

Guidance for Transporting Patients with or Under Investigation for COVID-19

In general, transport and movement of patient's outside of their room should be limited to medically essential purposes only. The patient should remain in his/her room at all times with the door closed unless emergency diagnostic or therapeutic procedures (e.g. CT scan, surgery, etc.) are required and cannot be performed in the patient's room.

If the patient is being transported outside of the room, the healthcare personnel (HCP) at the receiving area must be notified in advance prior to patient movement.

General rules for transport

The patient care coordinator (PCC) or charge nurse (CN) of the sending department will coordinate with the receiving department's PCC/CN per usual protocols.

- A. Before leaving the room, the patient will perform hand hygiene, wear a clean hospital gown, and put on a barrier (e.g. surgical/procedural) mask.
- B. Transport personnel will perform hand hygiene and follow the sequence for donning personal protective equipment (PPE) for COVID-19 prior to entering the patient's room and before transferring the patient to a wheelchair or gurney. All recommended PPE includes the use of gloves, a gown, respiratory protection (N95 respirator for patients under Airborne Precautions and a barrier mask for patients under Droplet Precautions), and eye protection (e.g. goggles, face shield).
- C. Once the patient has been transferred to a wheelchair or gurney, the transporter will follow the recommended sequence for doffing PPE to include gown and gloves.
 - a. Note: Respiratory protection (e.g. barrier mask, N95 respirator) will remain on the transporting personnel during transport.
- D. After arrival at their destination, receiving personnel (e.g. radiology staff) and the transporter (if assisting with transfer) will perform hand hygiene and follow the sequence for donning PPE.

Transporting intubated patients

The Emergency Department (ED) and adult intensive care units (ICUs) are equipped with portable ventilators that should be utilized if available when transporting intubated patients. Use of a transport ventilator will minimize risk of accidental dislodgement of endotracheal tube (ETT) or manual bag-valve-mask.

Please note: the COVID19 situation continues to evolve and these recommendations are based on data currently available. Recommendations are subject to change based on future clinical needs and evidence.