

# Transport of Patients on Special Airborne Contact Precautions

*All patients with suspected and confirmed COVID-19 should remain in their room and have bedside treatments and procedures as appropriate and possible. If patients must be transported for a medically necessary test or procedure, follow the patient transport guidelines detailed below and call Infection Prevention for questions.*

## **Remember to:**

- Notify receiving area of patient's isolation status prior to transport outside of the room, such as to Radiology.
- Limit people entering patient's room.
- Limit transport and movement of the patient outside of the room to only medically essential purposes. For example, use portable x-ray equipment to perform imaging in the patient room.

## **Process for leaving the unit/room/area:**

- Prepare to transport: The direct caregiver will don all appropriate special airborne contact PPE and prepare the patient for transport (to conserve PPE, only the direct caregiver should prepare the patient for transport, if possible).
- Within the room, place a face mask (procedure/surgical mask) on the patient to contain secretions during transport.
  - If a patient is intubated (on a ventilator), ensure a viral filter is placed on the expiratory limb of the circuit. Place patient on portable ventilator for transport.
  - Transporting with a ventilator with an expiratory filter is preferable however, if a manual resuscitator is needed, ensure a viral filter is placed between the endotracheal tube and the manual resuscitator. Additionally, ensure cuffed endotracheal tube cuffs are inflated to create a seal with the trachea to prevent inadvertent aerosol dispersion.
  - If patients are on high-flow oxygen, place an earloop surgical face mask over the oxygen interface (cannula, mask, etc.)
  - If the patient being transferred has a tracheostomy in place, a T-piece with a filter on the expiratory portion must be placed.
  - Transporting patients on non-invasive ventilation is not preferable. If doing so is absolutely necessary, an expiratory filter must be placed and an earloop surgical mask must be placed over the patient-NIV interface.
  - If the patient must be disconnected from one device to transfer to another, the endotracheal tube must already have a filter in place or be momentarily clamped to prevent aerosol dispersion. Additionally, if transferring from a ventilator, ventilation should be stopped or paused prior to disconnecting the circuit and only initiated after the patient is placed back on a ventilator with a filter on the expiratory limb.
- Once the patient's droplets are contained with face mask in place, clean the side rails and handles of the bed with Avert bleach/Oxivir TB wipes or other approved disinfectant effective against COVID-19.

If using wheelchair or stretcher for transport wipe down arms/side rails after patient is in place. Cover patient with clean sheet and ensure face mask is in place.

- The healthcare worker/transporter moving patient will wait outside of the room for the patient and don a face mask.
- Additional special airborne contact PPE by the transporter is not required unless there is an anticipated need to provide medical assistance during transport (e.g., helping the patient replace a dislodged face mask or managing bag-mask ventilation).
- Direct caregiver will move patient to the door on bed/stretcher or in wheelchair for transporter to receive patient.
- Direct caregiver will doff gown and gloves upon exiting the room per procedure; **may leave N95 respirator and face shield in place** and perform hand hygiene.

#### **Process for arriving to unit/area:**

- Receiving personnel (e.g., in Radiology) and the transporter (if assisting with transfer) should perform hand hygiene and continue wearing gown, gloves, face mask. If still wearing their original respirator or face mask, they may continue to leave it on. Healthcare personnel should take care to avoid self-contamination when donning the remainder of the recommended PPE.
- **To inpatient unit:** Receiving personnel and anyone entering the room should perform hand hygiene and don recommended PPE (N95 respirator/PAPR hood, eye protection, gown, gloves, shoe covers).
- **To procedural areas not performing aerosol-generating procedures (e.g., intubation, extubation, sputum induction, and bronchoscopy):**
  - No HEPA filter needed.
  - If patient has a face mask on or is intubated and on portable vent, the only PPE required by procedural area staff include: gown (yellow gowns are appropriate), gloves, face mask. An N95 respirator or eye shield is **not needed**.
  - If patient is trached not on ventilator, cover tracheostomy with face mask AND nose/mouth with second face mask; staff to wear PPE as noted above.
  - After the patient leaves, clean the procedural room with Avert bleach wipes/Oxivir TB wipes or other approved disinfectant effective against COVID-19.
- Any aerosol-generating procedures should be done in patient's room with negative pressure or portable HEPA filter unit, if available. If non-negative pressure or NO HEPA filter is available, healthcare workers should wear N95 respirator/PAPR hood when entering the patient room for two hours after aerosol-generating procedures.
- Follow inpatient PPE recommendations for special airborne contact precautions.