



PROCESS TO DECREASE RISK OF CONTAMINATION FOR INTER-HOSPITAL TRANSPORT OF PATIENTS WITH SUSPECTED OR CONFIRMED COVID19

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The **OFFICIAL** version is available on the InsideNet.

1.0 PRACTICE STANDARD

Purpose

To standardize a process for hospital ingress or egress of suspect and/or confirmed COVID19 transported patients, to decrease the risk of unit/site contamination.

2.0 DEFINITIONS AND ABBREVIATIONS

ACA	Advanced Care Attendant
Clean designate	Person(s) assigned to remain clean throughout the transfer process from sending unit to ambulance and from ambulance to receiving unit
Transport team	Any clinicians accompanying the patient during the Inter-Facility transport
BCEHS	British Columbia Emergency Health Services

3.0 EQUIPMENT

- Personal Protective Equipment
- Disinfecting Wipes

4.0 PROCEDURE

Pre-Transport:

- 4.1 • Transport team maintains appropriate personal protection equipment (PPE) throughout contact with the patient.
- 4.2 • Discussion with transport team and clean designate to discuss the egress route and any potential issues.
- 4.3 • Transport team receives patient report from sending site and assesses the patient.
- 4.4 • Transport team determines what equipment/consumables/medications etc. may be required during the transport.
- 4.5 • Transport team directs the clean designate to assemble above and place into clear plastic bags to be secured in the ambulance for transport.
 - If additional equipment/consumables are not required [e.g. IH High Acuity Response Team (HART) bags] place them into clear plastic bags and secured in ambulance as per normal process [for Royal Inland Hospital (RIH) HART only: place non-essential gear in the ACA

follow car].

- 4.6 • Patient is moved onto BCEHS stretcher and potentially required equipment secured to stretcher as per transport standards.

Transporting the Patient:

- 4.7 • Clean designate leads the way from bedside to ambulance and opens doors as necessary to prevent contamination by transport team.
 - Clean designate also dons gloves and carries disinfecting wipes to clean any surface contacted by the patient or transport crew.
- 4.8 • Patient is loaded into ambulance and transport team enters the back of the ambulance.
- 4.9 • If PPE needs to be changed while en-route (e.g. N95 mask becomes wet or contaminated), ask the BCEHS crew to stop at the next safe place, step out of the ambulance and change the required PPE, then continue the transport.
- 4.10 • 30 minutes prior to arrival (if transport longer than 30 minutes) the transport team will notify the receiving site Shift Coordinator/Patient Care Coordinator/Charge Nurse to confirm the room will be ready.
 - The receiving site lead will ensure a clean designate is waiting at the ambulance bay, with elevator keys if required, and a plan to move patient to the unit with the least bystander exposure.
 - The clean designate will be briefed that they are responsible to support donning of PPE for anyone in whom this is required, instructed to not enter the elevator with the transport crew and patient, and required to support the crew until the transport is completed.
- 4.11 • Upon arrival to the receiving site, the BCEHS driver will don PPE with the assistance of the clean designate and then the BCAS driver will open ambulance doors and help unload patient.
 - All non-essential gear is to remain in ambulance and equipment required to transport the patient from the ambulance to the inpatient unit is to be carried by staff or placed on stretcher.
- 4.12 • Clean designate leads the transport team through the predetermined route, opening doors and carrying disinfecting wipes to wipe any surfaces the transport team may come into contact with.
 - Transport team to ensure that clean designate does not enter the elevator with the team.
 - *Note: The elevator should have high frequency cleaning with wipes.*
- 4.13 • Patient is transported into an appropriate room and care is handed over to receiving staff.

Decontaminating Equipment/Gear:

- 4.14 • All equipment is to remain in the patient room until handover is complete.
- 4.15 • Discard appropriate consumables in the patient's isolation room garbage container.
 - Remaining equipment is disinfected with IH approved wipes and passed from the patient's room doorway to clean designate.
- 4.16 • Transport staff removes PPE in patient's room, performing hand hygiene after each piece is removed. Remove face masks /shield outside patient's room, in hallway or anteroom if



available, and perform hand hygiene. Perform hand hygiene before leaving the unit.

- 4.17 • The transport team returns to the ambulance.
- 4.18 • The transport team member dons clean PPE and enters the ambulance and moves all remaining non-BCEHS equipment/bags to the ambulance doors and opens the clear plastic bags so that the clean gear can be removed by a clean person outside the ambulance and placed on a clean cart.
 - Once this is completed, the transport member doffs the PPE and performs hand hygiene.
- 4.19 • BCEHS decontaminates the ambulance as per protocol.
- 4.20 • If the transport team is returning to their base hospital via the same ambulance, once all transport equipment, bags and personnel have been decontaminated, the transport team reloads their equipment into the ambulance, and secures as per standard protocol.

Disclaimer: The procedure steps may not depict actual sequence of events. Patient/Client/Resident specifics must be considered in applying Interior Health Clinical Practice Decision Support Tools

5.0 DOCUMENTATION CONSIDERATIONS

N/A

6.0 SPECIAL CONSIDERATIONS

No transport is to occur without prior appropriate level approval obtained.

7.0 REFERENCES

N/A

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