

VCMC/ SPH Transportation within the hospital policy: COVID-19

4 2 2020

Transporting high-risk (COVID suspect or COVID+) patients in hospital:

- Limit transport if at all possible
- For critical studies, do portable exams (US, CXR, etc) if at all possible
 1. See updated [COVID-19 Isolation, Cleaning & Disinfection 3.19.2020](#) guideline on medical staff office website for cleaning of portable equipment
- If patient requires transport:
 1. Staff puts on full PPE prior to entering room to prepare patient for transport
 2. Preparation of patient and equipment for transport
 - Non-intubated patients: Patient should wear a procedure mask, and have a clean sheet covering from neck down during transport; transporting staff should wear procedure mask during transport
 - For patients on more than 6 liters per minute flow of oxygen (any method), the patient is at risk for aerosolizing. To reduce aerosolizing during transport, see below
 - Patients needing transport after intubation:
 - If at all possible, recently intubated patients should be transported AFTER aerosol settles / expelled from room via air exchanges
 - Negative pressure room: 45 minutes
 - VCMC standard room: 3.5 hours
 - SPH standard room: 1.5 hours
 - Place clean sheet on patient (from neck down) prior to transport
 - Transportation is to be done with the same ventilator without breaking the circuit
 - Remove the equipment cover from the ventilator
 - Clean the equipment with appropriate wet time with wipe from purple top container
 - Replace equipment cover on top of the ventilator prior to transport
 3. Transport:
 - Staff keeps PPE on and touches only the bed / gurney / equipment
 - Assistant wearing mask and gloves (but not gown) opens all doors and watches to ensure that no surfaces are touched by the staff members with PPE still donned
 4. Quickly transport to intended area
 5. If patient requires assistance to get into CT, MRI, etc, staff assisting should be wearing full PPE (follow donning and doffing guidelines)
 6. Same process to return patient to their room

If high-risk (COVID suspect or COVID+) patients requires surgery

- Patient should go directly to OR
- Do not bring patient to Pre-Op area
- Recovery of patient (Patient should not go to PACU)
 - If ICU, PICU, NICU: Consider recovery on the unit instead of in the OR
 - If M/S, DOU, Peds, etc: Recovery in OR prior to return to inpatient bed

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Appendix A:

Suggested Procedure for transport of non-intubated patients on more than 6 liters per minute oxygen flow to reduce aerosol in the environment during the transport:

1. 3 staff members are needed
 - a. 2 staff members are in full PPE including bouffant, eye protection, N95, gown and gloves
 - i. One driver of the gurney or bed
 - ii. One person to help keep the cover on the patient
 - b. 1 staff member with mask and gloves opens doors and verifies no surfaces are touched by staff in PPE
2. Staff member to keep cover on the patient places "intubation box" over the patient's head taking care not to rest the box on the patient's head as it is heavy; arm holes are used as handles in front of the patient's head to keep the box in correct position (photo 1)
3. Large plastic sheet goes over the "intubation box" covering from above the head to patient's abdomen;
 - a. Plastic equipment covers with one slit down 1 side can be used if there is no other drape large enough
 - b. All edges of the plastic drape must be touching the bed and tucked in to reduce aerosol escape around the sheet (Photo 2)
4. Transport patient rapidly to destination (Photo 3) with 3rd staff member with mask and gloves opening doors and verifying that no surfaces are touched by staff in PPE
5. Plastic drape is removed and discarded on arrival to destination
6. Gurney and intubation box are returned to original destination for terminal cleaning by EVS Staff

Photo 1:



Photo 2:



Photo 3:

