



Standard Operating Protocol (SOP) for transfer of coronavirus (COVID-19) suspect cases from Point of Entry (POE)/identification to treatment centre

Purpose: This document provides operational guidance on transferring COVID-19 suspect cases from point of entry/identification (e.g. health facility, home) to designated treatment centre.

Steps

1. NOTIFICATION

On identification of a suspect cases, the POE/POI should notifies the State Epidemiologist **immediately** through the quickest possible means.

2. PRE-TRANSFER PREPARATION

A. POINT OF ENTRY/HEALTH FACILITY/HOME

- i. Maintain appropriate IPC measures
- ii. Identify staff/persons who will be involved in transfer of suspect case(s)
- iii. Prepare relevant transfer documents e.g. referral notes, contact tracing forms etc.
- iv. Assemble personal belongings of suspect case(s) to be handed over to the receiving team (health personnel)
- v. Prepare suspect case(s) for transfer with appropriate PPE e.g. face mask and gloves
- vi. If at a POE or health facility, communicate reason for referral and transfer procedure to family/friends of suspect case(s)
- vii. Identify a room/space for donning of PPE for receiving team

B. STATE EPIDEMIOLOGIST

- i. Notify focal person at designated treatment centre and confirm readiness to receive suspect case(s)
- ii. Create **direct** linkage between **designated** focal persons in referring POE/facility/home and receiving treatment centre
- iii. Notify relevant authorities i.e. Director of Public Health (State), Director, Port Health Services (FMOH) and Director of Surveillance (NCDC)



C. DESIGNATED TREATMENT CENTRE

- i. Identify health worker(s) who will be involved in transfer of suspect case
- ii. Health worker(s) to conduct a pre-departure briefing for the transfer team using the pre-departure checklist
- iii. Dispatch designated ambulance and transfer team to the POE/I
- iv. Communicate to the referring team the estimated time of arrival (ETA) after confirmation of the specific route of travel
- v. Notify designated managing team of impending referral
- vi. Prepare ward in treatment centre to accommodate and manage suspect case(s)

It is the responsibility of the referring POE/health facility/home to identify and make available appropriate parking area (short direct route from the holding area) for the ambulance

3. TRANSFER PROCEDURE

- **On arrival of ambulance at the referring POE/Health facility/Home:**

A. POINT OF ENTRY/HEALTH FACILITY/HOME

- i. Direct receiving team to the designated donning area
- ii. Debrief receiving team on current clinical status of the suspect case(s)
- iii. Conduct pre-departure vital signs before official transfer of suspect case(s)
- iv. Hand-over transfer documents and personnel belongings to the receiving team
- v. Transfer suspect case(s) to receiving team

B. DESIGNATED TREATMENT CENTRE

- i. Park in the designated parking area, as shown by the transferring POE/health facility/home
- ii. Don appropriate PPE before debriefing
- iii. Receive transfer documents and personal belongings of suspected case(s)
- iv. Implement procedures to limit contamination on ambulance environmental surfaces
- v. Receive suspect case(s) from referring team
- vi. Conduct pre-departure vital signs after receiving suspect case(s)



- **Upon departure from referring POE/Health facility/Home**

- A. POINT OF ENTRY/HEALTH FACILITY/HOME**

- i. Follow mission completion SOP (Doffing PPE, cleaning and disinfection)
- ii. Communicate to the State Epidemiologist on the transfer of suspect case(s)

- B. DESIGNATED TREATMENT CENTRE**

- i. Communicate to the focal person the ETA after confirmation of the specific route of travel
- ii. Monitor suspect case(s) closely at least every 30 minutes, if stable or PRN and administer necessary care
- iii. Maintain strict IPC measure throughout the drive
- iv. Update the focal person of the treatment centre on the clinical status of the suspect case(s)

- **Arrival at the designated treatment centre**

The Transfer team should:

- i. Confirm arrival within treatment centre and specific route of travel within the facility before disembarking suspect case (s) from the ambulance.
- ii. Move suspect case(s) via earmarked direct route to designated ward(s)
- iii. Return to ambulance and proceed to designated decontamination or disinfection station.
- iv. Disinfect ambulance (refer to IPC SOP)
- v. Ambulance transport personnel doff PPE under supervision of qualified personnel.
- vi. Have appropriately trained personnel package waste from ambulance.
- vii. Proper waste disposal should be carried out by trained personnel
- viii. Debrief managing team and initiate post-mission surveillance, as needed.