POLICY AND PROCEDURE FOR CARE OF PATIENTS WITH SUSPECTED OR CONFIRMED COMMUNICABLE DISEASES AND THOSE WHO ARE IMMUNO COMPROMISED

CGP 124

LINK TO POLICY

LINK TO PROCEDURES & FORMS

CONTENTS

1. POLICY INTRODUCTION

This policy and procedure is for care of patients with suspected or confirmed communicable diseases (including food poisoning) and for patients who are immune compromised. It provides the key requirements to ensure quality and safe patient care for controlling exposure to infectious materials, minimizing or eliminating exposures to communicable diseases and blood-borne pathogens, defining exposures and appropriate communication, documentation, reporting and tracking, maintaining an adequately decontaminated vehicle and appropriate medical equipment before and following patient transportation.

This policy and procedure should be referenced to and used in association with the appropriate sections in internationally recognized clinical practice guidelines, other clinical policies, procedures and patient care protocols approved and/or published by National Ambulance. It must be read and applied with the NA Infection Control Programme CGP129 and the definitions contained therein. This patient group may be very vulnerable, care and transportation requires careful planning and execution.

The policy and procedure also ensure compliance with regulatory requirements from Department of Health (DOH) or Ministry of Health (MOH).

This Policy is related to Management components of Leadership and Commitment and Continuous Improvement. Therefore, monitoring will be conducted through Occupational Health and Safety reporting system, routine clinical audits and investigative processes.

2. SCOPE

Care and management of a patient with a suspected or confirmed communicable disease (or food poisoning) or patient who is immune compromised is only to be performed by National Ambulance Clinical personnel within their scope of practice, clinical competencies and in accordance with their knowledge, experience and training and awarded clinical privileges.

This policy and procedure includes all elements of patient management for a patient with a suspected or confirmed communicable disease (including food poisoning) or patient who is immune compromised in the Emergency medical services environment to ensure best possible outcome for patients; it also includes guidance on communication and documentation to ensure comprehensive and accurate recording (and reporting where relevant) of all patient related activity takes place.

3. ROLES AND RESPONSIBILITIES

Chief Administrative & Medical Officer (CAMO) / Delegate is responsible for development of this Policy, any associated Education materials, review and revision of these and any Performance Indicators; they or their delegate should be available for advice and support for Managerial or Supervisory staff.

The Chief Operations Officer is responsible for the implementation and monitoring of this Policy

Clinical Governance and Audit Officer Works under the direction of the CAMO in facilitating the needs of this policy and procedure, assisting with the updating and implementation of it via the Infection Control Working Group

All Managers are responsible for ensuring that staff have induction in alignment with this Policy and Procedures and any associated Educational materials, for monitoring the applicability and ongoing implementation as well as raising any issues with the CAMO/COO and reporting or supporting reporting of any incidents or near misses through the QHSE system.
Reporting of the suspected or confirmed communicable disease must be completed in accordance with the Department of Health (DOH) or Ministry of Health (MOH) regulations and in accordance with the NA Infection control programme.

ACC Team Leader is responsible for notification as applicable i.e. Duty Manager, DOH/ MOH,

Duty Manager is responsible for seeking medical advice from delegate physician as required and to follow up on exposed clinicians including notification to employee line manager. If the line manager is out of hours, the Duty Manager will undertake follow up at the receiving hospital and welfare checks on the staff members involved

Employee Line Manager is responsible for ensuring that clinician who handled a patient with suspected or confirmed communicable diseases will follow the reporting prosses.

Employee is responsible for completing the QHSE reporting form

All staff that provide care for patients are responsible for acting according to this policy and procedures in accordance with their scope of practice. They are also responsible for ensuring that they read and understand the policies and procedures named in this document and that they attend or pursue any relevant training recommended by their supervisors. (i.e. eLearning and face to face training). Staff are responsible to report to the ACCTL and receiving hospital if they have been exposed to any communicable disease in case further testing or treatment is required

4. POLICY

Key points of this Policy are detailed in **Appendix E.** All Clinicians must act within their specified scope of practice and must possess the relevant qualifications, training, skills and experience to provide optimal clinical care. National Ambulance will ensure that all employees have access to suitable ongoing training to ensure they have the most relevant and up to date information.
All Clinicians must undertake the required specific face to face and eLearning courses that will enable them to provide optimum patient care.
All Patient assessment care and relevant transportation and documentation must be carried out in accordance with the following policies and procedures:

- CGP115 Patient Transportation Policy & Procedure.
- CGP119 Patient Care Record and Patient Care Documentation Policy & Procedure.
- CGP129 Infection Control Programme
- CGG103 Infection Prevention and Control Measures
- OPP120 Hazardous Materials Policy.
- QHP201 Risk Management Policy
- QHF202 QHSE Reporting form

Ensure scene and personal safety and patient safety minimizing risk of contact with pathogens or transmission of pathogens through environment and through use of PPE in accordance with Appendix A.

