

### Safety Messages

- First responders who are providing emergency medical response or supporting Ambulance Victoria activities are to prioritise their own safety.
- Volunteers and staff are reminded to social distance at all times where possible, including on scene, at Clubs, and LSV facilities.
- The Department of Health and Human Services (DHHS) is asking for health professionals across the sector to watch out for signs and symptoms of COVID-19 infection in patients.
- LSV first responders providing emergency medical response or supporting Ambulance Victoria should report any signs and symptoms of COVID-2019 to Ambulance Victoria. For further information or to seek advice in relation to a patient treatment, contact LSV Comms (13 SURF).

### Checklist for Patrolling Members and providers of First Aid

- **Apply social distancing** - safe distance i.e. 2m
- **Wear the following PPE for all first aid treatment** - Single-use face mask P2 / N95 mask (see attached resources for correct wearing), protective eyewear and gloves (members are not expected to wear PPE in the water during rescues, however, are required to don PPE as soon as practical).
  - ❖ Where members are wearing a mask, you must be clean shaven.
  - ❖ You must also be clear from the elbow down – i.e. no watches, rings or jewelry (except 1 flat wedding band). This is to reduce chances of PPE breaches.
- **Take a patient medical history** to establish any flu like symptoms, fever or respiratory symptoms.
- **Be alert** for patients who you suspect may have COVID-19 / meet the case definition (see following section).
- **If you suspect that the patient has COVID-19:**
  - **Ensure** the patient wears a P2 surgical mask (unless this will aggravate breathing difficulties), isolate them from others and if available place them in a single room.
  - **Withdraw** from activities immediately and notify Patrol Captain
  - **Unless immediately required** for clinical care, crews must also:
    - **Minimise** all non-essential patient contact
    - **Minimise** the use of medical equipment where possible
    - **Avoid** aerosol generating procedures (e.g. nebulised therapy, high flow nasal oxygen therapy)
    - **Only perform** other high-risk activities that disrupt the airway (e.g. suction and intubation) with extreme caution
    - **If absolutely necessary** required procedures should be completed outside
  - **Notify** LSVComms (13 SURF) immediately of suspected case and follow instructions for patient and patrol members. LSV Comms will make contact with Ambulance Victoria
  - **After the encounter**, remove the gloves (see resources attached for removal), perform hand hygiene, remove eyewear and mask and perform hand hygiene again with alcohol-based sanitiser as a preference.
  - **Undertake the decontamination** / cleaning activities as defined in the Decontamination Guide

For further information or to seek advice in relation to a patient treatment, or cleaning/decontamination please contact LSV Comms (13 SURF).

*Please Note – highlighted sections have been revised since the last version.*

## Criteria for determining patients with suspected Coronavirus

Patients who meet the clinical criterion should be suspected.

### **Clinical criteria:**

Fever ( $\geq 38$  degrees) or chills in the absence of an alternative diagnosis that explains the clinical presentation

**OR**

Acute respiratory infection (e.g. cough, sore throat, shortness of breath, runny nose, anosmia).

**OR**

New onset of other clinical symptoms consistent with COVID-19\* AND who are close contacts of a confirmed case of COVID-19 or who have returned from overseas in the past 14 days.

\*Discretion applies including consideration of the potential for co-infection (e.g. concurrent infection with COVID-19 and influenza)

\*\*headache, myalgia (joint pain), runny or stuffy nose, anosmia (sense of smell), nausea, vomiting, diarrhoea

### **Confirmed Case:**

A person who tests positive to validated COVID-19 nucleic acid test or has the virus identified by electron microscopy or viral culture.

### **Close contact definition:**

Close contact means greater than 15 minutes face-to-face, cumulative over the course of a week, or the sharing of a closed space for more than 2 hours, with a confirmed case during their infectious period without recommended personal protective equipment (PPE). Recommended PPE includes droplet and contact precautions for the duration of contact.

Contact needs to have occurred during the period of 48 hours prior to onset of symptoms in the confirmed case until the confirmed case is no longer considered infectious to be deemed close contact.

