4

Specific healthcare settings

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4.1 Introduction

This chapter provides advice on acute respiratory infection (ARI) management in specific healthcare settings during high level of community transmission (amber or red alert). Content will evolve over time and be updated as needed.

4.2 Access to surgery during amber and red alert

Impact to surgery may vary depending on the level of community transmission of COVID-19 (amber or red alert or in the context of a pandemic). For updated information on specific advice refer to NSW Health COVID-19 and elective surgery.

Surgery/procedure

If the patient is suspected or confirmed to have COVID-19 and the decision is to proceed with surgery, then follow transmission-based precautions for droplet and airborne including standard precautions.

The decision to operate on a patient confirmed to have COVID-19 will be influenced by the level of transmission risk at a state level and the surgical need for each patient. The pathway for a patient from the emergency department (ED) or a ward bed to the operating theatre and return to the ward involves several interactions between HWs and the patient. Standard precautions always apply.

Further information is available at:

- ACI Surgical care network resources: Emergency Surgery Guidelines (GL2021_007)
- NSW Health Planned Surgery Access (PD2025_036)

4.3 ARI/COVID-19 PPE in Allied Health procedures

This guidance supports Allied Health clinicians in making risk-based decisions regarding the use of personal protective equipment (PPE) across hospitals, community health centres and other clinical settings. It was developed in consultation with experts from the field.

The prevalence and risk of transmission of acute respiratory infections (ARIs) vary by location and over time. Accordingly, this guidance must be applied in conjunction with local advice from LHDs/, SHNs and individual services, as outlined in NSW IPAC Response and Escalation Framework and the Infection Prevention and Control Practice handbook.

Where additional or unique risks are identified for a specific service or clinical context, advice should be sought from local infection prevention and control teams and specialist infectious diseases experts before deviating from the PPE recommendations outlined in Figure 4.

All Allied Health professionals must apply a systematic, risk-based approach prior to undertaking clinical assessments, procedures or treatments. This includes consideration of patient factors such as suspected or confirmed COVID-19 or other ARIs, environmental factors and the nature of the activity being performed, including whether aerosol-generating procedures (AGPs) are involved. Appropriate PPE must always be used to minimise the risk of transmission to patients, staff and others.

Factors to be considered during risk assessment

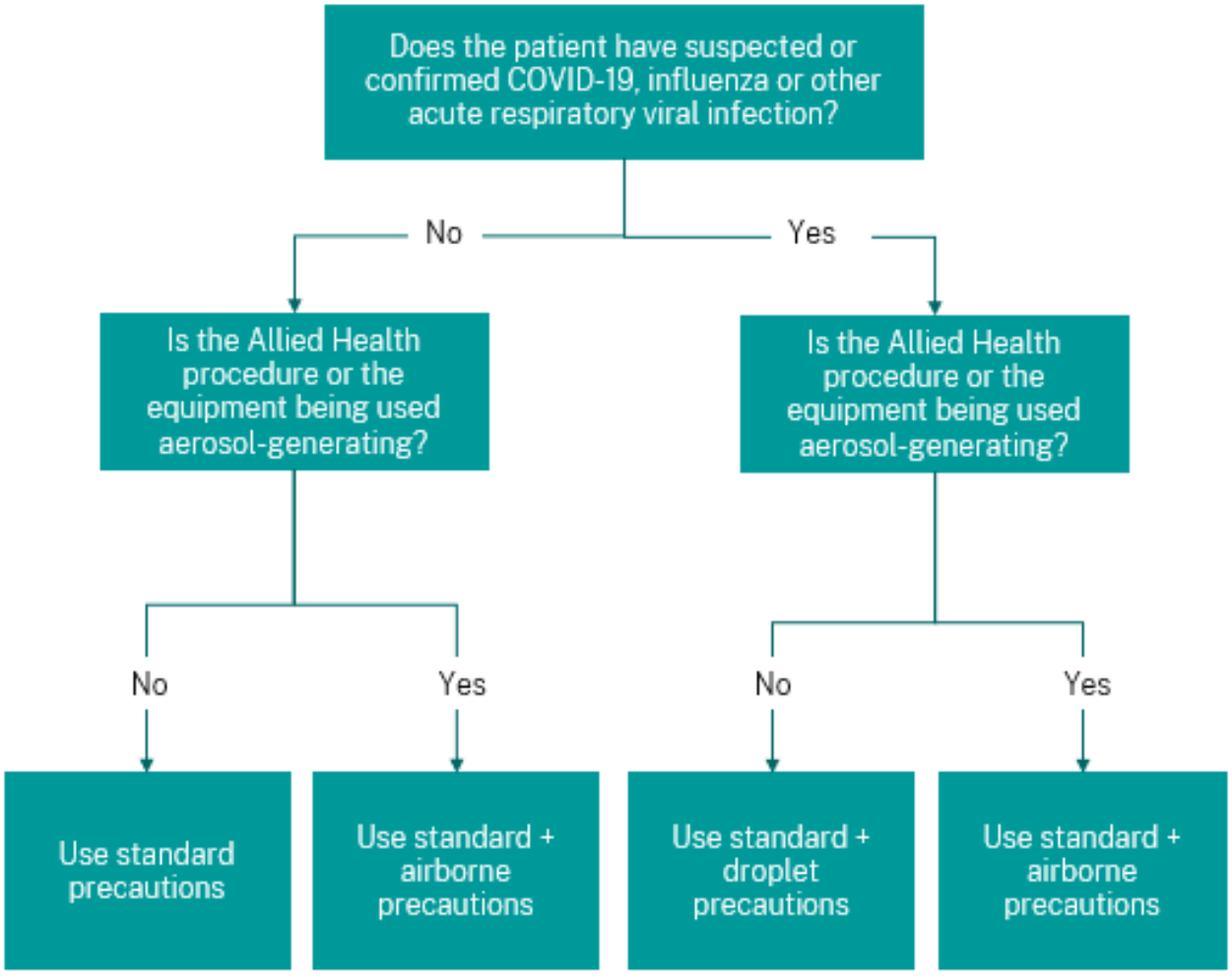
Risk factors to be considered:

