



## San Francisco Bay Area

### California COVID-19 and other Novel Virus Respiratory Infectious Diseases Surge Management: Co-horting and PPE Guidance 12/30/20

If negative pressure rooms currently being utilized for patients with any of the following: TB, measles, mumps, shingles, or varicella, these patients should be given priority to negative pressure isolation rooms over patients with COVID-19 or Person under investigation( PUI) for COVID-19. If negative pressure isolation rooms are occupied with this type of patient initiate co-horting steps listed below.

Phase	Number of Patients Infected	Patient Status	Room Type & Location	Type of Isolation	Additional Considerations Updates/ Comments
1	0	Support local community in taking critically ill patients who do not have COVID-19 in order to free up vital resources these hospitals need to respond to COVID- 19 and other patients who require their acute resources	NA	NA	
2	0	A COVID-19 patient that has been deemed clinically cleared and no longer shedding virus (i.e. non-febrile >24 hours, lower respiratory infection)	Based on the clinical condition of the patient	Based on the clinical condition of the patient	
3	1	An in-house patient suspected PUI	Patient room with door closed and may be cohorted with like infections	Droplet and contact isolation. Eye protection and standard precautions	Keep in isolation until the COVID-19 test is received. Only remove from isolation if test negative
4	1	Conversion of the patient to positive COVID-19	Patient room with door closed and may be cohorted with patients with like infections	Droplet and contact isolation. Eye protection and standard precautions	Keep in isolation until deemed clinically cleared and no longer shedding virus (i.e. non-febrile >24 hours, lower respiratory infection)
5	1-2	Admit patients with positive COVID-19	Patient room with door closed and may be cohorted with patients with like infections	Droplet and contact isolation. Eye protection and standard precautions	Keep in isolation until deemed clinically cleared and no longer shedding virus (i.e. non-febrile

					>24 hours, lower respiratory infection)
6	>2	Admitted COVID-19 positive patients, PUI or patients who have converted positive	Patient room with door closed and may be cohorted with patients with like infections.	Droplet and contact isolation. Eye protection and standard precautions	The patient movement would be limited to the room if transport for diagnostic testing required droplet precautions for transport would be followed. Recommended they be placed together if possible for purposes of care planning
7	<b>Hospital Throughput</b>				
	<ul style="list-style-type: none"> <li>Mobilize medical staff to evaluate patients' required level of care to expedite admissions and safe discharges as medically appropriate</li> </ul>				
8	<b>Space Contingency Plan</b>				
	<ul style="list-style-type: none"> <li>Convert PACU to acute beds ( 4 beds)</li> </ul>				
9	<b>CALIFORNIA Expedited Staffing Waiver</b>				
	<ul style="list-style-type: none"> <li>Used in times where you have staffing challenges and all resources have been exhausted.</li> <li>Implement waiver nurse to patient ratios of the following: <ul style="list-style-type: none"> <li>1:3 ICU</li> <li>1:6 Telemetry</li> <li>1:7 Medical/ Surgical</li> <li>Break/Resource nurse must be incorporated into the staffing ratios</li> </ul> </li> </ul>				
9	<b>CALIFORNIA Flex Program for Surge Standards of Nursing Documentation</b>				

	<ul style="list-style-type: none"> <li>• The CCO or designee has the authority to utilize and revoke the program flex based on patient census and nurse availability</li> <li>• The facility must decide whether it is for a service line or a specific unit based on patient census and nurse availability</li> <li>• The facility will ensure that once approval is given for surge documentation that it will reflect “flex” on our FLASH document</li> <li>• Follow the program flex required documentation <ul style="list-style-type: none"> <li>○ Patient assessments by exception. (By exception means that a notation is made only when there is a deviation from baseline, deviation from normal limits, or an unexpected outcome).</li> <li>○ Abnormal findings and clinical status changes (any changes from baseline) (i.e. Lungs that present with crackles and now are clear would need to be documented)</li> <li>○ Critical lab values/critical results not already documented</li> <li>○ Vital signs, including pain assessment</li> <li>○ Administered medications and treatments (including blood transfusions)</li> <li>○ Invasive lines and tubes - lines, drains and airway (LDA) documented upon insertion or presentation. Ongoing assessment of LDAs will take place; documentation of care by exception (abnormal findings)</li> <li>○ Clinically relevant attending and consulting provider communication</li> <li>○ Clinically relevant intake and output</li> <li>○ Key patient information (e.g. height, weight, allergies, advance directives, home medications, admission intake form)</li> <li>○ Restraint assessments and monitoring</li> <li>○ Patient education at discharge</li> <li>○ Isolation precautions</li> <li>○ Anything that, in the judgment of the nurse, would compromise patient safety if it were not documented</li> </ul> </li> <li>➤ In addition, nurses will document a note at the end of each shift for clinically significant events or changes of condition using the change of condition pathway.</li> <li>➤ All additional clinical items (including but not limited to activities of daily living, hygiene, routine catheter and ostomy care, repositioning, infection control practices, etc.), will continue to be performed as required, but documentation will be done by <b>exception</b> – for example, if a patient must be turned and repositioned Q2H, a note will be entered only if this is not done. These notes should be documented in the reassessment&gt;additional note.</li> </ul>
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10	<b>Supplies and Equipment</b>
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	<ul style="list-style-type: none"> <li>• Notify supply chain to mobilize national resources</li> </ul>
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11	<b>PPE Optimization</b>
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Summary CDC guidelines following PPE Optimization due to COVID -19. Highlighted is Kindred’s Capacity -December 2020  
**Personal Protective Equipment (PPE) by Type**