If the patient exhibits any potential communicable disease as listed on table 1 in Appendix B – there is a requirement to report to DOH as per the procedure in Appendix C and MoH as Appendix D.

Staff should minimize contact with other patients, public and non-essential staff and assign a designated clinician to the patient as well as limiting patient movement.

For these immunocompromised individuals, an infection is a life-threatening emergency. The immune system can be suppressed in a multitude of manners, e.g. cancer therapy, organ transplant immunosuppression, HIV, autoimmune disease i.e. systemic lupus erythematosus (SLE) etc. Neonates also often have reduced immune capabilities and they need due care and attention.

For inter-facility transport service there is no requirement to undertake DOH e-notification (as the hospital will have done this). There is also no need to complete the QHF202 if the situation is controlled and organised unless an incident occurs

Staff are required to complete all necessary documentation.

5. PROCEDURE

The below procedure must be followed to ensure quality and safe patient care (bold text indicates additional procedures for Clinicians when dealing with suspected/confirmed communicable disease)

1. Take full patient history. Patient history must be comprehensive and include questions regarding potential communicable disease contact, recent travel, recent medical treatment,

current medical treatment, recent food consumption. Communication and documentation/reporting are key elements of this policy.

2. **Use appropriate PPE and non-touch techniques with reference to the NA Infection control programme CGP129 when dealing with these patient groups and in accordance with any advice.**
3. If you are unsure and need advice regarding use of PPE you should consult the NA Ambulance Communications Centre Team Leader (ACCTL) on 02 596 8710 and act in accordance with Appendix A.
4. **Inform ACCTL that you have a patient with a suspected or confirmed communicable disease, if the patient is known to have compromised immunity or has suspected/confirmed case of food borne illness (especially if two or more patients present with similar illness that may have resulted from the ingestion of common food) and give updates and further information as required including assessment outcomes and management.**
5. Ensure that the patient care area has optimal ventilation but with doors closed whenever possible.
6. **Any person including family members that has contact with the patient must use PPE and practice hand hygiene.**
7. Manage patients as per standard BLS / ALS principles.
8. Assess and manage care of patient in accordance with National Ambulance approved Patient Care Protocols and NA Policies and Procedures.
9. Where possible use dedicated equipment for the patient and ensure single use equipment is not reused.
10. Document and communicate observations and actions in accordance with NA Policies and Procedures including any potential hazards that the patient, staff or public may have been exposed to.
11. In the event of a needle stick injury or exposure to a blood borne pathogen, notify the ACCTL. At the receiving hospital for the patient – staff are required to communicate the exposure and obtain the necessary care and testing. The patient will be consented by the receiving hospital to identify any blood-borne pathogens. You may be temporarily stood down from duty to receive the required immediate care
12. **Communicate your knowledge of the patient's status with all relevant organizations and care givers to ensure continuity of care and protection of patient and others. The Duty Manager may receive guidance by the delegate physician, and will guide you as to whether to receive care from the receiving hospital, continue duty or be removed from direct patient care to ensure you are asymptomatic +/- a diagnosis is received. Staff should remain vigilant of their potential infectious status**
13. **Document and communicate any adverse event, hazard or near miss on the relevant QHSE reporting form QHF 202. Ensure you include:**
    a. **If correct PPE's were donned**
    b. **If there was any body fluid contact**
    c. **If a deep clean was required and completed**

    If the correct PPE's were not donned and/or there was contact with body fluids of suspected or confirmed communicable disease,.
14. Dispose of clinical waste in accordance with relevant policies and procedures including the

Hazardous Materials Policy and Procedure OPP120.

15. Where possible clinical waste should be deposited at the receiving hospital in the medical waste assigned pin.
16. **Decontamination and deep cleaning of the vehicle and medical equipment following patient transport in accordance with the NA Infection Control Programme and the NA Hazardous Materials Policy and Procedure.**
17. NA staff must also review any additional information that may be relevant and take further action if there are positive findings.

