
 OSPITAL NG PARAÑAQUE 		Document Code: OSPAR-ADM-TRANS 006
ADMINISTRATIVE DIVISION APPROVAL MATRIX		Issue Date:
Policy Title: POLICY ON AMBULANCE DECONTAMINATION AND INFECTION CONTROL GUIDELINES		Section / Department TRANSPORTATION SECTION
		Page No.1 of 9
Prepared By: Melvin Secretario, RN DRRMO Marlorey D. Villamaria Head, Transportation Services	Reviewed By: Rizalina Lavarias, CPA Head – Accounting Meda M. Calderon, RN, MAN Chief Nurse	Reviewed By: Arnaldo S. Cortes, RN Supervising Administrative Officer Redentor P. Alquiros, MD Chief of Clinics
Approved by: <div style="display: flex; justify-content: space-between;"> <div> Darius J. Sebastian, MD, MPH, PHSAE Hospital Administrator </div> <div> Jefferson R. Pagsisihan, MD, MHM Hospital Director </div> </div>		

I. Policy statement

Infection control is an important part of everyone's daily life and achieved through common sense and basic hygiene procedures. During the course of their working lives ambulance personnel may be unknowingly exposed to a number of infectious diseases which could potentially cause them harm or be passed to other patient. Therefore extra precautions need to be practiced and adhered to.

II. Objectives:



This policy aims to promote the Infection Control policy and provide safety to all ambulance personnel, patients and their relatives.

III. Responsibilities:

1. It shall be the responsibility of the medical officer to established the possible infectious disease and inform the team of the appropriate PPE to be worn according to the standard set by the infection control committee.
2. It shall be the responsibility of all personnel to follow the standard protocol according to the dictate of the medical officer. The NOD should also re-inform the rest of the team about the necessary precautions needed for a specific disease.

1. Procedure General Infection Control Consideration

- A. Ambulance personnel should ascertain from anyone requesting transport whether the patient is considered on infection a decontamination risk.
- B. In the case of an unknown diagnosis ambulance personnel must take appropriate precautionary measures as indicated by the patient's symptoms or clinical presentation.
- C. In considering infection control and decontamination issues it is important that all personnel maintain a sense of proportion when considering risk to themselves.
- D. Staff must keep all cuts, abrasions and open skin lesions covered with a water proof dressing.
- E. All incidences of accident contamination, either from an open art abrasion, needle stick injury, or thru mucus membrane contact must be reported to his/her immediate supervisor and ICC coordinator.

 OSPITAL NG PARAÑAQUE 		Document Code: OSPAR-ADM-TRANS 006
ADMINISTRATIVE DIVISION APPROVAL MATRIX		Issue Date:
Policy Title: POLICY ON AMBULANCE DECONTAMINATION AND INFECTION CONTROL GUIDELINES		Section / Department TRANSPORTATION SECTION
		Page No 2 of 9
Prepared By: Melvin Secretario, RN DRRMO Marlorey D. Villamaria Head, Transportation Services	Reviewed By: Rizalina Lavarias, CPA Head – Accounting Meda M. Calderon, RN, MAN Chief Nurse	Reviewed By: Arnaldo S. Cortes, RN Supervising Administrative Officer Redentor P. Alquiros, MD Chief of Clinics
Approved by: Darius J. Sebastian, MD, MPH, PHSAE Hospital Administrator Jefferson R. Pagsisihan, MD, MHM Hospital Director 		

- F. Blood and body fluids must be handled with the aim of minimizing contact with skin or mucus membranes.

Resuscitation aids should be used whenever possible to avoid direct patient contact during resuscitation (e.g. use mouth piece contact during resuscitation bag instead of mouth to mouth resuscitation).

- G. Decontamination of the ambulance shall be done by a two-man team with proper PPE at the parking area of the ambulance ensuring that no other person is within its vicinity. They shall start with the cleaning and disinfection of the interior of the ambulance using the appropriate and proper mixture (bleach solution). They shall prioritize visible stains and discard them according to proper protocol. The exterior of the ambulance shall follow and do necessary donning and doffing procedures

2.) Procedure on Ventilation



- The ventilation system must provide complete ambient air exchange in both driver and patient compartments on a regular basis.
- Control of ventilation system should be possible from both compartments.
- Fresh air intakes should be located towards the front of the vehicle to afford maximum intake of fresh air. Exhaust vents should be located in the upper rear of the vehicle.

