



Information for EMTs, ambulance nurses, paramedics and other ambulance responders...

This document outlines infection prevention precautions when managing patients with confirmed or suspected COVID-19 infection requiring assessment or transportation by ambulance responders. This information sheet should be read in conjunction with the COVID-19 'ICRC PHEC Guideline on personal protective equipment'

(https://collab.ext.icrc.org/sites/TS_ASSIST/WIKIHealthUnit/Pages/Coronavirus_COVID19.aspx - available only internally / ICRC)

Advice on clinical care of a patient with possible COVID-19

When a person in quarantine or self-isolation develops symptoms of concern, particularly difficulty breathing that requires emergency treatment, they have been advised to:

- Call local responsible health authorities and advise operators that they are in self-isolation because of possible COVID-19; and
- Advise the ambulance crew on arrival of their travel or close contact history.

Ambulance staff are advised to follow specific personal protective equipment (PPE) requirements (outlined below) while assessing and treating patients in self-quarantine or isolation, regardless of whether or not respiratory symptoms are present.

General guidance:

- **Contact and droplet precautions** are recommended for routine care of patients. (See below: Precautions during routine care)
- **Contact and airborne precautions** are recommended when performing aerosol generating procedures, including nebulisation, airway management and cardiopulmonary resuscitation (CPR). (See below: Aerosol Generating Precautions)
- **Provide advance notice** to the receiving destination to clarify transfer of care arrangements.

Precautions during routine care

The following contact and droplet precautions are recommended during routine care of a patient with possible COVID-19.

1. Place a surgical mask on the patient if they have not already done so, unless this will aggravate breathing difficulties.
2. Perform hand hygiene before donning a gown/apron (ideally a basic tyvek suit), a surgical mask, eye protection and gloves.

3. After the encounter - remove gloves, perform hand hygiene, remove eyewear and gown, then perform hand hygiene again.
4. Apply clean PPE and clean any contacted/contaminated equipment and surfaces with detergent/disinfectant (chlorine).

Aerosol-Generating Procedures

Aerosol-generating procedures (AGPs) include tracheal intubation, non-invasive ventilation, tracheotomy, CPR, manual ventilation before intubation, and bronchoscopy. Care should be taken when performing AGPs.

Note: *Nebuliser use should be avoided and alternative administration devices (e.g. spacers like plastic bottles) should be used if possible. If nebulisers have to be used, consider these as aerosol generating procedures!*

Airborne precautions should be used routinely for all persons in the vehicle during high-risk AGPs. These precautions include:

- Performing hand hygiene before donning a gown, apron (preferably tyvek suit), eye protection, masks (preferably FFP2/N95) and gloves;
- Drivers only need to wear PPE if involved in patient handling
- After the AGP, remove gloves (perform hand hygiene), eye protection and gown (perform hand hygiene) and mask (perform hand hygiene);
- Not touching the front of any item of PPE during removal;
- Disposing of single use PPE in a clinical waste bag; and
- Cleaning ambulance equipment and surfaces with disinfectant wipes by a person wearing clean PPE (i.e. gloves, gown, protective eyewear and surgical mask).

Ambulance air flow

If the ambulance vehicle is equipped with a ventilation system, vehicle ventilation during transport (in all compartments) should be on non-recirculated mode to maximise air changes that reduce potentially infectious particles in the vehicle.

If the vehicle has a rear exhaust fan, use it to draw air away from the cab, toward the patient care area, and out the back end of the vehicle.

If vehicles are not fitted with a ventilation system, windows should be opened (if security, weather and road conditions allow) before the patient boards, and during transport.

Use of PPE in life-threatening situations

In circumstances where ambulance staff are providing clinical care in life threatening situations (for example, CPR upon arrival) for a patient with suspected COVID-19, officers may not have sufficient time to adequately apply full airborne precautions.

In these circumstances, all ambulance care takers are advised to ensure their own safety including:

- Use of a surgical mask, eye protection and apron as a minimum precaution
- At completion of the episode of care, removal of gloves (perform hand hygiene), removal of eyewear, apron and mask (perform hand hygiene again);

- Notification of your employer if you have had a close contact with a suspected or confirmed case of COVID-19 without using appropriate PPE e.g. if COVID-19 was not suspected at the time; and
- Seeking advice from your local public health authority regarding any need to be isolated and monitored for symptoms of the virus.

How can we help prevent the spread of COVID-19?

Practising good hand and sneeze/cough hygiene is the best defence against most viruses. You should:

- wash your hands frequently with soap and water, before and after eating, and after going to the toilet
- cover your mouth and nose with your inner elbow when you cough and sneeze or use tissues that you dispose of immediately, and use alcohol-based hand rub, and
- if unwell, avoid contact with others (touching, shaking hands, kissing, hugging, and other intimate contact)..... **➡ IF YOU FEEL UNWELL CONTACT STAFF HEALTH!**

Where can I get more information?

ICRC:

- Follow jurisdictional guidance and local health procedures and if unsure, ask your health program coordinator or ICRC staff health personnel
- ICRC Health WIKI – https://collab.ext.icrc.org/sites/TS_ASSIST/WIKIHealthUnit/Pages/Coronavirus_COVID19.aspx - available only internally / ICRC)

Organisations:

- European Centre for Disease Prevention and Control
(<https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-infection-prevention-and-control-healthcare-settings-march-2020.pdf>)
- WHO
https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPPE_use-2020.1-eng.pdf

International Committee of the Red Cross 19, avenue de la Paix 1202 Geneva, Switzerland
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