FOR IMMUNOCOMPROMISED PATIENTS

If patient reports an immunocompromised status, care must be applied to reduce their exposure to pathogens. Maintaining a sterile environment is of critical importance with this group of patients. Adopt tasks in the above procedure whilst also having efforts to keep the patient environment free of microbes by undertaking the following:

1. Ambulance must always be in readiness (cleaned state) to receive patients of this nature
2. If you are dispatched to a known immunocompromised patient the stretcher must be wiped down with an alcohol wipe
3. Affording the patient use of barrier devices as an option should be considered where feasible
4. Treatment regimens should be conservative with regard to invasive procedures – without compromising patient care
5. Single-use medical sundries should be utilized
6. These patients should not be transported with other patients or unnecessary extra passengers
7. Frequent patient temperature monitoring is essential as it is an early indication of infection

If it is not possible to clean an ambulance fully during the time it is away from the base it must be returned to a station or location with sufficient facilities for cleaning to be completed to the required standard.

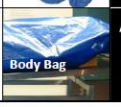
6. APPENDICES

APPENDIX A: INFECTION PREVENTION AND CONTROL MEASURES AND PPE'S QUICK REFERENCE GUIDE

CGG103 Infection Prevention and Control Measures

National الإسعاف
Ambulance الوطني

Infection Prevention and Control Measures

Precaution	Hand Washing	Sanitizer	Gloves	Waste Disposal	Eye Protection (Goggles or Face shield), Gown or Coverall Suit	Surgical Mask or N95 Mask	Shoe cover	Appropriate Body Isolation for each case will dictate what equipment you should wear. Any requirments outside of normal you must consult with ACC. N95 MASKS ARE ONLY TO BE USED WHEN PRECAUTIONS ARE REQUIRED, THEY ARE NOT TO BE USED FOR GENERAL CLEANING DUTIES
Standard					 **		Normal Patient Care ** This only used in case of outbreak contagious communicable disease	
Airborne							Tuberculosis, Measles, Chickenpox (until lesion are crusted over), Localized (in immunocompromised patient) or disseminated herpes zoster (until lesion are crusted over)	
Contact/ Droplets							Include: All suspected communicable disease All confirmed communicable diseases except COVID-19 & Haemorragic Fever	
COVID 19/ Hemorrhagic Fever								Confirmed COVID 19 / Hemorrhagic Fever (e.g. Ebola)
Deceased Patient						 **	 Body Bag	As per Deceased Protocol, avoid contamination with body fluid ** Coverall suit & N95 will be used in case of suspected /confirmed communicable disease

CGG103 Infection Prevention and Control Measures
Restricted Document وثيقة محظورة

October 2020 - Version 2

PPE's Quick Reference Guide

Exposure	Standard Precautions	Eye Protection	Surgical Gown	FFP3 Mask or N-95 Mask	Full Suit/ Coverall	Surgical mask worn by patient
Low risk of contact with body fluids (add eye protection if there is an outbreak)***	X					
High risk of contact with body fluids especially splash/spray	X	X	X			
Patient with suspected/known highly communicable disease e.g. Rabies, Meningitis, Mumps, Influenza, Polio	X	X	X	X		X
Patient with suspected/known high risk chronic respiratory illness e.g. Tuberculosis; Chickenpox, Measles, Herpes Zoster	X		X	X		X
Patient with suspected MRSA**, COVID-19/ high risk acute respiratory illness e.g. SARS*	X	X	X	X		X
Patient with confirmed COVID-19/ high risk acute respiratory illness e.g. SARS*; specific high risk communicable disease on outbreak e.g. Ebola	X	X		X	X	X

*Severe Acute Respiratory syndrome
**Multi-resistant Staphylococcus Aureus

APPENDIX B: MANDATORY NOTIFICATION

EXPOSURE TO INFECTIOUS DISEASE

Table 1 lists diseases which must be notified to DOH in accordance with the *DOH Standards for Notifying Vital Statistics and Communicable Diseases in the Emirate of Abu Dhabi*. This table also applies to MOH.

