**Treat and Return Process for Regional Urgent and Emergent COVID-19 Patients**

The health and safety of patients, health care providers and the community is our utmost priority.

The following information outlines TBRHSC processes for the ‘treat and return’ of regional urgent and emergent patients that are confirmed or suspected COVID-19. It is based in infection control best practices and is intended specifically as a guidance document for staff who are escorting patients from regional hospitals to TBRHSC.

Note, that in each situation the Nurse Escort will be screened for COVID-19 upon arrival to TBRHSC, patients must wear a mask at all times and the Escort Nurse must don the appropriate personal protective equipment (PPE) throughout the patient’s journey.

**Process:**

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| **DI Patients** | | |
| Patient Arrival | * ORNGE to call 684-6906 (DI Reception) to notify of arrival. * Patient arrives via ORNGE ambulance bay and enters through G door. * ‘Cold’ DI staff meet ORNGE at South G door (across from ambulance bay door) to open the door. Contact Security if DI staff are not available. * Patient entry route can be reconsidered due to inclement weather. * **Patient must wear mask at all times. Escort nurse should wear appropriate PPE.** | |
|  | Appropriate Modality Room Ready | Appropriate Modality Room Not Ready |
| Patient Transport | * DI staff member to escort patient and nurse directly to appropriate modality room. * DI staff to open doors, clear pathway while maintaining physical distancing. Follow IPAC policy IPC-2-16 for PPE. | * If appropriate modality room is not ready, DI staff member to escort patient and nurse to designated COVID-19 U/S room 2602 via established route.   + Established route is through MRI waiting area to ultrasound hallway. * DI staff to open doors, clear pathway while maintaining physical distancing. Follow IPAC policy IPC-2-16 for PPE. |
| Patient Registration | * Nurse escort to register patient for test with DI staff. | * DI Staff member to ensure signage on COVID-19 patient door and designated patient bathroom (directly across hall from Room 2602). * Nurse Escort to register patient for test at ext. 6384 via phone located in room 2602 |
| Completing Test/ Procedure | * Test/ procedure to be completed. | * Patient and nurse escort to remain in Room 2602 until appropriate staff contacts them and escorts directly to test/ procedure. Follow IPAC policy IPC-2-16 for PPE. * Test/procedure to be completed. |
| Post Test/Procedure | * Following test/ procedure, if patient transportation is not immediately available or consultation is required, patient and nurse escort return to room 2602, accompanied by a “clean” staff member. * Patient and nurse escort to remain in room until transportation arrives or consultation assumes MRP as per Policy DI-CLIN-19. | |
| **Stranded Patient Process** | | |
| * Follow Policy PAT-5-162 Stranded Patient Protocol. * Confirmed or highly suspected COVID-19 patients be admitted to 3A. 3A nurse to meet patient and nurse escort at Room 2602 and act as “clean” escort for designated transfer route   + Designated route is MRI waiting area to Level 2C hallway elevator to Level 3 hallway to 3A * Low risk COVID-19 patients move to a private room or semi with a blocked bed. * Consult with Infection Control or Administrative Coordinator as necessary to identify alternative safe route if required. | | |

**DI Patient Considerations**

* If a patient requires emergency care follow regular department protocol: Call switchboard 55 for Alert 99 or Alert 99 Trauma as per Policy EMER-120 (pending protected Alert 99 and Alert 99 Trauma policy).
* Test/procedure results should be expedited by MRP whenever possible to reduce patient length of stay.

