

6. Transport of Infected Patients

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6.1 Overview

The transfer of a patient classified as at **High Risk** of Viral Haemorrhagic Fever (VHF) or those who have been confirmed as having VHF within the republic of Ireland will be to the National Isolation Unit, Mater Hospital.

The National Isolation Unit is currently undergoing reconfiguration during which period patients may require transfer to another High Level Isolation facility within the EU (Germany).

The National Ambulance Service (NAS) has prepared procedures for the transportation of such patients. This chapter presents a summary mainly of the patient with confirmed VHF.

The NIU will contact the National Emergency Operations Centre at Tallaght (NEOC) to request the transportation of patients to the NIU. NEOC will make the following key contacts:

- arrange for an available Epishuttle-enabled ambulance
- contact An Garda Síochána Command and Control, Harcourt Square.

Patients will **not** be brought to the Emergency Department at the Mater Misericordiae University Hospital but to the entrance to the [NIU on Berkeley Road](#). If the patient has confirmed VHF, the NIU team will arrange for a high-security lockdown procedure. This involves blocking off the route between the Berkeley Street entrance and the NIU from other members of hospital staff and the general public until the patient has been transferred to the ward and the crew has exited the building. This process is not required if VHF is suspected and not confirmed. A security guard from the hospital should ensure the ambulance is secure on Berkeley Road while the patient is being transferred into the NIU.

6.2 Preparation of the ambulance and crew

When a request is made to transfer a patient, the ambulance crew will be directed to an agreed Ambulance Service rendezvous point, where the additional items of PPE will be issued to the crew as well as items required for the disinfection of the ambulance after the patient transfer.

The patient will be transferred by Epishuttle, a single patient isolation and storage unit.

Communication with staff regarding potential infection risks is very important. Staff should be aware that:

- the virus may be present:
 - in blood and body fluids, such as urine;
 - on contaminated equipment and instruments;
 - on contaminated clothing/surfaces;
 - in waste.
- exposure may occur:
 - directly through exposure to blood or bodily fluids during invasive, aerosolising or splash inducing procedures;
 - indirectly through exposure to the environment, surfaces, equipment or clothing contaminated with droplets of blood or bodily fluids.

The ambulance crew must be made aware of the patient's clinical condition and the possibility of deterioration en route to the NIU. They must also be aware of arrangements in case of emergency. Female staff can decline to transfer patients if they are pregnant.

Vehicle preparations, including inspection of fuel level, roadworthiness checks etc. will be conducted and all unnecessary items of equipment should be removed from both the cab and the saloon compartments. Any additional equipment will be dependent upon the anticipated needs of the patient. In addition, if a medical escort team is to accompany the patient, they may wish to utilise their own items of equipment, so this too should be identified in a bid to avoid unnecessary duplication. However, if any doubt exists, the crew must ensure that NAS emergency resuscitative equipment is carried as a minimum. This equipment should be in a sealed bag and left sealed unless required.

The crew must don PPE as per NAS guidelines. All articles of clothing, together with personal items, should be left in an appropriate storage container. Once final checks have been completed, the crew should then plan their routes of travel for both journeys.

Key Points for ambulance crew and staff to remember before transferring a patient at **High Risk** of, or confirmed as having, VHF:

Check:

- that you have received full information about the condition of the patient and the possibility of sudden deterioration during the journey, and that you give this information to the clinical team;
- the specific arrangements for the journey, including possible escort for long road journeys;
- that you are aware of arrangements in case of an emergency (cardiac arrest, breakdown etc).

Ensure:

- that you are fully familiar with the transportation procedures prepared by the National Ambulance Service (NAS);
- that you maintain close communication with the receiving clinical team at the NIU at all times;
- that suitable PPE is worn by all members of the ambulance crew and staff at all times;
- that under no circumstances should direct oral resuscitation be carried out – a bag and mask should be used to resuscitate patients;
- that no members of staff who have been in contact with the patient leave the ambulance en route.

6.3 At the pick-up location

Prior to entering the patient's room, the crew will don the remaining PPE including disposable gloves, FFP3 mask and their safety eyewear. Only those items of equipment required to aid the removal of the patient to the ambulance will be brought into the patient's room. If the patient has respiratory symptoms, they should wear a surgical mask if tolerated.

Once in the patient's room, care must be taken to treat any spillage of blood or body fluids immediately as outlined in the [Infection Prevention and Control section](#). All items of ambulance equipment should be removed from the location. This includes the removal of any materials that have been used for cleaning spillages etc., which must be stringently collected as Category A healthcare risk waste.

