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1. Introduction

Due to the increased health risk to ski patrollers this skiing season from the coronavirus (COVID-19) pandemic, changes outlined in this Safety Plan are in place for ski patrol operations to help ensure a safe working environment for us all. The changes impact many areas of our team's operations like use of PPE, approach to the patient, first aid procedures, patient transport and handover procedures, and equipment cleaning procedures.

You must comply with all Federal and State Government advice relevant at the time of patrolling. As COVID-19 and Government requirements evolve, amendments to this Safety Plan may be required.

The new policies and procedures outlined in this Safety Plan are not optional, they are mandatory, so please ensure that you become very familiar with them and adhere to them at all times while patrolling. This includes keeping abreast of any changes made to these policies and procedures as they are communicated throughout the skiing season. Feel to suggest changes that make our COVID precautions easier.

To maintain the sanitary condition of patrol equipment, all must be bagged (eg zip lock), in a lidded plastic container or be easily wiped over to allow ease of routine sanitation. Please ensure this. In general, avoid touching equipment without it being essential to do so and do not share equipment. If more than one person must touch / handle an item, use fresh PPE or sanitise between handlers.

Follow any reasonable directions as instructed by the STSA / Ski Patrol, such closing mountain due to weather issues or the presence of a person likely to have COVID, restricting numbers on lifts, etc...

2. Mandatory coronavirus (COVID-19) online training for ski patrollers

All member of patrol must complete the following online training before their first day of ski patrolling.

COVID-19 infection control training

https://www.health.gov.au/resources/apps-and-tools/covid-19-infection-control-training

This 30-minute online training module from the Australia Government Department of Health is for health care workers in all settings. It covers the fundamentals of infection prevention and control for COVID-19. Users must register, but registration is open to anyone.

PPE for combined contact and droplet precautions

https://www.youtube.com/watch?v=qk6ai3JUL9U

Source: NSW Government Clinical Excellence Commission

How to clean your hands with soap and water

https://www.youtube.com/watch?v=3PmVJQUCm4E&feature=youtu.be

Source: World Health Organisation

3. Before Work

Respiratory illness prevention

It is strongly recommended that ski patrollers receive a seasonal influenza vaccine to help reduce the chances of them contracting influenza this skiing season.

COVIDSafe app

MMSP strongly recommends that ski patrollers install and use the Australian Government's COVIDSafe App to assist Tasmanian health authorities in containing any outbreak more quickly.

Do not come to work if you are or potentially are sick*

If you have any of the following symptoms* of COVID-19, however mild, you must not come to Mt Mawson. Doing so you might infect others and put the continued operation of our patrol & STSA at risk.

- Fever (temperature above 37.5C)
- Chills or sweats
- Cough
- Sore throat
- Shortness of breath
- Runny nose
- Loss of sense of smell
- Feeling weak
- Loose bowels

Instead, you should:

- 1. Call your lead patroller and Andrew Davey to discuss your situation.
- 2. Seek advice and get tested. To get further advice, call the 24-hour coronavirus hotline 1800 671 738, 1800 675 398 or your general practitioner.

Travelling to and from work

• Preferably, do not carpool with another patroller except for patrollers who live in the same dwelling. If you must carpool, screen each other with the coronavirus (COVID-19) questions before getting in the car, and ideally have the passenger sit in the back seat for distancing.

Place belongings appropriately before the commencement of each shift

As space in the patrol room is very limited, consider storing larger or many items in a room under the building. This to be done <u>before</u> readying to enter the patrol room. We need to minimise patrol room entry traffic to minimise the need to sanitise contacted surfaces.

Checks for all patrollers before the commencement of each shift

- Before they can start each shift, each patroller must answer the following questions:
 - 1. *All nine symptom questions above
 - 2. Have you taken any medication for a fever, cold or flu-like symptoms?

