Recommended Standards of Practice for Patient Transportation

Introduction
The following Standards of Practice were researched and written by the AST Education and Professional Standards Committee and have been approved by the AST Board of Directors. They are effective October 27, 2006.

AST developed the following Standards of Practice to provide support to healthcare facilities in the reinforcement of safe transfer and transportation of the patient in the perioperative setting. The purpose of the Standards is to provide an outline that healthcare workers (HCWs) in the perioperative setting can use to develop and implement policies and procedures for safe transfer and transportation of the patient. The recommended Standards is presented with the understanding that it is the responsibility of the healthcare facility to develop, approve and establish policies and procedures for the safe transfer and transportation of the patient according to established healthcare facility protocols.

Rationale
The following are recommended practices related to the safe care of transporting patients to the operating room and recognizing the possible hazards, in order to prevent injuries to the patient and surgery department personnel. The recommended practices aid in ensuring the transfer and transportation of the patient without tissue injury; avoiding undue physical or emotional discomfort; and avoiding severe alterations in body temperature, respirations, and cardiovascular reactions, including hypotension and tissue perfusion.[5]

Standard of Practice I
It is the responsibility of the HCWs to ensure the safe patient transfer of a patient from a bed to a transportation device.

1. The specific needs of the patient should be considered when selecting the method of transport. This includes:
    A. Need for IV pole(s)
    B. Need to transport oxygen tank
    C. Mobility of the patient
    D. Conscious, semi-conscious or unconscious patient
    E. Size of patient
    F. Age of patient
    G. Determining the physical abilities and state of health of the patient. Knowing the patient's state of health and abilities will help in the choice of mode of transportation, decrease the possibility of accidents to the

patient and hospital personnel, and aid in determining the number of hospital personnel needed to help move the patient.

2. The following parameters should be considered when identifying the mode of transportation to be utilized to promote the safety of the patient and hospital personnel:
    A. Wheels can be locked
    B. Safety straps available
    C. Side rails are high enough
    D. Rails on crib are high enough to prevent pediatric patient from falling out
    E. IV poles can be easily transferred with the chosen method of transport
    F. Shelf or rack is available in order to transport oxygen tank and/or monitoring devices
    G. Method of transport is large enough to accommodate size of patient
    H. Ability to accommodate positioning needs of the patient
    I. Mattress on gurney is held in place
    J. Ability to use patient transfer devices
    K. Maneuverability of transportation device
    L. The transportation device has undergone scheduled inspections, maintenance and repair to ensure proper functioning
3. To ensure the safety of the patient and HCWs, the following safety measures should be implemented during the transfer of the patient:
    A. Adequate number of HCWs is available to transfer the patient. The assessment of the patient will aid in determining the number of personnel that will be needed. For the conscious, mobile patient, a minimum of two personnel is required. For the semi-conscious or unconscious, nonmobile patient, a minimum of four personnel is required.[1]
    B. To promote the safety of the nonmobile patient and staff members, patient transfer devices are recommended for use. These devices include rollers and hoists.
    C. Adjust the furniture and equipment in the room to ensure adequate space for the safe transfer of the patient.
    D. Position the gurney as close against the patient's bed as possible.
    E. Use locking devices on wheels of transportation method to prevent the patient from falling.
    F. Ensure wheels on patient bed are locked if wheels are present.
    G. Secure the accessory items, such as IV lines and drainage devices before transferring the patient; ensure the lines remain patent and functioning
4. The following patient care concepts should be implemented during the transfer of the patient:
    A. Individual who is transporting the patient should introduce and identify herself/himself to lessen patient anxiety.
    B. Correctly identify the patient to prevent wrong-patient surgery.
    C. If the patient is conscious, explain the transfer procedure prior to implementation to reduce the anxiety of the patient and promote safety. Verbally communicate to the patient which staff member will indicate that they are ready for the patient to move over to the transportation device.

Instruct the patient to move slowly to avoid severe physiological alterations; assist the patient with transfer.[4]

D. Maintain the patient's dignity during the transfer by keeping him/her covered. This will aid in decreasing the patient's anxiety and ensure his/her personal and moral rights.

Standard of Practice II

It is the responsibility of the HCWs to safely transport a patient to the preoperative holding area or operating room.

