

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:	3/16/20
Next Review Date:	3/13/21

**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 UVMMC
  - 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 it should be discontinued, and patient should be placed on NRB with a surgical mask over it.
  - g. EMS and ED Staff transfers patient onto hospital stretcher and ED Staff brings patient to room
  - h. EMS doffs PPE in ambulance bay, please 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 it should be discontinued, and 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.
  - h. Bring patient into entrance of Miller/EMS Office Hallway and wait for registration
  - i. Inpatient Staff member will escort Ambulance Crew to patient's room
  - j. Ambulance Crew wipes down stretcher and doffs PPE before exiting room
  - k. 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