

Internal Patient¹ Transport Checklist

This form is to be used when moving patients to diagnostic areas and in conjunction with existing handover documentation and communication processes when patients are being moved from one clinical area to another for ongoing care.

It is the responsibility of the sending unit nurse to ensure all of the following items have been completed prior to sending the patient to the receiving area. Please indicate that all steps have been completed with a check mark (✓) in the column indicated and document is signed off.

TASK/STEP	✓ when completed
1. ACP status: <input type="checkbox"/> ACP-R <input type="checkbox"/> ACP-M <input type="checkbox"/> ACP-C <input type="checkbox"/> ACP-unknown	<input type="checkbox"/>
2. Oxygen required during transport: <input type="checkbox"/> N/A <input type="checkbox"/> NP _____ L/min <input type="checkbox"/> Mask _____ <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/>
3. Patient is able to mobilize: <input type="checkbox"/> independently <input type="checkbox"/> standby assist <input type="checkbox"/> 1 assist <input type="checkbox"/> 2 assist <input type="checkbox"/> mechanical lift	<input type="checkbox"/>
4. Caution and Respect Everyday Alert (VPP – add sticker if appropriate) <input type="checkbox"/> Active <input type="checkbox"/> No Alert	<input type="checkbox"/>
5. Requisition/hand-over documentation is completed with additional IP& C precautions clearly documented: <input type="checkbox"/> N/A <input type="checkbox"/> Airborne <input type="checkbox"/> Contact <input type="checkbox"/> Droplet <input type="checkbox"/> Droplet/Contact <input type="checkbox"/> Enhanced Droplet/Contact <input type="checkbox"/> Airborne/Contact <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/>
6. Receiving area contacted by phone to advise of need for any additional precautions prior to patient arrival <input type="checkbox"/> N/A	<input type="checkbox"/>
7. Patient provided with appropriate mask IF on airborne, droplet or protective precautions <input type="checkbox"/> N/A	<input type="checkbox"/>
8. Patient to perform hand hygiene when leaving the room. Do not place the patient in isolation gown.	<input type="checkbox"/>

This is a multi-use form. All information must be reviewed for each use. Identify originating location and destination for each patient movement, with date/time and signature of health care provider verifying the information. If status changes, you must complete a new form.

Sending Unit		Room Number	Receiving Unit/Department		Room Number
Health Care Provider Signature		Printed Name and Designation		Date D D M M Y Y Y Y	Time 24 HOUR
Sending Unit		Room Number	Receiving Unit/Department		Room Number
Health Care Provider Signature		Printed Name and Designation		Date D D M M Y Y Y Y	Time 24 HOUR
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IF ANY BREACH OF THIS PROCESS IS IDENTIFIED, please complete occurrence report.

**If using RL6 patient safety event report, use Specific Event Type
“Patient Transfer – Report between care providers” and the COVID-19 category (where applicable).**

¹ Where “patient” is referenced, the definition includes patients, residents and clients

Transfer of Patients within the Facility Process

Transfer of Patients within the Facility

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Desired Outcome and Behaviours: To communicate essential patient information during intra-facility patient transfers and to protect staff and patients from exposure communicable illness including but not limited to COVID-19.

<p>1. Prepare Documentation for Transfer to Areas/Units within Site (Diagnostic Imaging/Inpatient)</p>	<ul style="list-style-type: none"> • Prepare documentation required for transfer. Ensure additional precautions clearly identified on requisition and/ or other relevant transfer documentation • Initiate Internal Patient Transport Checklist
<p>2. Notify Receiving Department if Additional Precautions</p>	<ul style="list-style-type: none"> • If applicable, call receiving location prior to the patient leaving the unit to notify that incoming patient requires additional precautions—specify type. In addition, identify mode of transport and if O₂ is required
<p>3. Patient Preparation</p>	<ul style="list-style-type: none"> • If additional precautions required, follow IP&C guidance for applicable PPE for patient • Patient performs hand hygiene as appropriate when leaving the room. Do not place the patient in isolation gown • Initiate portable O₂ if required.
<p>4. Complete Documentation</p>	<ul style="list-style-type: none"> • Verify that all tasks have been completed on the Internal Patient Transport Checklist • Print and sign name on checklist to “sign-off” that all applicable tasks have been completed
<p>5. Arrange Patient Transport</p>	<ul style="list-style-type: none"> • Arrange for physical movement of patient using site specific transport process (may be contacting central transport service or with sending/receiving unit staff). Transporting staff to be advised of: specific additional isolation precautions required, the mode of transport and if O₂ is required
<p>6. Transport Patient</p>	<ul style="list-style-type: none"> • Staff member conducting transport arrives for transport of patient to receiving location, reviews Internal Patient Transport Checklist and dons appropriate PPE • Patient transported to receiving location (with Internal Patient Transport Checklist) • Staff involved in transport shall perform hand hygiene and wear a clean gown and gloves (if required), maintaining extended use mask and eye/face protection. • Place Internal Patient Transport Checklist on front of chart for continued use until such time that the clinical condition changes. Include in clinical record if required by the site. • * If there is a process breach complete an occurrence report/RL6 patient safety event report using the Specific Event Type - Patient Transfer—Report between care providers and the COVID-19 category (if applicable)
<p>7. Multiple Use of Document</p>	<ul style="list-style-type: none"> • This form may be used multiple times. Each time the form is to be used, the health care provider must identify the originating location and receiving location, time and date of form completion, and sign to signify that all information is correct. • If any item requires revision, a new form is to be created

Refer to regional Infection Prevention and Control (IP&C) documents for details of isolation precautions if further information is required.