1. To ensure the safety of the patient and HCWs, the following safety measures should be implemented during the transport of the patient:
    A. Elevate the side rails.
    B. Apply safety strap.
    C. Confirm IV lines, indwelling catheters, monitoring system lines and drains, and any other lines are secure and patent, and IV bag and collection containers are hanging away from the patient's head.
    D. Ensure head, arms and legs are protected, adequately padded, and patient is comfortable as possible.
    E. The patient should be transported feet first; rapid movements, particularly when going around a corner should be avoided. Rapid movements, especially if the patient has received preoperative medications, can cause the patient to become disoriented, dizzy, and nauseated, and induce vomiting.[6]
    F. The staff person moving the transportation device should be positioned at the patient's head in order to look forward for potential hazards. This also allows immediate access to the patient's airway in case of respiratory distress or vomiting. If two staff members are available for transport, the second person should be positioned at the foot of the stretcher. It is the responsibility of the person at the head of the bed to communicate any upcoming potential hazards to the other staff person.
    G. Never use the transportation device to force open any doors.
    H. When using an elevator, the elevator doors should be locked, and the patient is transported headfirst into the elevator.
    I. The patient should never be left unattended during the transportation. process. Abandonment of the patient increases the risk of patient injury. Additionally, remaining with the patient at all times will lessen patient anxiety.
    J. During the transportation process, remain observant of the patient for signs of physical or emotional distress.
2. The following patient care concepts should be implemented during the transport of the patient:
    A. Verbalize to patient to keep hands and arms inside the safety rails.
    B. Explain all actions to conscious patient, ie placing safety strap, elevating side rails and keeping fingers out of the way, raising head of bed at patient's request, going headfirst into an elevator.

C. Maintain dignity of patient at all times by keeping him/her covered with blanket and/or sheets

Standard of Practice III

It is the responsibility of the Certified Surgical Technologist (CST), Certified Surgical First Assistant (CSFA) and circulator to safely transfer a patient from a transportation device to an operating room table.

1. To ensure the safety of the patient and surgical team members, the following safety measures should be implemented during the transfer of the patient:
    A. When using a stretcher, it should always be positioned by comparing the patient's body length to the OR table.
    B. The wheels of the transportation device should be locked.
    C. Confirm the wheels of the OR table are locked.
    D. IV lines, indwelling catheters, monitoring system lines and drains are secure and not entangled to prevent dislodging.
    E. The correct number of surgical team members should be used for the transfer of the patient. For the conscious, mobile patient, a minimum of two team members is necessary; for a nonmobile, conscious or unconscious patient, a minimum of four team members is necessary to avoid personnel and patient injuries.
    F. For the nonmobile patient, a patient transfer device, such as a roller should be used.
    G. The anesthesia provider should indicate when the patient can move himself/herself over to the OR table, or for the nonmobile patient, the anesthesia provider should verbally indicate to the team members when the patient can be moved. The anesthesia provider should be responsible for protecting the head, neck and airway of the patient during transfer.
    H. Use smooth, even movements when transferring the nonmobile patient to avoid injury; do not drag the patient onto the OR table from the transportation device. Dragging or bouncing the patient can provoke decompensated perfusion and cause physical injury to the patient.[6]
    I. Center the patient on the OR table and place the safety strap across the thighs approximately two inches above the knee joints. Place two fingers under the safety strap to ensure it is not too tight.
    J. Confirm bony areas of patient's body are well padded and not resting on any metal portion of the OR table.
2. The following patient care concepts should be implemented during the transfer of the patient:
    A. Maintain the dignity of the patient throughout the transfer process by keeping him/her covered.
    B. Explain all actions to the conscious patient about what is occurring in preparation for the transfer.
    C. Instruct the patient not to move until given the command to do so; indicate which team member will indicate to the patient that he/she can move to the OR table.

Competency Statements

Competency Statements	Measurable Criteria
1. The CST and CSFA are competent in operating various patient transportation devices in a safe manner to prevent injury to the patient and staff. 2. The CST and CSFA are qualified to perform the patient care concepts as related to the transportation of the patient.	1. Educational standards as established by the *Core Curriculum for Surgical Technology* and *Core Curriculum for Surgical Assisting*.[2,3] 2. The subject of transportation is included in the didactic studies as a surgical technology and surgical assistant student, including safety and patient care concepts. 3. Students demonstrate knowledge of transportation of the patient in the lab/mock OR setting and during clinical rotation. 4. As practitioners, CSTs and CFAs perform transportation of the patient including contributing to the staff team in the transfer of the patient to and from the patient transportation devices, implementing safety policies, and providing patient care. 5. CSTs and CFAs complete continuing education to remain current in their knowledge of safe transfer and transportation of the surgical patient, including following the policies of the healthcare facility.

References

1. Caruthers B, Junge T, Long JB, Price BD. Surgical case management. In: Frey K, Ross T. eds. *Surgical Technology for the Surgical Technologist: A Positive Care Approach* Clifton Park, NY: Delmar Cengage; 2008.

2. *Core Curriculum for Surgical Assisting.* 3nd ed. Littleton, CO: Association of Surgical Assistants; 2014.

3. *Core Curriculum for Surgical Technology*. 5th ed. Littleton, CO: Association of Surgical Technologists; 2002.

4. Coonan TJ, Hope CE. Cardio-respiratory effects of change of body position. *Canadian Journal of Anesthesia, 30,* 424; 1983.

5. Gauer OH , Thron HL. Postural changes in the circulation. In: Hamilton WF,. Dows P, eds. *Handbook of Physiology*. Washington, DC: American Physiological Society; 1965: 2409.

6. Martin, JT. (1997). General principles of safe positioning. In: Martin JT, Warner MA, eds. *Positioning in Anesthesia and Surgery*. Philadelphia, PA: WB Saunders; 5-12.