ARHAI Scotland

Antimicrobial Resistance and Healthcare Associated Infection

NHS National Services Scotland

COVID-19: Frequently Asked Questions (FAQs) for Critical Care Units

This FAQ has been developed to support Infection Prevention and Control and Clinical Teams regarding the remobilisation of services during the COVID-19 Pandemic. Further information can be found in the Scottish COVID-19 addendum within the National Infection Prevention and Control Manual.

This FAQ is specific to considerations for the remobilisation of services and ongoing management of COVID-19 within Critical Care Units.

Q1 How is COVID-19 transmitted?

Evidence to date indicates the route of transmission to be droplet and contact spread. There are two main routes by which COVID-19 is transmitted:

- Directly – from close contact (within 2 metres) of an infected person - Respiratory secretions can enter the respiratory tract via inhalation of droplets or when droplets land on the mucous membranes of the eyes, nose and mouth. Applying droplet precautions reduces the risk of transmission.

- Indirectly - by touching a surface, object or hand of an individual that is contaminated with respiratory secretions **and then** touching your mouth, nose or eyes. Applying contact precautions reduces the risk of transmission.

Interrupting transmission of COVID-19 requires contact and droplet precautions to be applied. Airborne precautions must also be applied when undertaking an AGP on a patient within the medium and high risk pathways.

Q2 How will the Remobilisation pathways work in critical care settings?

The remobilisation guidance provides examples of patient pathways (high, medium and low risk) to establish the segregation of patients determined by their risk of COVID-19.

Where facilities allow, boards may allocate separate critical care units to each of the defined pathways. It is accepted however that critical care units in some NHS boards may have to house patients from each of the 3 pathways on the one unit. Pathways must be clearly signposted. Where all COVID-19 patients requiring Aerosol Generating Procedures (AGPs) on the High and Medium Risk Pathways can be isolated in a single side room the whole unit does not need to be considered a 'High Risk' area and no longer requires unit wide airborne precautions to be applied. Wherever possible, staff should be cohorted to each of the pathways.

More information on the COVID-19 pathways can be found in section 5.1 of the Scottish COVID-19 acute addendum.

Q3 What Personal Protective Equipment (PPE) is required in Critical Care?

Section 5.6 of the Scottish COVID-19 addendum details the PPE which should be worn when providing direct patient care depending on the pathway the patient is on.

NB: Eye/face protection must be worn when providing all direct patient care on the high risk pathway. On the Medium and low risk pathways, a risk assessment should be undertaken. Eye/face protection is required where there is anticipated splashing or spraying of blood/body fluids.

NB: FFP3 respirator masks must be worn with a full face visor if the mask is not fluid resistant – please check before use. Additionally, valved respirators are not fully fluid resistant unless they are also 'shrouded'. Valved non-shrouded FFP3 respirators should be worn with a full face shield if blood or body fluid splashing is anticipated'.

Gloves, aprons and gowns are single use items as per Standard Infection Control Precautions (SICPs) and must be removed and disposed of after each patient contact and between different tasks with the same patient. It is important that staff do not go between patients wearing the

same PPE as described above. See Question 9 for scenarios where FRSMs and eye/face protection may be worn sessionally.

N.B: Double gloving is not necessary when caring for patients with COVID-19. There is no National or International COVID-19 Guidance (e.g. PHE/WHO/CDC)

Q4. Do we still need to wear AGP PPE (FFP respirator, gown, gloves and eye/face protection) throughout the critical care unit?

Within critical care units, where all COVID-19 patients on the High and Medium Risk Pathway requiring AGPs can be isolated in a single side room the whole unit does not need to be considered a 'High Risk' area and no longer requires unit wide airborne precautions to be applied. Staff do not need to wear AGP PPE on the main unit for patients on the low risk pathway undergoing an AGP provided the patient has no other infectious agent transmitted via the droplet or airborne route (Such patients will also require to be nursed in a single side room). PPE should be worn and environmental cleaning can be performed as per each of the pathways described in the Scottish COVID-19 addendum.

However, consideration may need to be given to unit wide application of airborne precautions where the number of cases of high and medium risk pathway patients requiring AGPs increases and all such patients cannot be managed in a single side room. Where AGPs on any medium and high risk patient is required on the main unit, this presents a risk to the surrounding patients and staff and unit wide airborne precautions would be required. See Questions 9 and 10. FFP3 respirators should be worn throughout the unit however all other PPE should only be worn during direct patient care and depending on the task being undertaken.

Q5. Can we wear surgical gowns with thumb loops?

If the gowns you have been provided with have thumb loops, these should be tucked inside the wrist band as they may prevent effective hand hygiene.

Please note that surgical gowns are now available in different varieties e.g. reusable laundered gowns. Consult with your Local Procurement Department for further information.

Q6. When can we wear long sleeved plastic gowns with thumb loops?

They can be used in the same manner as a single use disposable plastic apron and are suitable for an Aerosol Generating Procedure and should be disposed of as a single use item.