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| **Ambulatory Care Patients** | |
| Patient Arrival | * ORNGE to call 684-6550 (AC Reception) to notify of arrival. * Patient arrives via ORNGE ambulance bay and enters through G door. * ‘Cold’ AC staff meet ORNGE at South G door (across from ambulance bay door) to open the door. Contact Security if AC staff are not available. * Patient entry route can be reconsidered due to inclement weather. * **Patient must wear mask at all times. Escort nurse should wear appropriate PPE.** |
| Patient Transport | * AC staff member to escort patient and nurse directly to private ambulatory care treatment room via 2B hallway to the main hallway to the 2A hallway and through the back entrance of Ambulatory Care. * AC staff to open doors, clear pathway while maintaining physical distancing. Follow IPAC policy IPC-2-16 for PPE. |
| Patient Registration | * Nurse escort to register patient for test with AC staff. * AC Staff member to ensure signage on COVID-19 patient door and designated patient bathroom |
| Completing Test/ Procedure | * Test/ procedure to be completed. |
| Post Test/Procedure | * Patient and nurse escort to remain in room until transportation arrives or consultation assumes MRP. |
| **Stranded Patient Process** | |
| * Follow Policy PAT-5-162 Stranded Patient Protocol. * Confirmed or highly suspected COVID-19 patients be admitted to 3A. 3A nurse to meet patient and nurse escort in ambulatory care private room and act as “clean” escort for designated transfer route   + Designated route is back entrance of Ambulatory Care to main hallway to Level 2B hallway elevator to Level 3 hallway to 3A * Low risk COVID-19 patients move to a private room or semi with a blocked bed. * Consult with Infection Control or Administrative Coordinator as necessary to identify alternative safe route if required. | |

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| **Cardiac Cath Lab Patients** | |
| Patient Arrival | * ORNGE to call 684-6675 (CCL Clerks) to notify of arrival. * Patient arrives via ORNGE ambulance bay and enters through G door. * ‘Cold’ CCL staff meet ORNGE at G door to open the door. * Patient entry route can be reconsidered due to inclement weather. * **Patient must wear mask at all times. Escort nurse should wear appropriate PPE.** |
| Patient Transport | * CCL staff member to escort patient and nurse to CCL Recovery Room #1 via established route   + Designated route is 2C hallway up the elevator to Level 3 and directly to the CCL. * CCL staff to open doors, clear pathway while maintaining physical distancing. Follow IPAC policy IPC-2-16 for PPE. |
| Patient Registration | * CCL clerk will confirm the registration information with the patient’s nurse escort from Recovery Room #1 doorway. |
| Completing Procedure | * Nurse escort to remain in Room #1 in the CCL Recovery until the patient returns from the Lab |
| Post Procedure | * Patient will be recovered by CCL nurse. * Once recovered, ORNGE will be contacted by the CCL team, noting patients COVID-19 status. * Nurse escort to follow normal practice, including all PPE requirements. |
| **Stranded Patient Process** | |
| * Care to be transferred to performing cardiologists and patient is transferred to 2C (noting the patient’s COVID-19 status and therefore placed in a private negative pressure room. | |

**Designated Patient and Nurse Escort Waiting Area**

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| **Area** | **Designated Room** | **Doffing Area** | **Donning Area** |
| **DI** | 2602 | 2602 | Room 2606, clean PPE available in room |
| **Cath Lab** | Recovery Room 1 | Recovery Room 1 | Outside of recovery room 1, clean PPE available on cart |
| **Ambulatory Care** | Room designated based on patients appointment requirements | Assigned room | Outside of assigned room, clean PPE available on cart |

\*All areas have a bathroom that would be designated to the COVID+ or COVID suspected patients for the duration of their appointment.

**Housekeeping requirements**

* + DI /CCL staff to notify housekeeping after patient has left.
  + Signage must remain up until room and bathroom have been cleaned.

**Process for booking regional outpatients**

* Ensure COVID-19 screen is completed at time of booking. Screening results must be documented in screening logbook in DI, on the referral form in the Cardiac Cath Lab.
* Prioritize tests and stagger confirmed/ suspected COVID-19 patient bookings if able in order to prevent multiple confirmed/ suspected COVID-19 patients in DI or the CCL.
* ORNGE responsible for triaging life or limb tests.