Examples of close contact include:

- living in the same household or household-like setting (e.g. in a boarding school or hostel);
- direct contact with the body fluids or laboratory specimens of a confirmed case without recommended PPE (droplet and contact precautions);
- a person who spent two hours or longer in the same room (such as a GP or ED waiting room; a school classroom; an aged care facility);
- a person in the same hospital room when an aerosol generating procedure is undertaken on the case, without recommended PPE for an AGP (airborne and Contact Precautions);
- Aircraft passengers who were seated in the same row as the case, or in the two rows in front or two rows behind a confirmed COVID-19 case.
- Close contacts on cruise ships can be difficult to identify, and a case-by-case risk assessment should be conducted to identify which passengers and crew should be managed as close contacts.
- Face-to-face contact for more than 15 minutes with the case in any other setting not listed above.

LSV members and other contacts who have taken recommended infection control precautions, including the use of recommended PPE (Droplet and Contact Precautions), while caring for a suspected or confirmed case of COVID-19 are NOT considered to be close contact.

## Patient Transfer

Members should minimise all non-essential patient contact until arrival of the Ambulance Victoria.

## Follow-up Support

LSV will designate an Incident Manager who will liaise with the Patrol Captain and members to ensure the necessary follow up support and instructions are provided.

## Resource

As the situation in regards of cases of Coronavirus is evolving rapidly please use the available resources to keep informed of the latest updates. Briefings will be provided as required.

Latest information will be available on the LSV website: [www.lsv.com.au/healthalerts](http://www.lsv.com.au/healthalerts)

[LSV Communicable Diseases Policy](#)

[FAQ Appropriate use of PPE in the workplace](#)

[FAQ Procurement of PPE in the workplace](#)

**Other key resources are listed below:**

Department of Health and Human Services Website – Victoria: <https://www.dhhs.vic.gov.au/coronavirus>

SmartTraveller Website: <https://www.smartraveller.gov.au/news-and-updates/coronavirus-covid-19>







Australian Government Department of Health: <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert>

Worksafe: <https://www.worksafe.vic.gov.au/safety-alerts/exposure-coronavirus-workplaces>

PPE Additional Resources

Wearing of Masks:

<https://multimedia.3m.com/mws/media/1448498O/wear-it-right-putting-on-your-respirator.pdf>

2. Place Respirator on Face		3. Adjust the Metal Nosepiece		4. Check Respirator-to-Face Seal	
					
Place respirator against your face, with the bottom under chin and metal nosepiece across bridge of nose.	Pull the top elastic band over your head and place at the top back of your head.	Next pull the bottom elastic band over your head and place around the neck below the ears.	Use both hands to bend the metal nosepiece to fit snugly against your nose and face. The respirator may not fit as well if you pinch the metal nosepiece using one hand. Use two hands. Slide fingers down both sides of metal nosepiece to seal it against your nose and face.	<b>For non-valved respirators:</b> Completely cover the outside of the respirator with both hands. Do not push the respirator against your face. With your hands in place on the surface of the respirator, exhale, or breathe out sharply. If you feel air blowing on your face or eyes, the respirator needs to be adjusted. To adjust, repeat steps 2, 3 and 4. When respirator is a good fit, you will not feel any air blowing on your face or eyes. If you can't get a good fit, try a different model respirator. Return glasses to face, if applicable.	<b>For valved respirators:</b> Completely cover the outside of the respirator with both hands. Do not push the respirator against your face. With your hands in place on the surface of the respirator, inhale, or breathe in sharply. If you feel air blowing on your face or eyes, the respirator needs to be adjusted. To adjust, repeat steps 2, 3 and 4. When respirator is a good fit, you will not feel any air blowing on your face or eyes. If you can't get a good fit, try a different model respirator. Return glasses to face, if applicable.

Removal of Gloves:

<https://www.globus.co.uk/how-to-safely-remove-disposable-gloves>

