

Process to decrease risk of contamination for transport of persons with suspected or confirmed COVID-19

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## 1.0 PRACTICE STANDARD

### Purpose

To standardize a process for intra-hospital and inter-facility transport of persons with suspected and/or confirmed COVID-19, to decrease the risk of contamination.

## 2.0 DEFINITIONS AND ABBREVIATIONS

### [Aerosol-Generating Medical Procedures \(AGMP\)](#)

Includes intubation, non-invasive positive pressure ventilation, nebulizer treatments, suctioning, high flow nasal cannula

### Clean designate

Person(s) assigned to remain clean throughout the transfer process from sending unit to ambulance and from ambulance to receiving unit

### Person with Confirmed COVID-19

A person with lab confirmation (PCR NAAT assay) of SARS-CoV-2 virus infection

### Person with Suspected COVID-19

A person with COVID-19 like symptoms or risk factors for COVID-19 (recent travel outside Canada, close contact of confirmed case, close contact of known outbreak)

### Transport team

Any clinicians accompanying the person during the Inter-Facility transport

## 3.0 EQUIPMENT

- Personal Protective Equipment (PPE)
- Disinfecting Wipes

## 4.0 PROCEDURE

### British Columbia Emergency Health Services (BCEHS) Pre-Hospital Transport:

- 4.1 • Arrival of person with suspected or confirmed COVID-19 with BCEHS to IH facility Emergency Departments (ED):
  - BCEHS will call ahead to notify the site when they are transferring a pre-hospital person with suspected/confirmed COVID-19.
  - Site will tell the crew which entrance point to use at the receiving hospital.
  - During the transport BCEHS will follow their guidelines/protocols/procedures.
  - BCEHS will alert the site when they have arrived.
  - When possible a triage nurse or designate [donned](#) in [appropriate PPE](#) will meet

BCEHS and the person at the designated entrance and direct the BCEHS crew to appropriate care space including instruction on path of travel.

- Ensure the patient is wearing a procedure mask if able.
- If, upon arrival to the ED, the person is unresponsive and/or in [cardiac arrest](#), ensure staff [don appropriate PPE](#) for AGMP prior to contact with the person.
- Ensure a good seal is maintained with the bag-valve-mask with a HEPA filter or facemask THEN initiate [compressions](#) while moving the person to the room if directed to do so.

### Intra-Hospital Transport of the Person with Suspected/Confirmed COVID 19

#### Transport to Medical Imaging and/or In Patient Units:

- 4.2 • Persons with suspected/confirmed COVID 19 should remain in their assigned room for the duration of their [enhanced droplet contact precautions](#), unless they require essential diagnostic tests and therapeutic treatments that cannot be carried out in the person's room
- 4.3 • Prior to leaving unit, staff must notify the receiving area that the person is on [enhanced droplet contact precautions](#).
- 4.4 • Staff must follow [enhanced droplet contact precautions](#) and [don required PPE](#) when entering the patient room. The staff does not have to doff and don new PPE for transport; they are considered to be in the person's environment. They do not leave the environment until they have completed handover to the receiving staff; at that point they doff their PPE.
- 4.5 • If the person is not intubated, prior to them leaving their room, staff must educate/assist them to:
  - Perform hand hygiene
  - Don a procedure mask to wear when they are outside of their room
  - Wear clean clothing or a hospital gown/housecoat
  - Cover all wounds
  - Change and secure incontinence products
- 4.6 • If the person is receiving oxygen therapy, ensure the [appropriate PPE](#) is worn by the staff.
- 4.7 • Clean and disinfect the handles of the wheelchair or stretcher with Accel® intervention wipes.
- 4.8 • Clean and disinfect other surfaces touched during the transfer (e.g. elevator buttons, door handles etc.) with Accel® intervention wipes.
- 4.9 • Hand hygiene is to be performed before, during and after the transport.