3. Standard Precaution

3.1 Personal Hygiene & Hand Wash

• Wash Hand

- Prior to and after duties involving direct patient contact whenever possible. If hands are contaminated with blood & body fluids, wash first with soap and water then decontaminate with alcohol gel or wipes. If access to soap and water is not possible, remove as much blood, or body fluids as possible, with disposal paper towels and the apply waterless alcohol-based hand rub (Hibisol) and upon arrival to hospital wash hands with antiseptic detergent and a single use nailbrush.

 OSPITAL NG PARAÑAQUE 		Document Code: OSPAR-ADM-TRANS 006
ADMINISTRATIVE DIVISION APPROVAL MATRIX		Issue Date:
		Section / Department TRANSPORTATION SECTION
		Page No 3 of 9
Policy Title: POLICY ON AMBULANCE DECONTAMINATION AND INFECTION CONTROL GUIDELINES		
Prepared By: Melvin Secretario, RN DRRMO Marlorey D. Villamaria Head, Transportation Services	Reviewed By: Rizalina Lavarias, CPA Head – Accounting Meda M. Calderon, RN, MAN Chief Nurse	Reviewed By: Arnaldo S. Cortes, RN Supervising Administrative Officer Redentor P. Alquiros, MD Chief of Clinics
Approved by: Darius J. Sebastian, MD, MPH, PHSAE Hospital Administrator		Jefferson R. Pagsisihan, MD, MHM Hospital Director



- b. When hands are visibility dirty.
 - c. After removing protective equipment.
 - d. When using toilet facilities.
 - e. After performing dirty task.
 - f. Before eating
- In the event of contaminating of eyes or mucus membranes with blood or body fluids staff should rinse or irrigate the affected area with normal saline eyewash, or sterile water. Rinse mouth with water & spit out.
 - Always wear non-latex gloves to protect your hands when dealing with patient contaminated equipment.
 - Ensure that alcohol-based hand rub is available on ambulance (Ambu 01 & Ambu 03).

4. Use of Personal Protective Equipment (PPE)

- a. Avoid contamination of person and clothing with blood and body fluids.
- b. Always use appropriate protective clothing in any situation when contact is possible.
- c. All staff must wear protective eyewear and all other appropriate personal protective equipment when dealing with a patient where there is a risk of contamination from blood or other body fluids.
- d. Ambulance 03 must be equipped with adequate supplies of non-latex gloves, apron, mask, safety spectacles, and paper disposable coveralls.
- e. Protective gloves and glasses should be worn when carrying out cleaning procedure.

5. Management of Sharps

- a. When using sharps, it is the personal responsibility of staff using those sharps to dispose of then safety in the sharp container provided.
- b. Staff must not leave sharps for other personnel to disposes of.
- c. Unsheathed sharps must never or carried in hands or pockets.
- d. Sharps must not be passed from hand to hand.
- e. Re-sheathing of needles should never be attempted.

 OSPITAL NG PARAÑAQUE 		Document Code: OSPAR-ADM-TRANS 006
ADMINISTRATIVE DIVISION APPROVAL MATRIX		Issue Date:
Policy Title: POLICY ON AMBULANCE DECONTAMINATION AND INFECTION CONTROL GUIDELINES		Section / Department TRANSPORTATION SECTION
Prepared By: Melvin Secretario, RN DRRMO Marlorey D. Villamaria Head, Transportation Services		Reviewed By: Rizalina Lavarias, CPA Head – Accounting Meda M. Calderon, RN, MAN Chief Nurse
Reviewed By: Arnaldo S. Cortes, RN Supervising Administrative Officer Redentor P. Alquiros, MD Chief of Clinics		Page No 4 of 9
Approved by: Darius J. Sebastian, MD, MPH, PHSAE Hospital Administrator		
Jefferson R. Pagsisihan, MD, MHM Hospital Director		

- f. Used needles should not be removed from the syringe unless a specific clinical procedure is requiring it.

