

Introduction

In response to the COVID-19 pandemic the Ministry of Health has implemented Stage 4 of the Personal Protective Equipment (PPE) Allocation Framework to ensure staff and patient safety by preserving and prioritizing PPE supplies. The Ministry of Health [COVID-19 Emergency Prioritization in a Pandemic Personal Protective Equipment \(PPE\) Allocation Framework](#) provides full details.

Within this context, this procedure describes requirements for patient transfer or transport across or within the BC Children's Hospital and BC Women's Hospital & Health Centre programs. Some usual practices for roles and PPE use may have changed from typical practice to preserve PPE by utilizing only HCPs who already don PPE for direct patient care.

Site Applicability

Applicable to all programs at BC Children's Hospital and BC Women's Hospital & Health Centre.

Practice Level/Competencies

The processes for patient transfer and transport are a basic skill for all health care providers (HCPs) and staff. According to role, all HCPs and staff follow the steps outlined in this document. All HCPs and staff review this document and connect with unit/area leaders or supervisor to ensure understanding and competence.

Policy Statement(s)

HCPs and staff confirm patient status prior to patient transfer/transport for [low or high risk](#) of infectious disease transmission as per [PPE policy](#)

HCPs and staff required to move patients confirmed positive or suspect for COVID-19 require Droplet & Contact Precautions PPE (surgical mask, eye protection, gown) at all times. An N95 mask or respirator is used only for patients undergoing [Aerosol-Generating Medical Procedures \(AGMPs\)](#).

All nurses or other appropriate HCPs and porters provide patient transfer/transport duties during COVID-19 pandemic as outlined in this procedure.

Nurses or other appropriate HCP will provide all patient transfer/transport duties for patients on Airborne Precautions.

Porters are available for patient transfer/transport duties for patients on no Additional Precautions or Droplet & Contact, Contact and Contact Plus Precautions.

Avoid transfer within or between areas unless medically necessary.

Minimize the number of people required to move a patient for all patient transfers or transport while ensuring patient safety.

In non-emergent/non critical patient transfers, the receiving unit/area HCP comes to transfer/transport the patient from the sending unit/area.

Increased frequency for cleaning of hallways and elevators used for patient transfer/transport is provided to ensure areas and elevators can be used immediately without delay.

For Code Blue, trauma or other critical emergent transfers, follow appropriate protocols or procedures.

Equipment & Supplies

PPE items as per [COVID-19: PPE Use – Application of PPE Emergency Prioritization Policy](#)

Pre-Transfer/Transport

STEPS	RATIONALE
<p>1. CONSULT with Infection Prevention and Control as needed prior to transfer/transport for patients on Additional Precautions for any special requirements.</p>	<p><i>IPAC consultation can facilitate proper safe practice for Additional Precautions or any special requirements prior to patient transfer or transport.</i></p>
<p>2. Staff in <i>sending</i> unit/area COMMUNICATES with staff in receiving unit/area:</p> <ul style="list-style-type: none"> • Confirm transfer roles using HCP from receiving area to collect patient when possible for transfers that require HCP to accompany patient. • Confirm patient status for any Additional Precautions as per usual practice. <p>Note: maintain any room signage and Additional Precautions PPE requirements when patient leaves unit/area as room/space may require special cleaning and/or sufficient air exchange.</p>	<p><i>This communication provides critical information for receiving area to ensure appropriate precautions are taken by all involved.</i></p> <p>As per Ministry of Health COVID-19 Emergency Prioritization in a Pandemic Personal Protective Equipment (PPE) Allocation Framework, in Stage 4, HCP from receiving area should come to pick up the patient whenever possible.</p>
<p>3. Staff in <i>receiving</i> unit/area PREPARES for transfer by placing room/area Precautions signage as needed and donning PPE as needed according to Additional Precautions.</p>	<p><i>Preparation and clear communication ensures necessary precautions are set up to protect all staff involved in patient care.</i></p>
<p>4. In collaboration between <i>sending</i> and <i>receiving</i> area, IDENTIFY roles for patient transfer process when patient is on any Additional Precautions (Contact, Droplet & Contact, Airborne, etc):</p> <ul style="list-style-type: none"> • Designated HCP(s) or porters who will provide direct patient care or manage items travelling with patient within patient environment. • Designated 'Clean' HCP or porter who carries chart and any clean items, clears hallway, presses elevator buttons and/or opens doors. • For patients on Droplet & Contact or Airborne Precautions, PLACE a surgical/procedure mask on patient to wear during transfer process, if tolerated and possible. 	<p><i>Based on Ministry of Health's framework, it is recommended that the receiving unit HCP transport patient.</i></p> <p><i>Provides clarity for all HCPs to minimize contamination of any items or areas.</i></p> <p><i>Patient transfers in bed or crib likely require minimum two designated HCPs who will be in direct contact with patient or items within patient environment (bed, crib, IV pole etc).</i></p> <p><i>Prevents additional transmission of droplet or airborne particles where possible.</i></p>
<p>5. Unit/area designated HCP(s) or porter DON appropriate PPE. Note: if PPE already donned, do not change unless soiled, wet, contaminated as per PPE Use Policy.</p>	<p><i>In alignment with preservation of PPE as per policy</i></p>

