Temporary Recommendations (Guidelines) on Infection Prevention and Control for Emergency Care Providers

February, 2020

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# Introduction

Emergency Medical Care (EMC) services providers play an important role in the area of infections prevention and control. Because of being at the forefront of health care delivery, they are at high risk of exposure from patients infected with infectious diseases. Respiratory infections (eg., influenza, new coronavirus infection) and antimicrobial - resistant bacteria, such as methicillin - resistant *Staphylococcus aureus* (MRSA), vancomycin - resistant *Enterococcus* (VRE), and *Clostridium difficile* represent major challenge for all health care providers, including emergency medical care services providers.

The guidelines are intended to: (1) provide EMC services providers with information on best practices and recommendations on infections prevention and control (IPC) and (2) protect patients and EMC services providers from potential infection.

The guidelines consist of:

* Recommendations for emergency ambulance car cleaning and disinfection;
* Recommendations for vaccination and testing of EMC services providers;
* Recommendations for IPC when transporting patients.

The guidelines are intended for those involved in the prevention of the spread of infections in the pre - hospital setting, including emergency medical and administrative staff.

# Cleaning and Disinfection of Emergency Care Ambulances

It is necessary to thoroughly use the appropriate cleaning / cleansing techniques in the ambulance in order to prevent further spread of pathogens (disease - causative microbes) in the pre - hospital setting.

Adherence to best practices for cleaning and disinfecting equipment used in ambulances and patient care is an important factor in preventing the spread of infections. EMC services providers and their patients are careers of high risk of spreading the infection if there are no appropriate recommendations or the recommendations are not followed.

Items or surfaces that had touched a patient's skin, blood, or other biological fluids are considered contaminated

Disease - causing microorganisms can live on a variety of subjects for some period of time. Contaminated items can cause disease and spread the infection. In order to prevent the spread of infections in the pre - hospital environment, patient care items (eg., items that are in contact with skin and / or mucous membranes) and environment surfaces should be cleaned and disinfected after each patient.

List of items needed for patienst care and surfaces that may contribute to spread the infection:

* Stethoscopes
* Tonometers
* Displays
* Stretchers, immobilizer boards and tools
* Laryngoscope soles
* Walkie - talkie sets
* Shelves
* Door handles
* Other items and surfaces of emergency care ambulances or other transportation means

**Cleaning / Cleansing and Disinfection of of Emergency Care Ambulances**

Cleaning / cleansing is the physical removal of outside and organic materials (such as blood, biological fluids of organisms, and disease - causing microorganisms) from the surface or objects. Cleaning physically removes but does not kill microorganisms. Cleaning is done with water, detergents and grinding tools. A key moment in cleaning is the use of mechanical friction to remove particles and reduce the number of microbes.

**Disinfection is the process used to destroy microorganisms on objects and surfaces and to stop their vitality.** Disinfectants should only be used after the items have been thoroughly cleaned.

**Cleaning and disinfection is a two - step process.** After cleaning, the disinfectant should be used and left on the surface for a full contact time. Contact time, or disposal time, is the period of time during which the disinfectant should remain on the surface or object to be cleaned as specified by the manufacturer's instructions.

**Recommendations for Cleaning and Disinfecting of Emergency Care Ambulances**

1. Items and surfaces must be cleaned prior to disinfection;
2. The following routine cleaning and disinfection recommendations shall be used in the vehicle:
	1. Visible dirt, blood, and other substances should be removed from the object or surface prior use of disinfectant;
	2. Cleaning and disinfection should be carried out as soon as possible after the use of objects and surfaces. Disinfectants should be used according to the manufacturer's instructions. All safety precautions (eg., proper ventilation in isolated areas and proper utilization) must be followed. Gloves should be worn when using disinfectants. Hand hygiene should be performed immediately after taking off gloves;
	3. Contaminated **reutilizable** means and equipment of patient care must be placed in clearly marked biosafety plastic bags for appropriate cleaning and disinfection;
	4. **Disposable equipment and contaminated linen,** lacked in sufficient bag, should be placed in the hospital admitting the patient's and they must be disposed;
	5. Frequently touched surfaces (including gaskets, railings, medical equipment management panels, floors, walls, ceilings and work surfaces, door handles, walkie - talkie sets, keyboards and cell phones) directly contaminated with respiratory secretions and other biological fluids during patient care or indirectly – while touching with hands with gloves – first must be cleaned and after - disinfected using registered disinfectant, according to the manufacturer's instructions. Make sure that the disinfectant remains on the surface during full contact or microorganisms destruction time as it is outlined by the manufacturer;
	6. **Areas of the vehicle where patient care is not provided,** such as a driver's section, can be contaminated indirectly. Personnel should be particularly cautious about contaminating the environment that is not directly related to patient care (eg., steering wheel, light switches, gearbox, etc.). If the surfaces in the driver’s section become contaminated, clean and disinfect them.