FIELD STAFF

Upon recognizing any of the infectious diseases noted below (suspected or confirmed),

a. Inform NA ACC via dispatch or telephone **02 596 8710** and
b. If transporting the patient pre-alert the receiving facility, this may be done via the NA ACC
    - Be prepared to provide at least the following information:
        - CAD number
        - First name of the patient
        - Family name of the patient
        - Gender of the patient
        - Date of birth of the patient
        - Nationality
        - Contact number for patient (home/mobile/ work)
        - Diagnosis
        - Suspected or Confirmed disease details
        - Name of the reporter

NA ACCTL

- Give staff any required advice on use of appropriate PPE and general patient management.
- Notify the Duty Manager
- Notify the respective regulators within the time frames as listed in Appendix B Table 1.
- See Appendix C for notification to DOH via e-notification process
- See Appendix D for the notification to MOH via email and telephone

Classification	Timeframe	Who to report to	
		Emirate of Abu Dhabi Contracts	Northern Emirate Contracts
Group A	Immediately	DOH	MOH
Group B	Within 24 hours	DOH	MOH
Group C	Within seven days	DOH	MOH

Duty Manager

- Follow up on the notification with DOH/MOH if required or receive follow up from DOH/MOH and manage accordingly
- Notify the Line Manager
- Close the notification case OR if further analysis or consultation required, discuss the individual case with the Medical Director/Medical Delegate.

Employee Line Manager

- Complete or ensure staff member/s involved have completed the internal reporting requirements and using the relevant National Ambulance Policies, procedures and forms.
- Follow up with receiving hospital for suspected cases
- Undertake welfare checks on staff members potentially exposed to communicable disease
- Refer staff to the Peer Support Group for counselling and any additional needs
- Investigation and, where required, Root Cause Analysis should be carried out in accordance with QHP 203 Near Miss and Incident Policy and Procedure or CGP 149 Clinical Incident Reporting and Investigation Policy

Chief Administrative & Medical Officer/ Medical Delegate

- Supply analysis/advice as requested by the ACCTL, Duty Manager or line manager

APPENDIX B TABLE 1: LIST OF NOTIFIABLE COMMUNICABLE DISEASES TO MOH AND DOH

Group A-Immediately	Group B-Within 24 hours	Group C-Within 7 Days
Anthrax	AFP/ Poliomyelitis	Amebiasis
Avian Influenza (human)	Brucellosis	Chickenpox
Botulism	Chickenpox (hospitalizations and deaths)	Creutzfeld-Jakob Disease (CJD)
Cholera	Encephalitis, specify etiology: Viral, Bacterial, Fungal, Parasitic	Giardiasis
Coronavirus (Novel)	Escherichia coli	Hepatitis B (specify acute or chronic)
Dengue Fever	Haemophilus Influenza invasive disease	Hepatitis C (specify acute or chronic)
Diphtheria	Hepatitis A	Hepatitis D (specify acute or chronic)
Food Borne illness (specify)	Hepatitis, other acute (specify)	Influenza
Hemolytic Uremic Syndrome	Legionallosis	Invasive Pneumococcal Disease (IPD)
HIV/AIDS	Leprosy (Hansens disease)	Hydatid Disease
Meningococcal infections (specify)	Malaria	Listeriosis
Plague	Measles (Rebeola)	Mumps
Rabies	Meningitis, specify etiology: Viral, Bacterial, Fungal, Parasitic	Scabies
SARS	Pertussis (whooping cough)	Sexually transmitted Infections (STI) e.g. Chlamydia, Gonorrhea, Syphilis (specify)
Smallpox (viralo)	Relapsing fever	Tetanus
TB (Pulmonary)	Rubella (German Measles)	TB (extra-Pulmonary)
Viral Haemorrhagic fevers (Ebola, Lassa, Crimean-Congo and Marburg viruses)	Rubella Syndrome, congenital	
Yellow Fever	Shigellosis	
Occurrence of any unusual diseases (specify)	Typhoid/ Paratyphoid Fever	
	Typhus Fever	

