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| **Collection and Transportation of Patients with or suspected of having Airborne High Consequence Infectious Diseases (AHCID eg COVID-19) from External Sites to the MRC Fajara** |
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| Standard operating procedure  | SOP-AIR-004 | 17 Feb 2020 |

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\* to be hand-written to indicate approval

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# Purpose

* 1. This procedure describes the collection and ambulance transportation of patients with, or suspected of having, Airborne High Consequence Infectious Diseases (AHCID) from external sites to the MRC Fajara.

# Scope

2.1 This SOP MUST be enforced for ALL staff handling and managing patients with or suspected of having AHCID.

# Responsibilities

3.1 The head of Clinical Services department (CSD) is responsible for the oversight and running of the clinical services department in which the TC is sited.

3.2 The lead AHCID doctor is responsible for training and overseeing the adherence to this SOP

3.3 All TC staff are required to observe all the applicable practices and procedures detailed in the SOP, attend training/drill sessions and report all incidents/accidents to the AHCID lead doctor.

3.4 The head of transport is responsible for ensuring that a suitable vehicle, properly equipped, with a trained driver is available for transporting an EVD patient.

# Procedure – collection (retrieval) or transfer

**Good communication with the unit where the patient is being held or transferred to is essential, as this will determine the nature of the team that is sent to retrieve. This must be established early and rechecked prior to departure of the ambulance. If the patient is well, able to mobilise themselves and get in and out of a car and doesn't need oxygen then follow procedure 4a. If the patient is weak, unable to mobilise then follow procedure4 b.**

**If the patient is being transferred from MRC to another centre it is important to liaise with the staff there to ensure that they have staff suitably dressed in PPE to meet the ambulance.**