- 3. Have you had any known close contact with a confirmed case of COVID-19 within the past 14 days?
 - "Close contact" means having face-to-face contact for more than 15 minutes with someone who has a confirmed case, or alternatively sharing a closed space with them for more than two hours.
- All patrollers must also have their temperature tested each day before they enter the patrol room. If they test above 37.5C, while adhering to strict social distancing, remove a layer of warm clothing, wait 10 minutes, then retest temperature.
- All answers to the above questions and temperature tests must be logged.
- If a patroller answers yes to any of the above questions, or if their temperature remains above 37.5C after a second temperature check, then that patroller may not work that day. Instead, immediately contact your lead patroller for that day to discuss your situation.

Next + wash your hands

If you have any reason to suspect your clothing contacted a COVID-bearer, do not enter the patrol area. Either seek sanitiser or change clothing properly to remove the suspect item without contaminating anything else. Immediately bag the item and close the bag.

As soon as a person passes the required COVID testing / question to patrol, and clothes OK, they must wash their hands or don fresh PPE gloves before or immediately upon entering the patrol room before handling any patrol equipment or shared surfaces. Sanitise the tap and sink where you wash (wipe). If a door handle was used, immediately sanitise it (wipe)

Place your small amount of equipment in your pigeon box. Sanitise your hands.

Clothing

Patrollers are encouraged to change into their cleaned patrol uniform on arrival for their shift in the MMSP room.

At the end of shift, patrollers should change out of their patrol uniform prior to leaving for the day. Clothing should be washed as soon as practical, with detergent, at or above 60°C.

External layers (jackets, pants etc) should be washed according to the instructions on the garment.

UHF Radio

- Each regular patroller will be allocated their own radio and charging dock position to be used exclusively by that patroller for the duration of this skiing season.
- Use a sanitising wipe to wipe down your UHF radio after taking if from the charging rack.
- No sharing someone else's UHF radio at any time during the day.
- Those patrolling less frequently will be issued a radio for the weekend only. At the end of the day, the radio, harness and charger must be thoroughly sanitised by the user.

Changing in and out of patrol uniform and ski boots

- While the current Government restriction of 1.5 m separation prevails, with maximum one person per 2 m² indoors remains in effect, aim to have no more than 5 people in the patrol room at any time. Will be rostering 3 different start and finishing times for patrollers, as much as these can be adhered to due to the workload at the end of a given day. Our 2 early-start patrollers will start by 9:25 am, 2 patrollers will start at 9:40 am, and the remainder will be rostered to start at 09:50 am. The lead patroller delegates this.
- Please do not hang around in the patrol room unnecessarily. Belongings taken into the patrol room must fit into your dedicated space, otherwise leave then elsewhere well outside of the room

No Visitors, Friends and Relatives

- None are allowed into the patrol room no exceptions, unless as a legitimate patient with a significant injury.
- Only ski patrollers on duty and emergency services members attending a patient will be allowed to enter ski patrol base this snow season, unless its unavoidable, e.g. a contractor needs to inspect / repair something.

4. During Work

General safe work practices

- Practice good hygiene
 - Avoid touching your face unless you just washed or sanitised your hands.
 - Wash your hands frequently (or use hand sanitiser as the second-best alternative).
 - Sanitise your hands when entering and exiting any building.
 - Cough or sneeze into your elbow.
 - No shaking hands or hugging.
 - Keep commonly shared areas like tables, kitchens, desks and toilets clean and sanitise them frequently.
 - Sanitise shared equipment like phones, keyboards and tools with sanitising wipes before and after each use.

• Cleaning and Sanitising during the day

- All frequently used / touched / breathed over surfaces must be regularly cleaned or sanitised through the day. Consider door handles, taps, sink, tables, seats, etc...
- Regularly clean your hands with soap and warm water

• Social distancing

- Practice social distancing as much as you can.
- Only go within 1.5m of a patient and touch them when necessary.
- Maintain at least 1.5m between people inside any patrol building at all times.

• Avoid "close contact"

- Always try to minimise the time spent face-to-face with any patient to under 15 minutes.
- Don't hang around in patrol base unless you're on your morning break or lunch break or delegated to be there.
- PPE
 - Always carry the required PPE, use it according to our current protocols, and doff it safely.

