

PREPARING POTENTIAL COVID-19 PATIENTS FOR TRANSFER

RFDS ADVICE TO REMOTE LOCATIONS



Royal Flying Doctor Service
WESTERN OPERATIONS

PLANNING FOR COVID-19 PATIENTS

All remote work locations should be practicing hand hygiene and social distancing.

A screening process of your workers for symptoms and /or fever prior to their travel to remote locations should be implemented.

It is advised that you also have a plan to safely isolate or privately transport suspected cases who do not require aeromedical evacuation.

Those who are caring for sick employees are required to have access to PPE (Personal Protective Equipment).

Surgical masks are to be issued to ill patients.

Ensure staff who may potentially be looking after these patients have undergone infection control training.

The Government has the following online training package:
www.health.gov.au/resources/apps-and-tools/covid-19-infection-control-training

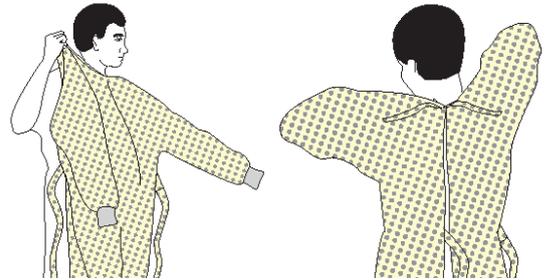
Ensure all workers involved in patient care are properly briefed in the use of PPE including the order of donning and doffing. Please refer to this demonstration video on [Donning and Doffing Personal Protective Equipment \(PPE\)](#)

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



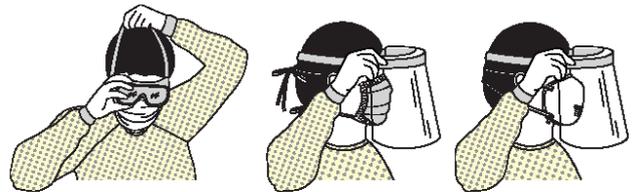
2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



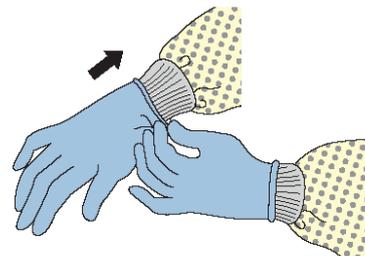
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



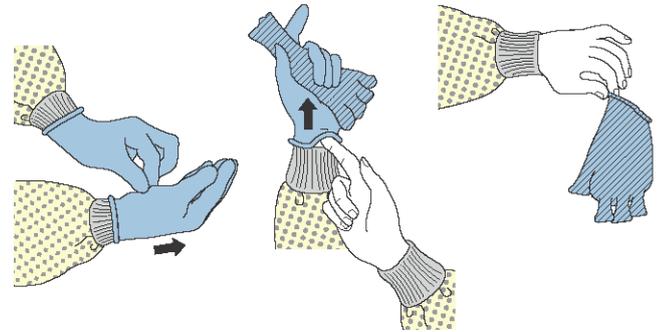
HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)

EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



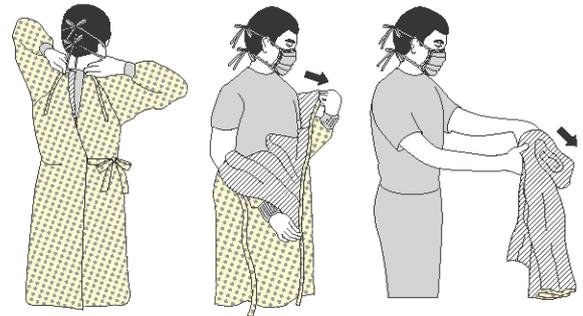
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



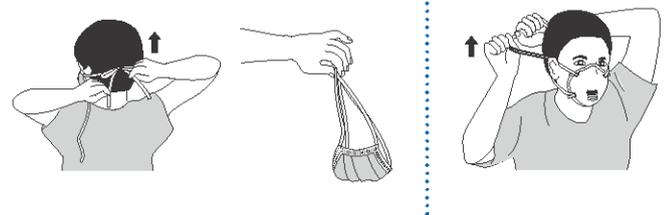
3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

