

Hamilton Health Sciences	Page 1 of 7
<b>Posting Date: 2020-04-03, 2020-05-14 (edit)</b> <b>Posting History Dates:</b> <b>Next Review Date: 2025-04-03</b>	
<b>Title: IC – Transportation of Patients Within or Between Healthcare facilities of Who are Suspected or Confirmed COVID-19</b>	

Section #	Table of Contents
<a href="#">1.0</a>	<b>Purpose</b>
<a href="#">2.0</a>	<b>Equipment</b>
<a href="#">3.0</a>	<b>Policy Statements</b>
<a href="#">4.0</a>	<b>Procedure</b>
<a href="#">4.1</a>	<b>Patient Transport by Porter</b>
<a href="#">4.2</a>	<b>Patient Transport by OR/Critical care/Code blue/other teams</b>
<a href="#">5.0</a>	<b>Cleaning</b>
<a href="#">6.0</a>	<b>Summary of PPE recommendations</b>
<a href="#">7.0</a>	<b>Definitions</b>
<a href="#">8.0</a>	<b>Cross References</b>
<a href="#">9.0</a>	<b>External References</b>
<a href="#">10.0</a>	<b>Developed By</b>
<a href="#">11.0</a>	<b>In Consultation With</b>
<a href="#">12.0</a>	<b>Approved By</b>

<b>1.0</b>	<b>Purpose</b>
<b>1.1</b>	To ensure the safety of patients, staff and visitors during transportation process within or between healthcare facilities of <b>suspected or confirmed COVID-19 patients</b> .
<b>1.2</b>	<p>To prevent the spread of COVID19 during transport of suspected/confirmed COVID19 cases</p> <ul style="list-style-type: none"> <li>• A point of care risk assessment (PCRA) should be performed prior to initiation of transfer to determine the appropriate PPE according to level of care.</li> <li>• As is appropriate, patients should be assisted to perform hand hygiene and don a mask prior to leaving the patient room</li> <li>• Patient should receive non-humidified O<sub>2</sub> for transport if required.</li> <li>• All transport personnel likely to be within 2 meters of the patient should at a minimum be in Droplet/Contact precautions. (see section <a href="#">4.4</a> for details)</li> <li>• A fit tested N95 mask must be additionally worn by all health care workers (HSW) when entering the room, transporting or providing direct care for a suspected/confirmed COVID19 patient who is intubated or has an ongoing Aerosol Generating Medical Procedure (AGMP). Refer to AGMP list of relevance for COVID19. <a href="#">IC - Precautions for Aerosol Generating Medical Procedures</a></li> <li>• Clean PPE should be brought in a bag if a requirement is anticipated during transfer or for assistance in moving a patient upon arrival to receiving ward/service.</li> <li>• The patient must be transported directly to the receiving ward/service or diagnostic areas for testing and should not be placed in a waiting area with other patients.</li> <li>• All health care workers involved in the transport of patients should ensure appropriate hand hygiene for all relevant moments of hand hygiene.</li> </ul>
<b>2.0</b>	<b>Equipment</b>
	<ul style="list-style-type: none"> <li>• Stretcher/wheel chair, crib, bassinette, Isolette</li> <li>• Transport monitor (*if patient going to Operating Room (OR) use OR monitor for transport)</li> <li>• Transport Boxes (intubation/medications)</li> </ul>

Hamilton Health Sciences	Page 2 of 7
<b>Posting Date:</b> 2020-04-03, 2020-05-14 (edit)	
<b>Posting History Dates:</b>	
<b>Next Review Date:</b> 2025-04-03	
<b>Title:</b> IC – Transportation of Patients Within or Between Healthcare facilities of Who are Suspected or Confirmed COVID-19	