No Actions outside the active STSA operations area

• The ski patrol will only be responding to call-outs in the STSA skiing area.

Meetings & Briefings

• Keep meetings / briefings / training as short as possible and under 15 minutes, while maintaining at least 1.5m between all patrollers.

Operating out of Patrol Base through the day

• While the current Government restrictions aim to have no more than 5 people in the patrol base area, 3 maximum is better to allow for ease of moving around.

- Wash or sanitise your hands on entering and leaving patrol base.
- Maintain at least 1.5m between anyone inside patrol base at all times.
- Personal items (helmet, gloves, etc.) must be kept either in <u>your</u> daypack hanging on a hall hook or in your allocated storage space, otherwise on the hall floor well out of the way.
- Do not dry gloves on the heater or make-do drying rack this winter. Take them home or to your hut and dry them overnight if needed.
- Sanitise equipment you touch, including 'workshop' tools with sanitising wipes before and after each use. Include your tow belt.
- Be very diligent at always keeping the sink area, table and seats clean and sanitised throughout each day.
- Do not wear PPE to the toilet area. Wash your hands well and sanitise any clothing (shoes excepted) contacted by the 'toilet area' immediately after leaving the toilet.
- At the start of your shift you will be responsible for sanitising an allocated area of the patrol room including the chair(s), desk, keyboard, radios, sink & taps, switches, pens, kettle, gas and door knobs, phones, akja, etc... with sanitising spray and wipes.
- At the end of the day before you leave patrol base, you must also sanitise the / an area as above and any used or handled equipment and surfaces. See also section 4 below.

Ticketing Area

• Do not have more than 3 people in the ticket office at any time.

Lunch and tea breaks

• Lunch breaks and drink breaks will be staggered to maintain room density limits and social distancing requirements, with 3-4 patrollers present at a pre-decided time, like 12:30 pm, 1:00 pm, and 1:30 pm. Flexibility is obviously required according to workloads around the lunchtime.

Walk-In Patients to Patrol Base

- They will have to knock or report to the ticket office window for attention.
- Whenever possible, assess and treat any walk-in patients to patrol base out in the hall area and keep them out of the patrol room and ticketing areas.

Pens, pencils, textas, etc.

• Best bring your own. No sharing of stationary items like pens, pencils, textas, etc. If you need to use a shared item like a stapler, sanitise it with a wipe before and after use.

Cups, coffee / tea mugs, eating and cooking equipment

 All patrollers must BYO cups, coffee / tea mugs, teaspoons, etc. No sharing of these items while at work. Immediately you have finished actively using your equipment, clean it and put it way in your dedicated place (pigeon hole) or your pack

No Tea Towels

• Use paper towel to dry hands, cups, mugs, cutlery, plates, bowls and cooking equipment. Tea towels use is not permitted.

Helmets, goggles and gloves

• No sharing of helmets, goggles and gloves while at work.

Akja, Snowmobiles (if we get one) and Patrol Packs

- Always wear gloves while handling an akja, patrol pack or riding a snowmobile.
- Use sanitising wipes to wipe down all akja handles before and after use.

5. After Work

UHF radio

• Use a sanitising wipe to wipe down your UHF radio before placing it back in the charging rack in your allocated position.

After Work and Briefings

• Please get changed expeditiously and leave – some will need to clean the room free of others. If the numbers attending a briefing / review would exceed 4, use the day shelter as a meeting room to help facilitate better social distancing for patrol members.

End of day cleaning and sanitising

- This must be thorough, more so on Sunday. Where possible remove possibly contaminated items to the small room under the patrol room entry area to sanitise it and doff off PPE after use. Place used or contaminated disposable items immediately into the dedicated waste container or bag.
- Clean all possibly compromised equipment used in warm to hot water with soap or detergent. When dry wipe it over with sanitiser. When dry, use fresh PPE gloves to place the item where it belongs. Consider the sink, splash boards, benches, table, pens, patient bed curtains, pillow covers, etc... If a water wash is unsuitable or won't dry very easily, wipe clean with a damp cloth if cleaning needed, but certainly wipe over with sanitiser.
- For all other surfaces that were near a person at any time, except the floor, sanitise it. Include light switches, gas knobs, seats, packs, sanitiser containers / dispensers, keys, cupboard and door handles, clothes hooks, window openers if used, window sills, heater controls, waste areas and bins, cleaning items, all gas cylinder contact surfaces, electrical plus, water supply and controls, records folders, radio equipment, etc...l
- Patrol items like bibs will have to be taken for laundering after each user, otherwise each bib dedicated to a particular person

