Title: Ambulance Transport of Patients with Infectious Disease (COVID-19)

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

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

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 until they are evaluated by an ED Provider.

2. For ambulances bringing patients to the Emergency Department at UVMCC
   a. EMS provides update to ED Comm Center and positive screening
   b. Comm Center notifies ED Charge of incoming patient with ETA
   c. Charge Nurse assigns ED Staff to bring stretcher out to ambulance bay for patient transfer
   d. ED Staff dons full PPE
   e. EMS waits with patient in ambulance bay in back of ambulance, until nurse is ready (knocks or opens door)
   f. If 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.
   g. EMS transfers patient onto hospital stretcher and ED Staff brings patient to room
   h. EMS doffs PPE in ambulance bay, do not doff in the vestibule.
   i. EMS goes to patient’s room to give report from door to ED RN
   j. If a complex patient, ED Staff will prompt EMS to doff dirty PPE (gown/gloves only) in ambulance bay, not vestibule and puts on new PPE (gown/gloves) found in isolation cart in ambulance vestibule. Do not remove N95 or face shield.
   k. EMS decons ambulance as 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, of incoming patient with ETA (30 out, 10 out)
   c. Charge Nurse assigns Inpatient Staff to go to ambulance bay to escort Ambulance Crew and patient.
   d. Inpatient Staff brings full PPE from floor and dons before entering ambulance bay
   e. Ambulance Crew waits with patient in ambulance bay in back of ambulance until Inpatient Staff is ready (knocks or opens door)
   f. If 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.
   g. Ambulance Crew doffs dirty PPE (gown and gloves) in the ambulance bay, not vestibule and puts on clean PPE (gown and gloves), and wipes down touch points of stretcher. New PPE can be found in isolation cart in ambulance vestibule. Do not remove N95 or face shield.
   i. 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. This is due to the small room sizes on B5. A member of the Ambulance Crew will accompany to B5 to complete handoff and give report. All other B5 patients will remain on EMS stretcher.
   h. If patient is intubated, they will remain on ambulances filtered ventilator or bag/mask equipment and be transported to unit by the Ambulance crew.
   i. UVMCC Security will escort to the elevators but not continue to the floor.
   j. Enter through the ambulance vestibule and bring patient to entrance of Miller/EMS Office Hallway and wait for registration.
   k. Inpatient Staff member will escort Ambulance Crew to patient’s room
   l. Ambulance Crew wipes down stretcher and doffs PPE before exiting room
   m. 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

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

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