The ambulance crew should attempt to keep well-wishers at a distance whilst transferring the patient to the ambulance, particularly where physical contact is anticipated. Relatives/friends are not to be transported in the ambulance to the NIU or any receiving hospital. On leaving the patient's room, an accompanying Ambulance Manager will report to the National Emergency Operations Centre and provide an estimated time of arrival (ETA) to the designated hospital. Ambulance Command and Control will communicate with the NIU Consultant prior to leaving to confirm their ETA and that NIU is ready to receive.

6.4 En route to hospital

The ambulance crew should be accompanied by a member of the medical staff if the patient is being transferred from a hospital. Such personnel should don the appropriate PPE (see VHF Guidance [Chapter 3](#)) and adhere to infection prevention and control procedures.

The patient should be monitored at regular intervals as determined by the accompanying medical personnel. If the patient is clinically unstable with haemorrhagic manifestations of disease, e.g. bleeding from orifices, then it is unlikely that resuscitation in the event of a cardiac arrest would be successful.

Time of arrival needs to be confirmed with the NIU prior to transferring the patient. During the journey, the paramedic driving the ambulance will maintain close contact with NEOC. Other than for emergency evacuation purposes, the crew must not leave the vehicle under any circumstances.

If a patient deteriorates significantly or suffers a cardiac arrest the following actions are appropriate: CPR is futile and not supported; Ventilatory and airway intervention are unlikely to be appropriate

In the event of a breakdown, the crew will notify the NEOC. The crew will transfer the patient into the second emergency ambulance in the convoy and continue to the National Isolation Unit. Arrangements will be made to bring the defective ambulance to a secure and isolated location where decontamination of the vehicle will take place.

6.5 On arrival at the hospital

The ambulance crew and patient will be met at the hospital entrance by hospital staff and escorted to the appropriate room. For patients transferred to the NIU, two NIU staff members in PPE (Nurse and Doctor) will meet the Ambulance at the Berkeley Road entrance and escort the patient (in the Epishuttle) and paramedic staff via ramp that leads directly to the unit. The paramedics will assist in the removal of the patient from the Epishuttle and transfer of patient to the NIU bed. The paramedics will then leave the NIU with the Epishuttle using the same entrance route.

A verbal and written report will be given to the hospital staff. No copy of the patient care record (PCR) should be retained by the ambulance personnel (the crew should re-record a new PCR for this patient when all decontamination process have been carried out).

All waste including discarded PPE, healthcare risk waste, disposable equipment, used cleaning material (paper towels, cloths, gels), sheets and blankets must be placed in yellow healthcare risk waste bags (quarter fill only) and given to staff at the National Isolation Unit for disposal as Category A waste.

Before returning the stretcher to the ambulance, the crew should remove their outer PPE (for example gloves, Viroguard Coverall, masks etc) as per donning and doffing protocol and dress in new PPE as supplied by the NIU. Any recoverable items, e.g. glasses, should be placed in a clear plastic bag and handed to the NIU staff for decontamination. The crew can then return the stretcher to the ambulance and, if required, drive the ambulance to the designated site for decontamination.

6.6 Decontamination and disinfection

Facilities to decontaminate the ambulance are not available at the patient entrance to the NIU so the ambulance and staff will return with the stretcher and Epishuttle to the cleansing area designated by NAS. In case of emergency where a patient is transferred to a hospital other than the NIU, an appropriate site should be located. Once the ambulance has been moved, the NAS will meet the ambulance with the necessary materials for cleaning and disinfection. Category A waste containers are to be used for waste.

Cleaning and disinfection of the ambulance and Epishuttle should be carried out as per NAS policy and procedures.

When finished cleaning and disinfecting the vehicle, the ambulance crew should remove their outer PPE, and secure it in a healthcare risk waste bag for disposal as Category A health care risk waste.

Once any outstanding matters have been addressed, the crew should report their status to the National Emergency Operations Centre (NEOC). Once equipment and supplies in the ambulance have been replenished, the ambulance will be available to return to normal operational duties.

6.7 Post-transportation procedures

The Ambulance Command and Control Centre will maintain detailed records of all VHF transportations, including details of the ambulance personnel involved in the transfers.

Ambulance crews will receive initial advice and support from hospital staff. A clear plan of communication and support will be established for the individual crew members involved. All relevant details will be passed to HSE's Occupational Health Department, and the crew's local managers, at the earliest opportunity. Crews concerned about their health can seek advice at any time from Occupational Health Department.

If any member of the ambulance crew is accidentally exposed to infectious material from the patient this should be reported immediately to the Outbreak Control Team.