Training of Ambulance Personnel on COVID-19 response

National Health Mission
Deprt. of Health & Family Welfare
Govt. of Odisha
Training Need

• EMT /Driver of Ambulance to be oriented about common signs and symptoms of COVID-19 (fever, cough and difficulty in breathing).

• Donning and doffing of PPE

• Infection prevention protocols

• Triaging and identifying COVID-19 suspects based on their signs and symptoms

• Decontamination of Ambulance
• Patient Care Record (PCR) to be maintained.
Major concern: How easily does it spread?

- The virus that causes COVID-19 seems to be spreading easily and continually.
- Large community spread is seen only in some affected geographic areas like China, Republic of Korea, Iran, Italy, Hong Kong, etc.
Why there is so much panic?

The lack of verified facts and floating rumours are to be blamed for this panic. The most important thing is when a virus is new, we don’t know how it may affect people.
What do we know about COVID-19?

**Incubation Period**
1-14 days (median 5-6 days)

**Increased risk**
- Elderly
- With pre-existing conditions & underlying diseases (heart disease, lung disease, and diabetes)
- Poor immunity

**Modes of transmission**
- Droplets sprayed by affected individuals
- Contact with patient respiratory secretions
- Contact with contaminated surfaces and equipment

**Vectors of transmission**
- Human to human

**Treatment**
- Currently no available treatment or vaccination
- Only supportive measures
Illness seems to start with a **fever**, followed by a **dry cough** and then, after a week, leads to **shortness of breath** and some patients needing hospital treatment.

Reported illnesses range from mild symptoms to **severe illness** and **death** for confirmed COVID-19 cases.
Emergency warning signs for COVID-19

- Difficulty in breathing or shortness of breath
- Persistent pain or pressure in the chest
- Confusion or inability to arouse
- Bluish lips or face

If above signs present, the person must get immediate medical attention. So far, the death rate from the COVID-19 virus is about 3%. However, this may change over time.
How does COVID-19 spread?

- The virus is thought to spread mainly:
  - Between people in close contact
  - Via respiratory droplets when a person coughs / sneezes (Droplets can land in mouths or noses of people nearby or possibly be inhaled into lungs)
  - Via contaminated surfaces / objects - May be possible that a person can get COVID-19 by touching a surface, then touching their own mouth, nose, or possibly eyes

COVID-19 is thought to spread mainly from person-to-person contact.
## Risk assessment for Ambulance staff

<table>
<thead>
<tr>
<th>Activity</th>
<th>Risk</th>
<th>Recommended PPE</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transporting patients not on any assisted ventilation</td>
<td>Moderate risk</td>
<td>N-95 mask</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Gloves</td>
<td></td>
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<tr>
<td>Management of SARI patient while transporting</td>
<td>High risk</td>
<td>Full complement of PPE</td>
<td>When aerosol generating procedures are anticipated</td>
</tr>
<tr>
<td>Driving the ambulance with mild symptoms and driver &amp; patient are separated</td>
<td>Low risk</td>
<td>Triple layer medical mask</td>
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<tr>
<td></td>
<td></td>
<td>Gloves</td>
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</tbody>
</table>
Standard precautions:

- This is based on the principle that all blood, body fluids, secretions, excretions (except sweat), non-intact skin, and mucous membranes may contain transmissible infectious agents.

They are:
- **Hand Hygiene**: This includes both hand washing with either soap and water, and use of alcohol-based products that do not require the use of water. It is important to ensure the availability of hand rub products at all times in the ambulance to ensure hand hygiene compliance.
RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

Duration of the entire procedure: 20-30 seconds

1. Apply a palmful of the product in a cupped hand, covering all surfaces;
   Rub hands palm to palm;

2. Right palm over left dorsum with interlaced fingers and vice versa;
   Palm to palm with fingers interlaced;

3. Backs of fingers to opposing palms with fingers interlocked;

4. Rotational rubbing of left thumb clasped in right palm and vice versa;
   Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

5. Once dry, your hands are safe.
Decontamination of ambulance

• To minimize the risk of transmission, if ambulances are bringing COVID or suspect patients, such vehicles need to be quarantined for thorough cleaning and disinfection and should only be released after certification by EMT.

• Since drivers oversee the decontamination process they should be made aware.

• All surfaces that may have come in contact with the patient or materials contaminated during patient care (e.g., stretcher, rails, control panels, floors, walls and work surfaces) should be thoroughly cleaned and disinfected using 1% Sodium Hypochlorite solution.

• Clean and disinfect reusable patient-care equipment before use on another patient with alcohol based rub.

• Cleaning of all surfaces and equipment should be done morning, evening and after every use with soap/detergent and water.   Contd....
• Decontamination of Ambulance needs to be performed every time, if a suspect/confirmed case is transported.
• Gloves and N-95 masks are recommended for sanitation staff, cleaning the ambulance.
• Disinfect (damp wipe) all horizontal, vertical and contact surfaces with a cotton cloth saturated (or microfiber) with 1% sodium hypochlorite solution. These surfaces include: stretcher, Bed rails, Infusion pumps, IV poles/Hanging IV poles, Monitor cables, telephone, Countertops, sharps container. Spot clean walls (when visually soiled) with disinfectant-detergent and windows with glass cleaner. Allow contact time of 30 minutes and allow air dry.
• Damp mop floor with 1% sodium hypochlorite disinfectant.
• Discard disposable items and Infectious waste in a Bio/Hazard bag. The interior is sprayed with 1% sodium hypochlorite. The bag is tied and exterior is also decontaminated with 1% sodium hypochlorite and should be given to the hospitals to dispose of according to their policy.
• Change cotton mop water containing disinfectant after each cleaning cycle.
• Dispose the glove and hand wash
Thank You
References:
