



Patient Transport Provision

SA Ambulance Service
(SAAS)

Pandemic Influenza sub plan

2015



Government
of South Australia

SA Health

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Introduction

SA Ambulance Service (SAAS) is licensed under the Health Care Act, 2008¹ to provide ambulance services throughout the state.

SAAS is also nominated in the State Emergency Management Plan (SEMP), under the Emergency Management Act 2004, as the lead agency for the Functional Service - Ambulance and First Aid.

The Patient Transport Provision SA Ambulance Service (SAAS) Plan (a sub plan to the SA Pandemic Influenza (PI) Plan) outlines SAAS transport arrangements for the management of suspected or confirmed pandemic influenza patients throughout South Australia.

During an influenza pandemic, normal SAAS procedures for the transport of infectious patients to hospitals will be followed. Under these arrangements, each hospital will also have a plan for receiving patients with 'flu-like' symptoms.

Transport guidance and/or any issues for influenza patients during a pandemic will be managed by the Incident Management² systems of both SAAS and Health.

Requests for Ambulance Services

In the event of an influenza pandemic, **normal processes for requesting ambulance services and attendance will be used.**

All requests for ambulance transport are directed to the SAAS Emergency Operations Centre (EOC) in Adelaide using:

- > 000 for URGENT ambulance attendance;
- > 1300 881 700 for NON-URGENT ambulance bookings and;
- > On line bookings or fax is available to hospitals.

Flu Hospitals

Specific South Australian hospitals have historically been designated to receive pandemic patients in order to:

- > minimise the risk of transmission;
- > cohort patients appropriately for best use of specialised equipment for acute respiratory cases and;
- > appropriately manage the impact across the health system.

Given an outbreak may have specific geographic impacts and a changing focus for specialist services across SA Health, metropolitan hospitals will no longer be pre designated. This level of strategic decision making will be made dynamically by the Chief Public Health Officer and an appropriate state-wide incident management group, relative to the evolving outbreak.

Given the level of care required and the availability of services in country areas, Country Health SA Local Health Network (CHSALHN) hospitals assessed as optimal locations are:

¹ part 6, Ambulance Services

² Gold, Silver, Bronze command

HIGH CARE	MEDIUM -> LOW CARE (where isolation is required)
Whyalla Hospital	Port Pirie Hospital
Port Lincoln Hospital	Murray Bridge Hospital
Mt Gambier Hospital	Mount Barker Hospital
Berri Hospital	South Coast District Hospital (Victor Harbor)

Remote areas

Isolated cases in remote areas e.g. Ceduna, Kangaroo Island, Coober Pedy may be held for low level care and isolation pending transport.

Community Flu Clinics (country and metropolitan) may be included in the SA PI Plan as an option that can be identified and operated during a pandemic flu outbreak.

Note: The Health Incident Management Team will determine and confirm appropriate destinations for SAAS transport of patients according to location and clinical need.

Ambulance Transport Arrangements

During a pandemic, the following actions may be implemented by SAAS in consultation with the Gold Commander Health:

- > Elective transports to hospitals may be scaled down, or cancelled;
- > Alternative service delivery models may be activated; and
- > If the pandemic is of a severity that it requires a hotline for patients not requiring ambulance transport, one will be established by the Commonwealth Government
- > HealthDirect Australia on 1800 022 222 is also available for people who have concerns about their health

Transport Guidelines (Metropolitan)

Patients with 'suspected' pandemic influenza in the metropolitan area should be transported to the nearest designated³ flu hospital in the first instance. If this is not viable, patients will be transported to another hospital, and then transferred using existing hospital transfer arrangements.

If a SAAS crew cannot transport to the flu hospital as they consider the patient may be clinically at risk, they must consult with the Extended Care Paramedic (ECP)⁴ who will discuss with the Medical Retrieval Consultant (MRC) and determine if the patient can be temporarily managed in a 'non flu' hospital. If this occurs, notification must be made to the receiving hospital and the patient isolated in that location until transport to a flu hospital is available and arranged.

If one of the designated flu hospitals has reached capacity, the patient will be transported to the next closest hospital (or flu clinic) within the metropolitan area as directed by the Incident Management Team (this now becomes the designated hospital for that region).

³ Designated by the IMT

⁴ ECP should seek advice from the MRC if necessary (or IMT if in place)

Transport Guidelines (Rural and Remote)

Patients with suspected pandemic influenza in rural and remote areas will be taken to a country flu hospital where practical. The method of transport (road, air⁵) will be decided using existing SAAS criteria at the time of transfer.

If the nearest hospital is overwhelmed or inappropriate (e.g. distance) the MRC should be contacted for advice on the patient's destination, (either another country hospital, or a metropolitan hospital depending on the patient's condition). This will only occur if the:

- > Patient's condition is not compromised;
- > Receiving hospital is able to accept; and
- > SAAS resources enable this to occur.

