

# Transporting of patients (including neonate) and handling of personal belongings for suspected or confirmed COVID-19



Western Health

Updated 5 November 2021

COVID - 19

Be Safe – Be Smart – Be Kind

## Transport

1. In clinical areas, communal waiting areas and during transportation, all suspected or confirmed COVID-19 patients shall 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.
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. Ventilated patients should be managed in Contact and Airborne precautions due to accidental disconnection risks – Tier 3 PPE. Consider the use of a McMonty Hood during patient transfer.
4. 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 – a non-rebreather mask should be used where practical and consider the use of a McMonty Hood during transfer.
5. **All suspected or confirmed COVID-19 patients** requiring transfer from all areas will be accompanied 24/7 by a designated Transfer team comprising of a nurse, two PSAs and 1 x Security officer. The security officer shall be responsible for ensuring the pathway ahead is clear, calling the lift, pressing lift buttons and opening/unlocking all doors along the pathway of travel. The security officer is also responsible for ensuring no other staff, patients or visitors enter the lift whilst it is in use for the transfer. One PSA will transport the patient and the other PSA shall be responsible for ensuring all high-touch areas are Clinell wiped along the route and in the lift.
6. 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).
7. The ward or area requesting the transfer are responsible for notifying the Access Manager/After Hours Administrator in advance of transfer. The Access Managers/After Hours Administrators is responsible for ensuring all areas are pre-notified of the transfer taking place.
8. Access Manager/After Hours Administrator to consider route and notify or manage other areas affected by the transfer. Consider closing doors, notifying areas to be aware of the timing of the transfer.
9. 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
10. 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.
11. Refer to Patient Management COVID-19 Transit Routes QRG on the COVID microsite.

## Transport of the SCOVID/COVID neonate

Newborns whose parents are SCOVID/COVID who require a neonatal short stay admission process, or who require point of care (POC) testing in Newborn Services (e.g. true blood glucose testing) must be transported within JKWC in a manner consistent with current COVID safe requirements including appropriate PPE:

- ***Tier 3 PPE must be worn by staff transporting these babies***
- Babies must be transported in an incubator with closed doors/portholes
- Incubators will need to be moved by 2 staff (RN/RM + PSA)
- Midwives bringing SCOVID/COVID babies to NBS present to room 5.02 (isolation room ante chamber)
- NBS staff will attend POC testing/short stay admission requirements utilising the following workflows:
  - POC testing - midwife will remain with the baby. At completion of POC testing, the midwife + PSA will return the newborn to their parent(s) in Women's Ward or Birth Suite
  - Short stay admission – midwife will provide a patient handover to NBS staff. At completion of short stay admission, NBS staff + PSA will return the newborn to their parent(s) in Women's Ward or Birth Suite and complete a patient handover to midwife caring for the mother or midwife in charge
- Parents are unable to accompany babies of SCOVID/COVID mothers to Newborn Services.

## Patient Personal Belongings

1. When collecting belongings 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.