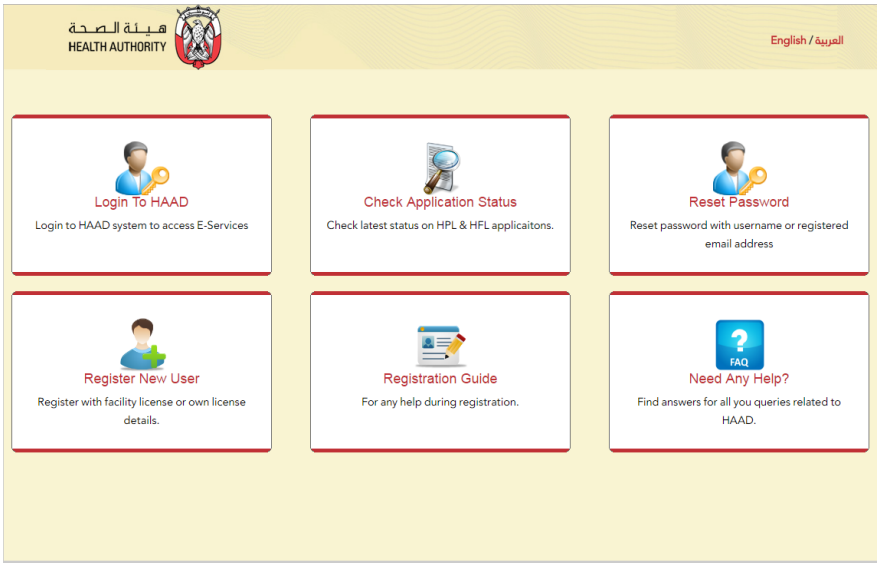
APPENDIX C: PROCESS OF REPORTING TO DOH

All Emirate of Abu Dhabi cases to be reported to DOH only

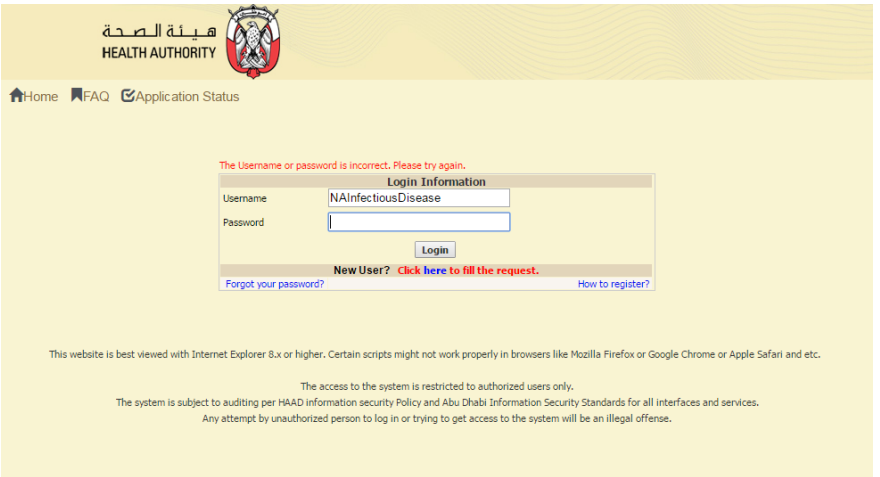
All Northern Emirate cases to be reported to MOH

