

Protocol for

Transport of Patient for COVID-19

Patients with an exposure history and signs and symptoms suggestive of COVID-19 requires transport to the dedicated facility for further evaluation and management the following actions should occur during transport:-

- Keep the patient separated from other people as much as possible.
- Put on appropriate PPE before any contact with the patient
- Initial assessment of patient should be done at a distance of at least 2m from the patient
- Family members and other contacts of patients with possible COVID-19 should not ride in the transport vehicle.
- EMS clinicians should notify the receiving healthcare facility that the patient has an exposure history and signs and symptoms suggestive of COVID-19.
- Isolate the ambulance driver from the patient compartment and keep pass-through doors and windows tightly shut.
- Follow routine procedures for a transfer of the patient to the receiving healthcare facility (e.g., wheel the patient directly into an examination room).
- Patient should be cared with dignity and compassionate manner.

Documentation of Patient Care

- Documentation of patient care should be done after ECS clinicians have completed transport, removed their PPE, and performed hand hygiene.
- Any written documentation should match the verbal communication given to the emergency department providers at the time patient care was transferred.
- Documentation should include a listing of EMS clinicians and public safety providers involved in the response and level of contact with the patient.



Infection and prevention control

- Personal protective equipment must be donned, in the presence of a trained observer, to protect the medic from exposure to droplet, aerosol or infectious bodily fluid.
- The transport team must be wearing case appropriate PPE like a footed suit, gloves.
- Use a medical mask if working within 1 m of the patient.
- IF Possible, transport one case at a time or patient with the same etiologic diagnosis.
- If an etiological diagnosis is not possible, group patients with similar clinical diagnosis and based on epidemiological risk factors, with a spatial separation.
- When providing care in close contact with a patient with respiratory symptoms (e.g. coughing or sneezing), use eye protection (face mask or goggles),
- Limit patient movement and ensure that patients wear medical masks when in ambulance.
- If possible, use either disposable or dedicated equipment (e.g. stethoscopes, blood pressure cuffs, pulse oximeters, and thermometers).
- If equipment needs to be shared among patients, clean and disinfect between each patient use.
- Avoid contaminating environmental surfaces that are not directly related to patient care (e.g. door handles and light switches).
- Appropriate PPE must be worn when performing aerosol generating procedure e.g. bag valve mask (BVM) ventilation, or pharyngeal suctioning, nebulizer treatment, or resuscitation involving emergency intubation or cardiopulmonary resuscitation (CPR))
- If a nasal cannula is in place, a surgical mask should be worn over the nasal cannula. Alternatively, an oxygen mask can be used if clinically indicated.
- Ensure that ECS clinicians are educated, trained, and have practiced the appropriate use of PPE prior to caring for a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin, and environment during the process of removing such equipment.

Cleaning EMS Transport Vehicles after Transporting Patient with Confirmed COVID-19



- After transporting the patient, leave the rear doors of the transport vehicle open to allow for sufficient air changes to remove potentially infectious particles.
- When cleaning the vehicle, EMS clinicians should wear appropriate PPE
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly, to include the provision of adequate ventilation when chemicals are in use. Doors should remain open when cleaning the vehicle.
- Routine cleaning and disinfection procedures should be wiped with “1 in 49 diluted household bleach” (mixing 1 part of 5.25% bleach with 49 parts of water), leave it for 15-30 minutes, and then rinse with water. Metal surfaces could be wiped with 70% alcohol.
- Clean and disinfect reusable patient-care equipment before use on another patient, according to manufacturer’s instructions.
- Follow standard operating procedures for the containment and disposal of used PPE and regulated medical waste.
- Follow standard operating procedures for containing and laundering used linen. Avoid shaking the linen.



1. Annex

1.1. PPE equipment

Item	Purpose	How to use	How/ when to dispose
N 95 mask	Droplet infection prevention	1 for every case	
Safety Goggle	Droplet infection prevention	1 for every case	
Plastic Face shield	Droplet infection prevention	1 for every case	
Isolation gown	Prevention from body fluids	1 for every case	
Surgical head cover	Prevention from secretion of body fluids	1 for every case	
Boots	Prevention from body fluids	Disinfect	
Surgical glove	Prevention from body fluids	1 for every case	
Hand sanitizer	Prevention of cross infection		
Safety box			
Waste disposal plastic			

1.2. Supportive & Resuscitation equipment & supplies

Item	Quantity	How to handle & dispose
O1 cylinder	1 for each ambulance	
O1 gage	for each ambulance	
O1 flow meter	2 for each ambulance	
O1 delivery face mask	1000	
O2 delivery nasal cannula	1000	
Ambu bag (BVM) different size, with different face masks	2 for each ambulance	Some Ambu bags can be sterilized in an autoclave at 134° C or 272° F. Otherwise, it must be sterilized through the use of the recommended disinfectant solution. Glutaraldehyde 2% is an appropriately high-level disinfectant ; the bag must be immersed in the solution for at least 20 minutes.
Adhesive plaster	2 for each ambulance	
Bandage	2 packs for each ambulance	
Gauze	2 packs for each ambulance	
Syringe different size	20 for each ambulance	
IV canola	20 for each ambulance	
Antipyretic drugs		