- Cognition and cooperation of patient
- Secretion control/volume
- Cough etiquette and respiratory hygiene.
- The position of the clinician during the procedure (for example, behind or beside patient) where possible and practical
- The cumulative length of time spent with an individual patient (2 hours >1.5 metres over a 48-hour period is considered low risk). If this is longer or distance can't be maintained, additional PPE may be required.

If these circumstances put the clinician at risk of infection, droplet precautions should be considered.

If a patient suspected or confirmed to have an ARI, the following decision tree should be used when determining decisions regarding appropriate PPE (figure 4).

Figure 4 Decision algorithm for recommended PPE in Allied Health procedures



1. Allied Health procedures with no risk of droplet exposure

Standard precautions should always be adhered to, ensuring ongoing risk assessment approach during patient contact.

Examples of procedures (not exclusive):

- General mobilisation of patients

- Outpatient orthopaedics, hydrotherapy, musculoskeletal, lymphoedema, women's health, cardiac and pulmonary rehabilitation
- Videofluoroscopic swallow assessment, modified barium swallow
- Clinical dysphagia assessment
- The presence of dysphonia, dysphasia, or dyspraxia.

Transmission-based precautions are applied where patients are suspected or confirmed of an infectious disease according to mode of transmission.

2. **Allied Health procedures with risk of exposure to particles or body fluids**

Standard precautions, plus droplet precautions

Examples of procedures (not exclusive):

- All airway clearance techniques, cough and breathing devices, respiratory muscle strength training devices, spirometry, and peak flow
- Non-AGP assessment and treatment of tracheostomy and laryngectomy patients
- Assessment of a patient where 1.5m distance cannot be maintained.

Standard precautions, plus airborne precautions

Examples of procedures (not exclusive):

- Open suctioning of nasopharynx, oropharynx, tracheostomy, endotracheal tube or laryngectomy stoma
- Manual hyperinflation and inspiratory muscle training device on ventilated patient
- Procedures that have risk of ventilator disconnection, for example, manual assisted cough, manual techniques, mobilising
- Fibreoptic endoscopic evaluation of swallowing assessment.

4.4 Specialist areas

The provision of health services for patients with suspected or confirmed ARI must not be delayed and the care provision should be based on a risk assessment and clinical need.

The following principles apply for the management of ARIs for specialist areas such as medical imaging, non-acute healthcare settings, home visits, community meetings/sessions, radiology, breast screen and so forth.