E-Notification Process to be completed by ACC

1. Go to the following website: https://bpmweb.haad.ae/UserManagement/MainPage.html

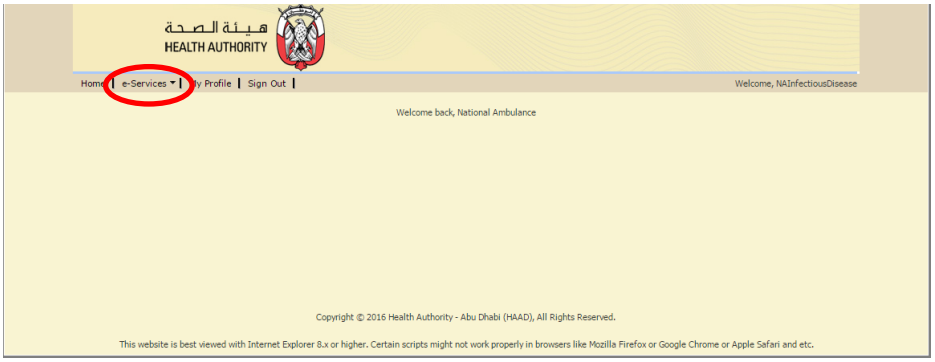


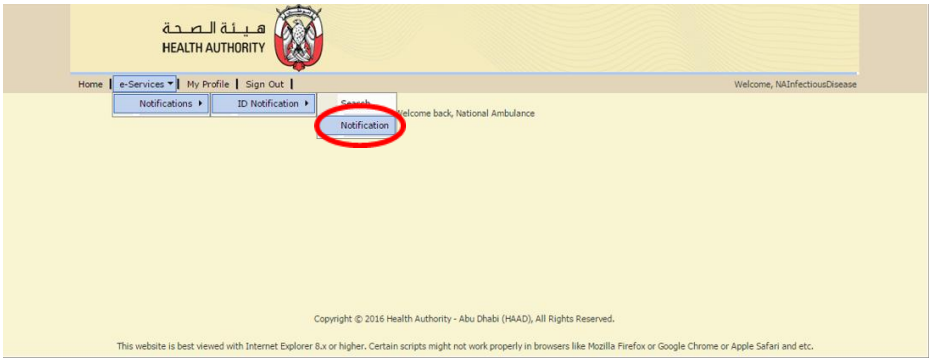
1. Select “Login to DOH” Login details can be found on the ACC Manual with contact details, with the username: NAInfectiousDisease



2. Password has been disseminated to MD, Ops Director for ACC, ACC Manager, ACC Team Leaders

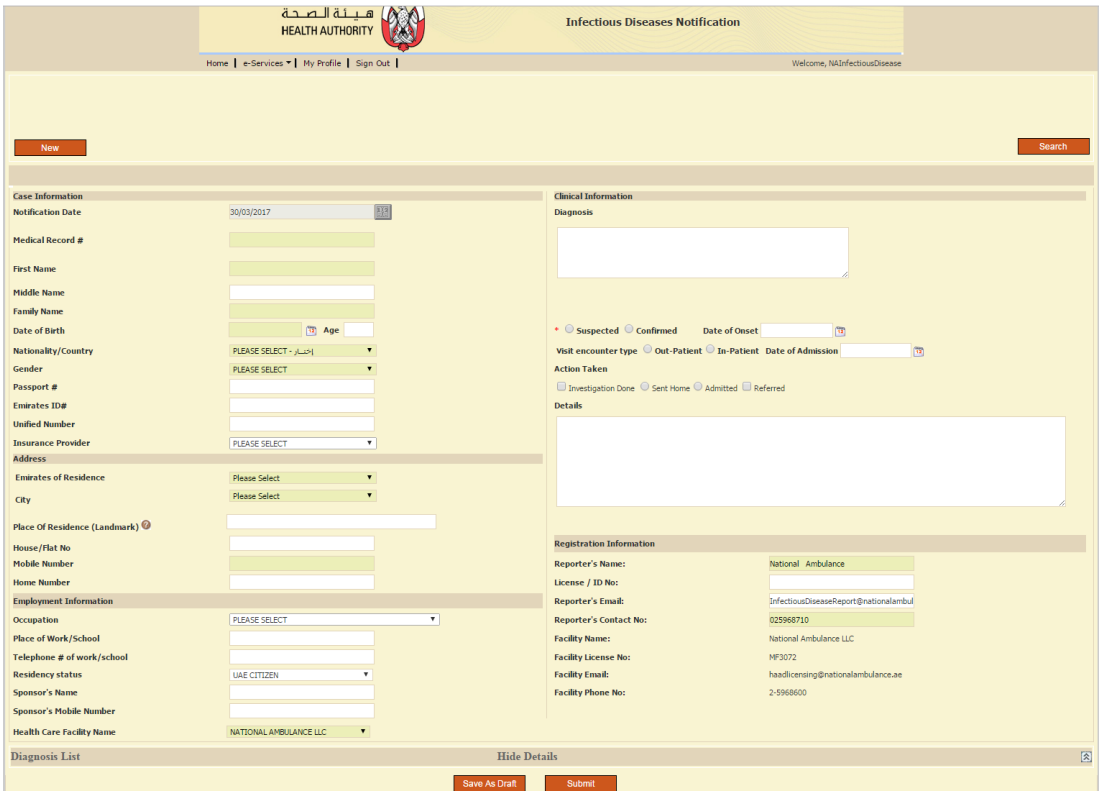
3. Select “E-Services”, “Notifications”, “ID Notification” and then “Notification”





4. Complete the data entry.

Fill in the required details on the form of the incident, please ensure that the reporting officer also states their DOH license number in the action taken box as the reporter, and also clearly notes the potentially affected employee (s) name and employee number (s)



5. Notification of successful transmission will be found in the email address: InfectiousDiseaseReport@nationalambulance.ae. ACC Desk, CAMO, CGAO and ACC Manager have automatic access to this email address on outlook.