#### Porter Staff:

- 4.10 • Wear [appropriate PPE](#) whenever they are within 2 meters of the person on [enhanced droplet contact precautions](#).
- 4.11 • Disinfect the handles of the wheelchair or stretcher with Accel® intervention wipes and

leave for 1 minute before conducting the transport of the person to the destination.

- 4.12 • At the destination, assist the person out of a wheelchair or stretcher as needed.
- 4.13 • Clean and disinfect the wheelchair or stretcher as per COVID-19 decontamination protocols.
- 4.14 • [Doff PPE](#) appropriately and perform hand hygiene between each doffing step.

**For [Intubated Persons](#):**

- 4.15 • Discuss the transfer plan in advance with the clinicians conducting the transport, including but not limited to: clear delegation of roles; plans in the event of any sentinel event (such as cardiac arrest, endotracheal tube displacement, transport route to take to ensure minimal exposure of others etc.).
- 4.16 • Avoid transporting with active AGMP procedures underway (e.g. open suctioning). Staff involved in the transfer dons N95 respirators as well as the other [required PPE](#).
- 4.17 • Manual bagging units are to have HEPA filters in place.
- 4.18 • Use of transport ventilators are preferred to minimize the need for manual ventilation. They should have expiratory limb HEPA filters in place as appropriate to the device and type of ventilation.
- 4.19 • Avoid manual ventilation whenever possible. If required, clamp the endotracheal tube prior to disconnection, ventilate with a self-inflating bagger with a HEPA filter and use small tidal volumes.
- 4.20 • Clean and disinfect oxygen cylinder(s) with Accel® intervention wipes prior to returning to central circulation.
- 4.21 • Clean and disinfect transport ventilator with Accel® intervention wipes after use.

**For Non-Intubated Persons Receiving Oxygen Therapy**

- 4.22 • Transport with non-humidified oxygen supply.
- 4.23 • All nebulizer therapy should be stopped.
- 4.24 • If the oxygen is delivered via a non-breather mask, ensure it has a HEPA filter.
- 4.25 • If heated humidified nasal flow cannula has been started, discontinue this therapy and switch the person to a non-breather mask with a HEPA filter.
- 4.26 • If person has been started on non-invasive positive pressure ventilation that cannot be stopped during transport, use a full face mask and HEPA filter. If this cannot be done safely, consider intubation prior to transfer.
- 4.27 • Clear hallways of extraneous personnel.
- 4.28 • Clean and disinfect oxygen cylinder(s) with Accel® intervention wipes prior to returning to central circulation.

- 4.29 • Clean and disinfect transport ventilator with Accel® intervention wipes after use.

**Inter-Facility Transport:****Pre-Transport:**

- 4.30 • Transport team maintains [appropriate PPE](#) throughout contact with the person.
- 4.31 • Establish route of transfer through hospital at both sending and receiving site before leaving unit. This should be communicated between transport clinicians and BCEHS. Use shortest path of travel and ensure any equipment that may unintentionally touch the person is moved out of the way by a designate and any potential issues are mitigated prior to the transfer.
- 4.32 • Transport team receives handover report from sending site and assesses the person.
- [Droplet/Contact with enhanced PPE](#) (including an N95 mask) is to be worn throughout the transport, regardless of intubation.
  - Transport clinicians are to bring extra PPE in case it needs to be replaced during the transport.
- 4.33 • Transport team determines what equipment/consumables/medications etc. may be required during the transport.
- 4.34 • 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 Advanced Care Attendant follow car].
- 4.35 • If the person is intubated, use the transport ventilator during the transport. Avoid bagging if possible, but if bagging is required for the intubated person, attach a HEPA filter to the bagger. If disconnecting the ventilator, clamp the endotracheal tube prior to disconnecting.
- 4.36 • If the person is not intubated, prior to leaving the patient room, staff must assist them to:
- Perform hand hygiene
  - Don a procedure mask
  - Wear clean clothing or hospital gown/housecoat
  - Cover all open wounds
  - Change and secure incontinence products
- 4.37 • Person is moved onto BCEHS stretcher and required equipment secured to stretcher as per transport standards.

