HOSPITAL ZONE

- Hand hygiene
- Bare below the elbow
- Standard PPE for performing usual procedures

YELLOW ZONE

- Hand hygiene
- Bare below the elbow
- Scrubs if working in Yellow Zone





YELLOW ZONE

What is required:

- Hand hygiene
- Bare below the elbow
- Scrubs if working in Yellow Zone





If you are unable to practice physical distancing (aiming 2m distance) with colleagues or patients in this zone, and are likely to spend >15min, it is recommended you consider the use of a visor or surgical facemask. Thorough hand hygiene remains the best form of protection in this zone.



RED ZONE

- Scrubs
- Bare below the elbow
- Hand Hygiene
- Additional PPE is required

High contact patient care and <2m from patient:

- Surgical gown
- Gloves
- Eye protection
- Surgical face mask / respiratory mask if AGP* planned

Low contact patient care or >2m from patient:

- Apron
- Gloves
- Surgical face mask

Cohort patient care:

- As above
- Gloves must be changed between patients and hands decontaminated
- Other components of PPE remain in situ for the duration of time in cohort nursing area

* AGP = Aerosol Generating Procedure e.g. intubation/extubation, mechanical ventilation, suctioning, chest physio



RED ZONE

- Scrubs
- Bare below the elbow
- Hand Hygiene
- Additional PPE is required

Low contact patient care or >2m from patient:

- Apron
- Gloves
- Surgical face mask

High contact patient care <2m from patient:

- Surgical gown
- Gloves
- Eye protection
- Surgical face mask or Respiratory mask if AGP* planned



* AGP = Aerosol Generating Procedure e.g. intubation/extubation, mechanical ventilation, suctioning, chest physio



OTHER CIRCUMSTANCES?

Patient transfer between Red Zones?

- Patient wears surgical facemask
- Patient walks if possible
- If pushing a patient on a wheelchair/trolley, staff wear apron, gloves and surgical face mask
- If physically assisting a patient to transfer from wheelchair/trolley to bed, staff wear surgical gown, gloves, surgical face mask and eye protection

Visitors to Red Zone rooms?

- Visiting restrictions are in place, individual exceptions may apply
- Visitors will wear apron, gloves and surgical facemask

Cleaning of Red Zone rooms?

If patient is present in room:

Non-sterile gown, gloves, surgical face mask, and eye

protection

If patient is not present:
 Apron and gloves

Red Zone rooms are safe to enter without a facemask 15 minutes after the patient has left, due to more than 3 complete air change in that 15 minutes







COVID-19 ISOLATION PRECAUTIONS IN NEONATAL UNIT

Baby exposure to a COVID-19 Positive case

- Isolate x 14 days following last day of contact with positive case
- If baby remains well → remove C-19 isolation precautions and PPE after 14 days
- If baby develops fever, cough, difficulty breathing or poor feeding
- → obtain combined throat/naso-pharyngeal swab for SARS CoV2 and → change PPE to include eye protection

Baby exposure to symptomatic person, awaiting test result

- · Isolate baby pending result
- If SARS CoV2 is Not detected and person does not have clinical or radiological findings highly suggestive of COVID-19 → remove C-19 isolation precautions and PPE
- If SARS CoV2 is Detected

 → see 'Baby exposure to a
 COVID-19 Positive case

Mother is a close contact of a COVID-19 case in past 14 days

- Isolate baby pending mother's result
- Test mother for SARS CoV2 at time she last had contact with baby. If SARS CoV2 is Not detected → remove C-19 isolation precautions and PPE in neonatal unit.

Mandatory all the time: Scrubs, bare below elbow, hand hygiene, standard precautions, isolating the baby in a negative pressure area (NICU-3, SCBU or emergency room)

COVID-19 Positive Baby or Symptomatic Baby awaiting result

- Long-sleeved gown* (gowns received from HSSD can be used)
- Sterile gloves
- Eye protection
- Surgical mask or if AGP*** use FFP2/3 mask

COVID-19 Exposed – Baby has No Symptoms suggestive of COVID-19

- Long-sleeved isolation gown* (yellow or light blue)
- Gloves**
- Surgical Mask or if AGP*** use FFP2/3 mask





*Sterile gown if central line insertion or other aseptic procedure

** Sterile gloves if aseptic procedure

***Aerosol Generating Procedure (AGP) = intubation, extubation, suctioning, non-invasive ventilation



Infection Control in Low Risk Clinical Areas

MANDATORY

- Bare below the elbows
- Hand hygiene and standard precautions
- Cough Etiquette
- Maintain social distancing >2m as far as possible
- Wear mask/visor
 - For all patient interactions <2m</p>
 - > Al I interactions with colleagues ≥15 minutes in <2m distance</p>

BLUE / DISPOSABLE BLOC BLIND VISOR



INSTRUCTIONS

- Wear your visor for the duration of the shift
- Place the foam on your forehead
- If any splash to the visor, change it
- Discard it into a white domestic bin
- at the end of the shift

BLACK / RE-USABLE VISOR



INSTRUCTIONS

- Wear your visor for the duration of the shift
- Place the foam on your forehead
- Clean it with Azo wipe at the end of the shift
- Do not share visor with anyone else

RULES

- You may NOT ask an asymptomatic patient or staff to wear visor or mask
- Visors and masks must NOT to be worn outside of clinical areas, on corridors, in canteen etc.



V2 22/5/2020 S Kuriakose & S Kiafar

COVID-19

Infection Control Advice for Self-Protection

Mandatory

- Bare below the elbows
- Hand hygiene and standard precautions
- Cough Etiquette
- Maintain physical distancing >2m as far as possible
- Wear mask/visor
 - For all patient interactions < 2m
 - All interactions with colleagues \geq 15 min in <2m distance

Safe use of masks

How to wear a mask

Fit the mask on your face. Press the metal band, so that it conforms to the bridge of your nose.

Tighten the loops or ties and trace around the edges to ensure there is no gap.

Use adjuster if needed.

Tips on how to stay safe



Always do hand hygiene after removing the mask

Always change mask if going for a break

Never touch the front of the mask

Immediately bin mask after its removal







It is acceptable to continue wearing a visor if it is your current practice

How to remove the mask



Use the ties or ear loops to take the mask off. Do not touch the front of the mask when you take it off.

Dispose of mask in a lidded bin.





DO NOT wear your mask so it covers just the tip of your nose



DO NOT push your mask under your chin to rest on your neck



The National Maternity Hospital /ita Gloriosa Vita ~ Life Glorious Life V2 - 26 May 2020