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html> November 23, 2020

Source: "COVID-19: Strategies for Optimizing the Supply of PPE." Centers for Disease Control and Prevention, March 17, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>.

		<b>N95 Respirator</b>	<b>Face Mask</b>	<b>Isolation Gowns</b>	<b>Eye Protection</b>
Supply Capacity Level	Preferred use  Kindred's Pandemic use 	<ul style="list-style-type: none"> <li>N95 respirators are recommended only for use by HCP who need protection from both airborne and fluid hazards.</li> <li>Ensure cleaning of PAPR per IFU between HCP</li> </ul>	<ul style="list-style-type: none"> <li>Use facemasks according to product labeling and local, state, and federal requirements.</li> <li>Masks to be worn throughout shift as recommended by State health dept. and CDC source</li> </ul>	<ul style="list-style-type: none"> <li>Isolation gowns should be used based on transmission based precautions and discarded after each patient encounter</li> <li>Use isolation gown alternatives that offer equivalent or higher protection</li> </ul>	<ul style="list-style-type: none"> <li>Use eye protection according to product labeling and local, state, and federal requirements</li> <li>Face shield preferred to cover face and mask in order to extend use</li> </ul>
	Contingency Capacity	<ul style="list-style-type: none"> <li>Extended use of N95 respirators.</li> <li>Limited re-use of N95</li> </ul>	<ul style="list-style-type: none"> <li>Have patients with symptoms of respiratory infection use tissue or other barriers to cover their mouth and nose source control.</li> </ul>	<ul style="list-style-type: none"> <li>Shift gown use towards cloth isolation gowns.</li> <li>Use gowns conforming to international standards.</li> </ul>	<ul style="list-style-type: none"> <li>Shift eye protection supplies from disposable to re-usable devices (i.e., goggles and reusable face shields)</li> <li>Implement extended use of eye protection</li> </ul>
	Crisis Capacity	<ul style="list-style-type: none"> <li>Use of respirators beyond the manufacturer-designated shelf life</li> <li>Use of respirators approved under standards used in other countries that are similar to NIOSH-approved N95 respirators.</li> </ul>	<ul style="list-style-type: none"> <li>Use facemasks beyond the manufacturer-designated shelf life during patient care activities.</li> <li>Implement limited re-use of facemasks.</li> <li>Prioritize facemasks for selected activities</li> </ul>	<ul style="list-style-type: none"> <li>Extended use of isolation gowns.</li> <li>Re-use of cloth isolation gowns.<sup>2</sup></li> <li>Prioritize gowns for certain activities.</li> </ul>	<ul style="list-style-type: none"> <li>Use eye protection beyond the manufacturer-designated shelf life during patient care activities.</li> <li>Prioritize eye protection for selected activities.</li> <li>Consider using safety glasses that have extensions to cover the side of the eyes</li> </ul>
	No PPE available	<ul style="list-style-type: none"> <li>HCP use of non-NIOSH<sup>3</sup> approved masks or homemade masks.</li> </ul>	<ul style="list-style-type: none"> <li>Use a face shield that covers the entire front (that extends to the chin or below) and sides of the face with no facemask.</li> </ul>	<ul style="list-style-type: none"> <li>Consider using gown alternatives that have not been evaluated as effective.</li> </ul>	<ul style="list-style-type: none"> <li>Use a face shield that covers the entire front (that extends to the chin or below) and sides of the face with no facemask</li> </ul>