5.1 In the Event of Sharp Injury:

- a. Encouragement of bleeding
- b. Wash wound with soap and water
- c. Cover wound with waterproof dressing
- d. Seek urgent medical advice, within two hours of the injury to assess risk of Hepatitis, or HIV infection.
- e. Report all incidents to manager.
- f. Complete needle stick and incident report form approved by OSPAR 1 ICC giving all essential or relevant information.



6. Follow up after Needle stick Injury

- a. Staff should expect to be assessed, with regard to the risk of HIV or Hepatitis infection.
- b. Blood samples for Hepatitis D should be taken from all injured staff.
- c. The source patient in the incident, if known, will be asked to supply blood sample for Hepatitis B and possibly Hepatitis C and HIV testing if clinical circumstance dictate.

* All staff must make contact with Infectious control department (OSPAR 1) so that appropriate ff. up can be arranged this ff. up will include a review of the blood test taken. Follow up testing for Hepatitis C will also be arranged.

7. Clinical Waste Including Disposal of Sharps

- a. All clinical waste, which is any item contaminated with blood or body fluids, must be disposed of in a yellow plastic sack or sharp disposal container.
- b. In general, when considering the disposal of clinical waste staff should not over fill clinical waste sacks and should ensure that they are sealed after use.
- c. Clinical waste should be disposed of as quickly as possible, to minimize the risk of contamination.

 OSPITAL NG PARAÑAQUE 		Document Code: OSPAR-ADM-TRANS 006
ADMINISTRATIVE DIVISION APPROVAL MATRIX		Issue Date:
		Section / Department TRANSPORTATION SECTION
		Page No 5 of 9
Policy Title: POLICY ON AMBULANCE DECONTAMINATION AND INFECTION CONTROL GUIDELINES		
Prepared By: Melvin Secretario, RN DRRMO Marlorey D. Villamaria Head, Transportation Services	Reviewed By: Rizalina Lavarias, CPA Head – Accounting Meda M. Calderon, RN, MAN Chief Nurse	Reviewed By: Arnaldo S. Cortes, RN Supervising Administrative Officer Redentor P. Alquiros, MD Chief of Clinics
Approved by: Darius J. Sebastian, MD, MPH, PHSAE Hospital Administrator Jefferson R. Pagsisihan, MD, MHM Hospital Director 		

- d. All sharps must be disposed of in yellow sharps container should never be overfilled and must always be securely sealed when full.
- e. All clinical waste sacks and container must be labeled with their station of origin.
- f. All clinical waste must be stored in a locked bin or approved storage container



(Not a station cupboard) to which the public have no access. Proper disposal of Infectious waste and hazardous Substance is in accordance with **RA 6969 known as "Toxic and Hazardous Substance and Nuclear Wastes Act."**

8. Linen

- a. Used blankets to be placed in the laundry bins provided.
- b. Blankets contaminated with blood or body fluids should be regarded as infected and processed in the bio gradable laundry bag provided.
- c. It should be stored in a secure location whilst awaiting collection.
- d. Laundry from MRSA (Methicillin-resistant Staphylococcus aureus) patients should be regarded as infected.
- e. Dirty clothes should be change as soon as possible and the provider should shower before donning clean cloths. Provider should keep at least one extra uniform at the station while on duty.
- f. Dirty linen and clothing should be handled as little as possible. Soiled items should be bagged, with blood-contaminated clothing/linen placed in a separate, leak-proof bag marked with a biohazard label.
- g. Soiled clothing/linen should be washed in the normal laundry cycles with regular detergent following label instructions.
- h. Gloves should be used when handling, bagging, and placing dirty item in the washing machine.

9. Spillages of Body fluids and Blood



- a. Always wear appropriate protective clothing and gloves for cleaning up spills.
- b. For small spills. Use disposable paper towels to remove the spill
- c. Disinfect area according to standards mixture and solution of the Hospital ICC.

