



WORK INSTRUCTION – Aeromedical Operations

AO.CLI.26 – High Consequence Infectious Diseases (HCID)

Document No.	WI2025-067				
File No.	D48575/25				
Date issued	10 October 2025				
Contents	<table> <tr> <td>Work Instruction</td><td>AO.CLI.26 – High consequence Infectious Diseases (HCID)</td></tr> <tr> <td>Appendices</td><td>NIL</td></tr> </table>	Work Instruction	AO.CLI.26 – High consequence Infectious Diseases (HCID)	Appendices	NIL
Work Instruction	AO.CLI.26 – High consequence Infectious Diseases (HCID)				
Appendices	NIL				
Associated Policy Directive/s and/or Operating Procedures/s	▪ PD2023_008 Early Response to High Consequence Infectious Diseases ▪ NSW Health Addendum to Early Response to HCID Policy Directive ▪ PRO2023-005 Work Related Fatigue Mitigation and Management ▪ PD2020-021 Land Based Special Operations Team Response ▪ Skill Sheet 01.03 Field Risk Assessment (PEEP/CAMS) ▪ PD2022-019 Credentialing ▪ PD2021-038 Specialist Operator Scope of Practice, Training, Certification and Authorisation ▪ PRO2023-051 Command and Control				
Directorate	Aeromedical Operations				
Author Branch	Special Operations				
Branch Contact	Executive Assistant, Special Operations				
Summary	NSW Ambulance facilitates the safe transport of High Consequence Infectious Diseases (HCID) patients within NSW Health. This work instruction outlines all requirements for the safe conduct of HCID clinical care and transport. It should be read in conjunction with the Policy Directive and Operating Procedure.				
Applies to	All Aeromedical and Special Operations				
Review Date	October 2027				
Previous Reference	Nil				
Status	Active				
Approved by	Executive Director, Aeromedical Operations				
Related Legislation	Nil				
Related Documents	Nil				

Compliance with this Work Instruction is **mandatory**



WORK INSTRUCTION – Aeromedical Operations

AO.CLI.26 – High Consequence Infectious Diseases (HCID)

1. PURPOSE

NSW Ambulance facilitates the safe transport of High Consequence Infectious Diseases (HCID) patients (including related NETS patients) within NSW Health. Transports will often occur to the NSW Biocontainment Centre (NBC) at Westmead Hospital.

The NSW Ambulance Aeromedical & Special Operations Directorate facilitates the functions, management and training in HCID personal protective equipment (PPE), appropriate transport vehicles, and integration of medical retrieval capability.

This Work Instruction provides requirements for all employees involved in NSW Ambulance undertaking the safe transport of HCID patients and must comply with the applicable laws, safety rules, mandatory training modules and policies and procedures.

2. Scope and Application

This Work Instruction applies to the safe transport of HCID patients within NSW Health. It is every clinician's responsibility to understand and comply with this Work Instruction. It is the responsibility of NSW Ambulance managers and supervisors to manage the implementation of this Work Instruction.

This work instruction applies to all NSW Ambulance employees, volunteers and contractors engaged in HCID activities. It includes:

- Safety,
- Authorisation and training requirements,
- Operational readiness,
- Risk assessment and Tasking,
- Logistics and operations

3. Types of HCID patients

HCID's have the potential to significantly impact individual and population health and can in turn pose a risk to the delivery of healthcare services. A specialised, centrally coordinated response is required to ensure effective clinical management and containment of such diseases.

HCID's include infectious diseases where:

- There is a potential for human to human, animal to human or human to animal spread.
- The disease is not established in the NSW population.
- The disease has a significant health impact on the individual or at a population level should more widespread transmission occur or significant animal health implications.



3.1. Risk assessment

A mandatory risk assessment for all HCID patients will be done in consultation with the NSW Specialist Service for HCIDs. The NBC and other relevant parties will be engaged in the care of the patient. The Aeromedical Control Centre (ACC) will facilitate a teleconference with relevant parties to undertake this risk assessment and the required decision making for managing these patients.