For further information on above mentioned procedures, see **Appendix 1: Ambulance Cleaning and Disinfection Questionnaire.**

Recommendations on the Frequency of Cleaning / Cleansing of Emergency Medical Care Ambulances

1. Surfaces containing high risk

Surfaces that are often touched by hand (both with – and without gloves) should be cleaned / cleansed and disinfected after each patient.

Stretchers
Door handles

Computer keyboard and screen

Stethoscopes
Monitoring equipment and control panels
Steering wheel

Working surfaces

Walkie - talkie sets

Light switches

1. Surfaces containing low risk

Surfaces that are minimally touched by hands hould be cleaned regularly or in case of contamination.

Floors

Walls

Ceiling Windows

Boxes

Providers should always clean tools / instruments and focus on the means that are used for patient care.

See the **Attachment 2** - **Standards for** [**Emergency Car Equipment Cleaning**](#_Toc32356359)**.**

Special Precautions and Recommendations

**Routine cleaning and disinfection may not be adequate to remove some microorganisms from contaminated surfaces, especially *Clostridium difficile* and *Norovirus*.**

1. Special cleaning and disinfection practices are required to remove *C. difficile* from surfaces and patient care items. *C. difficile* is a spore - forming bacterium that causes severe diarrhea. It is resistant to germicidal chemicals and can persist in the environment for months;
2. Ambulances often transporting patients from nursing homes and long - term care facilities are at higher risk of exposure to *C. difficile*;
3. Noroviruses are a group of viruses that cause acute gastroenteritis in humans. Noroviruses are highly contagious and easily pass from person to person; The virus is transmitted on contaminated items and surfaces after touch; or through drops of vomitting masses. Noroviruses can keep vitality in the environment for at least 12 days.

For disinfection of objects and surfaces contaminated with *C. difficile* or norovirus, it is recommended to use only a bleach (normally it is 1:10 dilution with water).

Products Recommended for Cleaning / Cleansing and Disinfecting Emergency Medical Care Ambulances

|  |  |  |  |
| --- | --- | --- | --- |
| **Product / Substance\*** | **Application** | **Advantage** | **Desadvantage** |
| **Alcohols (70 – 95 %)** | - Exterior surfaces of some instruments / devices (eg., stethoscopes, pulse oximeters) | * Non - toxic
* Cheap
* prompt action
* Without residues
 | * Vaporizes quickly, it is not an ideal surface disinfectant
* High inflamability
* Damages silicone, plastics and rubber
* Is deactivated by organic material

(the surface should be cleaned before use) |
| **Standard bleach (normal dilution 1:10)** | * Exterior surfaces
* Leaked blood
 | * Cheap
* prompt action
* Easily available
* Available in the form of aerosols and napkins
* Sporocide and Virocide (effective against *C. difficile* and norovirus)
 | * Damages metal
* Is deactivated by organic material (the surface must be cleaned before use) irritates skin and mucous membranes
* After dilution, must be used within 24 hours
* Blots clothes
 |
| **Hydrogen peroxide** **(0.5 %)** | * Exterior surfaces of some instruments / tools
* Floors, walls and furniture
 | * Safe for the environment
* Non – toxic
* prompt action
* Active even in the presence of organic material
* Available in the form of liquids and napkins
* It is a good cleanser because of its characteristics
 | * Damages copper, zinc, bronze, acrylic and aluminum
* Leaves visible sediment / residue
 |
| **Quaternary compounds of ammonia**  | * Floors, walls and furniture
* Leaked blod, before the disinfection
 | * Non-toxic
* Non-corrosive
* It is a good cleanser because of its characteristics
 | * It is not used for disinfection of medical instruments
* Limited ability to be used as a disinfectant because of its narrow microbial spectrum
 |

\* Can be used any of the disinfectants listed here according to their availability*.*

#

# Vaccination of Emergency Care Medical Personnel

Emergency personnel is exposed to patients, blood and other biological fluids, contaminated medical materials, equipment and surfaces of environmental objects.

