

## CMG 40 – INFECTIOUS PATIENTS - Section a) 'routine' infections

(August 2020)



Section a) contains general guidance when managing patients with 'routine' infections, which are infections without the ability to potentiate a pandemic (e.g. seasonal influenza, MRSA, VRE, hepatitis, gastroenteritis etc.)

### Personal Protection

Based off MDT information, if the patient sounds non-critical and potentially infectious, perform a 'doorstep' assessment to ascertain if the patient is likely to be infectious. Don PPE appropriately. Also consider PPE if treating a high-risk (e.g. immunocompromised) patient to limit the chance of you infecting them even if you're asymptomatic.

### Control routes of infection

- **fomites** – *infectious materials located on physical surfaces*
  - avoid unprotected contact with patient belongings and furniture
- **direct transmission** – *direct body contact with tissues or fluids of the infected patient. This can occur through eyes, mouth, open wounds, abraded skin, bites and scratches.*
  - avoid touching your face
  - ensure wounds are dressed with water proof dressings
  - manage patients with likelihood of spitting, biting or scratching due to agitation as per CMG 37
  - contain/clean items soiled with bodily fluids (blood, emesis, airway secretions, faeces, etc.)
- **airborne/droplet** – *infectious material found in the expired air or airway droplets of the patient*
  - place an appropriate facemask on the patient ASAP
  - use the lowest flow oxygen possible to achieve oxygenation goals as per CMG 9
  - continue using a surgical mask under Hudson and NRB masks, and over nasal prongs
  - during advanced airway manoeuvres, minimise personnel within 1.5m of the airway
  - face shields should be used by those performing and assisting in advanced airway procedures including suction and BVM.
  - position the patient 45° head up to reduce airway pressures when performing IPPV with BVM or advanced airway

### Transport Considerations

Only transport to ED if the patient requires hospital level management.

In suspected infectious patients (not requiring transport to ED), private or public transport is appropriate for them to attend an alternative care facility. Provide them with a surgical mask and remind them of the importance of physical distancing and hand hygiene.

## CMG 40 - INFECTIOUS PATIENTS - Section b) highly infectious patients

(August 2020)

This guideline contains general guidance only, to be used in the event that a crew happens across a patient they suspect of having a highly infectious disease with potential for catastrophic outbreak (for example, a viral haemorrhagic fever, COVID-19).

In the event of a known outbreak, specific advice (including case definitions and management) will be provided by the ACTAS via ACT Health.

Paramedics should retain a high index of suspicion, especially in the event of known outbreaks.

### IDENTIFY POTENTIAL PATIENTS

(keep up to date with outbreak advice that has been provided by the ACTAS; maintain a high index of suspicion)

Continue to follow guidance from CMG 40 - section a)

Don full PPE – gown, gloves, eyewear and surgical mask (P2 mask if the pathogen is airborne)

Wash and disinfect yourself prior to donning PPE if you have had contact with the contaminated patient/area.

Minimise direct contact with the patient

Have a single officer conduct close contact assessment and management where possible

Continue case management according to advice received

Contact the Duty Operations Officer and/or ComCen Clinician if further advice is required

If transporting, ensure EARLY pre-notification of the receiving facility

Decontamination – staff, equipment, vehicle:

follow specific advice received regarding case, ± ACTAS Infection Control and Prevention Manual