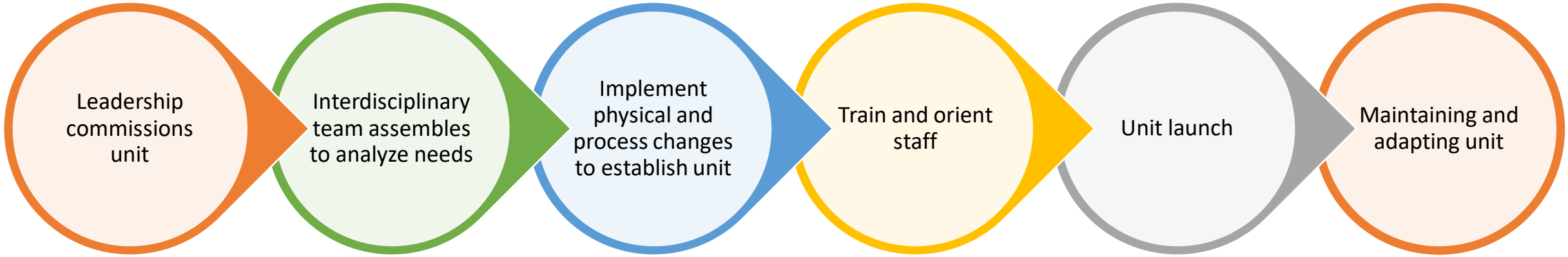
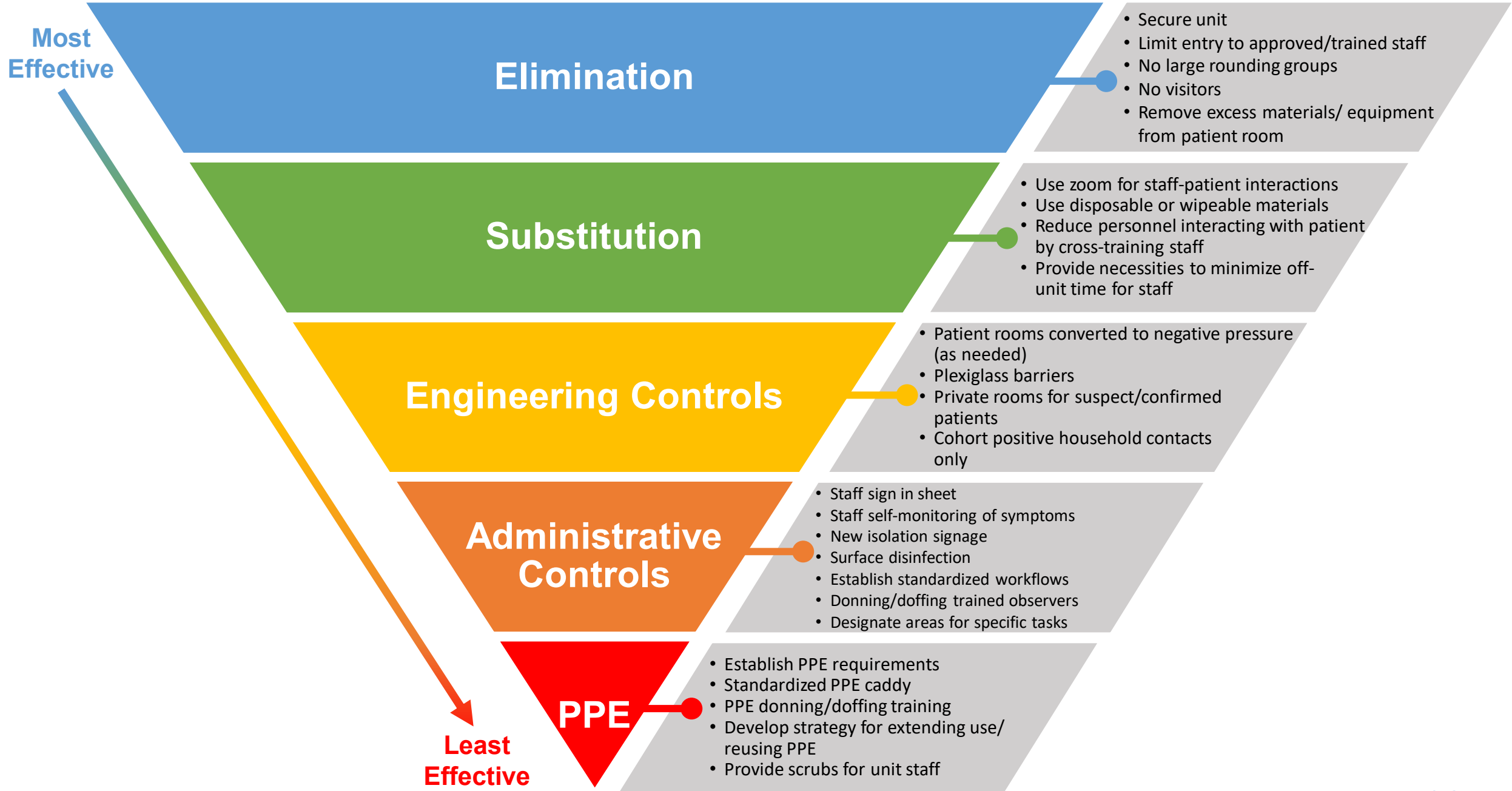
Introduction:

