Title: Ambulance Arrival Process

PURPOSE: To provide guidance on patient transport through hallways for infectious disease patients (COVID-19) when they arrive by ambulance to UVMMC.

POLICY STATEMENT: Ambulance crews will minimize exposure while transporting patients with potential infectious disease (COVID-19) through the hallways.

DEFINITIONS:
- Non-Complex Stretcher Transfer: O2 by NC/NRB, cardiac monitoring, and normal saline/lactated ringers
- Complex Stretcher Transfer: Unresponsive, CPR, continuous biomedical devices, continuous medications actively running by IV pump, intubated/vented.
- 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. NON-COMPLEX stretcher transfers
      i. Ambulance crew provides update to ED Comm Center and positive screening
      ii. Comm Center notifies ED charge nurse of incoming patient with ETA
      iii. Charge nurse assigns ED staff. They will gather full PPE and bring a hospital stretcher with oxygen tank (and monitor if needed), out to ambulance bay for patient transfer to hospital stretcher.
      iv. ED staff dons full PPE
      v. Ambulance crew waits with patient in ambulance bay in back of ambulance until ED staff is ready (knocks or opens door)
      vi. 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.
      vii. Ambulance crew transfers patient onto hospital stretcher in the ambulance bay and ED staff brings patient to room
      viii. Ambulance crew doffs PPE in ambulance bay (do not doff in the vestibule)
      ix. Ambulance crew goes to patient’s room to give report to the ED nurse from door
      x. Ambulance crew will then proceed with stretcher and ambulance decon, per department guidelines
   b. COMPLEX stretcher transfers
      i. Ambulance crew provides update to ED Comm Center and positive screening
      ii. Comm Center notifies ED charge nurse of incoming patient with ETA
      iii. Charge nurse assigns ED staff and they bring full PPE from their department to don before entering ambulance bay
      iv. Ambulance crew waits with patient in ambulance bay in back of ambulance until ED staff is ready (knocks or opens door)
      v. 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
      vi. 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
      vii. 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. Ambulance crew will wipe down high touch surfaces on the stretcher before proceeding into the ED.
      viii. Ambulance crew will transfer care and give report in the room
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, ANC, and ED charge nurse, of incoming patient with ETA (30 out, 10 out)
   c. Inpatient charge nurse assigns staff to go to ambulance bay to greet ambulance crew and assist with arrival process
   d. NON-COMPLEX stretcher transfers, that are direct admits
      i. Inpatient staff brings PPE from the floor to don before entering the ambulance bay, a stretcher with oxygen, and transport monitor if patient requires telemetry
      ii. For patients going to Baird 5/Pediatrics who will be in a crib, B5 staff will bring a crib to the ambulance bay for transfer.
      iii. Ambulance crew waits with patient in ambulance bay in back of ambulance until inpatient staff is ready (knocks or opens door)
      iv. 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.
      v. Ambulance crew will unload the patient from the ambulance and transfer to a hospital stretcher while in the ambulance bay. Report will be given to inpatient staff who then assumes care of the patient.
      vi. Ambulance crew will then proceed with doffing PPE followed by stretcher and ambulance decon per department guidelines
      vii. Inpatient staff brings the patient in through the ambulance vestibule, to the entrance of Miller/EMS Office hallway and wait for registration
      viii. UVMMC Security will escort the patient and inpatient staff
   e. COMPLEX stretcher transfers, that are direct admits
      i. Inpatient staff brings full PPE from their department to don before entering ambulance bay
      ii. Ambulance crew waits with patient in ambulance bay in back of ambulance until inpatient staff is ready (knocks or opens door)
      iii. 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.
      iv. 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
      v. 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.
      vi. Ambulance crew will wipe down high touch areas of stretcher before proceeding into the hospital
         1. For COMPLEX stretcher transfer patients, 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.
      vii. Enter through the ambulance vestibule and bring patient to entrance of Miller/EMS Office hallway and wait for registration.
      viii. UVMMC Security will escort the patient and inpatient staff
   ix. Inpatient staff member will escort ambulance crew to patient’s room by assisting in opening all doors and elevators with clean hands to decrease virus transmission
   x. 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.
      1. 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.
      2. Repeat full decontamination of the stretcher, patient care supplies, and PAPR if used
      3. Return to ambulance by being mindful to only touch doors and elevators with clean hands.
   xi. 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

OWNER'S NAME: RTS Transport Team Manager, Michael Conti, NRP

APPROVING OFFICIAL'S NAME: RTC Manager, Lauren Rolandini, RN