



LFOM Infectious Patient Ground Transport Process List For Clinical Crews

AT BEGINNING OF SHIFT	
Ensure personal PPE pack is available and stocked	
Ensure availability of disinfectant wipes or spray	
Identify where to put your ID/credit card/cash when you change into scrubs	
Gather Personal PPE Kit into Ziploc bag:	
2 Pair Scrubs	1 pair of Safety glasses
2 N95 masks (correct size)	1 Face shield
1 Surgical mask with eye shield (Vehicle decon)	1 Surgical mask
1 coverall (if available, gown if not)	1 Bouffant/surgical cap/hair cover - optional
1 gown (for vehicle decon)	4 Pair of gloves
1 pair Boot/shoe covers - optional	1 biohazard bag for doffing PPE
2 Ziploc bags (1 for cell phone, 1 for personal items removed, jewelry etc.) Hair tie if needed	

When Dispatched for infectious disease call	
Critical Care Transport crew with NLMT employee gather at ambulance to brief process	
Ensure NLMT crew has correct and appropriate PPE and will wear appropriately	
Ensure all crews have PPE available and assess for any needed education or reminders for donning and doffing	
Review loading procedures and expectation of crew members with entire crew	
Consider any equipment needs and if anything can be removed and left at base	

Arrival at SENDING FACILITY	
Review and assign roles if not already done	
Review plan of loading with crew	
Ensure needed equipment is packaged and equipment not anticipated to be needed is secured and protected from contamination potential.	
Ensure cab is isolated with door closed between patient compartment and driver's compartment	
If possible, EMT's should refrain from making contact with patient to include assisting with movement, carrying contaminated equipment, and loading and unloading of patient.	
If EMT is needed to assist with anything that could potentially contaminate them, full PPE that matches the level of the CCT crew would be required	
Outside of the patient's room, crew should assess needs and receive report. Plan for patient contact and care should be made.	
Ensure necessary paperwork is present and protected	
Remove any necessary equipment and close equipment bags	

Don PPE per procedure and make sure to assess partner for proper application
Once CCT crew is in full PPE. the EMT should be used to assist opening and closing of doors for CCT crew to mitigate the potential for contaminating touch surfaces. These include vehicle doors as well as doors/elevators at sending facility
If EMT assisted in loading the patient all PPE except for N95 mask should be doffed followed by hand hygiene before closing doors of the vehicle.
Load and secure patient into ambulance
Ensure exhaust fan is on for transport.
Driver compartment fan (heat/AC/Vent) should be on normal (no MAX or recycle modes)

Arrival at receiving hospital and unloading patient	
EMT, who still had N95 on, dons gloves and exits cab to open doors for CCT crew	
CCT crew to unload ambulance stretcher	
If determined by CCT crew that assist is needed by EMT or others, that staff should don PPE equivalent to CCT crew	
Ambulance should be left open to air for 30 minutes and should be marked as dirty	
If able, EMT should stay with ambulance to ensure that nobody enters the contaminated vehicle	
Once unloaded, EMT or hospital escort should lead crew to patient room. All doors and access should be accomplished by the individual that has not contacted the patient to ensure there is no inadvertent contamination of touch surfaces	
Upon arrival to patient room, standard patient handoff should occur	
Once report given and questions answered, CCT crew should decon stretcher and equipment, then doff PPE (except N95 mask) observing one another, PPE should be gathered from receiving facility to wear during decon of ambulance.	
See ambulance decon checklist for decon process	