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

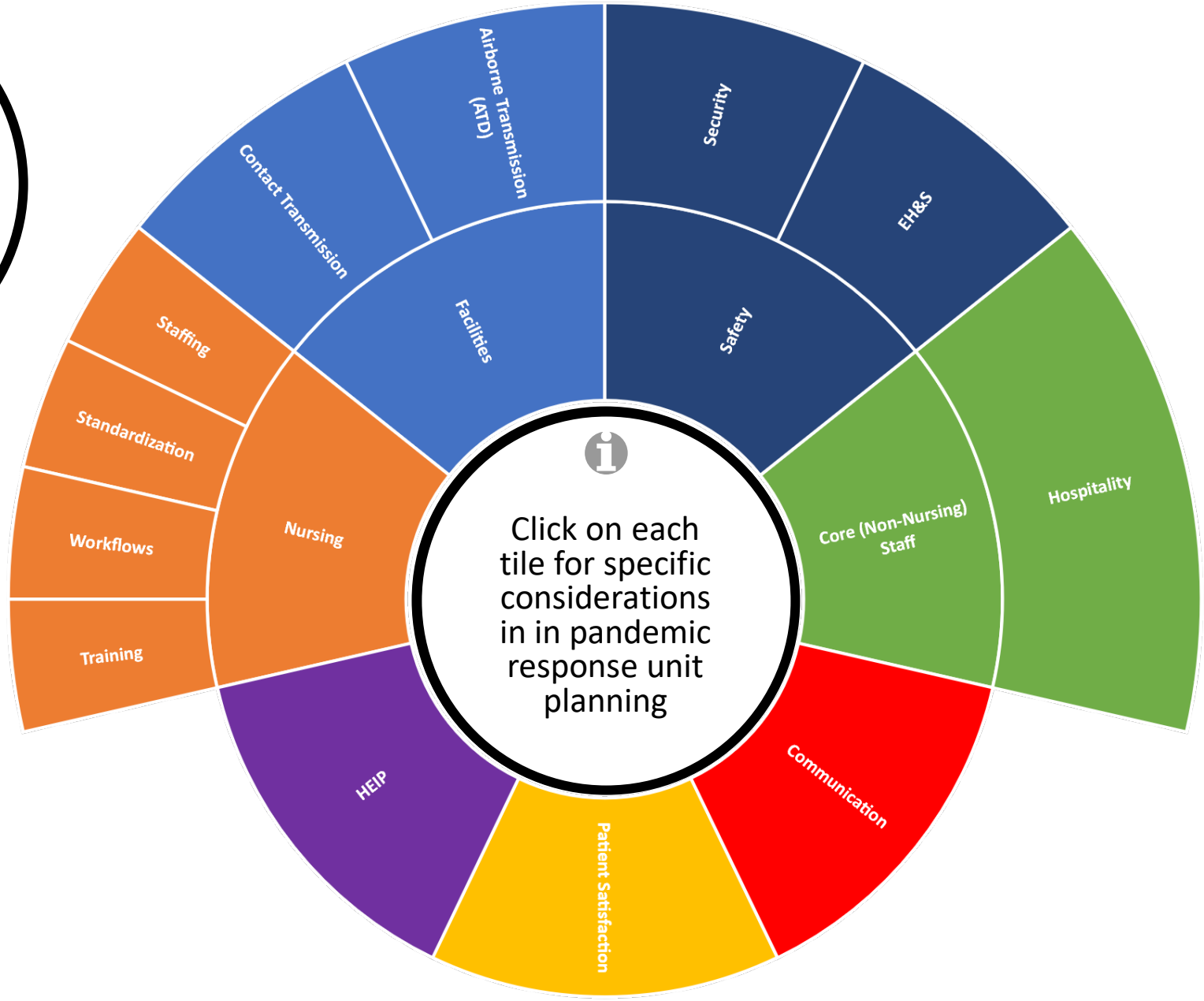