Patient Arrival at the Hospital

Patients will be managed according to the Commonwealth Pandemic Influenza Clinical Care Guidelines.

Infection Control Measures

In the case of an outbreak of pandemic influenza in Australia, appropriate infection control procedures must be practiced.

The World Health Organization (WHO) recommends strict adherence to Standard Precautions and Additional Precautions to minimise droplet, contact and airborne transmission of the disease in the care of patients with known or suspected influenza⁶.

Patient Considerations

Patients will be:

- > Transported as single carries only;
- > Kept in the ambulance on arrival at hospital until prearranged movements are implemented;
- > Encouraged to wear a surgical mask which should be replaced regularly;
- > Advised to cough/sneeze into a tissue only and to dispose of the tissue into a medical waste container, then wash their hands with alcohol-based rub.

Standard precautions

Standard precautions according to SA Health and SAAS infection control guidelines are:

- > Hand hygiene (5 moments)
- > Appropriate use of personal protection equipment
- > Use of Aseptic Techniques
- > Safe Handling and disposal of sharps
- > Safe handling of waste and linen
- > Environmental controls including cleaning and spills management.

⁵ State Rescue Helicopter or Fixed Wing Aircraft will be options for transporting flu patients dependant on clinical presentation - ISOPods may be considered for use in this transportation.

⁶ The incubation period for influenza (time between exposure to the virus and developing symptoms) is about 3 days for adults. The infectious period (the time a person is able to transmit the infection to others) is - 1 day before developing symptoms to about 6 days after they appear. The incubation period for children is the same (about 3 days), but they may be infectious for up to 21 days after developing symptoms.

Additional precautions

Additional precautions to prevent transmission via droplet contact and airborne routes will be implemented according to health infection control directions⁷.

These precautions will be maintained until:

- > A plausible alternative diagnosis for the illness is confirmed; OR
- > 7 days after onset of fever $\geq 38^{\circ}\text{C}$ (>21 days for children ≤ 12 years)

Staff considerations

Staff in direct contact with infectious patients must be sufficiently educated about influenza transmission risks.

Staff must use appropriate personal protective equipment (PPE) when performing direct patient care/contact e.g.:

- > High efficiency filtration face mask (P2 masks)
- > Long-sleeved impervious gown eye protection (goggles/face shields if splashing is likely)
- > Non-sterile examination gloves

Avoid performing aerosol generating procedures (i.e. suction, intubation, or nebulising or making patients cough,) unless clinically required for the management of the patient.

Treat all waste as infectious waste and dispose of in medical waste bins only.

Dispose of linen⁸ at hospital will be according to their specific pandemic flu management plan.

Clean all equipment used on the patient and the ambulance with a level 5 clean (e.g. detergent and water and then a disinfectant solution sodium hypochlorite 1000ppm).

Ambulance vehicles must be aired for 30 minutes⁹ after the patient has been off loaded.

SAAS staff will monitor their own health for signs of fever and respiratory changes and report any symptoms to the SAAS State Duty Manager (SDM).

Notification to the Blood and Body Fluid Exposure (BBFE) phone line will occur to ensure appropriate follow up with that staff member.

Prevention of Influenza Transmission

Containment

The best means of preventing influenza in Australia is to prevent transmission at an early stage, as control of an influenza pandemic will prove more difficult if the virus becomes established.

The core strategy in preventing, preparing for and responding to influenza pandemic is that of '**containment**'. This refers to an intensive and concentrated effort to prevent, minimise and eliminate virus transmission.

⁷ www.health.sa.gov.au/infectioncontrol

⁸ Any change to infectious waste management requirements will be managed by the IMT

⁹ Any change to vehicle cleaning requirements will be managed by the SAAS IMT

Containment refers to a range of public health measures that can be put in place to reduce the virus spread - primarily using infection control measures until an effective vaccine has been developed and produced in sufficient quantities to enable the population to be immunized.

To be effective, containment measures need to be implemented as early as possible once a pandemic is recognised.

In addition to infection control measures, other containment measures include:

- > Isolation of patients and provision of antiviral treatment;
- > Household quarantine of well contacts and preventive (prophylaxis) antiviral treatment;
- > Implementation of the “1 metre rule” (keep people at least 1 metre apart wherever possible e.g. in shops, workplaces etc);
- > Social distancing (closure of schools, child care centres, sporting events, cinemas, avoiding public transport where possible etc); and
- > Antiviral medication for frontline health care workers in close contact (< 1 metre) with infected persons.

Maintenance

Should containment activities not succeed, and evidence suggests there is a high risk of, or actual transmission of the pandemic, key response activities will shift from containment to ‘**maintenance**’ until the influenza pandemic subsides.