Early recognition of patients/clients who have suspected or confirmed ARI is essential to maintaining the health and wellbeing of providers, carers, HWs and the community. The following key elements are important factors:

1. ***Triage*** and risk assessment through a screening process prior to arrival at the home or premises should be conducted. ARI risk assessment of patients/clients should be undertaken by providers of care in the home prior to each visit.
2. ***Respiratory hygiene and cough etiquette*** to contain respiratory secretions are recommended for everyone and should be communicated to patients/clients.
3. ***Standard precautions*** represent the minimum infection prevention measures that apply to all patient/client care, regardless of suspected or confirmed infection status of the patient/client, in any setting where healthcare and home care is delivered. These evidence-based practices are designed to both protect and prevent spread of infection among patients/clients, care providers and HWs.

4. *Transmission-based precautions* should be used when standard precautions alone are insufficient to interrupt the transmission of a microorganism (transmissible infection or communicable disease). Precautions are applied and based on the mode(s) of transmission.
5. *Assess and monitor risk* through routine risk screening and monitoring for patients/clients and the HW or care provider at each point in the episode of care. The risk screening and risk management required for the patient/client is inclusive and required for others who will be present at the appointment and/or living in the home.
6. *HW or care providers* must follow all requirements for assessing, monitoring and reporting their own health and risk factors associated with ARIs to ensure their own safety and the safety of those they provide care for.
7. *Vulnerable patients/clients* should be identified and risks associated with specific ARI vulnerability should be considered in the provision of home care.
8. *Vulnerable HWs and care providers* should be individually risk assessed to determine their suitability for care of patients/clients with suspected or confirmed ARIs.

4.5 Oral Health Services

Aerosol generating procedures (AGPs) in dentistry are defined as any clinical interventions that utilise equipment capable of producing airborne particles, including high-speed and surgical handpieces, ultrasonic and sonic devices, air polishing systems, lasers and the triplex syringe when air and water are combined. These procedures present an increased risk of airborne transmission of infectious agents, particularly in the context of an ARI.

Deferring dental treatment

In most cases non-urgent dental treatment for a person with ARI should be deferred until the person is deemed non-infectious.

Managing shared open clinics

The following measures should be considered when managing and risk assessing the use of shared open clinics:

1. Two (2) metres is the minimum distance between the headrests of the patient chairs. Three (3) metres or more may be appropriate depending on the procedure and physical space available.
2. The use of physical barriers such as screens or partitions between chairs may assist in separating spaces.
3. Risk assess the air quality, existing ventilation and air exchange of the shared space. Consider adjusting or enhancing existing ventilation before using other air improving devices.
4. Consider the use of clinical zones based on procedural risk (for example, AGP) or vulnerable patient cohorts (unvaccinated or immune suppressed). Adjustment to patient flow, patient timing and grouping of procedure types may assist risk management of shared spaces.
5. Minimise aerosols by practicing four handed dentistry, use of highspeed suction and rubber dam.

Table 14 Dental services - ARI quick reference guide

	Hand hygiene	Disposable gloves	Fluid resistant gown or apron*	Surgical mask	P2/N95 mask	Eye protection – safety glasses	Face shield or mask with visor	Treatment room requirements
Foundational – system prepared	✓	✓	*Risk assessment	✓	*Risk assessment	✓	*Risk assessment	Standard precautions apply at all times
Yellow or amber alert level	✓	✓	*Risk assessment	✓	*Risk assessment	✓	*Risk assessment	A single room or risk assessed shared space
Red alert level	✓	✓	✓	✗	✓	✓	✓	A single room or risk assessed shared open space
Confirmed or suspect patient	✓	✓	✓	✗	✓	✓	✓	Use a single room with the door closed. Where available use negative air flow and good ventilation. High risk AGPs should be performed in a negative pressure room or equivalent. Allow necessary air changes before next patient.

*Risk assessment for AGPs should consider the length of procedure and anticipated exposure to large volumes of blood/body fluids and respiratory droplets AND prevalence of community transmission.

4.6 Disability information

There are numerous resources available for people with disability and their carers or supporters. For more information, please refer to Advice for disability services on managing acute respiratory infections.

4.7 Information relevant to aged and residential care

- Infection prevention and control in aged care
- For national updates – Department of Health and Aged Care
- Coronavirus (COVID-19) - CDNA National Guidelines for Public Health Units
- Respiratory infection advice to residential disability care facilities (RDCF)
- People at higher risk of severe COVID-19
- Advice for aged care services on managing acute respiratory infections (ARIs)