

Michigan
SPECIAL OPERATIONS
SPECIAL PATHOGEN RESPONSE NETWORK (SPRN)
TRANSPORT PROCEDURE
(MCA Optional Protocol)

Initial Date: 04/28/17

Revised Date: 12/27/2022

Section 10-13

Medical Control Authorities choosing to adopt this supplement may do so by selecting this check box. Adopting this supplement changes or clarifies the referenced protocol or procedure in some way. This supplement supersedes, clarifies, or has authority over the referenced protocol.

Transport Procedure

Purpose: The purpose of this procedure is to provide guidance for transport of a patient with a known or suspected highly infectious disease including pathogens referred to as “Category A” agents.

1. Patient belongings
 - A. All patient belongings shall be kept in transport vehicle and only be removed at the final destination.
 - B. Belongings shall be placed in a biohazard bag if possible and sealed in a manner that will prevent any further contamination to its surroundings.
 - C. Belongings will be labeled with the patient name and identification.

2. Documentation
 - A. Pt documentation may be performed in a normal manner as outlined by the transporting agencies guidelines. A note pad may be used to document vital signs and times during transport.
 - B. All documentation should be performed after the transport is complete as to avoid contamination of equipment and materials. Any materials used for documentation in the patient environment (such as Toughbook, tablets, clipboards etc.) shall be cleaned, disinfected, and decommissioned for the same duration as the transport vehicle and equipment involved in transport.

3. Travel plans
 - A. The MDHHS will be the central coordinating agency for the patient transport. Local and state authorities will assist in planning the path of travel so as to assist in the event of an emergency.
 - B. A predetermined route will be planned in conjunction with the sending facility, transport agency, receiving facility or airport, and any facilities in between sending facility and receiving facility that are willing to participate and accommodate transport crews for crew changes or emergency procedures.
 - a. Path of travel should be planned out in a way that will keep transport crews on as many major roads as possible to ease the ability of possible responding EMS agencies to locate them in the event of an emergency or accident.
 - b. Consider communication to potential Medical Control Authority along the path of travel in the event that assistance is required.

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- c. Transport team shall attempt to solve any in transport emergencies without involving any outside responding agencies whenever possible.
- d. During transport, hospitals located along an extended route (over 2 hours) may act as Patient Transfer Points (PTP). PTP will be identified and notified prior to patient transport. Although the patient will not leave the transport vehicle, PTP may be used to allow EMS personnel to change staff.

4. Destination arrival

- A. The patient will be accepted by healthcare workers at the hospital or airport directly from the EMS transport rig. EMS team should not leave the designated “hot zone” or “dirty area” until PPE is doffed per protocol. If there is not an appropriate area for complete decontamination at the receiving facility (such as an airport), decontamination should occur at the closest appropriate doffing area. This will prevent the transmission of the pathogen via accidental contamination to the environment.
- B. After proper doffing of PPE, the safety officer, receiving facility or other team members will evaluate and care for crew members involved in transport.
 - a. Post vital signs should be recorded.
 - b. Evaluation for any exposure to the pathogen.
 - c. Food, fluids and lodging may be provided until the receiving facility feels the personnel are fit and able to make the return trip home.
- C. To minimize further contamination of “clean personnel”, only those involved in actual patient transport may operate the transport vehicle during the return trip. It is anticipated that the person will drive the return trip.
- D. Follow cleaning and disinfection of the Ambulance procedure prior to leaving receiving hospital. After airport transfer, the ambulance will go to the designated PTP to doff PPE and follow cleaning and disinfection procedures prior to resuming the return trip to the agency.
- E. The receiving facility or PTP shall accept and properly dispose of any PPE and other material(s) used in the transport vehicle.
- F. Upon arrival back to the home agency, the vehicle and equipment may be sequestered for a predetermined amount of time to allow for full decontamination.
- G. This time will be dependent on the pathogen and current guidelines.
- H. No vehicles or equipment shall be placed back into general service prior to completion of the vehicle quarantine.
- I. If the vehicle is needed prior to completion of quarantine for transport of like case, guidance will be sought from the MDHHS and CDC.

Protocol Source/References:

Guidance for Developing A Plan for Interfacility Transport of Persons Under investigation or Confirmed Patients with Ebola Virus Disease in the United States: <http://www.cdc.gov/vhf/ebola>

Bratt, J., Robinson, A., and Alcorta, R. (n.d.). [Strategies and Considerations for the Deployment of EMS Personal Protective Equipment in Response to an Ebola Outbreak](#). (Accessed 8/1/2016.) Maryland Institute for Emergency Medical Service Systems.

Lowe et al: *Considerations for Safe EMS Transport of Patients Infected with Ebola Virus. Prehospital Emergency Care* October