

6. FLOW

Flow refers the transfer and transport of the patient/resident/client (P/R/C) **within and outside** of the facility. There is a potential for exposure to, and spread of microorganisms (germs), as a result of the activity or transport of the P/R/C due to unintended contact with others, items used for care, and environmental surfaces.

Patients/Residents/Clients should not be transported between units, departments or facilities unless medically necessary.

Frequent transfers should be avoided as this increases the number of interactions with staff and others, and provides opportunities for transmission to occur. Staff, including bed/accommodation coordinators, are responsible for selecting the most appropriate accommodation based on the [PCRA](#) and for prioritizing use of single rooms and AIIRs if they are limited. Using the [PCRA](#) can minimize unnecessary transfers. When in doubt regarding transfers and accommodation, consult IP&C/designate.

6.1. Flow and Additional Precautions

- Advance communication between the transporting area and the receiving area is important to ensure precautions are used correctly and to decrease unnecessary waiting time in public areas
- Use source control measures (e.g., request that the P/R/C being transported/transferred perform [hand hygiene](#) before leaving their room, cover skin lesions, wear clean clothes, wear a mask, etc.).

6.2. Ambulatory Care/Clinic Setting

When Additional Precautions are necessary, those scheduled for an appointment should defer when possible (e.g., routine foot care) or enter through a separate entrance. Upon arrival, P/R/Cs requiring Additional Precautions should be asked to perform [hand hygiene](#), apply [PPE](#) if appropriate (e.g., medical mask), and be placed in an examination room. The door of the exam room should be closed if an airborne spread microorganism is suspected (e.g., measles, tuberculosis).