

## 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).