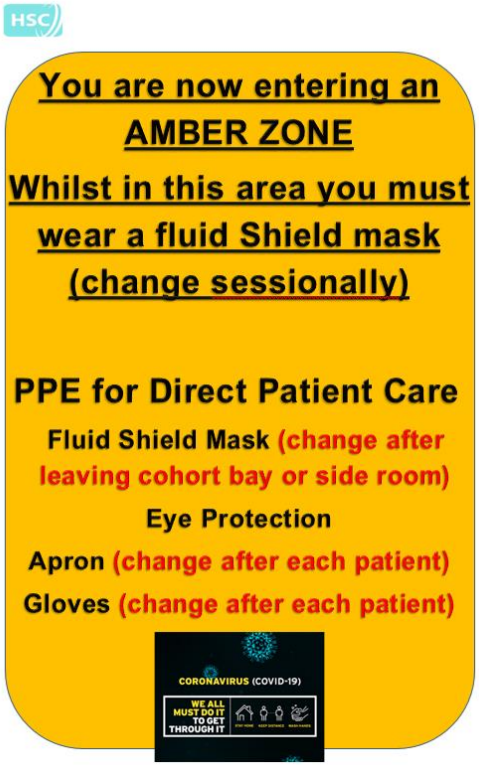
1. The full list of aerosol generating procedures (AGPs) is within the IPC guidance
2. In communal waiting areas and during transportation, it is recommended that suspected or confirmed cases wear a surgical face mask if this can be tolerated. The aim of this is to minimise the dispersal of respiratory 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).

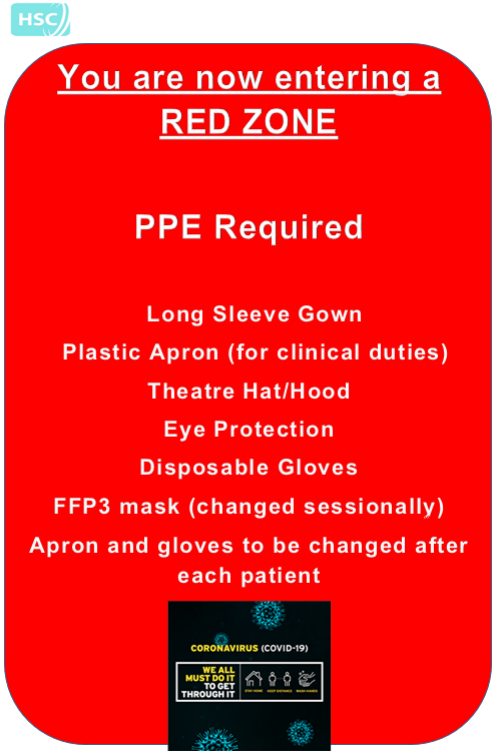
Please note that hand hygiene should be practiced and extended to exposed forearms, after removing any element of PPE.

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

Appendix F – PPE Doffing – NO AGPs

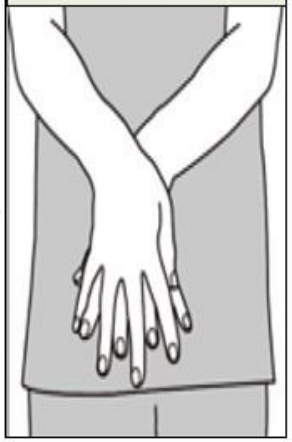
Doffing of Personal Protective Equipment (PPE), COVID-19 NIAS V6 05.04.20
Cases involving no Aerosol Generating Procedures (**NO AGPs**)

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

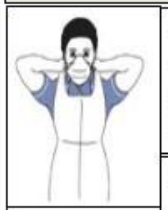
PPE should be removed carefully and should not be rushed.
Please note that hand hygiene should be practiced and extended to exposed forearms, after removing any element of PPE

1. Remove gloves

2.Decontaminate hands



3. Remove disposable apron



Unfasten or break apron ties at the neck and let the apron fold down on itself.

Break ties at waist and fold apron in on itself – do not touch the outside – this will be contaminated. Discard.

4. Remove eye protection – visor/safety glasses/goggles

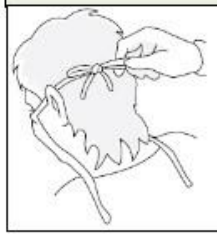
Reach to the back of the head with both hands to find the strap, lift strap over the top of the head.
Let the visor fall away from your face and place in bin.

Or

Use both hands to handle the Straps/legs by pulling away from face and discard

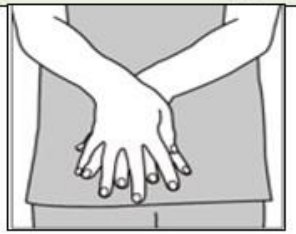
5.Decontaminate hands

6. Remove surgical mask



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.

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 **Note: the hood of the suit does not need to be applied for management of COVID-19**
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

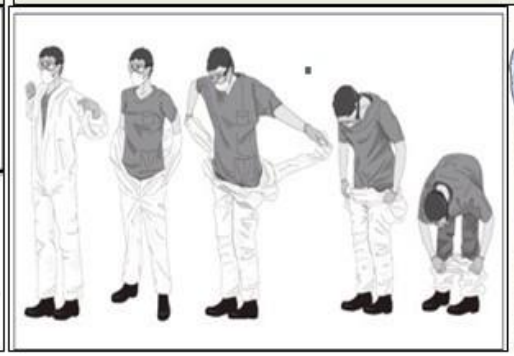
Doffing of Personal Protective Equipment (PPE), COVID-19 NIAS V6 05.04.20
Cases involving Aerosol Generating Procedures (**AGPs**) with FFP3 Mask

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

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

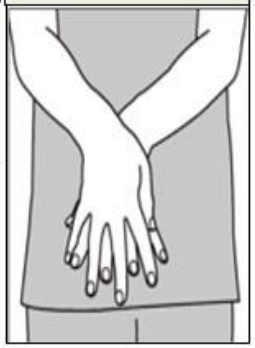
1. Remove outer gloves

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



3. Remove inner gloves

4. Decontaminate hands



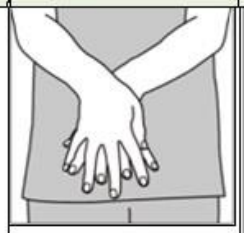
5. Remove eye protection – visor/safety glasses/goggles

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.

Or

Use both hands to handle the Straps/legs by pulling away from face and discard

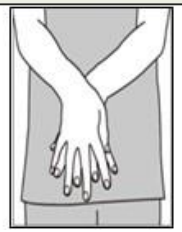
6. Decontaminate hands



7. Remove FFP3 mask

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.

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



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.

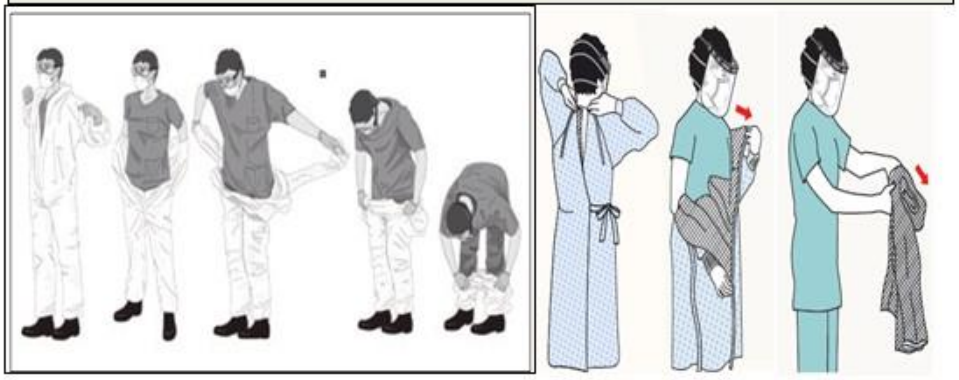
PPE should be removed carefully and should not be rushed.
Please note that hand hygiene should be practiced and extended to exposed forearms, after removing any element of PPE

1. Remove outer gloves

2. Remove Powered Respirator Hood

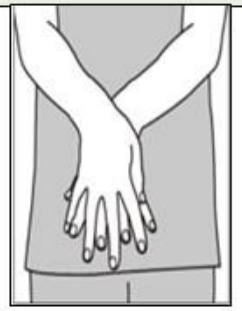
1. Reach to the back of the head to find the back of the hood
2. Reach under the chin to find a tag at the bottom of the hood
3. Move the hood in a forward and downward motion and set aside for decontamination
4. Unbuckle the waist belt
5. Switch off the respirator
6. Detach the breathing tube

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
FFP3 Mask (3M 1863+)	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

Decontamination

Adapted for NIAS from COVID-19: guidance for Ambulance Trusts issued on 11th April 2020

If AGPs were not performed

Where equipment is used on-scene for assessing/ treating patients, which are not conveyed and AGPs were not performed, the equipment can be decontaminated using the **Clinell Universal Sanitising Wipes**

Following patient conveyance 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 - as a minimum, this should include apron and gloves
- Any exposed equipment (that is not within closed compartments) including stretcher on the vehicle will require decontamination with **Clinell Universal Sanitising Wipes** or equivalent, as per the standard between patient clean
- All contact surfaces (cupboards, walls, ledges), working from top to bottom in a systematic process, will require decontamination
- Pay special attention to all touch points
- The vehicle floor should be decontaminated with a detergent solution, this should be at a minimum of the end of every shift, more frequently where facilities exist
- Where possible, hospitals should support this practice by working with ambulance colleagues to identify access to appropriate sluice facilities and designated mop and bucket storage for ambulance use

If AGPs were performed

(Such as intubation, suctioning, or cardiopulmonary resuscitation)

Where equipment is used on-scene for assessing/ treating patients, which are not conveyed and AGPs were performed, the equipment can be decontaminated using **Actichlor Plus**

Following patient conveyance 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 - as a minimum, this should include apron and gloves (follow COSHH guidance for protective equipment when using chlorine)
- Any exposed equipment (that is not within closed compartments) left on the vehicle will require decontamination with a **Actichlor Plus**
- Working from top to bottom in a systematic process, all exposed surfaces will require decontamination 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 **Actichlor Plus** this should be facilitated by the receiving department
- Where possible hospitals should support this practice by working with ambulance colleagues to identify access to appropriate sluice facilities and designated mop and bucket storage for ambulance use

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 treated as Category B waste and disposed of as per normal NIAS procedures.

Any linen 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.

Appendix L – Roles & Responsibilities

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

Appendix M – Action Card 1 – Ambulance Control

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

Appendix N – Action Card 2 – Manager/Officer

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; • 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

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 (if tolerated) 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	Air conditioning or ventilation on vehicles must be set to extract and not recirculate the air within the vehicle (Where possible)
15	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
16	On arrival at receiving department; • 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
17	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
18	**Complete PRF if not already done**
	Re-stock PPE and clinical supplies as required and return vehicle to normal state of readiness

Appendix P - RIDDOR Reporting COVID-19 Incidents - Guidance for Staff

NIAS has been advised that certain COVID-19 related incidents must be reported to the Health and Safety Executive for Northern Ireland (HSENI) under the requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997, also known as RIDDOR.

To enable the Risk Management Team to comply with the RIDDOR Regulations, please ensure that the following incidents are reported in the normal way, i.e. via DATIX or paper / fax:

- An unintended incident at work that has led to exposure to COVID-19, for example a PPE breach whilst working with service users with suspected / confirmed COVID-19.
    - *As there is currently sustained transmission of COVID-19 throughout the UK there is an increased likelihood of any patient having coronavirus infection. Therefore Level 2 (Droplet Protection) PPE to be worn when providing direct patient care at any time or when within two metres of any patient. Level 3 (Airborne Precautions) PPE to be worn if undertaking an aerosol generating procedure on any patient at any time.*

- Member of staff diagnosed as having contracted COVID 19 (by a registered medical practitioner's diagnosis) and there is reasonable evidence that it was caused by exposure at work.

NOTE: There is no requirement under the RIDDOR Regulations to report when a staff member is off work due to self-isolating with COVID-19 symptoms.

REMINDER: it is the role of the Risk Management Team to review incidents for the purposes of RIDDOR Reporting and submit RIDDOR reports. Line managers should not submit any reports directly to HSENI.

As always please do not hesitate to contact the Risk Manager (Katrina.Keating@nias.hscni.net) if you require any assistance.

Appendix Q - Considerations for Cardiac Arrests

Out-of-hospital cardiac arrest is frequently associated with a poor clinical outcome, particularly when presenting with a non-shockable rhythm. Resuscitation for cardiorespiratory arrest related to COVID-19 has a very low chance of success due to the underlying disease processes.

At the outset of any resuscitation, check the existence of any current DNAR / Advanced Directive and consider the normal criteria for ROLE.

Whilst chest compressions and defibrillation are not considered AGPs, full resuscitation will require procedures that do involve potential for aerosol generation. Therefore the following approach to patients who require resuscitation is recommended.

The majority of patients who get COVID-19 will have mild symptoms, and it is estimated about 4% to 5% may be critically ill.

If a patient experiences a witnessed cardiac arrest in front of ambulance responders, commence compression only resuscitation using Level 2 PPE. If there is more than one responder on-scene, those trained in Level 3 PPE should move to be at least 2m from the patient and don Level 3 PPE before providing Advanced Life Support assistance. The full procedure detailed here for any cardiac arrest applies.

In the event of a patient being in cardiac arrest it will not always be possible to determine the potential COVID-19 risk. Therefore, this guidance should be followed for all cardiac arrests until further notice.

Cardiac Arrest - First person attending scene

- In order to minimise any delay attending a time critical cardiac arrest, it is acceptable for the first person to enter the scene wearing Level 2 PPE (fluid repellent surgical mask, apron, gloves and eye protection).
    - Where trained and equipped to use Level 3 PPE this may be donned prior to arrival at scene **where it is safe to do so <u>and</u> where it will not cause a delay**
- Commence resuscitation where this is indicated by local clinical guidance. If resuscitation is not commenced, or is terminated before the arrival of other resources, provide an early SitRep to reduce the number of responders who need to enter the scene
- Do not place your face near the patient to assess breathing
- As additional protection, a fluid repellent surgical mask or oxygen mask may be placed over the patient's face, prior to commencement of compressions to help control any droplets that may be produced.
    - If an oxygen mask is used in this way, then prior to full airway management in level 3 PPE being possible, O2 should not be turned on unless ROSC is achieved.'
- Commence chest compressions, attach the defibrillator and defibrillate if indicated. None of these tasks are considered Aerosol Generating Procedures (AGPs)
- Do not progress to airway management or ventilation until Level 3 PPE donned to perform AGPs
- If not already available on-scene, request back up from a Level 3 PPE trained response

Cardiac Arrest - Subsequent attendance at scene of responder(s) trained and equipped to use Level 3 PPE

- Don Level 3 PPE
- Enter scene and determine whether the resuscitation should be continued according to local clinical guidance.
- If resuscitation is to be continued, take over patient management from any responder wearing Level 2 PPE
- All responders wearing Level 2 PPE are to leave the scene (more than 2m away from the patient) prior to the commencement of any airway management, ventilation or other AGPs. Responders may later re-enter if wearing Level 3 PPE (trained and equipped to do so)
- Level 3 PPE responders to continue the resuscitation, including airway management and ventilation

Anyone who is not trained or does not have access to level 3 PPE

must then withdraw from the scene

Cardiac Arrest Conveyance

If conveyance of a cardiac arrest patient is indicated by local clinical guidance, once AGPs are being conducted, only staff wearing Level 3 PPE must be within 2 metres of the patient.

In practice, this means that all responders in the patient compartment of the ambulance must be in Level 3 PPE.

The ambulance may be driven by someone who is not trained/equipped to use Level 3 PPE, but they must remain in the cab whilst the patient is unloaded.

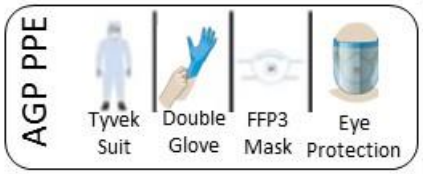
Risk Assessment

Risk assessment on scene must consider both risks to patient and to staff and should be clearly documented afterwards in the clinical record.

Staff should ensure the correct level of PPE is worn dependant on the patient presentation and the clinical skills that are required during patient care, and they will be supported in their risk-based decision-making by their Trust.

27th May 2020

Cardiac Arrest PPE



Clarification of AGPs

The following are AGPs;

- Procedures related to CPR, for example advanced airway procedures such as laryngoscopy, intubation, extubation and surgical airway
- Manual Ventilation
- Suctioning
- Management of choking and foreign body airway obstruction removal

The following are not AGPs;

- Chest Compression
- Defibrillation
- Nebulisation

Northern Ireland Ambulance Service
Health and Social Care Trust

On Arrival

First person can enter the scene wearing Level 2 PPE, confirm cardiac arrest and if indicated commence chest compressions/defibrillation

Where trained and equipped to use Level 3 PPE this may be donned prior to arrival at scene (where it is safe to do so and where it will not cause a delay)

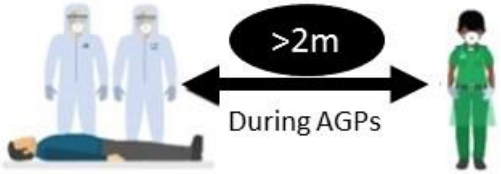
Commence chest compressions, attach the defibrillator and defibrillate if indicated, place a surgical mask or oxygen mask on the patients face

Do not progress to airway management or ventilation until Level 3 PPE donned to perform AGPs

Identification

In PPE it can be difficult to recognise one another. A colleague can write your name and role on the front of your Tyvek suit

Work as a team



Plan & verbalise the task you are doing

Consider Creating Zones

HOT

Active Resus/AGPs
Ideally 360° Access

WARM

Kit dump
& Drugs Area

GREEN

'Clean' Clinician Area
>2M away from
Hot Zone

'Clean' Clinician

If possible consider nominating a 'Clean' Clinician to assist with;

- Fetch equipment
- Help scribe (>2M from patient)
- Provide communication with EAC
- Provide support to next of Kin

This role will be skill dependent as Paramedics should take primacy of care with patient

Equipment

Consider the equipment you take into the scene. It will ALL be contaminated, so try to minimise to that which is clinically necessary. Keep pouches closed and place bags away from patient.
Hand Portable Radios can operate through PPE. Remove outer case to prevent it becoming contaminated
Vehicle keys need to be accessible should you require more equipment

Post Incident

Ensure your PPE is doffed safely and in accordance with NIAS Operational Guidance

Support each other and access Peer Support if necessary;

staff.peersupport@nias.hscni.net
07385 025143 or 07385 025143

Appendix R - Guidance for Care of the Deceased with Suspected or Confirmed Coronavirus

Those handling bodies should be aware that there is likely to be a continuing risk of infection from the body fluids and tissues of cases where COVID-19 is identified.

The usual principles of standard infection control precautions (SICPs) and transmission-based precautions (TBPs) apply for bodies that are possible or confirmed COVID-19.

As a minimum, the PPE required for handling a deceased possible or confirmed COVID-19 patient is Level 2 PPE.

No additional precautions are needed unless Aerosol Generating Procedures (AGPs) are being (or have recently been) undertaken.

For patients who die of suspected COVID-19 outside of a healthcare setting (e.g. hospital), the general guidance for Primary Care is applicable for Ambulance Responders;

- Advise others not to enter the room
- Wear PPE in line with standard infection control precautions, such as gloves, apron and fluid resistant surgical mask
- Keep exposure to a minimum