If there are any issue with utilising e-notifications or urgent advice is being sought:

1. To get further guidance, telephone DOH Operations Center: 02 419 3666 to obtain the on-call mobile number of the DOH physician on duty if urgent
2. And send email to DOH on: CDC@haad.ae with as much relevant details of the incident

APPENDIX D: PROCESS OF REPORTING TO MOH

All Emirate of Abu Dhabi cases to be reported to DOH only

All Northern Emirate cases to be reported to MOH

Contact information for Communicable diseases offices at Ministry of Health

1. Telephone: Ministry of Health Operations Center:
    - 04 230 1107 or
    - 04 230 1150
2. Email with as much relevant details of the incident:
    - urgentcpmd@moh.gov.ae and
    - cc in op.center@moh.gov.ae

APPENDIX E: KEY POINTS OF CGP124

KEY POINTS CGP 124

- Patients in this group must have full clinical history & assessment to ascertain the risks of their potential or confirmed illness
- Protect your patient from contact with pathogens and minimize risk of transmission
- Advice must be sought from the NA Ambulance Communications Centre to support decisions including on use of enhanced PPE and as per Appendix A
- Follow this policy along with the NA Infection Control Programme CGP129 and Hazardous Material Management Policy OPP 120
- Transport patients in this group only if absolutely necessary and with detailed handover to receiving staff
- Perform waste disposal and equipment/ambulance decontamination in accordance with NA procedures
- Ensure you communicate and document the exposure and obtain the correct care

7. FORMS

Form Number	Form Name (Hyperlinked)
QHF202	QHSE Reporting Form
CGP115	Patient Transportation Policy & Procedure
CGP119	Patient Care Record and Patient Care Documentation Policy & Procedure.
CGP129	Infection Control Programme
CGG103	Infection Prevention and Control Measures
OPP120	Hazardous Materials Policy.
QHP201	Risk Management Policy
QHF202	QHSE Reporting form

DOCUMENT CONFIGURATIONS CONTROL DATE

A review and update of this document will take place as necessary, when changes occur that identify the need to revise this Policy such as changes in roles and responsibilities, release of new legislative or technical guidance, or identification of a new policy area.

This document ownership for editing is identified as: **Chief Administrative Medical Officer / Delegate**

Change Brief

Version No.	Date	Changes
1	13 April 2014	New Policy
2	14 August 2014	Review and revision to ensure comprehensive and accurate information for care of this patient group including patient assessment and care, use of PPE and seeking advice from NA senior staff regarding use of enhanced PPE.
2.1	05 November 2014	Minor revision to add reference to CGF133 Primary Health Screening Questionnaire
3	29 February 2016	Appendix A revised and added clarity for communications processes
4	13 April 16	Appendix to show images for all PPE and added clarity to procedure
5	August 2016	Statement included to comply with Risk Base Thinking requirement
6	November 2016	CMA / MD / Physician Delegate references Food Poisoning notification (HAAD Circular CEO 57/10) dated 3 October 2010

		Update information pertaining to needlestick injury or a exposure to blood borne pathogen (HAAD) Lineation of staff responsibilities Incorporating HAAD form for confirmed cases Correction of HAAD Group C reporting timeframe
7	August 2017	Updating as per e-notification procedure from HAAD Enhanced information pertaining to immunocompromised patients Inclusion of Senior Medical Officer terminology Role of Clinical Governance Manager Policy adaption for interfacility transport and exposure to disease for deep cleaning Highlighting text which differentiates from the normal handling of patients Indexed
8	October 2019	Medical Director Terminology DOH Terminology Replace CGM with Clinical Governance and Audit Officer Add Flow Chart "Clinicians when dealing with suspected/confirmed communicable disease"
9	December 2021	Due for Review Change Medical Director to Chief Administrative & Medical Officer Update the new version of CGG103 in Appendix A Update PPE's Quick Reference Guide in Appendix A Discussion during Policy Review Committee • Rephrase the line manager responsibilities and removal of CGF133 Primary Health Care Questionnaire • change the wording for the Employee responsibility • removed the QHP203 Hazard, Near Miss and Incident Policy and procedure replace by QHP201 Risk Management • change ownership to CAMO / Delegate

Review & Approval

Chief Administrative & Medical Officer

…….

Signature:

Date …… License Stamp: