Transportation of COVID-19 Patients: Confirmed or Under Investigation

Last updated: 09-30-2020

Patient transport/movement should be limited to essential medical treatment (ie consider portable/bedside treatment).

Prior to transporting patient verify:
* Room is ready.
* Necessary equipment is available and in working order.
* Complete handoff has been given to receiving department, including type of PPE needed.

Staff PPE:
* Airborne/Contact – CAPR & procedure mask; gown; gloves
        OR
* Airborne/Contact/Eye Protection - N-95; gown; gloves
    ~ goggles – also wear procedure mask over N-95 (during times of extended N95 use)
    ~ face-shield – N-95 only

Is patient on O2 or intubated?

YES →

Notify Respiratory Therapy (RT)
Respiratory Staff Member will assess all patients on O2 or intubated prior to transport.

NO →

Patient PPE:
* Place procedure mask on patient.

Patient PPE: (RT to place/verify)
Nasal Cannula (NC), High Flow NC, Venturi or Non-rebreather (NRB) Mask:
* Procedure mask over the device to cover
  patient nose, mouth, and exhalation ports.
* Ensure a good seal where indicated.
BiPAP or Non-Invasive Positive Pressure Ventilation (NIPPV) Mask:
* Procedure Mask with face shield placed over
  the device, not tightly.
* RT to assess all ports for blockage.
Intubated:
* Transport ventilator must be used. Ambu bag is used only if vent not available.
* Viral filter must be in place.

If patient _CAN_ be masked during transport – no need to clear transport path.
If patient _cannot_ be masked during transport = Hallways, elevator path should be cleared of any patients/staff.
House Supervisor/ designee assist.

Transport patient via bed/cart/wheel-chair via the facility pre-designated route.
Clean mode of transport with A3/MicroKill/Fusion prior to leaving the room.

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