Introduction:
The following module has been created to provide a guideline for initiating or converting an inpatient unit to a pandemic response unit. The model provides a baseline with which to develop protocols relevant to the pathogen of concern. Varying strategies may be employed based on the mode(s) of transmission.

Progression for Commissioning a Pandemic Response Unit

- Leadership commissions unit
- Interdisciplinary team assembles to analyze needs
- Implement physical and process changes to establish unit
- Train and orient staff
- Unit launch
- Maintaining and adapting unit
Considerations in Pandemic Response Unit Planning: Hierarchy of Controls

**Most Effective**

**Elimination**
- Secure unit
- Limit entry to approved/trained staff
- No large rounding groups
- No visitors
- Remove excess materials/equipment from patient room

**Substitution**
- Use zoom for staff-patient interactions
- Use disposable or wipeable materials
- Reduce personnel interacting with patient by cross-training staff
- Provide necessities to minimize off-unit time for staff

**Engineering Controls**
- Patient rooms converted to negative pressure (as needed)
- Plexiglass barriers
- Private rooms for suspect/confirmed patients
- Cohort positive household contacts only

**Administrative Controls**
- Staff sign in sheet
- Staff self-monitoring of symptoms
- New isolation signage
- Surface disinfection
- Establish standardized workflows
- Donning/doffing trained observers
- Designate areas for specific tasks

**PPE**
- Establish PPE requirements
- Standardized PPE caddy
- PPE donning/doffing training
- Develop strategy for extending use/reusing PPE
- Provide scrubs for unit staff

Learn more about the Hierarchy of Controls.
Click on each tile for specific considerations in pandemic response unit planning.
- Address work orders related to ventilation, standardization of patient rooms
- Limit entry to approved/trained staff- leaders set up appropriate badge access with security for designated staff
- Coordinate tasks with nursing to cluster care and reduce room entry
- Work with nursing to ensure proper donning/doffing of PPE
- Log room entry on sign-in sheet and self-monitor for symptoms
- Department leaders keep up-to-date with pandemic-related communications, policies, and procedures, and communicate these with staff on a routine basis.
- Keep updated on pathogen’s transmission route(s) to ensure appropriate Engineering and Administrative Controls are in place
Leadership and Facilities involved in decision to convert all patient rooms on unit to negative pressure
- Pro: Allows flexibility with patient placement
- Pro: Allows cohorting of patients into one unit rather than multiple units
- Con: May not be possible in all units
  - Follow procedure to convert individual rooms
- Con: Scrubbers need to be added to specific rooms (scrubbers can be loud and take up floor space)
- Con: Patients may require various levels of care/services beyond unit’s capabilities

If decision to convert all rooms is made:
- Chief Engineer and team put all patient rooms on selected unit into the ATD daily logbook
- Smoke test for negative flow performed daily per existing policy
- Pressurization checks include a reading across the door plane defining “unit/wing” as compared to hospital corridor
- Discrepancies are reported directly to Nursing Manager and through Facilities escalation to Manager on Duty

- Aerosol Transmissible Disease Policy 3.1.2
Facilities staff requiring access to patient room:
- Consult nursing and follow HEIP guidance for PPE donning/doffing
- Follow HEIP guidance for surface/equipment disinfection
- Follow CDC, State, and Local recommendations and regulations surrounding plumbing and waste management issues
- Involve Union representatives in deciding on staff ratios and in ongoing conversations
- Agree on RN ratios
  - Nursing unit staff absorb tasks from outside departments (excluding providers) to limit entry to well-trained staff and conserve PPE
- Keep unit well-staffed in anticipation of surge, float staff elsewhere as needed
- Create and activate “Team Nursing Model” for times of limited staffing
- Train outside staff to float to unit
- Consider providing staff amenities to limit time off-unit:
  - Meals and snacks
  - Access to showers as needed (showering may not be required depending on mode of transmission)
  - Scrubs for staff to change
- Standardize room setup
  - Tables/carts/isolation caddies stocked with identical supplies
  - Workflow reminder signs inside and outside room
  - Sign-in sheets outside room to complete before entry
  - Checklists for cart and room setup
- Centralized PPE supply cart
  - Centralized PAPR location when well-stocked
  - In PAPR Shortage- sign out PAPR with location logged
- Designated supplies/equipment for outside departments
  - Rapid Response Team- Pandemic-specific RRT Cart
  - Gurney- Available for Transport
  - Portable X-ray- kept adjacent to unit
- Pandemic Document Binder-
  - Keep all tip sheets and communications in centralized location
  - Discuss new materials at daily huddle
Nursing-specific documents located on Department of Nursing Manuals website

- Cluster care and coordinate room entry to assist PCA with tasks and minimize time spent in room
- Special Issues
  - Specimen Collection (Including Research)
    - Develop procedures for appropriate specimen collection for pathogen (See Lab Testing)
    - Create workflow for in-room lab collection to ensure contaminated specimens are contained prior to exiting room
  - Meal tray delivery/pickup
    - NFS deliver meals to designated area and unit staff deliver to patients
    - Staff should cluster care to couple meal tray delivery with patient care to minimize additional exposure to staff and ensure timely tray delivery
  - Fans
    - Depending on pathogen, fan use may be prohibited or limited
    - Fans prohibited where negative pressure is required as it may alter the room airflow
    - Fan use must be in accordance with established procedures
  - Breastfeeding mothers
    - Clinical decisions needed regarding safety of breastfeeding for pathogen
    - Develop workflows around collection, storage, and transport
HEIP, Safety, and INEX assist in training