	<ul style="list-style-type: none"> <li>• I.V. Pumps</li> <li>• Resuscitation bag with appropriate filter and mask</li> <li>• O<sub>2</sub> tank</li> <li>• Clean linen (inclusive of drapes, sheets, towels, gowns, etc.)</li> <li>• Disinfectant wipes (Accelerated Hydrogen Peroxide wipe)</li> <li>• Clear large plastic bags (clear drapes)</li> <li>• Patient Chart</li> <li>• Suction machine (to remain with clean HCW for use if required)</li> </ul>
<b>3.0</b>	<b>Policy Statements</b>
<b>3.1</b>	The movement of patients with suspected or confirmed COVID-19 should be limited with all efforts made to ensure initial admission to the most appropriate location and that only essential tests are performed outside this location.
<b>3.2</b>	Use a pre-planned dedicated route for transport using the shortest route avoiding high traffic and patient care areas wherever possible.
<b>3.3</b>	An N95 mask should be worn in addition to droplet/contact precautions in enclosed areas such as an elevator (as maintaining a 2 meter distance is not possible) for all intubated patients and those requiring ongoing AGMPS (eg. non-invasive ventilation (NIV) and/or high flow O <sub>2</sub> devices) <a href="#">IC - Precautions for Aerosol Generating Medical Procedures.</a>
<b>4.0</b>	<b>Procedure</b>
<b>4.1</b>	PCRA must be performed before transportation and patient interaction, to assess the need for necessary Hand Hygiene, PPE, Environmental Controls and Administrative Controls.
<b>4.2</b>	<b>Preparation</b>
	<p><b>Communication</b></p> <p><b><i>Sending Unit/Service:</i></b> Call receiving unit/service (e.g. medical imaging) to ensure:</p> <ul style="list-style-type: none"> <li>• awareness of Additional Precaution requirements and diagnosis</li> <li>• which door/room to enter receiving unit through to avoid waiting and exposure to other patients</li> <li>• prepare equipment/medications currently running</li> <li>• don appropriate PPE</li> <li>• inform prior to departure</li> </ul> <p><b><i>Receiving Unit/Service:</i></b></p> <ul style="list-style-type: none"> <li>• confirm door and room, equipment, and medications are prepped</li> <li>• check hallway to ensure clear path of entry (service elevators to unit)</li> <li>• alert receiving team of transport on their way</li> <li>• for ward/ICU transfers ensure bed space assigned and equipment/medications ready</li> <li>• staff to don appropriate PPE</li> </ul>

Hamilton Health Sciences	Page 3 of 7
<b>Posting Date: 2020-04-03, 2020-05-14 (edit)</b> <b>Posting History Dates:</b> <b>Next Review Date: 2025-04-03</b>	
<b>Title: IC – Transportation of Patients Within or Between Healthcare facilities of Who are Suspected or Confirmed COVID-19</b>	

	<ul style="list-style-type: none"> <li>If transfer of accountability (TOA) needs to be performed, it should take place outside the patient room after doffing off PPE.</li> </ul>
<b>4.3</b>	<b>Patient Transport by Porter</b>
4.3.1	Refer to <a href="#">IC Infection Control During Transportation</a> for a patient requiring Additional Precautions.
<b>4.4</b>	<b>Patient Transport by OR/Critical care/Code blue/other HCW teams</b>
4.4.1	<b>Personnel for transport:</b> <ul style="list-style-type: none"> <li>The composition of the transport teams will vary depending on sending/receiving unit, personnel available and level of patient care required. Number of personnel should be limited to the minimum essential members required for safe transport of the patient.</li> <li>Transport teams may include: <ul style="list-style-type: none"> <li>Anesthesiologist or MRP physician (or delegate), nurse or RT as appropriate and HCW(s) designated as “clean”</li> <li>HSW(s) designated as “clean” should avoid contact with patient or patient environment, and will be responsible for supporting efficient and safe transfer and minimizing contamination of public surfaces/areas e.g. elevator buttons, clearing corridors, using phones outside patient care areas etc.</li> <li>All other personnel in contact with patient and/or patient environment should avoid outside environmental contamination of their PPE.</li> </ul> </li> <li>Two teams may be necessary for transfers of critical care/code blue/OR patients <ul style="list-style-type: none"> <li><b>Team 1</b> - preparing the patient for transport (1 RN &amp; RRT).</li> <li><b>Team 2</b> - receiving the patient outside the room to minimize risk of contamination (MRP or delegate, 1 RRT, any other HCW required to assist with transport) with at least one HCW(s) designated as “clean” as described above.</li> <li>Ensure team has code blue key (if available/appropriate)</li> <li>If only one team is available, it will be necessary to remove PPE and put on clean PPE between patient preparation and transportation.</li> <li>All members providing direct care or within 2 meters of the patient should wear N95 respirators in addition to contact+droplet precautions for the intubated patient or patient that requires AGMP during transport <a href="#">IC - Precautions for Aerosol Generating Medical Procedures</a></li> </ul> </li> <li>HSW(s) involved in direct care of the patient during transport should be wearing PPE appropriate for their level of contact with the patient during transport, which as a minimum should include droplet/contact precautions.</li> <li>Transport boxes and patient chart shall be placed in separate clear plastic bags and preferably transported by the clean HCW.</li> </ul>
4.4.4	<b>Transport of Intubated patients or those receiving NIV and/or high flow O<sub>2</sub></b>
	<b><i>Intubated patients</i></b>