Thumb loops are a design feature only. Existing PPE should not be altered or modified in any way e.g. cutting of cuffs to create thumb loops in gowns.

Q7. Can I wash my gloves or gel my gloves with alcohol based hand rub (ABHR)?

Gloves **must not** be continuously worn and must never be decontaminated with ABHR. Taping of gloves is not necessary.

COVID-19 **does not** transmit through skin and can be easily removed by hand hygiene (with soap and water or ABHR) just like other droplet organisms. It is therefore unnecessary to keep hands continuously covered by gloves. Gloves **must** be disposed of after patient contact, (and between different tasks with the same patient) and hand hygiene must be performed following removal of gloves.

If any part of your arm is exposed during clinical care, there is no risk to the wearer. Hand hygiene should be extended to the forearms if they are exposed to respiratory secretions.

N.B: There is no National or International COVID-19 Guidance (e.g. PHE/WHO/CDC) that recommends double gloving, taping or washing/gelling of gloves.

Q8. What PPE is required when I am completing tasks (e.g. administrative work) away from the patient area?

A surgical face mask (Type IIR) should be worn when completing administrative work. The extended use of facemasks by health and social care workers is designed to protect staff and patients and the full guidance and associated FAQs for extended use of facemasks can be found on the Scottish Government's COVID-19 web page;

It is not necessary to wear gloves and an apron. These should be removed and hand hygiene carried out immediately before leaving the patient environment. If these items are not removed and hand hygiene performed there is a risk of cross transmission.

Q9. What is 'Sessional PPE' and should I be wearing PPE for a session?

During the peak of the pandemic, some PPE was used on a sessional basis and this meant that these items of PPE could be used moving between patients and for a period of time where a healthcare worker was undertaking duties in an environment where there was exposure to COVID-19. A session ended when the healthcare worker left the clinical setting or exposure environment. Supplies of PPE are now sufficient that sessional use of PPE **is no longer required** other than when wearing a visor/eye protection in a communal bay on the high risk pathway and when wearing a fluid resistant surgical face mask (FRSM) across all pathways. FRSMs can be worn sessionally when providing direct patient care or as part of extended use of facemask policy. FRSMs and visors/eye protection must be changed if damaged, soiled compromised or uncomfortable or after having provided care for a patient isolated with a suspected or known infectious pathogen and when moving between cohort areas within the high risk (red) pathway. The exception to this is detailed in Question 10.

Q10. What if the critical care area has unit wide airborne precautions in place? Can I wear sessional PPE?

Staff may wear sessional FFP3 respirators however other items of PPE must not be worn sessionally. Unit wide Airborne precautions will require sessional use of FFP3 masks throughout the unit however all other AGP PPE should be removed when no longer within 2 metres of a patient undergoing AGPs or, if still within 2 metres of the patient, then after the AGP is complete and fallow time has elapsed. It is not necessary to wear sessional gowns moving around a unit or department. Gowns protect against excessive splash and spray which is associated with AGPs and other direct patient care procedures. Gloves and aprons (or plastic gowns) must never be worn sessionally and must be changed between patients and between different tasks with the same patient. Gloves can be safely removed within the exposure environment, providing that hand hygiene is performed following removal.

FFP3 respirators must always be removed when you leave the clinical area.

Q10. When carrying out an Aseptic Procedure should I apply new PPE?

You must always don a new set of PPE in preparation for an aseptic procedure.

Where the critical care area has commenced unit wide airborne precautions, and there is no scrub sink out with the clinical area, staff should remove all PPE with exception of the respirator inside the clinical area, leave the clinical area before removing respirator, carry out hand hygiene and don a new respirator. On returning to the clinical area they should carry out a surgical scrub and don a new surgical gown, apron, gloves and face protection.

Units may need to consider a local risk assessment made in conjunction with the Infection Prevention and Control Team (IPCT).

Q11. Do we need to maintain physical distancing within critical care units?

All staff working with NHS Scotland healthcare facilities must maintain 2 metres physical distancing wherever possible. This does not apply to the provision of direct patient care where appropriate PPE must be worn in line with the Scottish COVID-19 addendum. Outbreaks amongst staff have been associated with a lack of physical distancing in recreational areas during staff breaks and when car sharing. There are many areas within healthcare facilities where maintaining 2 metres physical distancing is a challenge due to the nature of the work undertaken. Where 2 metres physical distancing cannot be maintained, staff must ensure they are wearing face masks/coverings in line with the extended use of facemasks 5.6.1.

Staff must adhere to physical distancing as much as possible and should;

- Stagger tea breaks to reduce the number of staff in recreational areas at any one time.
- Maintain 2 metre physical distancing and wear FRSMs in staff rooms during handovers and staff clinical updates
- Maintain 2 metre physical distancing when removing FRSMs to eat and drink.

- Not car share when commuting to and from work unless absolutely necessary. Where this is absolutely necessary, staff should sit as far apart as possible, wear a face covering or face mask and keep windows open in the car to improve ventilation.