**Transporting the Person with suspected/confirmed COVID 19 with BCEHS:**

- 4.38 • Prior to BCEHS arrival to pick up the person, the sending site will tell the crew which entrance point to use.

- 4.39
  - 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 Accel® intervention wipes to clean any surface contacted by the patient or transport crew.
- 4.40
  - Person is loaded into ambulance and transport team enters the back of the ambulance.
- 4.41
  - During the transport, BCEHS and IH clinicians will follow their organizations guidelines/protocols and procedures.
- 4.42
  - 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.
- 4.43
  - Documentation during transport can be completed while wearing clean gloves or transcribed after arrival to the receiving site.
- 4.44
  - If the person arrests during the transport, and if intubated, perform compressions and turn off the ventilator, clamp the endotracheal tube and switch to a self-inflating bagger with a HEPA filter. Avoid manual ventilation if possible. If the person is not intubated, ensure a good seal is maintained with the bag-valve-mask with a HEPA filter or facemask THEN initiate compressions.
- 4.45
  - 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 the person 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 person, and required to support the crew until the transport is completed.
- 4.46
  - Upon arrival to the receiving site, the BCEHS driver will don PPE (as per BCEHS protocols) with the assistance of the clean designate and then the BCAS driver will open ambulance doors and help unload the person.
  - All non-essential gear is to remain in ambulance and equipment required to transport the person from the ambulance to the inpatient unit is to be carried by staff or placed on stretcher.
- 4.47
  - Clean designate leads the transport team through the pre-determined route, opening doors and carrying Accel® intervention 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 Accel® intervention wipes.*
- 4.48
  - Person is transported into an appropriate room and care is handed over to receiving staff.

**Transporting the Patient with an Alternative Service Provider (ASP):**

- 4.49 • Sending site to provide ASP transport crew with any [required PPE](#) for the transport.
- 4.50 • Before the person leaves their room/care space they must:
  - Perform hand hygiene
  - Don a procedure mask
  - Wear clean clothing or a hospital gown/house coat
  - Cover all wounds
  - Change and secure incontinence products
- 4.51 • Person is moved onto ASP stretcher if required and equipment is secured as per transport standards.

**Decontaminating Equipment/Gear:**

- 4.52 • All equipment is to remain in the person's room until handover is complete.
- 4.53 • Discard appropriate consumables in the person's isolation room garbage container.
  - Remaining equipment is disinfected with IH approved wipes and passed from the person's room doorway to clean designate.
- 4.54 • Transport staff [doffs PPE](#) in the person'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. BCEHS continues to wear N95 (extended use) and face shield. Perform hand hygiene before leaving the unit.
- 4.55 • The transport team returns to the ambulance.
- 4.56 • BCEHS donned with PPE (as per BCEHS protocols) 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.
- 4.57 • BCEHS decontaminates the ambulance as per protocol.
- 4.58 • 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.

**5.0 DOCUMENTATION CONSIDERATIONS**

N/A

**6.0 SPECIAL CONSIDERATIONS**

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

**7.0 REFERENCES**

Fraser Health. 2020. FH Guidelines for Pre-hospital, Intra-hospital and Inter-Facility Transport of Patients with Suspected or Confirmed COVID19. April 16, 2020.

BCCDC. May 15, 2020. COVID-19: Management of Severe Respiratory Illness in Pediatric Patients during COVID-19 Pandemic. Accessed on Oct. 1, 2020n from [www.bccdc.ca/Health-Professionals-Site/Documents/COVID\\_19PediatricSevereRespiratoryIllness.pdf](http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID_19PediatricSevereRespiratoryIllness.pdf)

Government of Canada. April 30, 2020. Infection Prevention and Control for COVID-19: Second Interim Guidance For Acute Healthcare Settings. Accessed on Oct. 1, 2020 from <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals-infection-prevention-control-covid-19-second-interim-guidance.html#a9>

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