Because of frequent contact with patients, the personnel of emergency medical care ambulances have a high risk of exposure and may also be a source of spread of vaccine - preventable diseases. Medical staff and the heads share responsibility to maximally prevent infections related to their professional activities and to prevent patients, themselves and their family members from being infected reasonably applying safety measures, by means of preventing the spread of vaccine - preventable diseases.

Emergency personnel belong to a high - risk group and must have received mandatory preventive immunizations for the following infections - hepatitis B (triple), influenza (single, yearly), measles, rubella (single, obligatory for unvaccinated born after 1978). Basis: Order No. 01 - 6 / ნ of the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia, dated January 22, 2019.

Inmportance of Vaccination

Many infectious diseases associated with infant, child, and adult mortality and disease have been reduced or eliminated by means of vaccines. In spite of the fact, viruses and bacteria that cause vaccine - preventable diseases and deaths still exist and may be spread to those persons who are not protected by vaccination. Significant social and economic harms are associated with vaccine – preventable diseases, such as ill children absent at school, depriving their parents from work, visits to doctor, hospitalization and sometimes lethal outcome.

Monitoring of vaccine safety is constantly carried out, and, like other medicinal means, vaccines can cause side effects. Most of the side effects are mildly manifested (eg., side pain or slightly increased temperature) and reverse in several days.

Because of contact with patients, personnel of emergency medical care ambulances have a high risk of exposure to and transmission of vaccine - preventable diseases, therefore immunization of emergency medical care personnel is mandatory. Refusal of recommended vaccination increases the risk of emergency medical care personnel and persons in contact with them.

# Recommendations for Infection Prevention and Control for Emergency Care Ambulances Personnel during Patient Transportation

Transfer and transporting a patient with a serious injury or illness from one medical facility to another is one of the important elements of a successful outcome. During the transfer of the patient one of the main tasks is to provide the receiving institution with accurate information about the treatment being performed and the patient's current condition. Emergency medical care personnel play an important role in transferring patients from an emergency center to another clinic, or from one hospital to another, or to another medical facility, such as a palliative clinic.

**Often information on the need for patient isolation is not adequately shared between emergency medical services and clinic staff.** Faulty communication is a barrier to effective implementation of infection prevention and control measures and potentially increases the risk of the spread of pathogens. Timely and effective communication between emergency medical care personnel and clinic staff is essential to prevent spread of infection and ensure safety of the patient and medical staff.

The most common factors making obstacles to effective communication on infection prevention and control are the following:

* No or incomplete sharing of information on the need for patient isolation
* Lack of knowledge on infection prevention and control procedures
* Often signs and marks related to infection control are covered, removed or are not readily apparent

The guideline below is designed to reduce the risk of infecting patients and emergency medical care personnel during transportation from one medical facility to another.

Communication between Emergency Medical Care Personnel and Hospital Staff

For effective and safe transportation, in case the patient needs additional isolation measures, it will be required to have timely communication between the staff involved in the process and setting all necessary arrangements in advance. During transportation of any patient, before contacting the patient emergency medical personnel must determine in advance whether or not isolation measures should be used. This may require additional information from hospital staff. If the patient's condition requires isolation, emergency medical personnel should request the following information in full.

* Presence of symptoms listed below:
* Cough
* Diarrhea
* Rash
* Open wound
* Fever
* the need for special isolation measures and recommended individual protection measures;
* Additional information related to the patient's condition.

##### When the brigade of the emergency medical care ambulance carries a patient with a suspected or confirmed infection, they must promptly and fully provide above mentioned information to the personnel of the receiving institution.

Transportation of Patients Having Need Isolation

In order to reduce the risk of spread of the infection, it is recommended that emergency medical care personnel always adhere to standard safety precautions with all patients, regardless of whether a particular patient needs isolation or not. Standard safety measures include the following:

* Good hand and respiratory hygiene practices (covering the face and nose during coughing and sneezing);
* Wearing a surgical mask if the patient is coughing or vomitting;
* Use of coats, gloves, masks and eye protection when touching the body's biological fluids;
* Cleaning and disinfecting re – usable medical equipment during the periods between patients.

