

SESLHD GUIDELINE COVER SHEET



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SUMMARY	A guideline for transporting patients with suspected or confirmed COVID-19. This guideline will guide healthcare workers (HCW) on necessary protective personal equipment (PPE) and Infection Prevention and Control (IP&C) measures needed to protect themselves, other staff, patients and visitors while transporting an infectious patient.

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Transport of patients with suspected or confirmed COVID-19 disease

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Section 1 - Background

COVID-19 is an infectious disease caused by a newly discovered coronavirus. Virus variants will continue to occur and may alter the risk of transmission. The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes or by contact with contaminated hands, surfaces or objects. Healthcare workers should ensure that all efforts are made to minimise the risk of transmission of COVID-19 within HCFs, with a focus on protecting patients, visitors and staff.

Pathogens mainly transmitted by close contact can sometimes also be spread via airborne transmission under certain circumstances such as during aerosol producing procedures. Risk of airborne transmission may occur within enclosed spaces or if increased exposure to respiratory particles, often generated with expiratory exertion (e.g. singing, shouting).

Section 2 - Principles

Transmission of infectious agents vary by type of organism. In some cases, the same organism may be transmitted by more than one route. Successful infection prevention and control involves implementing work practices that reduce the risk of the transmission of infectious agents through standard and transmission-based precautions.

EXCLUSIONS

NONE

Section 3 - Definitions

Definition: Buddy System

The trained buddy/observer is a staff member who guides and advises staff on removing PPE, instructing staff that PPE removal is a slow and methodical process, to avoid staff becoming contaminated during the removal process.

Definition: Contact Precautions

Health Care Workers (HCWs) should perform hand hygiene, put on apron/gown and gloves on entering the patient area. All staff entering the patient area are to wear PPE because of the unpredictable nature of patient care staff will not know if and when they may be required to touch the patient or their environment.

Definition: Droplet Precautions - used in addition to contact precautions.

HCWs are to wear a fluid repellent surgical mask and Protective eyewear (goggles or face shield).

Definition: Airborne Precautions: Airborne precautions should be employed in addition to contact precautions

HCWs are to wear a P2/N95 mask and Protective eyewear (goggles or face shield).

Section 4 - Responsibilities

Employees are responsible for:

Department Staff responsibilities prior to transfer of patients

- Notify the receiving area in advance of the required precaution status of the patient.
- Ensure the transporting orderly is aware of the precaution status of the patient on arrival to department.

Receiving Department Responsibilities when Receiving Patients with Additional Precautions

- Following all precaution procedures for the type of additional precaution required.
- Clean and Disinfect wheelchairs and stretchers with a detergent followed by hospital-grade disinfectant after use and prior to returning wheelchair to service.

Line Managers are responsible for:

- Monitoring compliance with this guideline.
- Manage staff who do not comply.

District Managers/ Service Managers are responsible for:

- Provide support to line managers to mandate this guideline.

Section 5 - Transportation of patients with COVID-19

- **Movement of patients with suspected or confirmed COVID-19 should be minimised where possible.**
- The most direct route of transport must be taken from point A to point B
- If transfer in a lift is required, persons involved in transporting the patient should be the only staff present.
- Patient should wear a surgical mask unless intubation has occurred. The transporter should don full PPE which includes N95 mask, gown, gloves and protective eyewear).
- A fit check must be completed by all staff donning a P2/N95. If staff member has been fit tested, they must wear mask they have been fitted to.
- Contaminated gloves may be a significant cause of cross-contamination of pathogens in the healthcare environment. Hence, transporter should be accompanied by a “clean” person not in contact with the patient to facilitate with opening doors and pushing lift buttons.
- The clean person must be wearing the following PPE including N95 mask, gown, and protective eyewear. Hand hygiene must be performed on route by the clean person as required.
- The clean person should maintain as much distance as possible from the patient. Ideally at the foot of the bed without touching the bed, patient or patient belongings at any time.

- If the patient is likely to require medical or nursing assistance during the transportation then a third staff member in full PPE including N95 mask, gown, clean gloves and protective eyewear).should accompany the orderly and clean person if available
- If any contamination occurs during transport then the buddy should report immediately to cleaning staff who can arrange additional cleaning of lift buttons/ door handles etc. with suitable disinfectant
- A process for lift cleaning should be considered due to airborne, contact and droplet transmission risk post transfer as per facility protocols.
- Principles of donning and doffing PPE should be observed to prevent self-contamination.
- Use of Buddy System should be used if staff require support and guidance to apply and remove PPE.
- Aerosol generating treatments such as use of non-invasive ventilation for a positive or suspected COVID-19 patient increases the risk of transmission to others. Non-invasive ventilation should not be used during transport of patient.
- A risk assessment by treating team, ID, Executive, Bed Management and PHU will need to be taken on a case by case basis in the event a relative or carer is required to be present during the transfer to ensure safety (as relative or carer may also be a case increasing the risk to the transport team and surroundings).

Section 6

Documentation

- Health Care Records

References

- [Clinical Excellence Commission Infection Prevention and Control Practice Handbook](#)
- [Australian Guidelines for the Prevention and Control of Infection in Healthcare \(2019\)](#)
- [Recommendations for the use of personal protective equipment \(PPE\) during hospital care for people with Coronavirus Disease 2019 \(COVID-19\)](#)
- [SESLHDBR/094 - Aerosol generating treatments or diagnostics for respiratory or cardiac conditions \(acute pulmonary oedema\) during the COVID-19 pandemic period](#)
- [CEC COVID-19 Infection Prevention and Control Manual](#)

Revision and Approval History

Date	Revision no:	Author and approval
07 April 2020	0	Endorsed by the Infection Control Committee
22 April 2020	0	Approved by the COVID Clinical Council
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