- Hold mandatory training for all unit staff to include:
  - Donning/Doffing - demonstration to reserve PPE
  - N95 fit testing/PAPR Training
  - Basic room setup (tour)
  - Review of checklists
  - Novel clinical processes specific to pathogen of concern

- PRN
  - Unit to request support when needed
  - HEIP, INEX, Safety available to provide training, observation, and support
  - INEX provides mobile donning/doffing and PAPR training on AM and PM shifts
  - Unit staff trained observer available for donning/doffing
  - Nursing Huddles (AM & PM) to review new communications

- Visual aids
  - Donning/Doffing steps with visuals
  - Videos on pandemic website
  - In-room tip sheets and visual cues for maintaining safety during patient care
SAFETY: ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

- Provide N95 fit testing clinics
- Provide PAPR Training (Train-the-trainer)
- Prepare for PPE shortages and collaborate to provide alternatives
- Support decision-making around changes in PPE based on availability
  - Develop appropriate means of disinfection and storage
  - Eye protection- wipe down and allow to dry, discard when not intact
  - N95- only touch with clean hands, ensure appropriate fit and seal; if intact and not contaminated, extend use or remove and store appropriately for reuse
  - Gowns- disposable or washable
    - Storage size may differ
    - Technique for doffing may differ
    - Washable requires increased emptying of linen hamper and monitoring quality of reprocessing
Follow **General** guidelines

- Establish path of travel workflow for transporting pts. to designated unit; conservative workflow (can be de-escalated as appropriate):
  - Communicate with supervisor if additional staff are needed to cover post, secure path
  - Maintain >6 feet distance from pt.
  - Follow appropriate universal PPE protocols in place (if any)
    - No additional isolation PPE required
    - Ensure Security staff do not touch pt. and pt. does not touch any surfaces
  - Walk ahead of pt. and accompanying staff; use a doorstop to prop doors along path if needed to maintain >6 feet distance
  - Clear and secure the path of travel
- Station personnel outside unit to limit entry to only essential staff
  - Locked unit- no visitors, no large rounding teams
  - Assist in providing appropriate badge access to approved staff
- Correctional Officers (COs) accompanying patients
  - Security manages COs
  - Ensure appropriate testing upon CO arrival for shift (if applicable)
  - Ensure COs are aware of current PPE and distancing requirements
  - Provide unit-specific educational tip sheet for COs if available
- [https://www.cdcr.ca.gov/covid19/population-status-tracking/](https://www.cdcr.ca.gov/covid19/population-status-tracking/)
- Create policies/procedures surrounding isolation and PPE for the pandemic pathogen of concern
- Create signage/checklists/tip sheets
- Collaborate on workflows
- Support staff training
- Attend staff meetings for support/questions
- Round regularly and observe for hazards, ensuring HEIP protocols are in place and staff are in compliance
- Redeployed workers may be used in various roles, including observers and monitors
- Support Occupational Health
- [UCSF Pandemic Clinical Resources website](https://www.ucsf.edu)
- Limit entry to approved/trained staff
  - Security set up badge access to unit for designated staff
- Coordinate tasks with nursing to cluster care and reduce/eliminate room entry
- Utilize video/telehealth tools for staff-patient interactions when possible (should not replace required in-person provider/specialist assessments)
- Establish department leads to monitor PPE donning/doffing and work with nursing to assist in this workflow
- Log room entry on sign-in sheet and self-monitor for symptoms
- Department leaders keep up-to-date with pandemic-related communications, policies, and procedures, and communicate these with staff on a routine basis
- Occupational Health
  - Maintain sign-in log for each confirmed/suspected pt.
  - Submit per pre-determined cadence set by OHS
  - Staff self-monitor for symptoms
Follow General guidelines
- Provide small group/one-on-one training on PPE donning/doffing for designated staff
- Supervisors monitor PSA in PPE donning/doffing, support PSAs as needed
- Modify workflows to reduce exposure
  - Coordinate with Nursing to assist with garbage/linen removal from pt. room
  - Assign specific trained PSAs to support unit
  - Accommodate patient needs re: room cleaning
  - Establish procedures surrounding disposal of supplies upon pt. discharge depending on mode of transmission and potential for contamination
- Maintain communication with Command Center for awareness of surges in community transmission that would affect acuity levels
  - Refer to established surge plans for tiered level of responses
- Outfit patient rooms with video-capable tablet
  - Utilize Zoom, Voalte, or other telehealth tools to communicate with patient, minimizing in-room contact
  - Staff use tablet for communication when direct contact not required
- Position Unit Medical Director(s) and Unit Director(s) on unit
  - Facilitate communications
  - MDs accessible to provide expertise
  - Directors accessible when issues arise for troubleshooting
  - Creates team cohesion team
- Provide status updates at unit huddle and keep written communication in centralized binder for staff to access
- Outfit patient rooms with video-capable tablet (see also Communication)
  - Staff use tablet to communicate when direct contact not needed
  - Patient permitted to use tablet to contact family members
- Set expectations for patient
  - No visitors
    - Refer to surge plans for tiered visitor guidance
    - Exceptions may be allowed for End of Life and case-specific situations
  - Limited staff room entry/exit
  - Pt. must stay in room
- Create workflows surrounding meal trays to ensure delivery in timely manner while food is still hot
- Work with pt. to accommodate scheduling preferences for room entry, cleaning, etc.
- Provide activities for patient
  - Stationary bike
  - Word puzzles
  - Activity books