In some cases, in addition to the standard safety measures described above, additional isolation measures may be required. Isolation measures are used for patients with a high probability of infection and spread of infection by exposure to contaminated skin and contaminated surfaces, or by air and drips is possible. Isolation arrangements include:

* Contact isolation
* drip isolation
* Measures in case of air - borne diseases

The patient may need more than one type of isolation. Usually, information on the required isolation measures is posted outside the patient's room and / or indicated in the medical documentation. **Note that different medical facilities may use different signs to mark the same isolation measures. Emergency medical care personnel should always verify the importance of the indication used with facility personnel or representatives of the Infection Prevention and Control Service.**

Prior to transporting the patient, emergency medical care personnel should request information on isolation measures to be provided. See **Annex 3 - Instruction for Patient Isolation in an Ambulance**

Form of infection prevention and control during transportation

When successfully transporting a patient, it is important communication to be carried out in a standard manner. The use of standardized forms of infection prevention and control during patient transportation will facilitate improved communication between emergency medical care personnel and hospital staff. The standard form should indicate which isolation measures the patient needs and which individual protection measures are recommended during transportation. See **Annex 4 - Form of Infection Prevention and Control for Transportation (sample).** Emergency personnel may request medical staff to fill out a form in advance, before contacting the patient. Later, upon arrival, this form may be transmitted to the staff of the receiving institution. The form of infection prevention and control can be modified according to the requirements of the institution.

The purpose of timeliness and accuracy of infection prevention and control communication is to ensure safety of the emergency medical care personnel and the staff of medical facility, as well as patient’s safety. In addition, the introduction of a safe culture of infection prevention and control will reduce the spread of infection outside the clinic.

If the emergency medical care personnel is interested to know more about infection prevention and control procedures, or have questions regarding specific infections and pathogens, isolation measures and signs indicating them, and also the need for vaccination, they should contact the employer, in the EMC system coordinator or infection prevention and control staff.

**For drip isolation** (among them new coronavirus COVID-19 infection) - isolate the driver of the ambulance from the patient's section. Interlock door / window must be tightly closed. Whenever possible, use vehicles with isolated sections for the driver and the patient, equipped with separated ventilation system for both zones.

Firmly close the door / window between cases before placing the patient into the vehicle.

Ventilation during transportation should not be in the recirculation mode, maximum airflow will reduce the number of potentially infected particles in the vehicle.

If the car is equipped with a rear exhaust ventilation, use it to direct airflow from the driver's cab - to the patient care area and to the rear exit door of the vehicle.

Some of the vehicles are equipped with HEPA filters, which increases the air exchange per hour.

If there is no possibility in the vehicle to separate the driver's space and ventilate this space separately, open the exterior ventilation openings in the driver's seat area and turn the rear exhaust vent to maximum power, thus creating negative pressure in the patient's care area.

# **Annex** 1.

# **Ambulance Car Wash and Disinfection Questionnaire**

|  |
| --- |
| **Cleaningthe Transportation Mean after Each Patient** |
| **Done** | **Action** |
| □ | Potentially infected medical material is placed in a clearly labeled biosafety container or bag  |
| □ | Carefully place the sharp objects in the sharp objects container |
| □ | Clean and disinfect all tools / instruments / apparatus used for patient care (see Annex 2) |
| □ | Upon request, clean and disinfect the patient area of the vehicle and the driver's cab |
| □ | Refill vehicle supplies as needed |
| □ | **If the vehicle is heavily contaminated, it should no longer be used for work and must be cleaned in accordance with procedures of your agency.**  |
| **Routine Scheduled Cleaning / Cleansing** |
| **Done** | **Action – Patient’s Section** |
| □ | Take out all the tools / instruments / apparatus and sweep the space; Clean and carry out disinfection |
| □ | Remove the stretchers; clean and disinfect all components including mattresses and seat belts  |
| □ | Remove the vacuum pump mounted on the wall; clean and disinfect |
| □ | Empty boxes and shelves; clean and disinfect all surfaces |
| □ | Clean, disinfect, and dry all objects on the surface before returning to the boxes or shelves; Check whether they are damaged and expired; repair / replace as needed. |
| □ | Sweep, clean with a vacuum cleaner, clean and disinfect the floor |
| □ | Clean and disinfect seats and belts |
| □ | Clean and disinfect inner surfaces, including ceiling and walls  |
| □ | Empty, clean and disinfect waste containers  |
| □ | Clean inner windows |
| **Done** | **Action – Driver’s Section** |
| □ | Remove all devices from the front of the vehicle. |
| □ | Sweep and clean the floor with a vacuum cleaner. |
| □ | Clean and disinfect all interior surfaces - including walls, doors, radio equipment, windows and tool panels  |

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# **Annex** 2.

