



CLINICAL NOTICE

Notice ID	02/20
Title	COVID-19 Latest Clinical Information
Issued by	Adrian South, Deputy Director of Clinical Care
Approved by	Adrian South, Deputy Director of Clinical Care
Date Issued	20/03/2020
Review Date	19/03/2021
Clinical Publication Category	Guidance (Green) - Deviation permissible; Apply clinical judgement

Purpose

Clinical Notices are not normally updated after publication. However, this particular notice will be updated regularly, as the Clinical Notice function of the JRCALC app provides an ideal platform to provide a single source of the latest information. The latest Public Health England updates can be accessed [here](#).

20/03/2020 - Trust response to the RCUK statement on the in-hospital resuscitation of suspected/confirmed COVID-19 patients

The Trust is aware of the publication by the Resuscitation Council (RCUK) covering the management of in-hospital resuscitation for patients with suspected or confirmed COVID-19. Having carefully considered the RCUK guidance, the Trusts senior clinical team have reaffirmed that for cardiac arrest, SWAST will continue to follow the latest COVID-19 Guidance for Ambulance Trusts, which was published 13/03/2020 and summarised below.

With patients who are unconscious it may not be possible to determine their potential COVID risk. Therefore the following level 2 PPE should be worn:

- Disposable apron
- Fluid repellent surgical mask
- Eye protection
- Disposable gloves



The following level 3 PPE should be used if an aerosol generating procedure is required **and** the ambulance clinician believes that the patient is a possible or confirmed COVID-19 case:

- Fluid repellent coverall
- FFP3 or powered hood
- Eye protection
- Disposable gloves- double glove if wearing a coverall

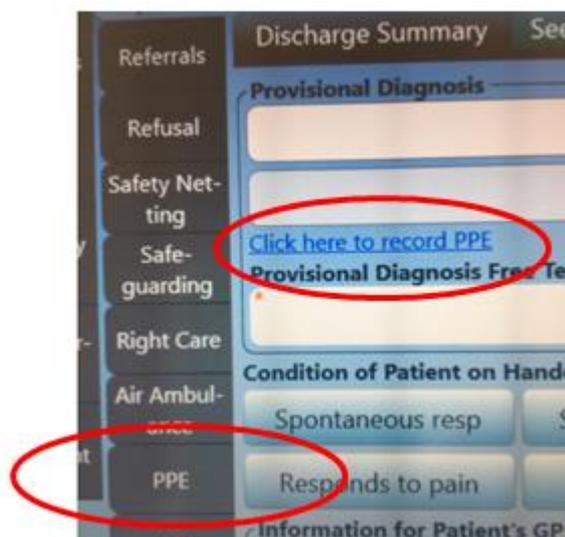
The rationale for the decision is:

- The [RCUK guidance](#) is aimed at the in-hospital setting and applies only to patients with suspected or confirmed COVID-19. It is not intended to be applied to the majority of cardiac arrests where COVID-19 is not suspected.
- In the absence of any further publications on pre-hospital resuscitation, the current COVID-19 Guidance for Ambulance Trusts will be followed, as the nationally approved document. It does not list CPR as an AGP. The current [guidance from Public Health England](#) is that AGPs do not include CPR itself, just associated interventions such as intubation.

The Trust is expecting a delivery of over 400 powered hoods next week. These will be rapidly rolled out so that one will be on every DCA to supplement the FFP3 masks.

20/03/2020 - New PPE fields on ECS

The Trust is currently working to ensure that staff continue to have access to sufficient PPE. Given the ever changing situation, it is vital that we better understand exactly how much PPE is being used on a daily basis. A new section within the ePCR has been created, to provide staff with an area to record the PPE used at any incident. The PPE section can be accessed via a hyperlink within the Provisional Diagnosis section, or via a secondary tab within the Discharge section.





Once you have accessed the section you can record the number of each item used (up to 10).

Referrals	-	2	X	+	-	0
Refusal	Gloves				Goggles	
Safety Netting	-	1	X	+	-	0
Safe-guarding	Apron				Mask, Surgical	
Right Care	-	1	X	+	-	0
Air Ambulance	Coverall - Small				Mask, FFP2	
PPE	-	0	X	+	-	0
ACQI	Coverall - Medium				Mask, FFP3	
Log	-	2	X	+	-	0
	Coverall - Large				Sleeve Protectors	
	-	0	X	+	-	0
	Coverall - XL				Powered Hood Used	
	-	0	X	+	-	2

It is extremely important that you accurately record all PPE used at each incident, as this information will inform the stocks ordered.

19/03/2020 - Revised Procedure for Attending all Incidents

Background

The Trust currently has sufficient stocks of PPE for frontline staff, with deliveries scheduled from NHS Supply Chain and the national contingency stocks. However, with the national change in the clinical criteria and move to surgical masks for patients where aerosol generating procedures are not carried out, significantly more PPE is being used.

As I'm sure you can appreciate given the global situation, it is important that the Trust uses PPE wisely, to ensure availability over the coming months. More importantly, anything we can do to reduce the number of staff at any suspected or confirmed case, has to be beneficial.

This revised procedure applies to all incidents, not just those where COVID-19 is known or suspected.

