

## **Ambulances and Care Vans**

These recommended guidelines should be implemented by individuals such as ambulance personnel, care van drivers and others when transporting a person known to be infected or colonized with a multiply-resistant organism in non-emergency situations. The use of standard precautions for contact with all patients is strongly encouraged.

### ***Guidance for the discharging facility:***

The following infection-control measures should be taken to prevent the transmission of multiple-resistant organism to other patients or persons who will subsequently be using the care van, ambulance or associated equipment.

1. The discharging facility must notify the transportation staff of the person's infection/colonization with a multiply-resistant organism and, as indicated, the presence of wounds or continence status (bowel and urine).
2. The person being transported should wash/decontaminate his/her hands. Assist the patient/resident if he/she is unable to do this on his/her own. An alcohol-based antiseptic appropriate for hand disinfection may be used if the hands are not visibly soiled.
3. Wheelchairs should be cleaned and disinfected between patients or if visibly soiled.
4. Masks and eye protection are not routinely necessary. They are indicated according to standard precautions where a splash or spray could be anticipated (i.e., suctioning or wound irrigation). Patients with a respiratory infection or a tracheotomy should wear a mask or cover the tracheotomy site when transported. If this is not possible, the attendant may wear a mask.

### ***Guidance for the ambulance and care van staff:***

1. Separate Conveyance
  - Transport an infected/colonized patient separately when possible.
  - If transporting multiple patients, physically separate these persons as much as possible while in the same vehicle.
2. Handwashing/Hand Hygiene Should Occur After:
  - Having direct contact with persons known to be infected or colonized with multiple drug-resistant organisms using an alcohol-based hand rub or an antimicrobial soap (i.e., soaps or agents containing alcohol, iodophor, chlorhexidine gluconate, PCMX or triclosan) for at least 15 seconds. Hand hygiene should always occur after glove removal. See Appendix A.

- Use an alcohol-based hand rub appropriate for hand disinfection routinely in the absence of obvious soiling.

### 3. Gloves, Gowns and Masks

- Gloves should be worn when having direct contact with infected/colonized persons who have invasive lines (i.e., indwelling foley catheter), open wounds, diarrhea, incontinence, an ostomy, uncontrolled coughing or during direct contact activities (i.e., assisting in the transfer to a wheelchair, assisting with ambulating to a vehicle, or providing any personal cares).
- Gloves should be changed between procedures on the same patient or if moving between patient sites during care.
- Gloves should be worn to clean and disinfect vehicle surfaces when contaminated with blood or body fluids.
- Fluid-resistant gowns with sleeves should be worn if there is a risk of contamination with blood or body fluids (i.e., stool, urine, etc.).
- A mask is indicated when in close contact with an actively coughing patient whose respiratory secretions cannot be covered or contained.

### 4. Disinfection/Environmental Cleaning

- Use an EPA (Environmental Protection Agency) registered disinfectant on solid surfaces, including floors and furniture, in areas used by patients with a resistant organism. Special attention must be given to all surfaces that are routinely touched with gloved hands. See Appendix B.
- Wheelchairs and stretchers should be disinfected between patients. If visible soiling is evident, they must be cleaned with soap and water prior to disinfection.
- Items soiled with secretions/excretions from a person known to be infected or colonized with a multiply-resistant organism should be cleaned with soap and water and disinfected as soon as possible after the soiling occurs, and definitely before other individuals are transported in the same vehicle.
- Contaminated equipment should be discarded or cleaned and disinfected.

### 5. Linens

- Soiled linens should be washed separately in hot water with detergent and dried in the dryer.
- Linens must be changed between patients.

### 6. Waste Disposal

- Immediately dispose of waste soiled with secretions/excretions in a plastic-lined container. The bag must be sealed securely prior to disposal. Dispose of infectious/biohazardous material according to facility policy.