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| **Section** | **Description** **Retrieval/transfer of a patient who is ambulant (able to walk and not needing oxygen)** | **Person(s) Responsible** |
| **4a.1** | **Equipment and personnel needed** |  |
| 4a.1.1 | **Equipment needed**1. Specially converted MRC ambulance with a partition between patient and driver. Empty the rear of the ambulance of all equipment except 2 chairs and a stretcher.
2. Two sets of PPE (see SOP-AIR-001).
3. A bucket with 200mls of 10% bleach solution.
4. A hand held sprayer and the heavy duty sprayer.
5. Alcohol rub
6. A roll of blue paper towel.
7. Extra gloves, and masks (FFP2 respirator and surgical).
8. Waste bags.
 | TC and Transport Staff |
| 4a.1.2 | **Personnel involved**1. One ambulance driver
2. One lead nurse. Should put on full PPE on arrival at the facility.
3. One secondary nurse. This nurse will ensure that the PPE is put on correctly. They can also liaise with the hospital staff to receive any documentation concerning the patient. If a patient being retrieved turns out to be more ill than expected, this nurse will don the second pair of PPE and the procedure for 4b will be followed.
 | CSD Head and Head of Transport |
| **4a.2** | **Procedure for patient collection and transport** |  |
| 4a.2.1 | The driver parks the vehicle at the entrance of the facility where the patient is to be collected from. | Driver |
| 4a.2.2 | The patient is given a surgical mask to wear and alcohol hand rub to thoroughly clean hands and forearms. They should be instructed that if they need to cough they should cough into the mask with their elbow raised to their mouth. They should be given alcohol rub if they cough or wipe their mouth/nose. Any tissues used should be placed directly in the waste bags. | TC Staff |
| 4a.2.3 | The patient should walk to the ambulance and enter the rear doors sitting down in the stretcher.  |  |
| 4a.2.4 | The escort (only one), if present and wishing to accompany the patient, is given a surgical mask and alcohol hand rub to thoroughly clean hands and forearms.  | TC Staff |
| 4a.2.5 | The driver should remain in the car. If they must get out they should remain at least 2m away from the patient or their escort.  | Driver |
| 4a.2.6 | The bucket with 200mls of 10% bleach solution is put in the rear of the ambulance in case the patient needs to vomit, defecate or urinate. | TC Staff |
| 4a.2.7 | The lead nurse sits in with the patient and the escort if present in the partitioned area at the rear of the ambulance. | Lead Nurse |
| 4a.2.8 | The secondary nurse sits in the front with the driver. | Secondary Nurse |
| 4a.2.9 | The secondary nurse communicates to the AHCID doctor in charge **30 minutes** before arrival so that on call nurses & doctor can put on their PPE ready to receive the patient on arrival. | Secondary Nurse |
| 4a.2.10 | On arrival at the TC, a nurse and doctor in PPE open the back door and **assist** the patient to leave the vehicle. ***If the vehicle is transporting the patient from MRC to another centre it is important that this part is discussed with the receiving centre so that they have suitably trained and dressed staff available to meet the car***. | TC Staff |
| 4a.2.11 | The lead nurse can doff her PPE | Lead nurse |
| 4a.2.12 | The secondary nurse hands over to the clinical team. | Secondary nurse and TC |
| 4a.2.13 | The driver then takes the vehicle to the specified area for cleaning by trained drivers or vehicle cleaners following the MRC SOP-AIR-005. This must happen every time an AHCID suspect is transported. ***Under no circumstance should the vehicle be used to transport any other person before it is cleaned.*** | Driver |
| 4a.2.14 | The driver washes his hands thoroughly with soap and water. | Driver |
| **4b** | **Retrieval/transfer of a patient who is not-ambulant (cannot walk) or needing oxygen** | **Person(s) Responsible** |
| **4b.1** | **Equipment and personnel needed** |  |
| 4b.1.1 | **Equipment needed**1. Specially converted MRC ambulance with a partition between patient and driver. Empty the rear of the ambulance of all equipment except 2 chairs and a stretcher.
2. Two sets of PPE (see SOP-AIR-001).
3. A bucket with 200mls of 10% bleach solution.
4. A hand held sprayer and the heavy duty sprayer.
5. Alcohol rub
6. A roll of blue paper towel.
7. Extra gloves, and masks (FFP2 respirator and surgical).
8. Waste bags.
9. Oxygen concentrator (check that it is working)
10. Nasal prongs
11. Non rebreather mask and tubing
12. Oxygen saturation machine (check that it is working)
 | TC and Transport Staff |
| 4b.1.2 | **Personnel involved**1. One ambulance driver.
2. One lead nurse. Should put on full PPE on arrival at the facility.
3. One secondary nurse. Should put on full PPE on arrival at the facility.
 | CSD Head and Head of Transport |
| **4b.2** | **Procedure for patient collection and transport** |  |
| 4b.2.1 | The driver parks the vehicle at the entrance of the facility where the patient is to be collected from. | Driver |
| 4b.2.2 | The nurses should ensure that the oxygen concentrator is working and connect appropriate tubing to the needs of the patient as verbalised to them in information prior to travel. |  |
| 4b.2.3 | The patient is given a surgical mask to wear and alcohol hand rub to thoroughly clean hands and forearms. They should be instructed that if they need to cough they should cough into the mask with their elbow raised to their mouth. They should be given alcohol rub if they cough or wipe their mouth/nose. Any tissues used should be placed directly in the waste bags.If the patient requires oxygen via nasal prongs, they should have this provided but can still wear the mask.If the patient requires facemask oxygen then the mask is not needed. | TC Staff |
| 4b.2.4 | The patient should be helped by the 2 nurses in PPE into the stretcher. The 2 nurses should bring the stretcher to the ambulance and load it inside. | TC staff |
| 4b.2.5 | The patient may need to be disconnected from the oxygen for the distance of travel to the car. If portable oxygen is available to transfer the patient to the car this can usually be laid down in the stretcher next to the patient. | TC staff |
| 4b.2.6 | The driver should remain in the car. If they must get out they should remain at least 2m away from the patient or their escort.  | Driver |
| 4b.2.7 | Escorts, if present, cannot accompany in the ambulance. | TC Staff |
| 4b.2.8 | The patient, on the stretcher, should be loaded into the car. |  |
| 4b.2.9 | The bucket with 200mls of 10% bleach solution is put in the rear of the ambulance in case the patient needs to vomit, defecate or urinate. | TC Staff |
| 4b.2.10 | The lead nurse and the secondary nurse sit in with the patient in the partitioned area at the rear of the ambulance. | Lead Nurse |
| 4b.2.11 | Prior to leaving, the driver communicates to the AHCID doctor. **30 minutes** before arrival the driver stops the car to communicate again with the AHCID doctor so that on call nurses & doctor can put on their PPE ready to receive the patient on arrival. | Secondary Nurse |
| 4b.2.12 | On arrival at the TC, a nurse and doctor in PPE open the back door and take the stretcher withthe patient from the vehicle. ***If the vehicle is transporting the patient from MRC to another centre it is important that this part is discussed with the receiving centre so that they have suitably trained and dressed staff available to meet the car***. | TC Staff |
| 4b.2.13 | The lead and secondary nurse doff their PPE prior to handing over to the clinical team. | Lead & secondary nurse |
| 4b.2.14 | The driver then takes the vehicle to the specified area for cleaning by trained drivers or vehicle cleaners following the MRC SOP-AIR-005. This must happen every time an AHCID suspect is transported. ***Under no circumstance should the vehicle be used to transport any other person before it is cleaned.*** | Driver |
| 4b.2.15 | The driver washes his hands thoroughly with soap and water. | Driver |

# Appendices

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| **Appendix number** | **Title** (as referenced on the appendix) |
| Appendix 01 | Document Version History |

# Attachments

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| **Attachment number** | **Title** (as referenced on the attachment) |
| None |  |

# References

**Appendix 01 Document Version History**

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