### 1. Key Recommendations for operational use

**For use by:** All teams  **Internet:** Yes

For COVID19 guidance, refer to the “CV” section on the EMRS App

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<tbody>
<tr>
<td>1</td>
<td>Influenza vaccine</td>
<td>• Consider receiving the influenza vaccine when it is offered each year.</td>
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</table>
| 2 | Aerosol generating procedures (AGP) | • Relevant Aerosol Generating Procedures (AGPs) include:  
  - intubation, extubation, manual ventilation, open suctioning.  
  - disconnection from the ventilator, depending on where the circuit is broken.  
  - cardiopulmonary resuscitation.  
  - non-invasive ventilation (NIV) or continuous positive airway pressure (CPAP).  
  - physiotherapy with induction of sputum.  
  • These are not considered as AGPs:  
    - administration of pressurised humidified oxygen.  
    - administration of medication via nebuliser.  
  • Aerosols persist in the air until adequate ventilation of the room or other space has taken place; this requires appropriate PPE throughout. |
| 3 | Approaches to Personal Protective Equipment (PPE) | • Contact precautions:  
  - standard infection control precautions to include: hand hygiene, gloves and apron.  
  • Droplet precautions:  
  - for all work within close proximity of the patient (less than 1 metre)  
  - where possible, maintain separation of greater than 1 metre from the patient.  
  - use a surgical facemask and eye protection in addition to contact precautions.  
  - for some infections e.g. Measles & Chicken pox and for High Consequence Infectious Diseases (HCIDs) a FFP3 respirator mask may be required for all patient contact.  
  (Refer to appendix 11 of the Infection Prevention and Control Policy – 003 on @SAS)  
  • Aerosol precautions:  
  - during and after aerosol generating procedures (AGP).  
  - wear a disposable apron, FFP3 respirator mask (that has been face fit tested), gloves, eye protection.  
  - wear a gown/coverall for HCIDs  
  • An aide memoire on levels of personal protective equipment from HPS is here:  
### Considerations of PPE

- **Order of application (donning) and removal (doffing) PPE:**
  - **Donning:** Apron/Gown/coverall → mask → eye protection → gloves. For certain HCIDs, further PPE e.g. 2 pairs of gloves may be required
  - **Doffing:** Gloves → gown → eye protection → mask (bottom ties then top ties & discard by touching ties only)

- Take care not to contaminate hands/face/skin when removing PPE.
- Discard PPE as clinical waste and use hand hygiene after disposal.
- Surgical masks should cover both nose and mouth:
  - do not touch once on, wear once and change if becomes moist or damaged.
- FFP3 Respirators provide the highest possible protection during AGPs:
  - be familiar with their use and which brand and model is appropriate following a “fit test”.
  - hoods can be used if FFP3 respirators are not suitable.
  - FFP3 respirators are recommended for a maximum of one hour for staff comfort; the mask performance persists well past this.
  - if removed for a break, wear a new FFP3 mask as it is impossible to re-don safely.

### Hand hygiene

- Wash hands with soap and water.
- Dispose of paper towels used after hand washing into bin beside the hand wash basin.
- If unable to wash hands, use an alcohol-based hand rub.

### Waste

- Use single patient use items whenever possible.
- Dispose of items into the appropriate clinical waste stream, seal and label for removal.

### Linen

- Class linen as infected.
- Place linen in an alginate bag at point of use and then into a polythene bag.
- Where possible dispose of used linen at receiving hospital.
- Wear gloves and apron when handling used linen.
- If hospital laundering is not possible, wash separately on the hottest wash, at least 65°C.
- Do not use domestic-type washing machines as temperature settings are less reliable.
- If linen is contaminated with blood/body fluids, leave at the receiving hospital or dispose.

### Surface Cleaning

- Wear PPE whilst cleaning kit.
- Wipe all patient contract surfaces with the recommended surface cleaning wipes.
- Aircraft will require deep cleaned: this is specific to aircraft type and must be undertaken following the Aircraft Operators Instructions:
  - this may result in an extended downtime (loss of service) for the aircraft.
| 9 | Air Transfer | • Do not perform AGPs during air transfer.  
• If it is considered likely that an AGP will be necessary in flight, do not transfer by air.  
• Accordingly **Contact** and **Droplet** precaution measures will be appropriate.  
• Provide PPE to any personnel required during loading and unloading procedures.  
• Some PPE items may be incompatible with the safe operation of an aircraft; these should be discussed with air crew in advance of transfer. |
|---|---|---|
| 10 | Road Transfer | • AGP may be performed if absolutely necessary:  
  - isolate the ambulance front cabin from the patient cabin.  
  - use **Aerosol** precautions for all personnel in the patient cabin. |
| 11 | Non-ventilated patients | • Non-invasive ventilation (NIV) is not appropriate for patient transfer.  
• The patient should wear a surgical face mask if tolerated.  
• Use nasal cannulae in the first instance if supplemental oxygen is needed.  
• Facemask oxygen can be applied over a surgical facemask.  
• Good patient management will minimise the risk of contaminated apparatus and secretions coming into contact with other surfaces during transfer. |
| 12 | Ventilated patients | • Place the HME filter in the expiratory circuit of the ventilator.  
• Use single use filters & respiratory circuits.  
• Place end-tidal carbon dioxide adapters (EtCO₂) on the ventilator side of the HME filter.  
• Inadvertent disconnection of the ventilator circuit risks aerosol generation:  
  - ensure all circuit joints are secure  
  - consider taping connections between the HME filter and patient, especially if planning air transfer.  
• For manual bag/valve or T-piece ventilation:  
  - site HME filter between the endotracheal tube and the bag.  
  - place ventilator in standby before disconnection for bagging.  
  - dispose of equipment after use (do not clean). |
## 2. Document History

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<tr>
<td>Version</td>
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<td>Writing group</td>
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<td>(Chair in bold)</td>
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<td>Date issued</td>
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3. Scope and purpose

• Overall objectives:
To describe the routine management of patients with transmissible respiratory infections. These infections include influenza and respiratory syncitial virus. This guideline describes the ‘business as usual’ approach when an endemic pathogen may be involved. This guideline is not specifically intended to pertain to novel or emerging infections classified as high consequence infectious diseases (HCID).

The following provide further information on transmissible respiratory infections:
- National Infection Prevention and Control Policy - 003 available on @SAS
- http://www.nipcm.hps.scot.nhs.uk
- https://www.who.int/influenza/en/

• Statement of intent:
This guideline is not intended to be construed or to serve as a standard of care. Adherence to guideline recommendations will not ensure a successful outcome in every case, nor should they be construed as including all proper methods of care or excluding other acceptable methods of care aimed at the same results. The ultimate judgement must be made by the appropriate healthcare professional(s) responsible for clinical decisions regarding a particular clinical procedure or treatment plan. Clinicians using this guideline should work within their skill sets and usual scope of practice.

• Feedback:
Comments on this guideline can be sent to: scotamb.CPG@nhs.net

• Equality Impact Assessment:
Applied to the ScotSTAR Clinical Standards group processes.

• Guideline process endorsed by the Scottish Trauma Network Prehospital, Transfer and Retrieval group.