# **Standards for** [**Emergency Car Equipment Cleaning**](#_Toc32356359)

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| **Vehicle Equipment – In Contact with the Patient** |
| **Equipment** | **Standard** | **Frequency of Cleaning** | **Additional Considerations** |
| Stretchers | All parts must be visually clean, free of any traces of blood, body fluids, dust, dirt, debris, or leak  | After using for each patient |  |
| Immobilizer board / head restraint | All parts must be visually clean, free of any traces of blood, body fluids, dust, dirt, debris, or leak | After using for each patient |  |
| Transport bench and other hand - held equipment  | All parts must be visually clean, free of any traces of blood, body fluids, dust, dirt, debris, or leak  | After using for each patient |  |
| All medical devices for multiple use (eg heart monitor, defibrillator, artificial respirating unit, etc.) | All parts must be visually clean, free of any traces of blood, body fluids, dust, dirt, debris, or leak  | After using for each patient |  |
| Mattresses of stretchers | All parts must be visually clean, free of any traces of blood, body fluids, dust, dirt, debris, or leak  | After using for each patient |  |
| Pillows | All parts must be visually clean, free of any traces of blood, body fluids, dust, dirt, debris, or leak  | After using for each patient |  |
| Linen | All parts must be visually clean, free of any traces of blood, body fluids, dust, dirt, debris, or leak | After using for each patient |  |
| Passenger chair - fabric linen | All parts - including seat belts and surface under the chairs - must be visually clean, free of blood, body fluids, dust, dirt, debris, or leak. | After using for each patient | Replace seat belts if they are heavily contaminated with blood or body fluidsDisrupted or damaged seat cushions must be replaced  |
|  |  |  | Clean with the vacuum cleaner and / or with shampoo, if it is necessary |
| Passenger’s chair - with vinyl cover | The cussion must not be damagedAll parts - including seat belts and surface under the chairs - must be visually clean, free of blood, body fluids, dust, dirt, debris, or leak. | After using for each patient | Replace seat belts if they are heavily contaminated with blood or body fluidsDisrupted or damaged seat cushions must be replaced |
| Medical gas equipment | All parts - Including valves and cylinders - must be visually clean, free of blood, body fluids, dust, dirt, debris, or leak  | After using for each patient | Replace disposable items after each use |
| Computer hardware | All parts must be visually clean, free of any traces of blood, body fluids, dust, dirt, debris, or leak | Daily and after each use; especially if used when treating a patient |  |

|  |
| --- |
| **Vehicle Equipment – Without Contact with the Patient** |
| **Equipment** | **Standard** | **Frequency of Cleaning** | **Additional Considerations** |
| Respond kits and bags | All parts must be visually clean, free of any traces of blood, body fluids, dust, dirt, debris, or leak | Bags brought into patient care area should be systematically cleaned after each use - Special attention must be paid if it is contaminated with blood or body fluidsIntensively used bags should be rinsed once a week or once a month | All bags in the emergency vehicle must be made of cleanable materialAny bag heavily contaminated with blood or body fluids should be disposed |
|  |  | Less intensively used bags should be rinsed once every two months |  |
| Portable devices(e.g., radios and cell phones) | All parts must be visually clean, free of any traces of blood, body fluids, dust, dirt, debris, or leak  | Once a day and in case of contamination |  |
| Sharp objects container | All parts must be visually clean, free of any traces of blood, body fluids, dust, dirt, debris, or leak  | Once a week and in case of contamination |  |

