

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.

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 health care facilities, 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.

Section 3 - Definitions

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.

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.

Droplet Precautions:

Droplet precautions are used in addition to contact precautions. HCWs are to wear a fluid repellent surgical mask and Protective eyewear (goggles or face shield).

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 team 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 approved hospital-grade disinfectant wipes 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 personal protective equipment (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 following process is recommended for the transporting of COVID-19 positive patients and close contacts

1. Risk assess patients prior to transfer and determine PPE to be used

Patient	PPE and Escort	Lift cleaning required
Close contacts Asymptomatic and negative RAT or PCR	- Patient to wear a surgical mask - No need for ward escort unless required	Not needed
Symptomatic and/or RAT/PCR +ve	- Patient to wear a surgical mask - Ward escort needed - Staff to don full PPE – N95 mask, eyewear, gown and gloves	Cleaning of lift surfaces with disinfectant wipes
Patient requires supplemental oxygen or has respiratory compromise	- Patient to wear a surgical mask - Ward escort needed. Staff to don full PPE – N95 mask, eyewear, gown and gloves	Cleaning of lift surfaces with disinfectant wipes

2. Phone receiving ward/unit to confirm they are ready for transfer
3. Clean runner/2nd escort to bring disinfectant wipes for the cleaning of the lifts surfaces after the patient and all staff have left the lift
4. No staff and patients are to enter the lift until the cleaning of surfaces is completed
5. If public lifts are used for the transport of COVID-19 positive outpatients (i.e. dialysis), the escorting team are to ensure the same process for cleaning is completed

6. If able consider the most appropriate lift for transfer
7. Clean runner/2nd escort to wipe down lift surfaces, paying attention to touched surfaces including lift buttons, lift handles and lift doors
8. There is no need to lock the lifts
9. Clean runner/2nd escort is to clear the planned route for the patient, ensuring 1.5m distance is maintained ahead of team during transfer

Section 6

Documentation

- Health Care Records

References

- [Clinical Excellence Commission Infection Prevention and Control Practice Handbook](#)
- [Clinical Excellence Commission COVID-19 Infection Prevention and Control Manual](#)
- [Australian Guidelines for the Prevention and Control of Infection in Healthcare \(2019\)](#)
- [Guidance on the use of personal protective equipment \(PPE\) for health care workers in the context of COVID-19](#)
- [SESLHDPR/754 - Aerosol generating treatments or diagnostics for respiratory or cardiac conditions \(acute pulmonary oedema\) during the COVID-19 pandemic period](#)

Version and Approval History

Date	Version	Version and approval notes
07 April 2020	0	Endorsed by the Infection Control Committee
22 April 2020	0	Approved by the COVID Clinical Council
23 April 2020	0	Published by Executive Services
October 2020	1	Minor update, endorsed by SESLHD Infection Control Committee and Executive Sponsor
July 2021	2	Updates due to CEC updates. Approved by Executive Sponsor.
3 November 2023	2.1	Minor review: need for quarantining of lift after transporting a patient with COVID-19 removed; cleaning recommendations for staff involved with transporting of patient included; hyperlinks updated. Approved by SESLHD Infection Control Committee