**Posting Date:** 2020-04-03, 2020-05-14 (edit)

**Posting History Dates:**

**Next Review Date:** 2025-04-03

**Title: IC – Transportation of Patients Within or Between Healthcare facilities of Who are Suspected or Confirmed COVID-19**

- High efficiency filters MUST remain attached to the patient-side of the breathing circuit at all times. In line suction catheters may be left in place and the HME connected to it to prevent dispersion of droplets from the endotracheal tube.
- Staff involved in bag valve mask ventilation, ventilator disconnections or within 2 meters of the patient during transport (e.g. if the route may involve transport via elevator) should be wearing an N95 mask per the Critical Care policy, eye protection, gloves and gowns.
- Use droplet/contact precautions as a minimum for all other levels of care.
- Patient may be ventilated by Ambu-bag (with or without PEEP valve) or transport ventilator as appropriate.
- If appropriate, consider paralyzing the patient prior to disconnection from ventilator circuit to prevent coughing:
  - Ventilator should be turned off and gas flow stopped, prior to disconnection of circuit with the HME filter remaining attached to the endotracheal tube.
  - The transport device (Ambu bag or ventilator is connected to provide ventilation for transport.
  - If required, suction patient with in-line suction prior to departure
- Prior to initiating transfer, cover the patient's head with a clean drape to reduce the extent of environmental contamination in the event of accidental disconnection.
- For medical imaging/procedures
  - Patient should be moved onto imaging table and connected to the ventilator.
  - The stretcher must remain in the room during the procedure.
  - The transport team must approach control room door and remove PPE and discard into the waste container/linen hamper in the procedure room, following PPE removal procedures.
  - Once the procedure is complete the team can re-enter the procedure room with new clean PPE and remove the patient from the ventilator and attach the patient to the resuscitation bag (or transport ventilator) with mechanical filter.
  - The patient is then transferred to the stretcher/bed.

***Patients on non-invasive ventilation and/or receiving high flow O<sub>2</sub>***

- A mask should be applied over the O<sub>2</sub> delivery device where possible.
- Do not transfer with open breathing circuits (high-flow nasal cannulae and non invasive ventilation) or humidified O<sub>2</sub> - Nasal prongs and simple facemasks or non-rebreath (NRB) masks are acceptable for transport.
- Use non-humidified O<sub>2</sub> delivery for transfer if required.
- All transporting personal providing direct care or within 2m of the patient, should wear N95 mask in addition to droplet/contact precautions.