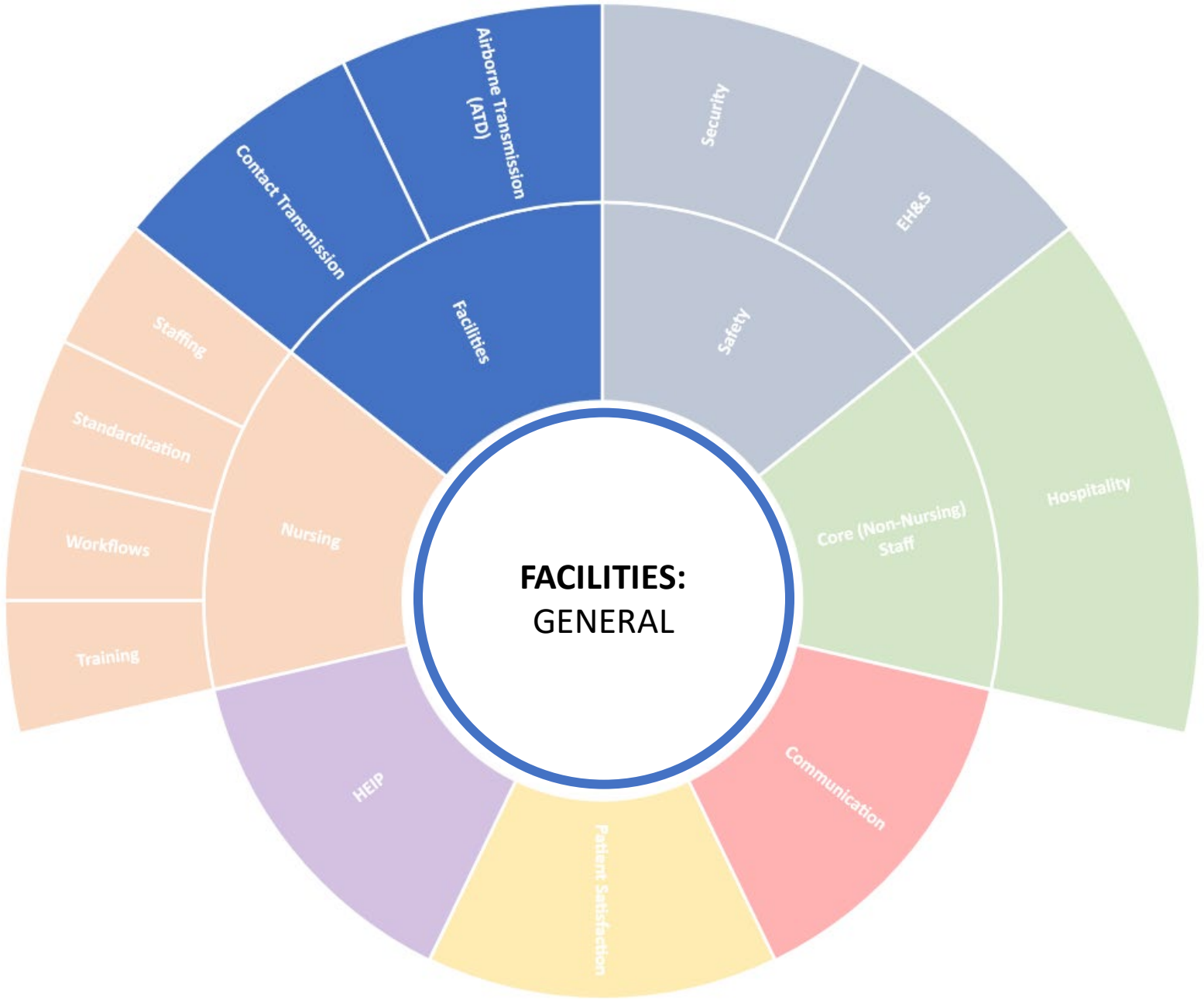
Considerations in Pandemic Response Unit Planning: Hierarchy of Controls