DCAs and PSVs First On-scene

- On arrival at incident, driver (and student if present and not operating as a core part of a two person crew) are to remain in the vehicle. The only exceptions should be:
 - Concern for safety of a single person attending.
 - Incident is believed to be time critical and requiring more than one ambulance clinician.



- **COVID-19 not suspected prior to arrival:**
 - For all incidents where COVID-19 is not suspected (e.g. attending a child with a fractured arm), attendant does not need to initially don PPE. When attending a property, identify that you are there and ask if anyone can safely come to a door/window, but not open it. If possible stand back 1-2m from the door/window, and ask the patient/others present if they are self isolating, or they are concerned that anyone in the household may have COVID-19. If COVID-19 is suspected, don surgical mask before entering property.
 - If it is not possible to converse with anyone before entering the property, it is safe to enter without a surgical mask. Remain a minimum of 1 metre away from the patient and conduct a rapid visual assessment e.g. using the Patient Assessment Triangle. Don the surgical mask if indicated. The approach taken by the attendant must be guided by a dynamic risk assessment of each situation.
- **COVID-19 suspected or confirmed prior to arrival:**
 - Attendant to don PPE as detailed within the COVID-19 Guidance for Ambulance Trusts (gloves, apron, surgical mask, eye protection) prior to entering scene. Enter scene.
 - Following arrival at the patient, attendant to conduct brief assessment. To ensure safety, attendant must use Airwave radio to make contact with the driver as soon as practically possible, and confirm the plan:
 - Patient can be managed on-scene, no further staff to enter.
 - Conveyance to hospital is required, patient to make own way to ambulance.
 - Driver required to enter scene to support the delivery of care or extrication e.g. trolley or carry chair is required.
 - If the driver does not receive radio contact from the attendant within 5 minutes, attempt to make contact using the ISSI point to point function. If no answer is received, inform the Clinical Hub. Based on a dynamic risk assessment, consider the most appropriate course of action, which may include the driver donning PPE and entering the scene.

Solo Responders First On-scene

- **COVID-19 not suspected prior to arrival:**
 - For all incidents where COVID-19 is not suspected (e.g. attending a child with a fractured arm), solo responder does not need to initially don PPE. When attending a property, identify that you are there and ask if anyone can safely come to a door/window, but not open it. If possible stand back 1-2m from the door/window, and ask the patient/others present if they are self isolating, or they are concerned that anyone in the household may have COVID-19. If COVID-19 is suspected, don surgical mask before entering property.
 - If it is not possible to converse with anyone before entering the property, it is safe to enter without a surgical mask. Remain a minimum of 1 metre away



from the patient and conduct a rapid visual assessment e.g. using the Patient Assessment Triangle. Don the surgical mask if indicated. The approach taken by the attendant must be guided by a dynamic risk assessment of each situation.

- **COVID-19 suspected or confirmed prior to arrival:**
 - Solo responder to don PPE as detailed within the COVID-19 Guidance for Ambulance Trusts (gloves, apron, surgical mask, eye protection) prior to entering scene. Enter scene.

Second or Subsequent Resource On-scene

- Obtain the ISSI number/s for the first vehicle on-scene hand portable radio/s. Prior to arrival for DCAs and on arrival for solo responders, make contact with the first vehicle on-scene. The need to enter the scene and PPE requirements should be established.
- The driver of any second/subsequent DCA should only enter the scene if necessary for patient care or extrication e.g. the first clinician already on-scene should in many circumstances be able to extricate the patient with the attendant of the backing-up DCA.
- Where the solo responder is already wearing PPE, the decision for them to continue with the patient in the DCA instead of the DCA attendant donning PPE should be considered, considering the overall operational impact.

The higher level of PPE required for aerosol generating procedure should be used as indicated

18/03/20 - Student Paramedics

The SWAST additional guidance blue box within the national COVID-19 guideline has been updated to reflect the demand for PPE today:

Students operating as a core part of the crew

When working as a core member of the crew (e.g. as a Student Paramedic/Paramedic crew), Student Paramedics may attend patients where only a theatre mask level of PPE is indicated. They are not FFP3 mask trained and must not attend where this level of protection is required.

Student Paramedics not part of the core vehicle crew (e.g. a student on a vehicle with a SWAST ECA/Paramedic crew)

When working in a supernumerary capacity (not part of the core crew), Student Paramedics must not attend patients where either theatre mask or FFP3 level protection is indicated. The only exception would be where the patient is time critical, theatre mask only level PPE is indicated and the student not assisting would compromise patient care. Due



to the worldwide challenge with PPE, the position is currently necessary to limit the number of staff involved in direct patient care, and therefore requiring PPE.

Observers

Observers must not attend suspected COVID-19 patients under any circumstances, and must remain in the vehicle.

ECS Codes

To enable the identification of potential patients and support the Trust's planning for PPE stocks, it is important that clinicians use the new COVID-19 ECS codes:

- Primary Survey → Presenting Conditions (Respiratory) → Suspected COVID-19
- Discharge → Provisional Diagnosis (Respiratory) → Suspected COVID-19

Where COVID-19 is suspected, it is no longer required for the patient to sign the ECS.

13/03/20 - COVID-19 Guidance for Ambulance Trusts

The national ambulance guidance has significantly changed this evening, with new advice on PPE and vehicle cleaning. Please use the version on the JRCALC app, as the .gov website version requires updating.

Please note that the previous COVID-19 SOP has been withdrawn.