3.2. Tasking (& interim arrangements)

Tasking of an aeromedical clinical team will be done via the ACC. Special Operations Unit (SOU) resources are tasked by Control, with assistance of the SOU Duty Officer as required. Such taskings will follow the above-mentioned teleconference. The team tasked should consist of:

- Five-person (minimum four person) team
 - Three aeromedical clinicians
 - 1 x Doctor (consultant)
 - 1 x Critical Care Paramedic (CCP)
 - 1 x either Doctor or CCP
 - Minimum requirements include:
 - Level 2 PPE currency
 - Operation of the Epishuttle and orientation to Hazardous or Biological Agent Response Team (HOBART) vehicle
 - Medical retrieval operations in the HCID context
 - One-two (one minimum) SOU team member to operate the transport vehicle
 - Minimum requirements include:
 - Level 2 PPE currency
 - Operation of the Epishuttle in conjunction with the HOBART vehicle
- The appropriate staffing of this team should be done in consultation between the State Retrieval Consultant (SRC), the Duty Retrieval Consultant (DRC), the Helicopter Duty Supervisor (HDS) and the SOU Duty Officer.
- If the Epishuttle is to be used to transport the patient, the only mode of transport currently approved is via road vehicle, with the preference being via the HOBART vehicle.
- Upon tasking it will be the responsibility of the SOU team member to operate the HOBART vehicle, collect the Epishuttle and specified PPE needs from the NBC and then rendezvous at pre-determined location with the aeromedical clinicians.

4. Personal Protective Equipment (PPE) and Workflows

4.1 PPE

Clinical staff involved are required to have completed Level 2 PPE training for the management of HCID patients. This credentialing is conducted by the NSW Ambulance Infection Control team and supported by the Clinical Excellence Commission and NBC.



The PPE training conducted is designed to prepare clinicians in an “all hazards approach” to the spectrum of potential HCIDs that may be encountered, including VHF. The medical team should be prepared to use the Epishuttle for HCID transfers. However, the level of PPE, or the need for the Epishuttle may be downgraded or advised in consultation with Ambulance Infection Control specialists, and the NBC specialist advice.

NSW Ambulance PPE required will be procured and stored with the SOU and can be provided to the clinical team on tasking (in addition to NBC specific PPE).

The clinical management, workflows, and transfer of HCID should be carried out in accordance with training and utilising mission workflow checklists provided. The training of staff in these standards is carried out in conjunction with initial training and credentialing with PPE and Epishuttle familiarisation.

4.2 Workflows

Workflows should be conducted with the assistance of provided checklists through each stage of the mission. The principles are as follows:

- **Pre-Mission**
 - Tasking and preparation via ACC, HCID specialists and SOU Duty Officer
 - Discuss with local treating staff early and pre-empt any procedures or patient needs including infusions
 - Liaise with NBC and SOU to arrange Epishuttle and HOBART vehicle rendezvous
- **On Arrival**
 - Get handover and prepare as much as possible in clean zone away from the patient, limiting exposure of staff and equipment where able
 - Brief staff (and patient) about the process that will occur
 - Prepare patient relevant equipment (e.g. medications, personal needs)
 - Prepare Epishuttle - ports, filters, connections, belts, mattress
 - Dress the Epishuttle and trolley (for monitoring/ventilator/infusions) with protective drapes and sheets
 - Don PPE
- **On Entering Room / Patient contact (with Epishuttle)**
 - Conduct full assessment and procedures as required
 - Remove any contaminated clothing or bedding from the patient
 - Transfer patient into Epishuttle remaining connected to local monitoring/infusions/ventilator
 - Once placed in Epishuttle, connect transport monitoring/infusions/ventilator as required through pre-prepared ports
 - Secure patient in Epishuttle and conduct thorough A-E assessment
 - Remove protective dressings from Epishuttle
 - Place hardtop onto Epishuttle
 - Decontaminate Epishuttle as it exits room (with assistance of local staff) and pass the Epishuttle and patient care to the third medical team member (remained in clean zone) in appropriate staging place
 - Doff PPE



➤ **Transport**

- Team to don clean N95 mask as baseline PPE and have new set of Level 2 PPE available to don during transport if Epishuttle is breached.
- Load Epishuttle and accompanying monitoring/ventilator/infusions into HOBART vehicle
- Notify NBC with updated arrival time, and request to be met in Ambulance Bay with minimum of one NBC staff (in PPE), trolley and O2
- Maintain vigilance and ongoing assessment of patient and Epishuttle function during transport

➤ **Arrival to NBC**

- Minimum of one medical team member to don PPE
- Escort to NBC
- Clean medical team member to give handover and complete documentation in clean area of NBC
- Medical team member/s in PPE to escort patient into patient room, facilitate transfer to NBC monitoring/infusions/ventilator, and ensure patient stability
- Doff PPE under guidance of NBC staff
- Decontamination of equipment and Epishuttle to be conducted by NBC staff
- Decontamination of HOBART vehicle by medical team
- Personal decontamination can take place once back on base (provided nil breaches) with standard shower, washing of scrubs with detergent and wiping down of footwear. If significant breaches or contamination, then clothing and footwear can be discarded with clinical waste



APPENDICES

Nil

REVISION HISTORY

Version (Document #)	Amendment notes
October 2025 WI2025-067 Version 1.0	Approved by the Executive Director, Aeromedical Operations