• The entire patrol area and equipment must be left ready for use the next weekend; all that must and should be sanitised having been sanitised. For best results, all persons not cleaning / sanitising must leave ASAP to prevent inadvertent contact. Sanitise from the furthest in parts of patrol towards the entry barring anyone access beyond where you have sanitised.

6. Responding to an Incident

PPE and sanitising items that must always be carried by patrollers this season

• Patrollers must always carry the following items this snow season:

- 1. Medical gloves x3 pairs
- 2. Surgical face mask x2
- 3. P2/N95 face mask x1
- 4. Safety glasses x1 or goggles that can be sanitised
- 5. Surgical gown x1 or suitable equivalent over-garment
- 6. Hand sanitiser x1 small bottle
- 7. Sanitising wipes x1 small packet eg some in zip-lock bag
- 8. Waste bags x2

Approach to the patient

- This snow season when possible two patrollers will respond to each first aid call-out.
 - Where one patroller, if practicable, do not contact the patient, have them self-examine and self-treat under direction, like TOTAPS[^]. This can be apply a band-aid or roller bandage, use of an ice-pack, etc... provided the patient is capable and the treatment is effectively applied. Place things on the snow or supply the patient via outstretched arm for them to use. This may suit ambulatory GCS 15 patients, but is very unlikely to suit potential significant injuries where careful examination by a trained person is advised. Be sure to get a good history that fully indicates a minor injury only, for non-contact treatment.
 - Responding in pairs enables one patroller (patroller 1) to get within 1.5m of the patient and touch the patient if required to do their patient assessment and apply first aid, while the other patroller (patroller 2) can transmit radio calls and hand patroller 1 any first aid equipment as required, without both patrollers potentially contaminating their medical vests and other clothing items.
 - Once patroller 1 has finished their patient assessment and applying first aid, if they don't have to transport the patient, patroller 2 can then assist patroller 1 by holding out a plastic bag for patroller 1 to doff their PPE into. This bag can be tied off to be appropriately disposed of later. The uniforms and radios of both patrollers should then be clean and so both patrollers are free to immediately get back into circulation.
 - If the patient needs to be transported somewhere, then PPE will obviously be doffed after finishing the transport and any handover of the patient.

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• Before you approach and touch any patient, while staying at least 1.5m from the patient, ask the following COVID screening questions:

- 1. Are you experiencing any of the following symptoms:
 - Fever
 - Chills or sweats
 - Cough