 OSPITAL NG PARAÑAQUE 		Document Code: OSPAR-ADM-TRANS 006
ADMINISTRATIVE DIVISION APPROVAL MATRIX		Issue Date:
Policy Title: POLICY ON AMBULANCE DECONTAMINATION AND INFECTION CONTROL GUIDELINES		Section / Department TRANSPORTATION SECTION
		Page No 6 of 9
Prepared By: Melvin Secretario, RN DRRMO Marlorey D. Villamaria Head, Transportation Services	Reviewed By: Rizalina Lavarias, CPA Head – Accounting Meda M. Calderon, RN, MAN Chief Nurse	Reviewed By: Arnaldo S. Cortes, RN Supervising Administrative Officer Redentor P. Alquiros, MD Chief of Clinics
Approved by: Darius J. Sebastian, MD, MPH, PHSAE Hospital Administrator Jefferson R. Pagsisihan, MD, MHM Hospital Director 		

- d. Place materials need in yellow clinical waste seek for disposal
- e. Wash hands on completion
- f. Contain spills with absorbent paper towels, which should be placed in yellow sack for disposal after use.
- g. When possible, a mop can be used for a large spill.
- h. Clean contaminated area with water and zonrox (1:10).
- i. Wash your hands after completing cleaning task.
- j. Bleach must not be used to treat large urine spills. Instead, a hand-hot water and detergent solution should be used.
- k. Mop heads should be sent for laundering immediately if contaminated with body fluids.

10. Transmission base precautions for known Infection Status

- a. Reduce transport to the absolutely necessary.
- b. Inform staff including staff of destination hospitals.
- c. Plan and make arrangement so that the AMBULANCE can be appropriately decontaminated following transport of an infected patient.
- d. Clear the AMBULANCE as possible, deposit equipment with the driver.
- e. Keep driver compartment separated-close separating window, communication via intercom.
- f. Do not use interior air conditioning with closed air cycle if there is no air vent.
- g. Use disposable and covers in case adequate laundry disposal is not possible.
- h. For transfer of infected patient, use only the absolutely necessary personnel.
- i. Only personnel that has direct contact with the infected patient protects themselves with the necessary protective clothing, Since the interior of the Ambulance can be contaminated, the protective clothing must only be removed at the headquarters and safety disposed of. In the presence of secretions, excrements, blood and so on, ensure immediate disinfection.

 OSPITAL NG PARAÑAQUE 		Document Code: OSPAR-ADM-TRANS 006
ADMINISTRATIVE DIVISION APPROVAL MATRIX		Issue Date:
Policy Title: POLICY ON AMBULANCE DECONTAMINATION AND INFECTION CONTROL GUIDELINES		Section / Department TRANSPORTATION SECTION
Prepared By: Melvin Secretario, RN DRRMO Marlorey D. Villamaria Head, Transportation Services		Reviewed By: Rizalina Lavarias, CPA Head – Accounting Meda M. Calderon, RN, MAN Chief Nurse
Approved by: Darius J. Sebastian, MD, MPH, PHSAE Hospital Administrator		Reviewed By: Arnaldo S. Cortes, RN Supervising Administrative Officer Redentor P. Alquiros, MD Chief of Clinics Jefferson R. Pagsisihan, MD, MHM Hospital Director



11. The Management of some of the more commonly Encountered Infection

11.1 Methicillin Resistant Staphylococcus Aureus (MRSA)

- It is necessary to wear mask and other protective clothing when dealing with a MRSA patient. “Special” Ambulance cleaning procedures are required.
- MRSA with open wounds or lesions infected with MRSA should not be transported with other patients, unless the wounds are adequately covered after patient contact, staff should be was their hands carefully as detailed in the receiving hospital should be notified before transport.
- The skin must be disinfected before transport.
- The patient must be kept covered during transport.
- The accompanying staff must be aware of the necessary preventive measures during transport (contact precautions).
- A patient of carrier of MRSA should not be transported in the same ambulance with other patient (use other ambulance).
- The Ambulance 03 should be cleaned and disinfect after transport and before it is used for other patients.
- Trolley or wheel chair used for the patient transport must be cleaned and disinfected.
- Bed sheets used during transport should be treated as infected linen.
- Stretchers must be wiping down after each patient use with an approved disinfectant (rubbing alcohol) 70% or bleach solution).