Hamilton Health Sciences	Page 5 of 7
<b>Posting Date: 2020-04-03, 2020-05-14 (edit)</b> <b>Posting History Dates:</b> <b>Next Review Date: 2025-04-03</b>	
<b>Title: IC – Transportation of Patients Within or Between Healthcare facilities of Who are Suspected or Confirmed COVID-19</b>	

4.4.5	<b>Transport of all other patients</b> <ul style="list-style-type: none"> <li>• For transfers to OR, patient should be managed as per COVID OR policy documents. <ul style="list-style-type: none"> <li>○ One team member will be responsible for airway management (eg. anesthetist or RT) as is appropriate. Droplet and contact precautions for non-AGMP procedures (e.g. Neuraxia, regional, local anesthetic). If any AGMPs are anticipated (e.g. intubation), an N95 mask should be additionally worn prior to the AGMP.</li> </ul> </li> <li>• Patient shall wear mask during transportation. Nasal prongs and simple facemasks or non-rebreath (NRB) masks are acceptable for transport and a mask can be applied over these if possible. Transporting staff within 2m of the patient will be required to wear as a minimum droplet/contact precautions for all non intubated patients and those without ongoing AGMPs.</li> </ul>
5.0	<b>Cleaning Transport Equipment and Contaminated Areas</b> <ul style="list-style-type: none"> <li>• Clean and disinfect stretcher/bed handles and IV pole handle with disinfectant wipe before and after use.</li> <li>• All non-disposable transport equipment, such as O2 tank, stretcher or bed must be cleaned and disinfected and pushed outside of room to another HCW wearing gloves to clean and disinfect a second time.</li> <li>• Disposable equipment no longer necessary must be discarded in appropriate waste container in the room (e.g. unused drugs, filters, ECG electrodes, IV supplies etc.)</li> <li>• If patient becomes disconnected form ventilator during transport, disinfection will be required for contaminated environment such as elevators, hallway and equipment used. Routine cleaning for for clinical and public areas as per protocol.</li> </ul>

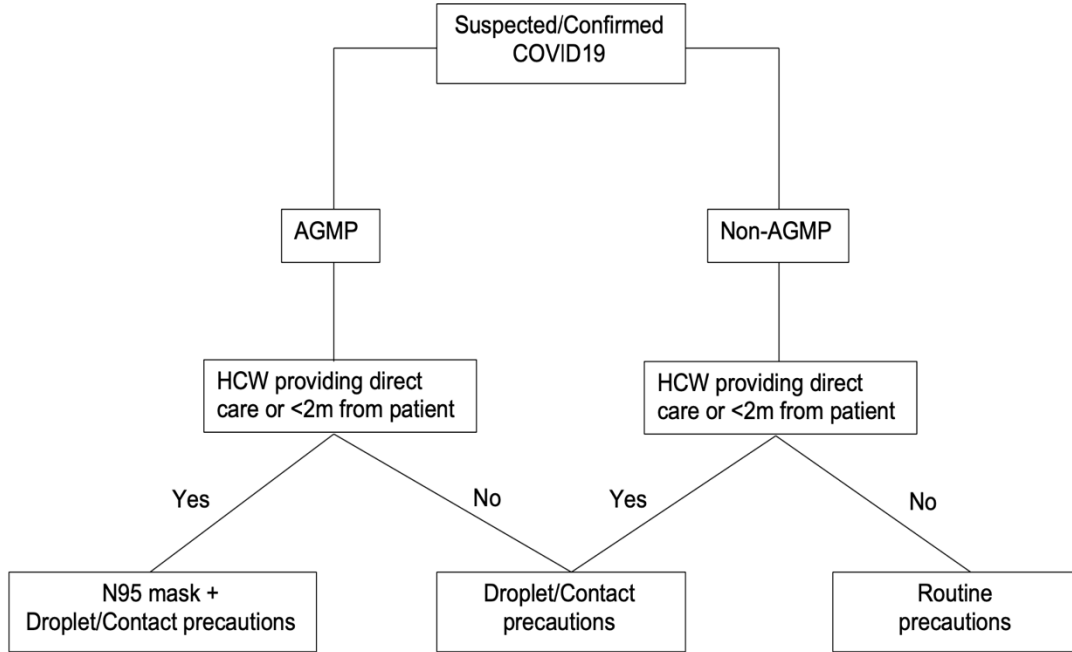
**Posting Date:** 2020-04-03, 2020-05-14 (edit)