During Transfer/Transport

STEPS	RATIONALE
1. Designated HCP(s) or porter TAKE responsibility for direct patient contact including wheelchair, stretcher or bed. AVOID touching any surfaces in hallways, elevators, or receiving area.	<i>Patient transfers in bed or crib likely require minimum two designated HCPs who will be in direct contact with patient or items within patient environment (bed, crib, IV pole, etc.).</i>
2. Designated clean HCP or porter carries all clean items, clears hallway, presses elevator buttons and/or opens doors. AVOID touching patient or patient environment surfaces in hallways, elevators, or receiving area.	<i>Diligent hand hygiene to ensure no contamination of public areas.</i>

Completion of Transfer/Transport

STEPS	RATIONALE
1. On arrival to receiving area, <i>designated</i> HCP PROVIDES handover as per usual practice, if handover not already provided in sending area. For patients on Additional Precautions, ensure clean items, like chart, remain outside the patient environment.	<i>Patient handover practice remains as per usual practice to ensure safe patient care. Patient handover may occur in sending area when receiving HCP has gone to collect patient there.</i> <i>Review of paperwork/chart occurs outside the patient environment to ensure items remain clean.</i>
2. Where applicable, designated HCPs DOFF PPE as per PPE Use Policy , perform hand hygiene and leave the patient environment returning to usual unit/area.	<i>Extend PPE use as per policy between patients or between areas while performing job duties. Do not wear PPE when leaving area for breaks/meals or end of shift.</i>
3. Where applicable, HCP or porter ENSURES all equipment to be returned to sending location is cleaned/disinfected appropriately prior to moving it through hallways back to home location. See next section for detailed steps.	<i>Cleaning equipment outside of patient environment only requires contact precautions. Usual equipment cleaning precautions apply.</i> <i>Ensures any equipment is clean before return for use in home location.</i>

Cleaning of Equipment Prior to Returning to Sending Location

Note: cleaning of equipment for transport to be done by available/appropriate HCP, porter or staff person (housekeeping, SSA) as per area decision to expedite return of equipment.

STEPS	RATIONALE
1. PERFORM Hand Hygiene and DON clean gloves.	<i>Gloves are not a substitute for hand hygiene. Hand hygiene should be performed before and after donning/doffing gloves.</i> <i>Donning clean gloves protects hands from chemical irritants in hospital grade disinfectants.</i>
2. CLEAN visibly soiled areas of equipment surfaces with a hospital grade disinfectant to remove any debris (i.e. CaviWipes, Accel Prevention wipes, Bleach wipes, etc).	<i>Any surfaces touched by patient or HCP/staff should be cleaned thoroughly to avoid cross contamination.</i>

<p>3. Using a second wipe, CLEAN all surfaces ensuring they remain wet for 3 minutes</p> <ul style="list-style-type: none"> • Cavi-wipes, Accel Prevention wipes, and Bleach wipes require 3 minute dwell time to ensure disinfection. • For other hospital grade solutions follow the manufacturer's recommendations. 	<p><i>Ensures any equipment is clean before return for use in home location.</i></p>
<p>4. DOFF soiled gloves and perform hand hygiene prior to moving cleaned equipment through hallways back to home location or equipment pick up location.</p>	<p><i>Hand hygiene should be performed before and after donning and doffing gloves.</i></p>
<p>5. PLACE 'green is clean' tag with name, date and time filled out to indicate to next user that equipment has been cleaned.</p>	<p><i>Provides clear communication to all others who may use equipment next.</i></p>

Supporting Documents

[COVID-19: PPE Use – Application of PPE Emergency Prioritization Policy](#)

[COVID-19: Adult Code Blue Events](#)

[Newborn Delivery Management When Mother is COVID-19 Positive Or Patient Under Investigation](#)

References

BC Ministry of Health. Provincial COVID-19 Task Force. March 25, 2020. *COVID-19 Emergency Prioritization in a Pandemic Personal Protective Equipment (PPE) Allocation Framework.*

Definitions

Patient environment is defined as any area within 2 meters of the patient as well as their belongings and bathroom or the immediate space around a patient that may be touched by the patient AND may also be touched by the healthcare provider when providing care or performing tasks. Note: the patient environment moves with the patient when they are moving.

Point of Care Risk Assessment (PCRA) is the first step to assess the task, the patient and the environment prior to each patient interaction. This will help HCP and staff decide PPE they need to wear to protect themselves and prevent the spread of infection.

Low risk patients are patients (including designated caregiver/support person) with no respiratory symptoms.

High risk patients are patients (including designated caregiver/support person) with respiratory symptoms, asymptomatic COVID-19 contact, suspect COVID-19 and COVID-19 positive.

Aerosol Generating Medical Procedures (AGMPs) generate small droplet nuclei in high concentrations that present a risk for airborne transmission of pathogens not otherwise able to spread by the airborne route. Examples include nebulized therapy, CPR, endotracheal intubation & extubation, high frequency oscillatory ventilation, bronchoscopy and bronchoalveolar lavage, laryngoscopy, positive pressure ventilation (BiPAP & CPAP), open airway suctioning, sputum induction, high flow nasal cannula (HFNC).

Version History

DATE	DOCUMENT NUMBER and TITLE	ACTION TAKEN
15-Apr-2020	C-06-12-60611 COVID-19: Patient Transfer/ Transport	Developed by C&W COVID Response Working Group; Approved by Professional Practice Director
20-Apr-2020	"	Updated; Approved by Professional Practice Director
25-May-2020	"	Updated; Approved by Professional Practice Director
29-May-2020	"	Updated; Approved by Professional Practice Director

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