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## COVID-19 and Infection Prevention and Control April 3 2020

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# COVID-19 and Infection Prevention and Control

April 3 2020

**Martin Cormican** HSE  
National Lead for Health Care Associated Infection  
and Antimicrobial Resistance

[martin.cormican@hse.ie](mailto:martin.cormican@hse.ie)



## Infection Prevention and Control Controversies

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



## Staff – Key Points

Minimise the number exposed

The importance of adequate staffing

Cohort staffing where possible – COVID and non COVID

Staff who have recovered likely at reduced risk caring for COVID patients

One-Stop Care : Planning for the person who enters the care area to do as much as possible in one-stop

Minimise social interaction and face-to-face meetings

Check for symptoms at the start of each shift and report if symptoms appear



## Visitors – Key Points

Very limited

Care of dying including pastoral visits

Maternity – birth partners who are asymptomatic

Visits to children

Carers /key workers for those with disability

Advise on risk and how to minimise



## Standard Precautions – Key Points

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

Hand hygiene

Respiratory and cough hygiene (provide tissues and hand rub at entrances)

Personal Protective Equipment (PPE) – supplies and training

Use when needed – avoid ritual use

Linen and Laundry

All linen used in direct care of COVID-19 “infectious” linen

Uniforms and Clothing

Scrubs - not essential and are not PPE but should be considered

Changing area for staff



## Standard Precautions – Key Points -2

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



## Transmission Based Precautions – Key Points

Patient placement – signage at entry for contact and droplet

Single room en suite where possible

If not en-suite managing commode use

Patient placement of **aerosol generating procedures**

**(some areas of controversy remain around what constitutes AGP)**

**AGP ideally in negative pressure room with airborne precautions**

(otherwise single room)

Cohorting and Streaming

COVID and non-COVID Streaming

Cohort confirmed positives easier than cohort suspect



## Transmission Based Precautions – Key Points

**Cohorting** – the challenge of AGPs especially for Suspect Cohort areas

Keep space

Promote mask use if possible

Use privacy curtains

### **Personal Protective Equipment (PPE)**

Based on task and proximity & contact

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

### **Extended use of PPE**

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



## Transmission Based Precautions – Key Points

Type of PPE

Coveralls – where gowns are not available

Quality of PPE

Respirators

Respiratory Masks and PARPs

Caps/Hoods and Shoe covers – not recommended



## Transmission Based Precautions – Key Points

### Donning & Doffing PPE

Donning coveralls – need a training video

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

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



## Transmission Based Precautions – Key Points

Donning & Doffing PPE

Duration of Transmission Based Precautions

Discharge if possible

Testing of clearance generally not required

Reusable Patient Care Equipment

Allocated to a patient or cohort

Reuse with appropriate decontamination

Mobile Healthcare Equipment & Personal digital assistant -

– minimise use and clean/disinfect if used

PDA – if you need to scan can you use a photocopy ?



## General Environment

Clean and clutter free  
Avoid fans

Routine cleaning  
Cleaning Frequency  
Terminal Cleaning





## Unused Medication Blood Products and PPE

Do not discard critical items



## Specific Scenarios

Suspect COVID-19 in an In Patient

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



## Specific Settings

Critical Care Setting

Operating Theatres

Outpatients

Radiology

Dialysis (we are not recommending respirator masks)

Maternity Units

Internal and External Transfer





## Transfers

Internal

External



## Attendance for Regular Treatment

For example dialysis/ oncology

Asymptomatic patients can travel by their usual means

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

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



## Laboratory

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

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

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



## Point of Care Testing

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

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



## Care of the Deceased

### Communication of level or risk

### Hygienic preparation

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

### Transport to the Mortuary

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

**PPE is not required for transfer, once the body has been placed in the coffin**



## Extraordinary Measures when PPE is in short supply

**Reduce risk of exposure as much as possible**

**Substituting Items of PPE**

**Surgical face masks** –are there FFP2 masks or less than ideal but acceptable masks

**Gowns** – good quality disposable plastic aprons and bare below the elbows

**Decontamination of eye/face protection, for example goggles where there is a shortage of equipment**

**Prioritising use of PPE**

AGPs are likely to represent the highest risk of transmission of infection to HCWs and when PPE is in short supply, these are the procedures



## Decanting Alcohol-Based Hand Rub (ABHR)

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

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

