**Attachment 3 in CPG 244 and Attachment 6 in 454:**

**Use of Personal Protective Equipment in the Ambulatory Setting during COVID-19 pandemic including in response to known or suspected outbreaks in residential care facilities including safety observer role (spotter)**

**Aim:**

* To provide a safe work place for ambulatory care staff to use PPE in the ambulatory setting during a pandemic including when required to attend an outbreak at a residential care facility.
* To ensure adequate training for donning and doffing PPE for ambulatory care staff.
* To ensure understanding of workflows in maintaining staff safety when in a non-Eastern Health COVID or SCOVID environment
* To describe the role of the safety observer (spotter) in a covid-19 environment

**Background:**

The appropriate use of personal protective equipment is an essential component of staff safety that has traditionally been limited to use in controlled inpatient settings. During a pandemic, the requirement for all staff to be proficient in the use of PPE has extended to the ambulatory setting whereby unique challenges exist in the uncontrolled home environment and the relative inexperience of staff members in utilising PPE.

As of 22 July 2020, ambulatory care was reclassified as a ‘higher risk’ setting and a revision of the PPE minimal standard as described in Table 1.

Clinicians should be aware that the criteria for suspected COVID- any unwell patients and a low threshold for conversion to full PPE as per Table 1 The use of PPE within a health care setting (including home visit and residential facilities s) requires a higher standard of infection control than is required in the general community.

**Processes:**

**Preparatory learning:**

All ambulatory clinicians must have completed the i-Learn training packages and be familiar with the CPG’s listed below :

* Promoting Best Practice in Hand Hygiene and PPE,
* N-95 mask fitting,
* Donning and doffing Gown and Gloves including the video [here.](https://vimeo.com/396826018/31cebab3fd)
* All ambulatory staff must also view the educational video demonstrating the use of PPE on the home visit available [here](https://vimeo.com/400142821/65bfff5abf)
* Staff should be familiar with CPG 244 [COVID-19 (SARS CoV-2) Management of known or suspected cases guideline.](http://ehpolicies.eh.local:90/index.aspx?itemDetails=244&xText=244&xType=ANY)

**Patient Home (non-residential care facility) visiting process with suspected or confirmed COVID-19 patients**:

The requirement for undertaking a home visit during the COVID-19 pandemic must be determined necessary in accordance with guidance documents developed for this purpose and attached to [CPG 454 Home community visit staff safety guideline](http://ehpolicies.eh.local:90/index.aspx?itemDetails=454) (attachment 6). The clinical reasoning for necessity of a face to face assessment (home visit or centre based) should be documented within CPF.

All visits conducted to a suspected or confirmed COVID-19 case will require two clinicians with one to assist as a ‘spotter’ or a ‘scout’ to provide local assistance to the staff member who will be providing the care whilst wearing the PPE. See below re the role and responsibility of the staff safety observer.

If a breach in PPE occurs, staffs are advised to report this immediately to their manager and to IPAC.

**Role of Safety Observer (Donning and Doffing) aka spotter**

Whilst correct use of PPE protects staff, breaches are most likely to occur during donning and doffing. When providing care to a S/COVID patient in the community/facility , a trained donning and doffing safety observer (spotter)

The purpose of the PPE spotter is to ensure the safety and wellbeing of the clinician providing direct care to the patient. The spotter is a guide and protector.

This role involves:

* Vigilance i.e. constantly watching the clinician and the environment for possible contamination (what is touched, hand-to-face, torn or soiling of PPE)
* Proactivity in identifying the risks
* Verbal instructions for PPE donning and doffing which is slow, steady and at a deliberate pace
* May include scribing outside the patient’s room or outside the ‘dirty’ zone

**Table 1 PPE Requirements for the Ambulatory Setting**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ✓= Minimum MandatoryRequirement | **Positive Patient regardless of where the patient is located** | **Suspected- Swab required or patient****in quarantine** | **Non Suspected** | **Residential Aged Care, CRU’s****& SRS Facilities****(no outbreak)** | **Patients PPE requirement** |
| **N95 Mask**  | ✓ | ✓ |  |  |  |
| **Surgical Mask**  |  |  | ✓ | ✓ | ✓ If the patient is unable to tolerate a mask provide a face shield |
| **Gown \*\*** | ✓ | ✓ | Clinicians Discretion |  Clinicians Discretion |  |
| **Gloves** | ✓ | ✓ | ✓(When completing clinical care) | ✓(When completing clinical care) |  |
| **Goggles**  | ✓ | ✓ | Clinicians Discretion | Clinicians Discretion |  |
| **Face Shield**  | ✓ | ✓ | Clinicians Discretion  |  Clinicians Discretion |  |
| **Hair Cover**  | Clinicians Discretion | Clinicians Discretion | Clinicians Discretion | Clinicians Discretion |  |
| **Overshoes** | Clinician Discretion | Clinicians Discretion | Not required | Clinicians Discretion |  |

Due to the changing nature of COVID-19 PPE recommendations please note that the above information will be updated regularly

Face shields can be used instead of masks when patients have hearing deficits or require facial cues to assist with communication

\*\*Use second gown to cover back if spotter deems insufficient coverage of clinician’s posterior underclothes