**Posting History Dates:**

**Next Review Date:** 2025-04-03

**Title:** IC – Transportation of Patients Within or Between Healthcare facilities of Who are Suspected or Confirmed COVID-19

**6.0 Summary of PPE recommendations**



**7.0 Definitions**

**COVID19: Probable** – Patient presenting with symptoms/signs suggestive of infection with SARS-COV2 awaiting nasopharyngeal PCR test results

**Confirmed** – Patient with confirmed SARS-COV2 infection on nasopharyngeal PCR

**Cleaning:** The physical removal of foreign material (e.g. dust, soil) and organic material (e.g. blood, secretions, excretions, microorganisms). Cleaning physically removes rather than kills microorganisms. It is accomplished with water, detergents and mechanical action.

**Disinfection:** The inactivation of disease-producing microorganisms. Disinfection does not destroy bacterial spores. Medical equipment/devices must be cleaned thoroughly before effective disinfection can take place.

**Hand Hygiene:** A general term referring to any action of hand cleaning. Hand hygiene relates to the removal of visible soil and removal or killing of transient microorganisms from the hands. Hand hygiene may be accomplished using soap and running water or an alcohol-based hand rub.

**Personal Protective Equipment (PPE):** Equipment used to prevent contamination of skin, mucous membranes or clothing of staff in order to prevent transmission of infectious disease. PPE may include any combination of gown, gloves, mask, goggles, or face shield.

Hamilton Health Sciences	Page 7 of 7
<b>Posting Date:</b> 2020-04-03, 2020-05-14 (edit) <b>Posting History Dates:</b> <b>Next Review Date:</b> 2025-04-03	
<b>Title: IC – Transportation of Patients Within or Between Healthcare facilities of Who are Suspected or Confirmed COVID-19</b>	

	<p><b>Point of Care Risk Assessment (PCRA):</b> An evaluation of the interaction of the health care provider, the client/patient/resident and the client/patient/resident environment to assess and analyze the potential for exposure to blood, body secretions and excretions.</p> <p><b>Droplet and contact precautions:</b> surgical mask with face shield (+/- goggles), gloves and at least fluid resistant gowns.</p> <p><b>Aerosol Generating Medical Procedure (AGMP):</b> include but not limited to intubation and related procedures (e.g. manual ventilation, open suctioning), cardiopulmonary resuscitation, bronchoscopy, sputum induction, non-invasive ventilation (e.g. BiPAP), open respiratory suctioning, high frequency oscillatory ventilation, tracheostomy care, nebulized therapy, high flow heated O<sub>2</sub> therapy devices (e.g. Airvo, optiflow) and autopsy.</p>
<b>8.0</b>	<b>Cross References</b>
	<a href="#">082-MED IC Hand Hygiene Policy</a> <a href="#">121-MED IC Additional Precautions Policy and Procedure</a> <a href="#">Sequence for Donning PPE in Healthcare Settings</a> <a href="#">Sequence for Removing PPE in Healthcare Settings</a> <a href="#">IC Infection Control During Transportation</a> <a href="#">IC - Precautions for Aerosol Generating Medical Procedures</a>
<b>9.0</b>	<b>External References</b>
	<a href="#">Ontario Agency for Health Protection and Promotion, Provincial Infectious Diseases Advisory Committee. Routine Practices and Additional Precautions in All Health Care Settings. 3rd edition. Toronto, ON: Queen’s Printer for Ontario; November 2012. Revised February 2013</a>  PHO Directive
<b>10.0</b>	<b>Developed By</b>
	Infection Prevention and Control
<b>11.0</b>	<b>In Consultation With</b>
	Joint Health and Safety Committees – HHS, RT Practice Council – HHS
<b>12.0</b>	<b>Approved by:</b>
	Manager Infection Prevention and Control

<b>Keyword Assignment</b>	COVID-19, Additional Precautions, Contact Precautions, Droplet Precautions, Droplet/Contact Precautions, AGMP Droplet/Contact with 95 Respirator Precautions, Patient Transport, Personal Protective Equipment, Routine Practices
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