

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

6/30/2020

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 is ambulatory, not on more than 6 liters per minute flow of oxygen, and does not require assistance with transfer, patient may exit room into waiting wheelchair. Transport staff does not need to be wearing full PPE in this scenario: mask and gloves are sufficient. Patient should be wearing a surgical mask and should be covered with a sheet below the neck.
- If patient requires assistance with 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
 - If patient has an aerosol-generating procedure ongoing [Aerosol Generating Procedure List VCMC/SPH](#), see **Appendix A** for transportation strategy to reduce risk of aerosolization during transport
 - 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
 - In case of accidental disconnection during transportation:
 - If PVC pipe+ clear curtain tent is available, place it over the patient's head
 - If tent is unavailable, use plastic equipment sheet to cover patient's head
 - 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
 7. Begin PPE doffing protocol in patient room

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

- Patient should go directly to OR, do not bring hospitalized patient to Pre-Op area
- Transporting staff can doff gown and gloves into trash bin in taped off area right outside the OR by the elevators (see picture below). Then complete PPE protocol in a station in originating unit.



- Recovery of patient
 - If patient to remain intubated, consider recovery in ICU/PICU/NICU instead of in the OR
 - If M/S, DOU, Peds, etc: Recovery in OR (SPH) and/or isolated PACU room (VCMC) prior to return to inpatient be

If high-risk (COVID suspect or COVID+) patients is being discharged by ambulance

- Transporting staff can doff gown and gloves into trash bin in ambulance bay right outside the ER (see picture below). A stand with hand sanitizer will also be available in the area to perform hand hygiene.



- Then complete PPE protocol outside the first patient room you encounter in the ER as they all have PPE stations set up (see picture below)



If high-risk (COVID suspect or COVID+) patients is being transported for radiographic imaging in old hospital

- Transporting staff can either:
 - Wait outside the room for the patient to transport them back, and ensure they are not touching anything, or
 - Follow full PPE doffing protocol in clean and dirty stations right outside of X-ray room (see picture below).



If high-risk (COVID suspect or COVID+) patients is being transported for radiographic imaging in ER

- Transporting staff can either:
 - Wait outside the room for the patient to transport them back, and ensure they are not touching anything, or
 - Doff gown and gloves in CT room (see picture below).



- Then can complete PPE doffing protocol right outside of CT room in the clean and dirty stations (see picture below, Note: the Clean station table is in the CT room until a COVID suspect or positive patient is arriving, then it gets moved out to the Clean area).

Appendix A:

Patient's using the intubation box covered by large plastic sheet MUST be on oxygen and time limit under these apparatus is 10 minutes.

Suggested Procedure for transport of non-intubated patients with ongoing aerosol-generating procedures during transport:

- 3 staff members are needed
 - 2 staff members are in full PPE including eye protection, N95, gown and gloves
 - One driver of the gurney or bed
 - One person to help keep the cover on the patient
 - 1 staff member with mask and gloves opens doors and verifies no surfaces are touched by staff in PPE
- Staff member to keep cover on the patient and places "intubation box" over the patient's head, there are different variations of this box
 - For the "plexiglass intubation box" (see 'Photo 1' on the right) when placing the box over the patient's head, take 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
 - For the "smaller PVC pipe box" see the next pages for instructions
- Large plastic sheet goes over the "intubation box" covering from above the head to patient's abdomen;
 - For the "plexiglass intubation box", the plastic equipment cover covers the box, with one slit down one side, if there is no other drape large enough
 - All edges of the plastic drape must be touching the bed and tucked in to reduce aerosol escape around the sheet (Photo 2)
 - For the "smaller PVC pipe box" see the next pages for instructions
- 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
- Plastic drape is removed and discarded on arrival to destination
- Gurney and intubation box are returned to original destination for terminal cleaning by EVS Staff

Photo 1:



Photo 2:



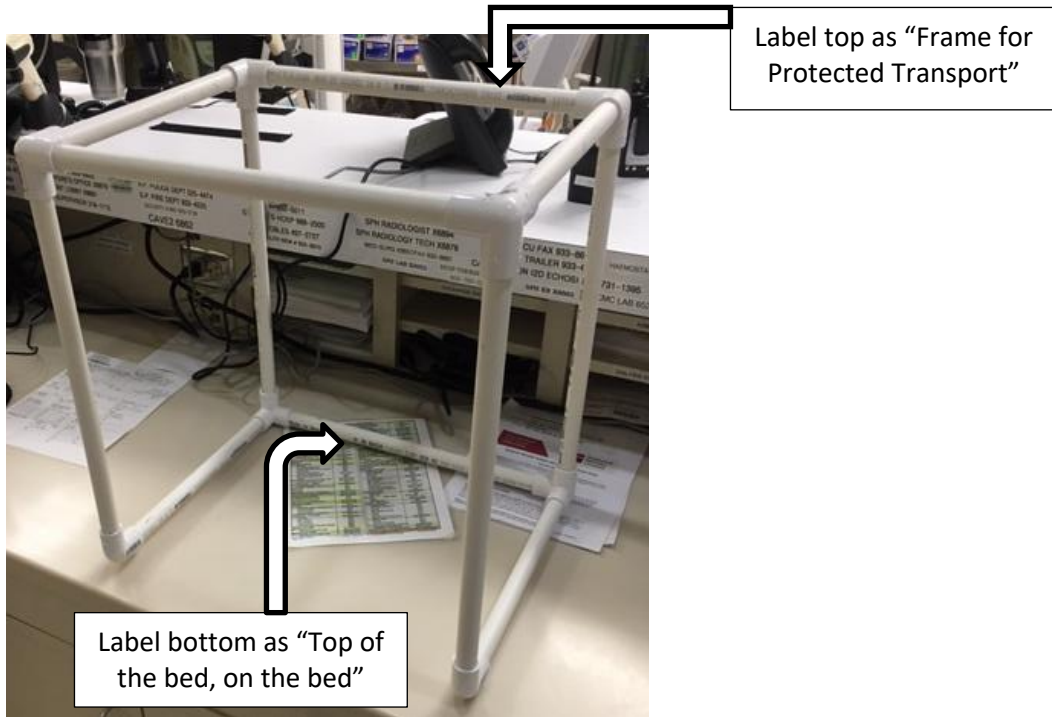
Photo 3:



Smaller PVC Pipe Transport Tent

Same Size as Intubation box but easier for patient to hold themselves

Smaller PVC pipe box, same size as Intubation Box but more easily held by patients and easily cleaned:



Step 1: Place box over patient's head:



Step 2:

Place clean uncut clear plastic equipment cover over the box and patient's head, draping until it touches the bed



Step 3: Place clean sheet over patient from neck down covering bottom of clear plastic equipment cover

