Guidance for Transporting COVID-19 Patients in Facility

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Definitions:

- Exposure
 - Contact with someone infected with SARS-CoV-2, the virus that causes COVID-19, in a way that increases the likelihood of getting infected with the virus.
- Close Contact
 - Close contacts are someone who was less than 6 feet away from an infected person (laboratory-confirmed or a clinical diagnosis) for a cumulative total of 15 minutes or more over a 24-hour period. For example, three individual 5-minute exposures for a total of 15 minutes.

Protocol:

- Refer to facility specific workflow and transportation routes
- Transport and movement of the patient outside of their room should be limited to medically essential purposes.
- Consider providing portable x-ray equipment in patient cohort areas to reduce the need for patient transport.
- Whenever possible, perform procedures/tests in the patient's room.
- If possible, patients with known or suspected COVID-19 should remain housed in the same room for the duration of their stay in the facility (e.g., minimize room transfers).
- If being transported outside of the room, such as to radiology, healthcare personnel (HCP) in the receiving area should be notified in advance of transporting the patient.
- During transport, the patient should wear a facemask to contain secretions and be covered with a clean sheet (do not cover head)
- Care team escorting patient may need to provide medical assistance during transport. Staff should wear facemask or respirator, face shield, gown, gloves.

For transport outside of the facility specific guidance for EMS personnel transporting patients with confirmed or suspected COVID-19 is available <u>https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html</u>

Reference:

Centers for Disease Control and Prevention; Interim infection prevention and control recommendations for healthcare personnel during the Coronavirus Disease 2019 (COVID-19) pandemic; 9/10/2021; https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html; assessed 1/23/2022