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PARTNERS INFECTION CONTROL GUIDANCE ON TRANSPORT AND MOVEMENT OF PATIENTS WITH VIRAL RESPIRATORY ILLNESS WITHIN THE HOSPITAL

Background
Transport and movement of patients with suspected viral respiratory illness, including suspect and confirmed COVID-19, can result in opportunities for transmission. This guidance aims to limit those opportunities.

Guidance
1. Limit patient transport or movement to essential purposes only.
2. Notify the receiving department regarding patient Infection or Isolation Status.
3. If transport or movement outside of the patient room is necessary:
   a. Place a face-mask (surgical or procedural mask) on the patient
      i. If the patient is intubated, place a bacterial filter on the endotracheal tube or on the expiratory side of the breathing circuit of a ventilator or anesthesia machine.
      ii. If the patient is not intubated but requires supplemental oxygen, avoid high-flow nasal cannula or non-invasive ventilation due to aerosolization risk. Preferentially use low-flow oxygen, venturi masks, or non-rebreather masks.
      iii. Wounds must be covered, and body fluids contained. The patient should wash or disinfect his or her hands before leaving the room if possible.
      iv. The patient should wear a clean Johnny or robe or be covered by a clean sheet or drape for transport to another department or area.
4. Staff Personal Protective Equipment (PPE):
   a. All staff involved should wear appropriate PPE in the patient room while preparing the patient for transport.
   b. The patient should preferably be brought out of their room by local clinical staff and transferred to a clean bed or wheelchair outside the room in order to save patient transport personnel from having to enter the room and to avoid moving a contaminated bed or wheelchair through the hospital.
   c. Transporting Patients in Beds/Stretchers that have been in the patient room:
      i. Gown, gloves, and face-shields should not routinely be worn when transporting patients. Staff should wear face-mask per universal mask, or N95 as per extended use or reuse as their respiratory protection. Exception: PPE (gown, gloves, eye protection, and mask or N95 respirator) must be worn when direct contact with the patient and/or contact with contaminated equipment will occur during transport.
      ii. If staff members who were previously in the patient room will be assisting in transport and anticipate direct contact with the patient and/or contact with contaminated equipment during transport, they should wear the same PPE, but must not touch any surfaces outside the room during transport.

This policy or guidance document was developed based on currently available published guidance, in the setting of available supplies and clinical situations at our institutions. Decisions are made collaboratively and are based on ongoing risk-assessments of the evolving COVID-19 pandemic. This policy or guidance document represents the best recommendations as of March 27, 2020, will be reviewed regularly, and is subject to change as the situation evolves.
iii. When patients are transported in a bed that the patient has already occupied (i.e., hospital bed going to and from the OR), staff will wipe down bed frame, rails, and handles with a hospital-approved disinfectant wipe immediately prior to transport.

iv. **There must be a member of the transport team, not wearing PPE (other than a face-mask as per universal mask policy), who has clean, non-gloved hands to interact with the environment.**

v. Staff will doff PPE when contact with patient and/or contaminated equipment is completed.

d. **Transporting Ambulatory Patients or Patients in Wheelchairs:**
   i. Use a clean wheelchair to transport the patient.
   ii. Gown, gloves, and face-shields should not routinely be worn when transporting ambulatory patients or patients in wheelchairs. Staff should wear face-mask per universal mask, or N95 as per extended use or reuse as their respiratory protection.
   iii. Exception: If contact with the patient and/or contact with contaminated equipment will occur during transport.

5. If transport occurs by elevator
   a. The elevator can be immediately reused and no cleaning is required after use for transporting a patient with suspected or confirmed COVID-19 so long as:
      i. The patient did not touch surfaces within the elevator, and
      ii. Transport team members with clean, non-gloved hands pressed the elevator buttons (staff wearing PPE should not press elevator buttons).
   b. If either of the above is not true, affected surfaces will be cleaned and disinfected with a hospital-approved disinfectant.

6. Other considerations
   a. Facilities may choose to identify a role for Police and Security to escort patients during movement in order to ensure paths are cleared and no other patients or staff come close to the patient or enter the same elevator.
   b. In these cases, Police and Security will wear a face-mask (surgical or procedural) per universal mask policy and maintain a distance of 6 feet from the patient. They will have clean, non-gloved hands to press elevator buttons and open doors and will not interact directly with the patient, wheelchair/stretcher/bed, or equipment.
      i. Examples:
         1. Patient with suspected or confirmed COVID-19 with scheduled appointment or admission requiring escort to appointment
         2. Patient going to and from procedures or the OR
         3. Confirmed COVID-19 patient being discharged