Transportation. Allowances for staff to wear respiratory protection via a clean procedure mask or extended use of an existing respirator/eye protection has been made for transporting patients as the COVID-19 virus is an emerging, novel pathogen. The transportation process for a patient with or under investigation for COVID-19 should be as follows:

Notify receiving department:
1. Receiving department prepares room
2. Receiving department staff don PPE while awaiting patient’s arrival

Inside current patient room:
1. Advise patient to perform hand hygiene
2. Patient dons a clean procedure mask
3. Place a new, clean sheet over patient (clean on the outside, “dirty” on the inside)
4. Clean and disinfect all high touch surfaces of the bed, gurney or wheelchair, such as hand rails, side rails, head board, foot board, and steering mechanism.
5. Doff gown and gloves, hand hygiene

Open door/outside patient room:
6. Perform Hand hygiene
7. Employee may wear a procedure mask or continue wearing N-95 and eye protection for PPE extended use guidelines. (Don’t touch outside of mask/goggles as they are “dirty”)
8. Notify receiving department/Transport patient on the way
9. Receiving department in PPE ready to receive patient
   • If receiving department is not ready: transporter may push the patient into the “clean” room. If helping with patient cares (i.e. moving into bed, etc.) then transporter must have appropriate PPE (N-95, face shield, mask, gloves, and gown). Otherwise wait for the receiving team to don PPE.

Following patient transport:
10. Perform low level disinfection of all transport vehicle surfaces prior to removal from patient room.

Transportation Routes:
Transport route should be planned in advance to minimize the amount of contact with other personnel (i.e. utilize service elevators, direct routes as much as possible).

The service elevators on UT7 may be used for general transport, including patient transport, as the immunocompromised pediatric patient population has been relocated to another unit.