

PROTOCOL FOR DESIGNATED AMBULANCE TO TRANSPORT SUSPECTED EVD PATIENTS

PREPARATION OF THE AMBULANCE

- It is advisable to have a dedicated ambulance for transport of suspected cases
- All non-essential items in the ambulance are to be removed e.g. splints, spinal board.
- Lockers and exposed attachments are to be covered with plastic for easy cleaning and decontamination
- Spillage kit should be kept in the ambulance in case of blood or vomitus spillage
- Sharp bin and clinical waste bin should also be kept in the ambulance
- The place where the patient sits or lie down i.e. stretcher or chair should be covered with a disposal bed sheet. Patient must be straps onto the stretcher or wear the seat belt.
- Only one patient to be ferried by the ambulance at any one time
- There should be a dedicated medical bag with only essential equipment (individually wrapped) for the number of patients to be ferried by the ambulance

PREPARATION OF STAFF

- All staff accompanying patient and ambulance driver must wear the recommended PPE
- Staff is recommended to wear the surgical scrubs instead of uniform before donning the PPE
- Do not perform any procedures on the patient unless absolutely necessary. Ask for medical advice.
- Unless the patient is unstable, staff accompanying the patient should not sit together with the patient being transported
- While being transported, the accompanying staff should be in contact with the referral hospital to inform on estimated time of arrival and the patient's clinical condition; in particular whether the patient is stable for the transfer and whether the patient has any uncontained secretions (bleeding, bruising, vomiting and diarrhea)

PREPARATION OF PATIENT

- For stable patients (“dry”)
 - Give the patient a vomit bag and tissue
 - Consider giving oral metoclopramide if patient is prone to motion sickness
- For “unstable” patients (vomiting, diarrhea, bleeding)
 - Put on diapers to patient if patient is having diarrhea
 - IV metoclopramide in vomiting patients
 - If bleeding for further discussion with Emergency Physician is required prior to transfer
 - Consider sedating aggressive patients or using manual restraint
 - All the above procedures to be carried out prior to putting the patients in the ambulance

DECONTAMINATION

- If spillage occurs in the ambulance
 - Use Chlorine granules in the spillage kit to absorb the spill
 - After 2 minutes or when the granules crystallize, cover the spillage with the absorbent material e.g. tissue or blue sheet
 - Do not remove the spill while the patient or staff is in the ambulance. The decontamination of the spillage is to be done at the designated hospital
- Decontamination of the ambulance
 - The ambulance are to be decontaminated at the designated hospitals only
 - Decontamination agent to be used as per recommendation

DISINFECTION OF REUSABLE UTENSILS & DISPOSAL OF WASTE

- All reusable patient care utensils should be put into the appropriate biohazard receptacles and labelled for cleaning and disinfecting later
- All waste disposal from the affected patient should follow guidelines of Clinical Waste Management **Annex 18**

PREPARATION OF THE DESIGNATED AMBULANCE



Lockers and exposed attachments are to be covered with plastic for easy cleaning and decontamination

SPILLAGE KIT IN THE DESIGNATED AMBULANCE



SPILLAGE KIT

- 2 underpad blue sheet to be added to the standard kit
- To be used to cover over the spill after scattering the chlorine granules



CONTENTS OF THE SPILLAGE KIT

- gloves
- absorbent material
- high absorbency disinfection granules
- scoop & scraper
- clinical waste bag & seal
- 2 underpad blue sheet
- alcohol wipe
- illustrated instruction sheet