

IDENT	EMS-0001
Type of Document:	Guideline
Applicability:	EMS / Transport Teams
Owner's Dept:	Regional Transport System
Title of Owner	RTS Transport Team Manager
Title of Approving Official:	RTS Transport Team Manager
Date Effective:	09/21/20
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**Title:** Ambulance Arrival Process

**PURPOSE:** To provide guidance on patient transport through hallways for special respiratory precaution patients (COVID-19) when they arrive by ambulance to UVMHC.

**POLICY STATEMENT:** Ambulance crews will minimize exposure while transporting patients with special respiratory precautions (COVID-19) through the hallways.

**DEFINITIONS:**

**High Touch Surfaces:** All pull/push points as well as handles, knobs, and buttons.

**PROCEDURE:**

1. Patients will be considered infectious for COVID-19 if they have any of the following: fever, cough, shortness of breath, or other flu like symptoms.
2. For ambulances bringing patients to the Emergency Department
  - a. Ambulance crew provides update to ED Comm Center with positive screening
  - b. Comm Center notifies ED charge nurse of incoming patient with ETA
  - c. Before departure from the ambulance, if the patient is on High Flow/BiPAP/CPAP or receiving a NEB, it should be discontinued and the patient should be placed on NRB with a surgical mask over it
  - d. If the patient is intubated, they will remain on the ambulance's filtered ventilator or if not available, utilize bag/mask equipment with a filter
  - e. Ambulance crew will unload the patient from the ambulance. The patient will remain on the ambulance stretcher.
  - f. Ambulance crew will doff dirty gown/gloves in ambulance bay (not vestibule) and put on new gown/gloves from the isolation cart in ambulance vestibule. Do not remove N95/face shield/PAPR.
  - g. Ambulance crew will wipe down high touch surfaces on the stretcher before proceeding into the ED.
  - h. Ambulance crew will transfer care and give report in the room
  - i. Ambulance crew will again wipe down all high touch surfaces, doff gown and gloves, exit the room, remove N95/PAPR, and proceed with stretcher and ambulance decon per department guideline
3. For ambulances bringing patients that are direct admits to the floor
  - a. Ambulance crew provides patient update to ED Comm Center with ETA
  - b. Comm Center notifies charge nurse on receiving floor, security, registration and ED charge nurse, of incoming patient with ETA (30 out, 10 out)
  - c. Security reports to ambulance bay to greet ambulance crew
  - d. Before departure from the ambulance, if the patient is on High Flow/BiPAP/CPAP or receiving a NEB, it should be discontinued and the patient should be placed on NRB with a surgical mask over it, before unloading.
  - e. If the patient is intubated, they will remain on the ambulance's filtered ventilator or if not

- available, utilize bag/mask equipment with a filter
- f. Ambulance crew will unload the patient, from the ambulance. The patient will remain on the ambulance stretcher. Ambulance crew will doff dirty gown/gloves in ambulance bay (not vestibule) and put on new gown/gloves from the isolation cart in ambulance vestibule. Do not remove N95/face shield/PAPR.
  - g. Ambulance crew will wipe down high touch areas of stretcher before proceeding into the hospital
    - i. For transfers going to Baird 5/Pediatrics who will be in a crib, B5 staff will bring a crib to the ambulance bay for transfer. This is due to the small room sizes on B5. A member of the ambulance crew will don clean gown/gloves and accompany to B5 to complete handoff and give report. All other COMPLEX B5 patients will remain on the ambulance stretcher.
  - h. Enter through the ambulance vestibule and bring patient to entrance of Miller/EMS Office hallway and wait for registration.
  - i. UVMMC Security will escort the patient and ambulance crew by clearing the hallways of bystanders and calling the elevator.
  - j. One member of the ambulance crew will push cleaned stretcher and touch any necessary public surfaces. The other ambulance crew member will push stretcher, provide any needed patient care, and not touch any public surfaces.
  - k. Ambulance crew will then transfer care and give report in the room. Once report is complete, wipe down stretcher while being mindful of high touch areas while still in the patient room, doff gown and gloves, exit the room, and remove N95/PAPR.
    - i. If the designated room has an anti-room, utilize this room for doffing. If the room does not have an anti-room, locate the red square taped onto the floor outside the patient's room designated for doffing and decon.
    - ii. Repeat full decontamination of the stretcher, patient care supplies, and PAPR if used
    - iii. Return to ambulance by being mindful to only touch doors and elevators with clean hands.
  - l. Ambulance crew decons ambulance as per department guideline

**MONITORING PLAN:** Direct Observation

**REVIEWERS:**

RTC Manager, Lauren Rolandini, RN  
RTS Transport Team Manager, Michael Conti, NRP  
ED Nurse Manager, Kristin Baker, RN  
RTS Infection Control Officer, Michelle Greeson, RN

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**APPROVING OFFICIAL'S NAME:** RTS Transport Team Manager, Michael Conti, NRP