

PIPER High-risk COVID-19 TEAM CHECKLIST

Pre-departure

- Ensure appropriate Covid-19 setup for paperwork, ventilators, equipment (include intubation checklist and map) and bags
- Ask Co-Ord to create IBA EMR for patient
- Team phones, personal items, drug pouch into zip lock bags
- Use pre departure checklist
- Collect all required PPE
- Ensure stretcher/ neocot has alcohol gel, gloves, tuffie wipes

En-Route/ Before entering patient area

- Ensure all team members in aerosol PPE prior to leaving ambulance: coveralls, leather shoes/boot covers, gloves, eye protection, N95 mask.
- If retrieval is long driver can consider not donning until pre departure
- Driver places ambulance keys in zip lock bag and places in side pocket of transport bags
- Provisional role allocation and ABCDE management plan with PIPER team members
- Receive handover outside patient area unless unstable
- Discuss and agree on role allocation and ABCDE management plans with the local team
- Retrieval bags, equipment & iStat to remain clean outside of patient area
- Stabilization equipment, drug pack (in zip lock Bag/box) & monitoring placed onto transport cot/stretcher. Consider use of Kidney dish for drugs to take into room instead of drug pack
- Emergency equipment for stabilization placed into clear plastic bag in keeping with PIPER Covid-19 intubation guideline
- MEA/AV remain outside room as clean person

Stabilization in patient area

- Doctor enters room and assesses patient to establish any additional procedures / equipment required
- Nurse gathers any further equipment/ medications required prior to entering room

- Nurse enters room with cot / stretcher and any additional equipment & undertakes a nursing assessment
- Assessment, stabilization and management in keeping with standard PIPER practice
- Conference call to PIPER consultant on speaker phone (consider privacy)
- Transfer patient to PIPER stretcher/cot
- Follow usual documentation process - plastic bags for notes
- Conference call on speaker phone to receiving unit vs PIPER Consultant to call – ensure unit aware of Covid-19 status of patient
- Use hand sanitizer and change gloves frequently

Departure from referring hospital

- Give surgical mask to patient if appropriate & family member
- Prior to leaving patient room all team to buddy check PPE, do hand hygiene and change gloves
- Cleanest team member in PPE to open doors and walk ahead of team to ambulance and carry clean PIPER bags.
- Use tuffie wipes to clean lift buttons / handles as you go
- MEA/AV to open ambulance, and assist in loading clean PIPER bags and equipment
- PIPER team to load cot/ stretcher into ambulance

For Road transport

- If using AV - as per AV protocol
- MEA/AV ensures vehicle ventilation in both compartments on non-recirculated mode
- MEA/AV Utilizes the rear exhaust fan (where available) to draw air towards the back of the vehicle

Rotary / Fixed wing

- Flight paramedic to help Dr/nurse with bags / opens doors etc.
- Flight paramedic loads PIPER bags into aircraft
- Flight paramedic to load cot into aircraft

- PIPER team to remain in PPE
- Do hand hygiene and change gloves prior to leaving aircraft
- Transfer to AV stretcher if required

At Receiving hospital

- MCH/RCH use rear entrance near PICU lifts. May call security for access
- PIPER team to notify receiving unit for escort prior to arriving if required (complex patient)
- All team to do hand hygiene and change gloves
- Driver opens ambulance doors, Nurse/Dr unloads stretcher/cot
- Driver wipes ambulance door handles with Tuffie wipes
- Cleanest team member to walk ahead and assist with bags and doors, clean lift buttons/handles with tuffie wipes
- Handover given in allocated patient area; doors closed
- Patient transferred into receiving bed
- PIPER Paperwork to be completed in patient area, paediatric paperwork photographed, uploaded to HAIKU, neonatal paperwork separated as usual practice, stored in plastic bag and patient copy remains with patient
- PIPER team perform hand hygiene and change gloves

When leaving receiving hospital

- MEA/AV to walk ahead, open doors. PIPER team move with stretcher/cot back through hospital. Ensuring all lift buttons/ handles wiped with tuffie wipes
- MEA driver, load clean PIPER bags onto vehicle
- PIPER doctor/nurse to re-load PIPER cot into mode of transport
- PIPER team members remain in PPE and sit in rear of vehicle

At PIPER base

- MEA/AV unloads clean retrieval bags
- PIPER Dr/nurse unload cot/ stretcher
- PIPER Dr/nurse check ambulance for additional dirty equipment i.e. suction, and load same onto stretcher/cot. Empty bins of ambulance
- PIPER team strip linen, and bin disposable circuits,

- Clean equipment (e.g. phones, drugs) decanted into clean bucket from bags
- PIPER nurse to doff with assistance from MEA/Dr. Nurse leaves mask and eye protection, does hand hygiene & dons fresh gown and gloves
- PIPER Nurse cleans stretcher/ cot and bags with tuffie wipes
- PIPER Dr doffs with assistance from MEA Driver
- MEA then doffs with assistance from PIPER nurse
- PIPER Dr swipes door for nurse to push stretcher/cot into room for cleaning
- Driver gets “infectious” signs for cot/stretcher and vehicle
- Nurse places non- disposable equipment for CSSD in Clip lock bag with doctor assistance and places in CSSD tub
- Doctor opens door in equip room so team can return to carpark
- PIPER nurse
 - does hand hygiene, changes gloves
 - tuffie wipes protective eyewear and places in clean bucket.
 - ties off infectious waste bag and places in larger infectious waste bin
 - ties off linen if full
 - wipes down chair
- PIPER nurse doffs (Gloves>HH>glasses>gown>HH>mask)
- Doctor replaces clean infectious bag into bin
- Driver checks and replenishes cleaning trolley stock ready for CARPS
- PIPER team move clean equipment to clean areas
- Wipe eye protection with isowipes in drug room to remove tuffie detergent
- CARPS for stretcher/cot and Ambulance for Covid-19 clean

Please ensure all equipment is restocked and the doffing area setup in readiness for the next team