- Sore throat
- Shortness of breath
- Runny nose
- Loss of sense of smell
- Feel weak or
- Loose bowels?
- 2. Have you taken any medication for a fever, cold or flu-like symptoms?
- 3. Have you had any known close contact with a case of COVID-19 in the past 14 days?
 - "Close contact" means having face-to-face contact for more than 15 minutes with someone who has a confirmed case, or alternatively sharing a closed space with them for more than two hours.
- If they answer "no" to all these questions:
 - Before patroller 1 goes within 1.5m of the patient they must don a <u>surgical</u> face mask, medical gloves and eye protection. This is the minimum PPE that must be worn this season every time you touch a patient regardless of their condition.
- If they answer "yes" to any of these questions:
 - Before patroller 1 goes within 1.5m of the patient they must don a <u>P2/N95</u> face mask, surgical gown, medical gloves and eye protection.
 - Call patrol base and tell them exactly what the patient failed in the above questions. Base may provide instructions on how they want you to manage this patient, and prepare the base area.
- Every patient must put on a surgical face mask this season if a patroller needs to go within 1.5m of the patient to conduct a physical examination and/or apply first aid. Hand the patient a face mask and ask them to fit it on themselves (assist only if necessary). If they refuse, then refuse assistance.
- If a patient is unable to speak (unconscious / no English), then patrollers must wear full PPE including P2/N95 face mask, surgical gown, medical gloves and eye protection. If the patient is unconscious, then you must fit a surgical face mask on the patient.
- If someone on scene is performing an aerosol-generating procedure, patrollers must wear full PPE including P2/N95 face mask, surgical gown, medical gloves and eye protection. A buff or fleece neck gaiter is <u>not</u> appropriate PPE in place of face mask.
- Medical gloves must be worn when touching every patient. If it's cold and you need to wear your
 insulated gloves / ski gloves over medical gloves, then those insulated gloves must be doffed
 appropriately into a plastic bag to be washed at home in a washing machine before reuse. Bring
 multiple pairs of insulated gloves / ski gloves each day you patrol.
- As much as possible, maintain physical distancing of 1.5m from the patient and anyone else onscene to reduce interpersonal contact. Instruct anyone else on-scene to maintain physical distancing of 1.5m from each other.
- Avoid touching unless necessary. If you must touch a patient, then minimise the time you spend touching them. Use the TOTAPS (Talk, Observe, Touch, Active Movement, Passive Movement, Skill Test) approach rather than physically examining a patient whenever you can.

- Only one patroller to interact with a patient whenever possible (to minimise close contact).
- Ideally provide any first aid outside of any vehicle or building.

Aerosol-generating first aid procedures are not permitted this snow season

- Aerosol-generating procedures not permitted by ski patrollers this season include:
 - Artificial ventilation either by using a CPR pocket face mask or BVM (bag valve mask). The persons applying BVM (2 required) must wear a P2 mask / full precautions (aerosol generation).
 - Delivery of oxygen via a Hudson mask or BVM above 2 L / min.
 - Asthma relief involving delivering salbutamol via a nebuliser (use alternative[#]).

First aid procedures still permitted this snow season

- First aid procedures still permitted by ski patrollers this season include:
 - For an unresponsive patient who is not breathing normally, compression-only CPR and an AED can still be used. A surgical face mask must be placed on the patient before compressions and / or AED is used.
 - For delivery of oxygen via nasal prongs a surgical face mask must be placed on the patient over the nasal prongs.
 - *Asthma relief can still be provided by delivering salbutamol via an asthma puffer + spacer, however whenever possible direct the patient to self-administer and assist from at least 1.5m away. Also, if the patient is located indoors, preferably move them outdoors before administering salbutamol (due to the patient having to remove their face mask and the increased risk of the patient coughing).
 - Methoxyflurane can be administered for pain relief but <u>only</u> if the patient is located outdoors (as patient has to remove their face mask and there is increased risk of patient coughing). Patrollers in the vicinity of the patient must wear a face mask. Methoxyflurane in combination with oxygen is not to be administered.

7. Patient in the Patrol Room

- Only admit a patient into the patrol room if essential for further treatment to the bed. Rest or observation can be done elsewhere, eg day shelter. Ensure the patient has a 'surgical' mask on and it stays on while in a room.
- As much as possible, maintain the physical distancing of 1.5m from the patient and anyone else to reduce in-person contact. Some patrollers may have to leave the patrol room to allow the required distancing do so before the patient enters. All in the patrol room are to wear the PPE required under "Approach to the Patient" above. No more than the number of patrollers essential for treating the patient are to be in the vicinity of the bed; the person recording patient details can do so from a distance, like talking from outside the curtain.

- ASAP fully close the curtains around the patient bed area.
- No colleagues, friends or relatives of the patient. Have them wait in the public shelter.
- Only allow into the patient area essential items that will be used for treatment.
- Clean up all immediately afterwards bed 'sheet' (if disposable place in waste bag, otherwise bag it for laundering). Place any wound cleaning materials, bandaging, used ice-packs and the like into a bio-waste bin ASAP. For items that can be re-used, immediately bag them into a marked non-porous laundry bag for hot washing with detergent / soap or other COVID sanitising means. Patrollers remove outer clothing, clean and sanitise it. Sanitise the entire area and any items before returning them to their origin.

