

# COVID-19 Update PHN

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Katy Lai

Infectious Diseases Physician

John Hunter Hospital

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## Learning from healthcare worker COVID-19 infections acquired through occupational exposure

446 healthcare workers have tested positive for COVID-19 between 25 January 2020 to 18 July 2020. Of these, 37 were acquired through occupational exposure.

- “As of 8 August, 1835 healthcare workers had been infected with the virus”
- “Up to 15% of those with active infections had been infected at work. The source of many cases are still under investigation.”

# Victorian HCW COVID situation

## KEY LESSONS LEARNED

- Health services need to ensure there is adequate **physical distancing** in non-clinical areas, for example staff break room.
- Rapidly changing advice in Infection Control and **personal protective equipment measures** have been difficult for staff to keep up with, more effective measures are needed to keep staff updated.
- Don't underestimate the impact of **fatigue** on eroding the efforts to follow Infection Control and PPE guidelines.

# COVID-19 Infection Prevention and Control

## Guidance and resources under development | 14 August 2020

### Recently released

[Respiratory Protection in Healthcare](#) – 12/8/2020

[Infection Prevention and Control Application of PPE during COVID-19 \(v2.2\)](#) – 12/8/2020

### Where can I find more information?

Clinical Excellence Commission website

Infection Prevention and Control at <http://www.cec.health.nsw.gov.au/keep-patients-safe/COVID-19>

# COVID-19 Guidance on the use of personal protective equipment by health care workers in areas with significant community transmission

**Routine clinical care** in geographic areas with significant community transmission of COVID-19:

Use standard precautions, (including eye protection) **AND wear a surgical mask.**

Routine care of individual patients with **suspected, probable or confirmed COVID-19, who are in quarantine or have acute respiratory symptoms**, use contact and droplet precautions, including eye protection.

# Challenging patient behaviours in specified clinical settings

ICEG recommends that **Particulate Filter Respirators** (also known P2 or N95 masks) should be used for the clinical care of patients with **suspected, probable or confirmed** COVID-19, who have **cognitive impairment**, or are **unable to cooperate**, or exhibit **challenging behaviours**

- consider the use of contact, droplet and airborne precautions (including eye protection), including the use of a PFR, instead of a surgical mask.

**If many of the above and/or unplanned aerosol-generating procedures** (e.g. including intermittent use of high flow oxygen)—

- consider extended use of PFRs, for up to 4 hours, if tolerated, to avoid the need for frequent changes of face covering.