



COVID-19

COVID-19: Road ambulance transfer of patients, Aotearoa New Zealand

12 September 2022

Purpose

This document is a national guideline for the road transport of patients, including suspected and confirmed COVID-19 positive patients. It aligns with Government recommendations and is subject to continuous review.

The document is intended to inform decision-making by health professionals about the transfer of patients by road ambulance. It will help to ensure the health and safety of staff undertaking work in this environment. It deals with the potential for ambulance resources to be overwhelmed and aims to help with maintaining sufficient capacity and capability to respond to wider demands on the transfer service.

Evidence about the risk of transmission of SARS-CoV-2 associated with airway and ventilation procedures continues to evolve. This guideline represents current safe practice at the time of publication. Reviews and discussions within the sector are ongoing, and they will trigger guideline updates.

Overall considerations

Where high acuity patients clearly require inter-hospital transfer via rotary wing transportation for clinical reasons, this form of transport should be requested. However, where clinically safe and feasible, medical staff are encouraged to consider road transport prior to fixed wing transport, and fixed wing transport before rotary wing transport for all patient transfers (irrespective of COVID-19 status).

This decision-making process will help reduce the risk of transmission of infection and preserve limited aeromedical resources (particularly air ambulance helicopters) to meet clinical demands.

Strict attention to mask fit and circuit integrity is necessary.

Medical therapies

Pre-hospital and interhospital guidelines on the medical management of COVID-19 patients should be followed by the respective teams. All personnel operating in ambulances should follow the current version of the COVID-19 Infection Clinical Practice Guideline. Focus should be on clinically safe, high quality and supportive care.

Infection prevention and control/personal protective equipment (PPE)

Vaccination, infection control measures and appropriate PPE significantly reduce the risk of transmission from patient to staff when transferring a COVID-19 positive patient. Hand hygiene using an alcohol-based hand sanitiser frequently is an effective way to reduce risk. The use of gloves does not replace the need to perform hand hygiene. Care and attention should be applied when doffing and disposing of used PPE to avoid risk of self-contamination.

Standard and Transmission-based precautions should be applied at all times.

The incidence of occupational infections in ambulances should be zero.

PPE for clinical crew treating known or suspected COVID-19 patients

- P2/N95 particulate respirator (Staff should have been fit tested and know how to fit check their respirator each and every time they don a respirator).
- Eye protection (Face shield or goggles¹ - prescription glasses are not considered eye protection).
- Gloves.
- Long sleeved gown or apron (if blood or body fluid exposure anticipated).

NB Personnel must maintain awareness that communications may be impaired when wearing respiratory protection and take measures to manage this risk.

PPE recommendations for patient

- A medical mask should be worn by patients if tolerated and does not compromise or worsen medical conditions. Consider placing a medical mask over an oxygen mask or nasal prongs.

Environmental controls

- Keep cab well ventilated, windows can be opened (weather dependent).
- Ventilate the vehicle to the outside while operating- mechanical ventilation units should be set to enable air flow from the outside, from the cabin (front) to the rear of vehicle in non-recirculation mode setting. This will be dependent on the type of ventilation system installed.
- Isopods and Epishuttles are not recommended for COVID-19 transfers.

PPE breach

Any significant PPE breach during transport must be followed by an assessment of the breach and a risk assessment and mitigation strategy. This should involve establishment of the contamination risk based on patient factors and the likely staff exposure caused by the breach.

In healthcare settings (including ambulance services), responsibility for advice for the management of staff in relation to their exposure to COVID-19, including advice around their return to work, sits with hospital occupational health teams and/or Public Health Units. Occupational health teams at hospitals and/or Public Health Units should provide advice on how to manage workplace exposures according to guidance provided

¹ Face shield or goggles can be re used following cleaning/disinfection. Recommend that clinical crew have their own designated eye protection and ensure it is fit for purpose eg, not damaged or heavily contaminated).

in the document 'Risk Assessment and Categorisation of Healthcare Workers Exposed to COVID-19'. This guidance is available to occupational health teams at hospitals and Public Health Units and is updated regularly.

Ambulance equipment and cleaning

Procedures already in place for ambulance cleaning following transport of a patient with an infectious illness such as influenza are sufficient. Following cleaning and disinfection, the ambulance is 'good to go' once all surfaces are dry.

The use of disposable equipment where possible is preferred, to avoid cross-contamination.

Local guidelines

This advice is general. Refer also to your organisational guidelines (eg, St John, Wellington Free Ambulance, hospitals).

References: St John and Wellington Free Ambulance guidelines.