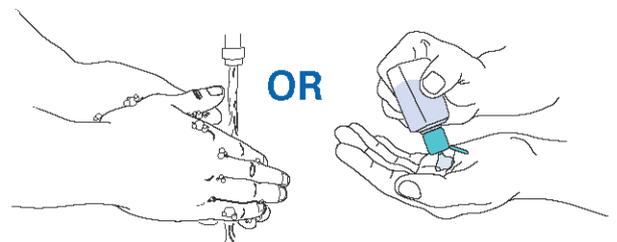


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



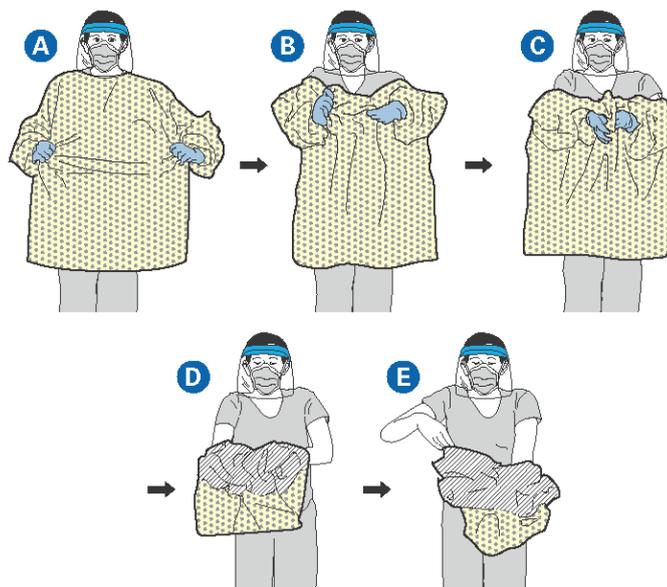
HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)

EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



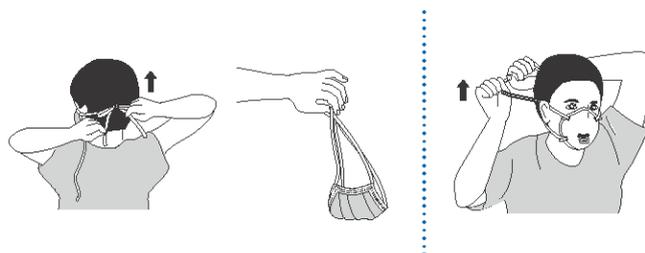
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

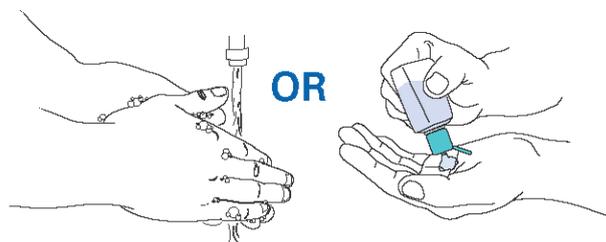


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



WHAT TO DO WHEN A SUSPECTED PATIENT PRESENTS

Should a worker present to you with symptoms of a respiratory infection (cough, sore throat, runny nose) or fever take the following steps:

- Ensure the patient sanitises their hands.
- Ensure they don a surgical mask - this must stay on at all times and be changed if it becomes wet or soiled.
- Direct them the patient to a single room.
- Keep the patient at a distance greater than 1.5m until you don your own PPE.
- Keep the number of personnel caring for the individual to an absolute minimum.
- When fully clad in PPE, record full history and set of observations:
 - Patient history to be recorded should include; travel history, any potential contacts with a COVID-19 patient, past medical history, medications and allergies.
 - Ascertain exact symptoms and degree to which the patient is disabled or short of breath.
 - Observations should include: pulse, blood pressure, oxygen saturation, respiratory rate and temperature.