Transport of Patient

- Akjas, cascades and trailers:
 - The rescue bags ("body bag") have been removed from all akjas, cascades and single trailers to help avoid possible contamination by a patient. These have been replaced by a large vinyl sheet that can be more easily sanitised after each use.
 - Anyone closely monitoring a patient must be wearing full PPE including P2/N95 face mask and surgical gown.

Handing over a patient to the Ambulance or other Emergency Service (ES)

• No patrollers are to enter the vehicle this winter unless asked to do so by an ES staff member.

Sanitising Equipment and doffing PPE after patient handover or their leaving the Patrol Room

- There is small room under the patrol room entry which will be used by the patrol to sanitise our equipment and doff our PPE after each patient handover. This involves:
 - Thoroughly sanitising any equipment used that touched the patient, e.g. akja, SAM splint, box splint, vacuum splint, etc.
 - Doff PPE and disposed of it into the bin labelled "Waste".
 - Follow the printed instructions displayed in the small room on how to sanitise equipment and doff PPE.
 - Any single-use items such as triangular bandages, tape, etc. are to be disposed into the bin labelled "Waste".
 - Any used blankets are to be placed in the bin labelled "Laundry"
 - If a patient or patroller were to have a high risk of COVID, a deep clean of the areas and equipment possibly contacted and in the vicinity and all of a room(s) must be deep cleaned in accord with DHHS advice. Operations of MMSP must cease until completed.

8. Procedure for a breach in PPE

• If a patroller detects a breach in their PPE resulting in likely contamination of their skin or uniform:

- Doff PPE at an appropriate location.
- Wash any skin that may have been contaminated.
- Contact their lead patroller or patrol Medical Officer who may recommend additional decontamination, including showering and a complete change of uniform.
- The potentially contaminated uniform must be bagged, then machine washed with detergent in hot water.
- The Ski Patrol Medical Officer must be informed and will assess the level of possible contamination and whether the DHHS 1800 671 738 should be consulted or the patroller should consult a general practitioner.

Dr H Andrew Davey, MMSP

With thanks to Falls Creek SP for being able to make use of their COVID management plan and modify it.

THIS DOCUMENT WILL BE UPDATED FORM TIME TO TIME AS GOVERNMENT ADVICE CHANGES, AN ISSUE ARISES OR A PERCEIVED EDIT IS REQUIRED

A CHECKLIST FOLLOWS

Mt Mawson Ski Patrol COVID-19 Safety Plan - version 1.1, 1 July 2020 DAILY CHECKISTS

Arrival Checklist

- □ Undertake daily screening upon arrival
- □ Perform hand hygiene
- Change into patrol clothing and remove any jewellery (except medical alerts and washable watches, etc.)
- Sanitise Radio
- □ Sanitise Penthrane (if applicable)
- □ Sanitise Ventolin/Salbutamol (if applicable)
- □ Sanitise Pack
- □ Sanitise akja and contents
- □ Prepare PPE for the day (for you)
- □ Surgical mask (for patient)
- □ Eye protection
- Gown
- Hand sanitiser
- Perform hand hygiene
- □ Sanitise gas, water and power systems (as applicable)
- □ Turn on heating for patrol room

During the Day

- □ Sanitise switches, taps, table, chairs, sink
- □ Wash hands and change gloves regularly
- □ Immediately sanitise & put away equipment after treating a patient and sanitise all frequently touched surfaces

Departure Checklist

□ Perform hand hygiene

Sanitise and return

- 🗆 Radio
- □ Penthrane (if applicable)
- □ Ventolin/Salbutamol (if applicable)

Pack

- □ Turn off heating and water for patrol room
- □ Sanitise gas, water and power systems (as applicable), include sink and surrounds
- □ Sanitise personal items such as mobile phones, watches, credit cards, helmet, appropriate gloves, boots, ...
- $\hfill\square$ Sanitise akja and contents
- □ Change out of patrol clothing, including footwear
- □ Perform hand hygiene