ANNEX 11 : PROTOCOL FOR AMBULANCE TRANSFER FOR PATIENT UNDER INVESTIGATION (PUI) OR CONFIRMED COVID-19

PREPARATION OF THE AMBULANCE

- It is advisable to remove all non-essential equipment related to care of the intended patient.
- Ambulance must be equipped with spillage kits, disinfectant wipes, sharps bin and clinical waste ready to be used by responders.
- Use of disposable bed sheet is encouraged.

NUMBER OF PATIENTS IN AN AMBULANCE

- It is advisable to only transport one patient in an ambulance.
- Medical direction from Emergency Physician can be obtained to allow transport of more than one patient with similar provisional diagnosis.
- Patient under investigation (PUI) should not be transported with confirmed COVID-19 case.

PREPARATION OF STAFF

• All staffs accompanying PUI or confirmed COVID-19 patient in the ambulance must wear the recommended PPE in table below.

TARGET PERSONNEL	ΑCTIVITY	TYPE OF PPE
Driver	Involved in driving the patient with PUI or confirmed COVID-19 BUT NO direct contact with patient. Also involved in loading and unloading of patients Always maintain at foot end of stretcher * Windows should be kept open throughout the drive (about 3cm only) * Use aircond with fresh air intake	 Surgical mask Isolation Gown (fluid-repellent long-sleeved gown) OR long-sleeved plastic apron Gloves Eye Protection (face shield/goggles)

CARE OF THE PATIENT DURING TRANSPORT

1. Respiratory Hygiene

- In the absence of respiratory distress, patients can be provided with surgical mask.
- Oxygen supplement using nasal prong can be safely used under a surgical mask.
- Placement of surgical mask on other oxygen supplement delivery device requires medical direction from Emergency Physician.

2. Placement of patient

• Patient should be propped up in sitting position in stretcher unless clinically contraindicated (refer Figure 1).

3. Intervention in Pre-Hospital

- Do not perform any procedures on the patient unless absolutely necessary.
- Medical direction must be obtained for transportation of patient requiring more than nasal prong oxygen.

4. Communication with Medical Emergency Call Centre (MECC) and receiving facility (if relevant)

- MECC must be informed regarding estimated time of arrival, patients' clinical condition or any updates in clinical status or transportation.
- It is the responsibility of MECC to inform and update receiving facility regarding estimated time of arrival and patients' clinical condition.

DECONTAMINATION

- If spillage occurs in the ambulance
 - > Use chlorine granules in the spillage kit to absorb the spill.
 - After 2 minutes or when the granules crystallize, cover the spillage with the absorbent material e.g. tissue or blue sheet.
 - Do not remove the spill while the patient or staff is in the ambulance. The decontamination of the spillage is to be done at the designated hospital.
- Decontamination of the ambulance
 - > The ambulance is to be decontaminated at the designated ambulance decontamination area at receiving hospitals.
 - > Decontamination agent to be used as per recommendation.
 - Staff performing decontamination of ambulance that transported PUI or confirmed COVID-19 patient should wear PPE as below:
 - Surgical mask
 - Long-sleeved plastic apron
 - Gloves
 - Eye Protection (face shield/goggles)
 - Boots or closed shoes
- Decontamination of staff
 - Staff from other health facility that accompany patient should undergo decontamination in the designated receiving hospital Emergency and Trauma Department (ETD) before returning to their respected base.

DISINFECTION OF REUSABLE UTENSILS & DISPOSAL OF WASTE

- All reusable patient care utensils should be put into the appropriate biohazard receptacles and labelled for cleaning and disinfecting later.
- All waste disposals from the affected patient should follow guidelines of Clinical Waste Management.