

Transport of the Infectious Patient within the Healthcare Facility Checklist

- CDC recommends limited transport/movement for medically essential purposes only.
- Limit transport team to necessary staff

Consider for all patients with infections which are transmitted by respiratory droplets:

1. Early recognition of a deteriorating patient (monitor closely during transport)
2. Safety for Healthcare providers/workers (wear appropriate PPE; prevent staff exposure and contamination)
3. Safety of VA visitors (clear from vicinity; prevent exposure and contamination)
4. A contingency plan for medical emergencies during transport (bring correct PPE)

Prior to Transport	
	Arrange for escort (If applicable) Notify receiving area/department prior to transport of patient of infectious status to plan for equipment needs, PPE and placement of patient in the receiving area/department.
	Know facility designated route to receiving department. Use facility designated path for transport; follow facility SOP re: door closures and elevator use.
	Perform hand hygiene. Before and After: All patient contact; putting on and removing PPE, including gloves After: Contact with potentially infectious material.
	Prepare for transport of patient: Don (put on) PPE per facility SOP and CDC guidelines* for all healthcare personnel in contact with patient during move to wheelchair/stretcher for transport to other area/unit (e.g., nursing staff, respiratory therapist, transporters, escorts, and procedural personnel). CDC link to donning guidance: https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf ; https://www.cdc.gov/HAI/prevent/ppe.html
	Doff (take off) contaminated gown and gloves per facility SOP and CDC guidelines* once the patient has been transferred to the wheelchair or transport stretcher. Prior to exiting the room, perform hand hygiene. Don clean PPE to handle the patient at the transport location. https://www.cdc.gov/HAI/prevent/ppe.html https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html
	Cover patient who is being transported with a clean sheet and apply facemask to patient. If not able to tolerate facemask, follow facility policy; consider face shield placement. Ensure any wounds are dressed and covered by sheet. If any additional items/equipment are to transfer with the patient (e.g. IV pole, chart back, etc.) wipe down with approved disinfectant per manufacturer's instructions. Place item(s) in a clean bag, if possible.
During Transport	
	Continuously assess patient for signs of deteriorating condition. Ensure medical contingency plan in place (e.g., medical emergency bag/supplies)
	Use facility designated path for transport; follow facility SOP re: door closures and elevator use. Escort to clear path; uphold physical distancing of 6 feet whenever possible from others. Look for bystanders, secure elevator without other passengers.
	Patient to remain with facemask in place with sheet covering patient.
	Transport team arrives to receiving area/unit with patient wearing facemask and covered with clean sheet. If the transport team assists with patient transfer from transport stretcher/wheelchair to receiving department (direct patient contact), doff (remove) PPE after transfer and perform hand hygiene. Ensure staff in receiving area/unit don (put on) appropriate PPE per facility SOP/CDC guidelines*.
Decontamination of Receiving Area/Unit After Patient Returns	
	Decontaminate the procedure/diagnostic area and/or patient room immediately after patient leaves. Clean/disinfect area according to facility policy and CDC guidelines using an EPA registered disinfectant that is effective against the infectious organism of the patient. https://www.cdc.gov/hai/prevent/resource-limited/cleaning-procedures.html https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2
	Staff in procedural area doff (remove) PPE after completion of procedure and/or decontamination of the area per CDC guidelines and facility SOP*. Perform hand hygiene as described above.
Returning Transport	
	Call escort (if applicable) or other staff to return patient to inpatient room. Notify of infectious status so staff returning the patient can plan for use of facility-designated path for transport, equipment needs, PPE and placement in room upon return.
	Perform hand hygiene. Before and After: All patient contact; putting on and removing PPE, including gloves After: Contact with potentially infectious material.
	Cover patient who is being transported with a clean sheet and ensure patient is wearing a facemask.
	Return patient to room, following facility SOP for designated path.
	Upon return to the unit/patient room, all healthcare personnel in contact during patient transfer from wheelchair or transport stretcher to patient bed (i.e., nurses, respiratory therapist, transporters, escorts, and procedural personnel) don (put on) PPE per facility SOP/CDC guidelines*
	After patient is returned to room, remove patient facemask
	Clean/disinfect transport wheelchair/stretcher per facility SOP and CDC guidelines, while wearing PPE. Use EPA registered disinfectant.

Transport of the Infectious Patient within the Healthcare Facility Checklist

	Doff (take off) PPE after completion of cleaning/disinfecting.
	Perform hand hygiene. Before and After: All patient contact; putting on and removing PPE, including gloves After: Contact with potentially infectious material. Prior to exiting patient room be sure to perform hand hygiene

- Check with local facility Infection Prevention and Control professional.

References

CDC. Preventing transmission of infectious agents in healthcare setting (2007). (2019, July). Retrieved from <https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>

CDC. Interim guidance for Emergency Medical Services (EMS) systems and 911 Public Safety Answering Points (PSAPs) for COVID-19 in the United States. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>

Liew, M. F., Siow, W. T., Yau, Y. W., & See, K. C. (2020). Safe patient transport for COVID-19. *Critical Care*, 1 – 3

Wax, R. S., & Christian, M. (2020). Practical recommendations for critical care and anesthesiology teams caring for the novel coronavirus (2019-nCoV) patients. *Canadian Anesthesiologists Society*, 568 - 576.