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| --- |
| **Vehicle – Static Parts of Interior and Exterior** |
| **Equipment** | **Standard** | **Frequency of Cleaning** | **Additional Considerations** |
| General view - exterior | The exterior of the car should always be clean. No traces of blood or body fluids are allowed | It should be routinely cleaned once a week, or by weather  | If, due to a busy work schedule, cleaning exterior is not possible, minimum standards of cleanliness must be consistent with health and safety requirements (eg., *windows, shields, mirrors, reflectors, number plates).* |
| General view - interior | The area should be neat, well-groomed, with appropriate furniture; without overloadingNo traces of blood or body fluids are allowed | Between patients, daily and thoroughly once a week | Clean all surfaces that the patient has touched and that may be contaminatedThe crew should regularly clean the car floorRemove all moving items and consumables |
| Ceiling | All parts must be visually clean, free of any traces of blood, body fluids, dust, dirt, debris, or leak | Once a week | If contaminated, clean as quickly as possible |
| Cabinets, drawers and shelves | All parts, including interior, must be visually clean, free of any traces of blood, body fluids, dust, dirt, debris, or leak | Once a week | If contaminated, clean as quickly as possible |
| Items dispensers | All parts of the dispenser, including the bottom, must be visually clean, free of any traces of blood, body fluids, dust, dirt, debris, or leak | Once a day, and if contaminated, clean as quickly as possible | Liquid dispenser lip should not be filled with liquid residue and should not contain fluid inlets |
| Electric switches, sockets and thermostats | All parts, including the bottom, must be visually clean, free of any traces of blood, body fluids, dust, dirt, debris, or leak | Once a week, and if contaminated, clean as quickly as possible |  |
| Hardware consoles / fasteners | All parts of the consoles, including the bottom, must be visually clean, free of any traces of blood, body fluids, dust, dirt, debris, or leak | Once a week, and if contaminated, clean as quickly as possible |  |
| Fire extinguisher | All parts, including bottom, must be visually clean, free of any traces of blood, body fluids, dust, dirt, debris, or leak | Once a week, and if contaminated, clean as quickly as possible |  |
| Floor | All the floor, including all edges, corners and surfaces, must be visually clean, free of any traces of blood, body fluids, dust, dirt, debris, or leak  | Once a day and when very dirty or contaminated with blood and / or other biological fluids  |  |
| Stretchers locking clamp / chair locking clamp fixed on the floor  | All parts, including bottom, must be visually clean, free of any traces of blood, body fluids, dust, dirt, debris, or leak | Once a week, and if contaminated, clean as quickly as possible |  |
| Handles | All parts, including bottom, must be visually clean, free of any traces of blood, body fluids, dust, dirt, debris, or leak | Clean all handles touched after each patientClean all handles once a week |  |
| Heating / Ventilation grilles | All parts, including bottom, must be visually clean, free of any traces of blood, body fluids, dust, dirt, debris, or leak | Once a week, and if contaminated, clean as quickly as possible |  |
| Walls | All the surfaces of the walls must be visually clean, free of any traces of blood, body fluids, dust, dirt, debris, or leak  | Once a week, and if contaminated, clean as quickly as possible  |  |
| Windows | All surfaces of the interior must be free of any bodily fluids, dust, dirt, debris, leak or traces of sticky tape.Standard cleanliness should be maintained systematically | Once a week, and if contaminated, clean as quickly as possible |  |
| Working surfaces | All surfaces must be visually clean, free of any traces of blood, body fluids, dust, dirt, debris, or leak | After using for each patient |  |
| Waste bins  | Waste bins, including the lead, must be visually clean, free of any traces of blood, body fluids, dust, dirt, debris, or leak  | Once a day, and if contaminated, clean as quickly as possible |  |

#  **Annex** 3.

# **Instruction for Patient Isolation in an Ambulance**

|  |  |  |  |
| --- | --- | --- | --- |
| **Action** | **Contact Safety Measures** | **Drip Safety Measures** | **Safety Measures during Airborne Infections**  |
| **All persons** Entering the room (medical care personnel and parents / visitors | Hand hygiene GownGloves | Hand hygieneMask |  Hand hygieneN 95 respirator |
| **Patient**When preparing for transportation and during the transportation process | Clean gown of the patientClean sheet of the patient (and not the sheet taken from the bed) | Clean gown of the patientClean sheet of the patient (and not the sheet taken from the bed)Mask(If the patient is unable to use a mask, cover the nose / mouth with sheet; the sheet can be removed after getting into an ambulance)  | Clean gown of the patientClean sheet of the patient (and not the sheet taken from the bed)Mask(the mask used during the procedure, and not N95, if the patient is unable to use a mask, cover the nose / mouth with sheet; the sheet can be removed after getting into an ambulance) |
| **Medical personnel**During the transportation process | Hand hygieneUse gloves during the contact with patient | Hand hygienePut the mask if the patient does not wear the mask | Hand hygienePut the sufficient mask or respirator if the patient does not wear the mask |
| **Family members** | Ask them to wash their hands or use jelly, they do not need IDS |
| **All persons** Enter the room to your destination(Medical staff and parents / visitors) | Hand hygieneGownGloves | Hand hygiene Mask | Hand hygiene N 95 respirator |

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