11.2 Tuberculosis

Tuberculosis is spread by airborne transmission. Patients with cough should wear a surgical mask and cough into disposable tissue. In the event that resuscitation of the patient is required; staff should never carry out direct contact mouth-to-mouth resuscitation. They should always use a pocket mask or bag, valve, mask device. Routine cleaning of the Ambulance is required after carrying a patient with patient with tuberculosis.

 OSPITAL NG PARAÑAQUE 		Document Code: OSPAR-ADM-TRANS 006
ADMINISTRATIVE DIVISION APPROVAL MATRIX		Issue Date:
Policy Title: POLICY ON AMBULANCE DECONTAMINATION AND INFECTION CONTROL GUIDELINES		Section / Department TRANSPORTATION SECTION
		Page No 8 of 9
Prepared By: Melvin Secretario, RN DRRMO Marlorey D. Villamaria Head, Transportation Services	Reviewed By: Rizalina Lavarias, CPA Head – Accounting Meda M. Calderon, RN, MAN Chief Nurse	Reviewed By: Arnaldo S. Cortes, RN Supervising Administrative Officer Redentor P. Alquiros, MD Chief of Clinics
Approved by: Darius J. Sebastian, MD, MPH, PHSAE Hospital Administrator		
Jefferson R. Pagsisihan, MD, MHM Hospital Director		

11.3 Meningitis



- Staff involved in transfer should apply standard and droplet precaution (hand hygiene-gloves-surgical mask).
- Staff who carries out airway management or whose mouth or nose have been directly exposed to respiratory secretions from a patient with meningococcal Disease should seek expert advice as soon as possible. These staff will require a short course of prophylactic antibiotics.
- Advice should be sought in the first instance from the admitting hospital, however, if the diagnosis is not immediately known then at a later date advice can be sought from the OSPAR 1 CDC.
- Direct mouth-to-mouth resuscitation should never be carried out in such patients.

12. Hepatitis A

Hepatitis A virus is transmitted by the fecal-oral route and generally provides no risk to health care workers. Proper attention to universal procedures and personal hygiene will provide adequate protection.

13. Hepatitis C

- Ambulance providers are at most risk from Hepatitis C from needle stick injuries.
- Ambulance provides should observe the precautions set out in the “Management of sharps” section in this policy.
- All Ambulance providers sustaining sharps injuries will be offered a six-month follow up Hepatitis C test routinely.
If the source patient is known to be Hepatitis C positive, Ambulance 03 provider will be offered a more rigorous testing regimen.

 OSPITAL NG PARAÑAQUE 		Document Code: OSPAR-ADM-TRANS 006
ADMINISTRATIVE DIVISION APPROVAL MATRIX		Issue Date:
Policy Title: POLICY ON AMBULANCE DECONTAMINATION AND INFECTION CONTROL GUIDELINES		Section / Department TRANSPORTATION SECTION
Prepared By: Melvin Secretario, RN DRRMO Marlorey D. Villamaria Head, Transportation Services		Reviewed By: Rizalina Lavarias, CPA Head – Accounting Meda M. Calderon, RN, MAN Chief Nurse
Approved by: Darius J. Sebastian, MD, MPH, PHSAE Hospital Administrator		Reviewed By: Arnaldo S. Cortes, RN Supervising Administrative Officer Redentor P. Alquiros, MD Chief of Clinics

14. Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS).

- a. Personal protection equipment should be used if there is a risk of exposure to the patient's blood.
- b. Care should be taken to avoid sharps injuries.
- c. Ambulance 03 provider's prime risk of infection is by an accidental inoculation through a needle stick injury or entry of infected material through broken skin or mucus membrane.
- d. Aseptic and non-touch technique should be used as these and the appropriate use of PPE offers the best protection.
- e. In the event that a member of Ambulance provider is contaminated with the blood or body fluids of a patient known or suspected to have the HIV virus they must immediately contact the OSPAR 1 Infectious Disease Department as soon as possible.

Implementation Date: 2022