JMO GUIDE to COVID-19

DEFINITION: "AT RISK" PERSON (ADMITTED TO HOSPITAL) – THE LIST IS GROWING!

Please visit <u>daily </u>for complete list:
https://www.health.nsw.gov.au/Infectious/diseases/Pages/2019-ncov-case-definition.aspx

Currently VERY HIGH Risk:

1. **Person returning <u>from overseas</u> in the last 14 days**
2. **<u>Close contact</u> of a confirmed COVID-19 case**
3. **<u>Cruise ship passengers & crew</u> travelled in the last 14 days**

- As these people must **strictly self-isolate for 14 days,** if that person is **admitted** to the hospital for **<u>any</u>** reason, they must be managed as per **precautions for COVID-19**:

    o   Single room, droplet precautions + PPE: surgical mask, gown, gloves, protective eye-wear (goggles or visor).
    o   An **N95/P2 mask** is **only** worn when there is risk of an **<u>aerosol generating procedure (AGP)</u>** – e.g. intubation, or excessive coughing with pneumonia/deteriorating patient (SoNational Guidelines)
    o   Do **NOT** use nebulisers – these are considered AGPs; Do **NOT** use NIV without discussing with Respiratory AMO.
    o   O2 requirements increasing > 6L/min requires liaison with Respiratory AMO
    o   A **swab** is taken from these patients if they have **fever >38C OR new onset respiratory** symptoms/signs

ORDERING and COLLECTING a COVID-19 test. HOW?

- **Only test a <u>symptomatic</u>** patient from the "**<u>At Risk Group</u>**" (Listed in **<u>LINK above</u>**)
- On **eMR** – the order request is labelled as "*SARS CoV-2*" or "*COVID-19 NAT*".
- **If Influenza is considered**, request "*Respiratory viral panel 1*", which can be done on the same swab, or "*Rapid Flu*" test if indicated (needs a specific RED top NP swab AND discussion with Micro lab x9382 9133). Other respiratory viruses to be specified when ordering the other 2 panels (see eMR) if needed, to reduce unnecessary reagent use and delays.
- The request form **<u>MUST</u>** be marked "**URGENT**" and **"INPATIENT" or "ICU"** and sent in a **RED BAG** in the chute. This is <u>critical</u> for clinical management, bed management and PPE use. It ensures that they are processed as a priority. Once the specimens are in the system they CANNOT be identified and re-prioritised.
- If you discover the swab **wasn't marked** "URGENT" take another swab labelled "**URGENT**" and "**INPATIENT**" ASAP.**
- For patients being **intubated** wherever located, please label as **"ICU"** to prioritise these further.
- **NOTE: ED** patients likely to require admission, please label their specimens as "**URGENT**" and "**INPATIENT**".

<u>Taking the swab</u>: (please see the attachment from NSW Health pathology)

THE TEST IS COVID-19 NEGATIVE - CAN I CLEAR MY PATIENT?

- A **negative COVID** swab does **NOT** "clear" the patient from the risk of developing COVID-19 in a returned traveller or contact of a case within the remainder of **the 14 day isolation period**, droplet precautions stay.
- **Re-test** if new symptoms/deterioration.
- Otherwise- contact the "*ID Consultant for Telehealth"* via switch (in hours) or "ID on call" (after hours) to discuss **de-isolation**.

Unfortunately the test is not perfectly sensitive and so we will discuss the level of clinical suspicion, reason for testing and other proven/likely diagnoses to come to a decision regards clearance or need for further testing (PCR or other modality).

PPE

- **HAND HYGIENE AND DISTANCE** IS MORE IMPORTANT
- A mask is not required for walking around the ward/clinic or hospital. Keep **1.5-2m distance** and **good hand hygiene**.
- **In the room** with a suspect/proven case – droplet precautions with a surgical mask, gown, gloves and protective eyewear is sufficient unless aerosols are being generated (see list in the first section).
- Be competent with **donning and doffing**.
    - Do a refresher (book with Corinne Hayes- see your email).
    - http://seslhnweb/COVID/trainingvideos.asp
    - Have a **buddy** observe you.

Remind others if they have got it wrong, nicely, and please don't get upset if someone does it to you**. Inappropriate mask wearing, in particular, is not only wasteful but sends the wrong message and is unnecessarily anxiety inducing for others**.

OTHER POINTS

- **MINIMISE ENTRY into the room** as far as safely possible- Reduces risk of exposure AND PPE use.

    - **Two doctors** from the **same** team should **NOT** enter the room to review patient; bundle actions into a single entry
    - **Leave all unnecessary items outside** the room, eg stethoscope, phone. Use wipes to clean any items taken into room.
    - **Do you need a formal consult?** Or will phone advice/results review/photos (with consent) allow you to spare another team member entering the room?
    - **Clothing -** impervious foot ware, any standard wash cycle with detergent currently recommended.

- **PROTECT OTHER SERVICES e.g. RADIOLOGY, ECHO, EEG, PATHOLOGY**

    - **Review the need for pathology** tests- spare exposure to pathology collectors
    - **Radiology:** Be as clear as you can be about the suspected/proven COVID-19 status and why you need the test. This might need consultant-consultant discussion
      Ultrasound involves close sonographer contact. Can you do it with another test?
      Likewise Echo, EEG, Allied health referrals

- **CONSIDER COVID-19 in CLINICAL DETERIORATION calls**

    - **CERS calls** for new onset respiratory signs/symptoms or temperature- it's not mandatory to test, but consider
    - Familiarise yourself with the **COVID-19 Basic Life Support algorithm** (see attached)

GENERAL ADVICE FOR STAYING SAFE ON THE WARDS: 3S's

1) DO YOU HAVE SYMPTOMS? GET TESTED NOW AND GO HOME!

- **Fever OR new onset respiratory symptoms?**
    - Let your team know and go straight to the **Fever Clinic** (8am-6pm 7 days/week) or ED and identify yourself as staff member.
    - **You will be prioritised** in the clinic and the lab because we need you back at work.
    - **If you are negative you're relieved** and you're back at work when you are better.
    - **If you are positive, we know sooner**, and you haven't taken down a whole bunch of staff and patients.

2) SCATTER!

    - Your team should already be conducting meetings by telehealth/zoom/phone conference etc.
    - **Split teams** and specialities across different rooms/offices. Remember >1.5m apart.
    - Observe **social distances** and keep meetings short

3) BE KIND AND SUPPORT EACH OTHER

    - **Everyone is under stress** and working hard.
    - People will be away sick or quarantined or looking after kids and you'll need to cover.
    - **Support each other** and work as a **team,** your efforts are greatly appreciated in these extraordinary times.

TEST INFORMATION
Collection of upper respiratory swabs for testing for SARS-COV-2
(the virus that causes COVID-19)

Personal Protection

Remember to use appropriate infection control measures when collecting these samples.

Prepare the room prior to the patient entering:

- Personal protective equipment (PPE) for the health care worker (HCW): gown, N95/P2 mask, protective eyewear, gloves;
- Hand hygiene: ensure sufficient facilities and products e.g. alcohol-based hand cleanser
- Appropriate waste disposal within arm's length from where you collect the patient's specimens

Sample collection:

The recommended sample type for COVID-19 testing is a single combined nose and throat swab.

Collecting a single combined nose <u>and</u> throat swab helps conserve swab stocks, and also increases our chances of detecting the virus.

Procedure:

1. Label the tube with patient details – including full name, date of birth, medical record number (or residential address if MRN unknown) and collection date.
2. Complete the pathology request form – with patient details, date of collection, clinical history, and the test requested – **PCR for 'SARS-CoV-2'** or **'COVID19'.**
3. Stand to one side and tilt the patient's head back slightly.
4. Ask the patient to open the mouth and say "ahh".
5. Depress the tongue with a tongue depressor. **Note** – this procedure can induce the patient's gag reflex.
6. With a sweeping motion, swab the posterior pharyngeal wall and tonsillar pillars. Avoid the soft palate and do not touch the tongue with the swab tip.
7. **Using the same swab**, insert the swab tip into the nostril as far as the anterior end of the nasal turbinate, parallel to the palate (approximately 2-3cm in adults).
8. Leave the swab in place for a few seconds then slowly withdraw using a rotating motion.
9. Place the swab directly into the transport tube or sheath.
10. Place the specimen and the request form into a biohazard bag for specimen transport.
11. Remove PPE according to current NSW Health infection control guidelines.
12. Perform hand hygiene.

Adult Basic Life Support
COVID-19

D — **Danger.** Is the patient known or suspected COVID-19? **PPE immediately –gown, N95/P2 mask, face shield,**

R — **Response**; Check for response to verbal or painful stimulus ie trapezius squeeze

S — **Send** for help ; emergency buzzer, call 2222 to activate Code Blue

A — **Airway**; 2 handed jaw thrust, apply NRB mask initially with 15L/min to inflate reservoir then decrease flow to 6L

B — **Breathing**; Do NOT ventilate the patient using BVM.

C — **Compression only CPR**

D — **Defibrillation;** Apply defibrillator as soon as available and follow prompts

Continue CPR until Responsive or Normal Breathing Returns

Rebecca Hughes Deteriorating Patient Programs CNC 25/03/20200