WHAT TO DO WHEN A SUSPECTED PATIENT PRESENTS (CONTINUED)

- Use your usual processes for seeking medical advice either via RFDS or your occupational medicine service.
- The RFDS will guide you on whether the patient needs moving at all, depending on public health concerns and how sick the patient is.
- The RFDS will guide you on the management of the patient including oxygen, drugs and procedures like cannulation.
- It is important to avoid procedures that spread the virus (known as aerosolising procedures, many of these won't be available in remote settings) these include:
 - Nebulisers (use a spacer and puffer).
 - Non invasive ventilation / CPAP / BiPAP.
 - Hi flow humidified nasal cannula.
 - Intubation and airway procedures.
 - Suction, Bag valve mask /ambu bag ventilation.



TESTING

The criteria for determining who needs testing will change as the spread of the disease and supply of testing equipment changes.

RFDS and Public Health can provide guidance on who meets the criteria for testing and help work out the best way of facilitating testing.

Testing is only available for people who meet the criteria.

Please note testing is not available for the purposes of clearing someone to work.

Please refer to the WA Department of Health COVID-19 guides:

[Preventing the spread of COVID-19 on remote industrial sites](#)

[Information for paramedics and ambulance first responders](#)



ENVIRONMENTAL CLEANING

All surfaces the patient has come in contact with should be cleaned by someone in full PPE.

Cleaning requires the use of an antiviral disinfectant solution or wipes.

[COVID-19 Environmental Cleaning for Workplaces \(Non-Healthcare Settings\)](#)

The PPE should be donned and doffed correctly.

Please visit these reputable websites for more information:

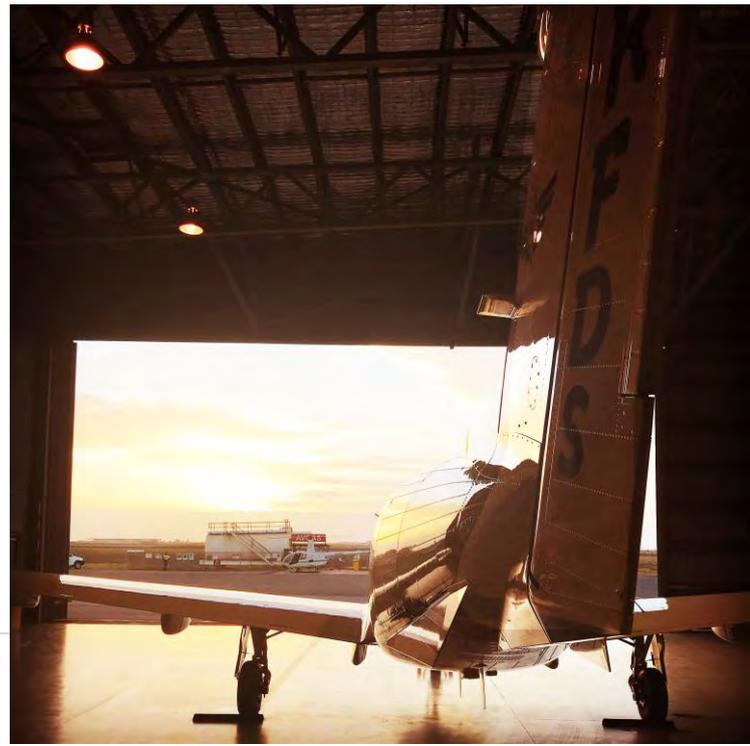
https://ww2.health.wa.gov.au/Articles/A_E/Coronavirus

<https://healthywa.wa.gov.au/coronavirus>

<https://www.wa.gov.au/government/covid-19-coronavirus>

<https://www.who.int/health-topics/coronavirus>

<https://www.health.gov.au/resources/collections/novel-coronavirus-2019-ncov-resources%EFv>



The RFDS is a vital link in the health infrastructure of Western Australia. Our crews on the frontline of our 24-hour aeromedical emergency service continue to work through these unprecedented times.

For all enquiries please contact:

Deb Patterson

Quality Manager Clinical Governance

Royal Flying Doctor Service Western Operations

Ph: 08 9417 6402

Email: deb.patterson@rfdswa.com.au



Royal Flying Doctor Service

WESTERN AUSTRALIA