Maintenance means that when a pandemic becomes widespread and no longer containable, efforts will be concentrated on maintaining health and other services so the community can keep functioning.

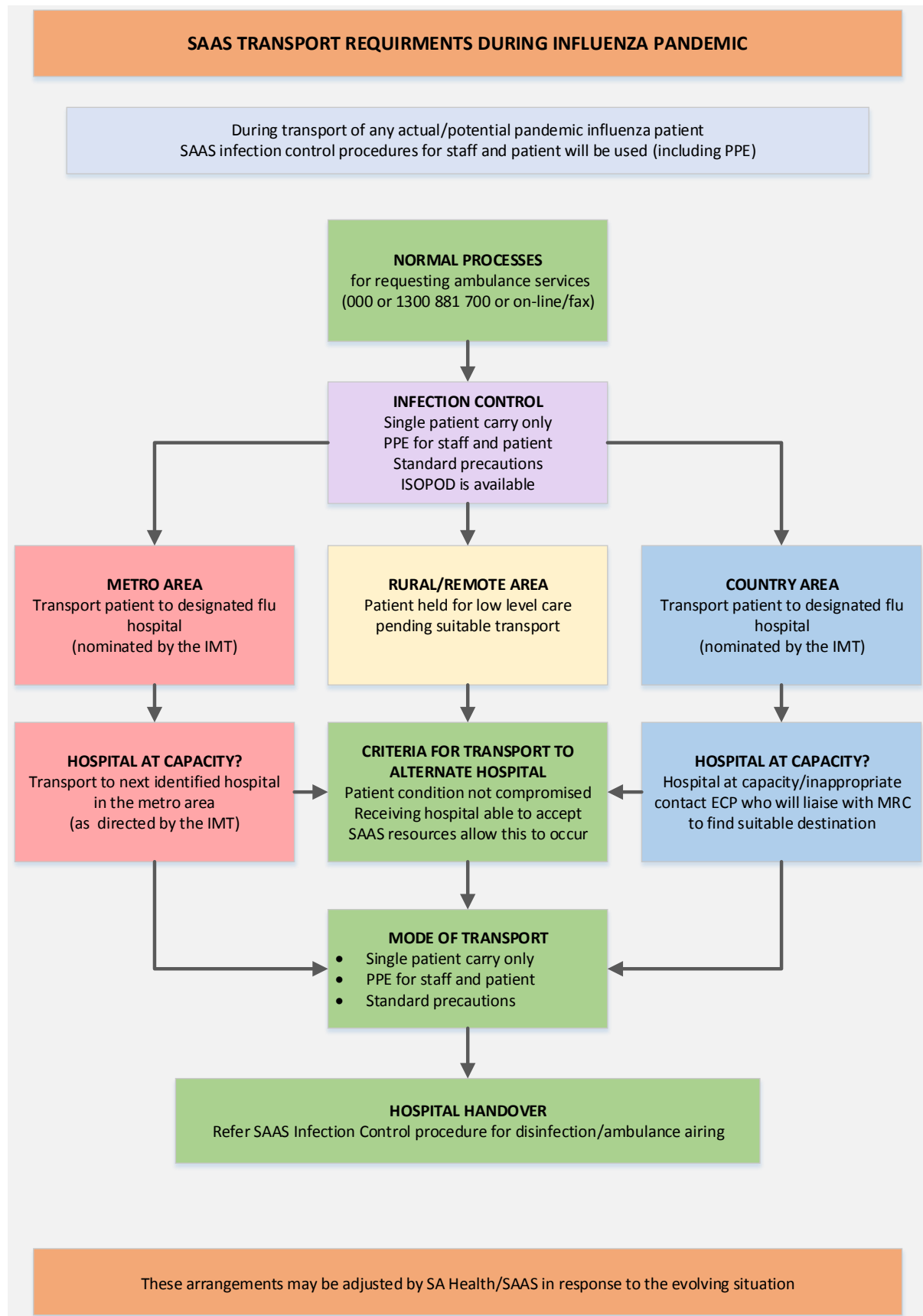
Continuation of infection control practices will be an essential component of the maintenance strategy during a pandemic.

In addition, other maintenance measures include continued:

- > Quarantine of infected families and contacts - monitoring of contacts will be reduced;
- > Social distancing; and
- > Provision of antivirals to frontline health care workers continuously exposed, or at continuous high risk of exposure to the virus.

The SA Government will make the decision to move to ‘maintenance’, following advice from the SA Health Chief Medical Officer and in consultation with the State Coordinator, Assistant State Coordinators and the State Emergency Management Committee.

Patient Transport Flowchart



For more information

SA Ambulance Service

www.saambulance.com.au



www.ausgoal.gov.au/creative-commons

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