

Transporting of patient and handling of personal belongings for suspected or confirmed COVID-19



Western Health

Updated 27 September 2021

COVID - 19

Be Safe – Be Smart – Be Kind

Transport

1. In clinical areas, communal waiting areas and during transportation, it is recommended that suspected or confirmed COVID-19 patients wear a P2/N95 respirator mask if this can be tolerated. The aim of this is to minimise the dispersal of respiratory secretions and reduce both direct transmission risk and environmental contamination. A face mask can be worn until damp or uncomfortable.
2. A face mask should **not** be worn by patients if there is potential for their clinical care to be compromised (for example, when receiving oxygen therapy via a mask).
3. All attending staff should be in Contact and Airborne transmission precautions (Tier 3 PPE – P2/N95 respirator mask with visor or surgical mask with goggles, yellow gown and gloves).
4. Ventilated patients should be managed in Contact and Airborne precautions due to accidental disconnection risks – Tier 3 PPE.
5. High-flow or non-invasive ventilation should not be used for patient transports due to high risk of aerosol generation on route with potential environmental contamination risks and within confined spaces such as lifts – N95 mask with rebreather bag should be used where practical.
6. All COVID Positive patients requiring transfer from all areas will be accompanied 24/7 by a designated Transfer team comprising of a nurse, additional PSA and Security as required. The Access Managers/After Hours Administrators will ensure cleaning staff are notified in advance of the patient transfer to ensure all transit areas are cleaned as required.
7. Attending ward or area should be notified by phone in advance of patient's potential infectious risk and the need for appropriate isolation. This includes if transferring out of the hospital to a streaming hospital via ED Ambulance Bay
8. PSA's should undertake terminal cleaning of the bed (wearing above PPE) prior to returning to the original ward if practical to reduce cross contamination or cleaned when returned to ward.
9. Refer to Patient Management COVID-19 Transit Routes [Footscray](#) and [Sunshine](#) Internal Pathways of Travel QRG on microsite

Patient Personal Belongings

1. When collecting belongs from a clinical area, the patient's nurse wearing the appropriate PPE within the designated 'dirty zone' should place the items into a clean plastic bag.
2. The clean bag is then placed into a second clean plastic bag (i.e. double bagging) which is held open by a staff member outside of the patient zone or 'clean zone' who is not required to wear PPE. This step is done slowly and carefully so as to not contaminate the staff member or the outside of the second bag in the clean zone. Bags should not be filled to more than half their capacity.
3. The double (clean) bag can then be safely taken to the receiving ward. No PPE is required if the bag has been double bagged as above.