



Sultanate of Oman  
Ministry of Health

# **Guidelines for Decontamination of Ambulance Transporting a Suspected/ Confirmed Case of Contagious Respiratory Infectious Disease**

MOH/DGDSC-DIPC/2019-COVID-19 IPC  
guidelines/Ambulance /Vers 01/1<sup>st</sup> March  
2020

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## **Background**

Suspected or confirmed patients with contagious respiratory diseases (e.g. COVID-19, H1N1, SARS, MERS CoV and TB) are, usually transported in ambulance to/or between health care facilities. Person-to -person transmission of contagious respiratory infections, such as COVID - 19, occur via inhalation of respiratory droplets produced when an infected person sneezes or coughs in air / or contact with contaminated fomites and inhalation of aerosols. These droplet nuclei may fall around the patients and contaminate the surfaces of the ambulance, which may cause cross transmission.

## **Purpose**

- To reduce the microbial load on the ambulance surfaces
- To prevent cross infection and ensure safety of cleaning personnel.
- To ensure readiness and safety of vehicle for next transport mission

## **Procedure of cleaning and disinfection:**

### **Materials:**

1. PPE - fluid resistance gowns, fluid resistance boots, N95 mask or PAPR, googles, nitrile gloves
2. Yellow waste bags
3. Hand Sanitizers
4. Mops – if needed
5. Buckets
6. Disposable cleaning cloth
7. Disinfectant wipes, if available
8. MOH supplied disinfectants (HAZTAB- 1tab to 1.5 liter and Hycolin 1part to 19 parts of water)

### **A. Before decontamination**

1. Formulate a decontamination team
2. Train the team for standard and transmission based precautions, donning, doffing of PPE and hand hygiene

### **B. During decontamination**

1. Disinfect the reusable medical equipment
2. Clean the surfaces with all-purpose detergent and water
3. Disinfect the surfaces with MOH supplied disinfectants – **observe for contact time**
4. Rinse with water - if needed

5. Clean and disinfect the interior of the patient care compartment especially the high-touch surfaces such as door handles and surfaces with visible contamination of blood and body fluids.
6. Prevent aerosols generating procedures (e.g. spraying directly of disinfectant on the surfaces, vacuuming) when cleaning and decontaminating surfaces using cleaning cloth.
7. Disinfect the ambulance's exterior; patient loading doors and handles, and any areas that may have been contaminated .The exterior of the ambulance does not require a wiping with disinfectant.
8. Remove PPE and dispose in yellow waste bag.
9. Wash hands with soap and water

**C. After decontamination**

1. Dispose of all waste during the procedure including PPE in yellow waste bag. Use double bagging.
2. Additional cleaning methods can also be used e.g. hydrogen peroxide fumigation. Follow the manufacturers Information for Use (IFU).
3. The ambulance can then be returned to service.

**D. Training elements for decontamination team**

1. General introduction to the principles of IPC
2. Orientation to health care worker for national vaccination policy
3. Ambulance IFU - cleaning procedures
4. How to prepare and use different detergents, disinfectants, and cleaning solutions
5. How to prepare, use, reprocess, and store cleaning supplies and equipment including PPE use.
6. Biological spill management
7. Work and chemical safety

## Glossary

<b>COVID</b>	<b>Corona Virus Infectious Disease</b>
<b>HCF</b>	Health care facility
<b>MERS-CoV</b>	Middle East Respiratory Syndrome- Coronavirus
<b>MOH</b>	Ministry of Health
<b>OPD</b>	Out Patient Department
<b>PPE</b>	Personal protective equipment
<b>TB</b>	Tuberculosis
<b>PAPR</b>	Powered air purifying respirator