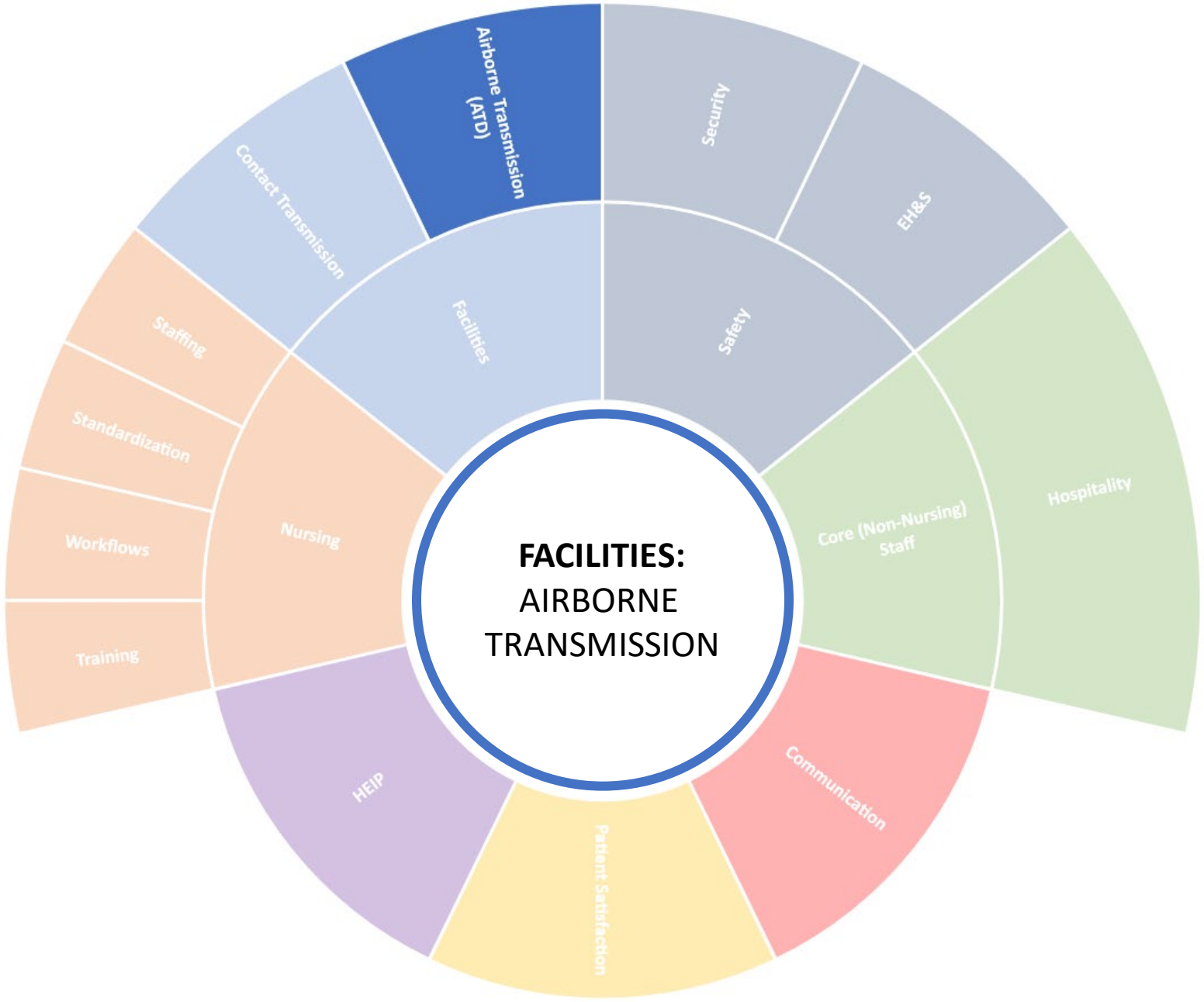
Learn more about the Hierarchy of Controls

PANDEMIC RESPONSE UNIT PLANNING

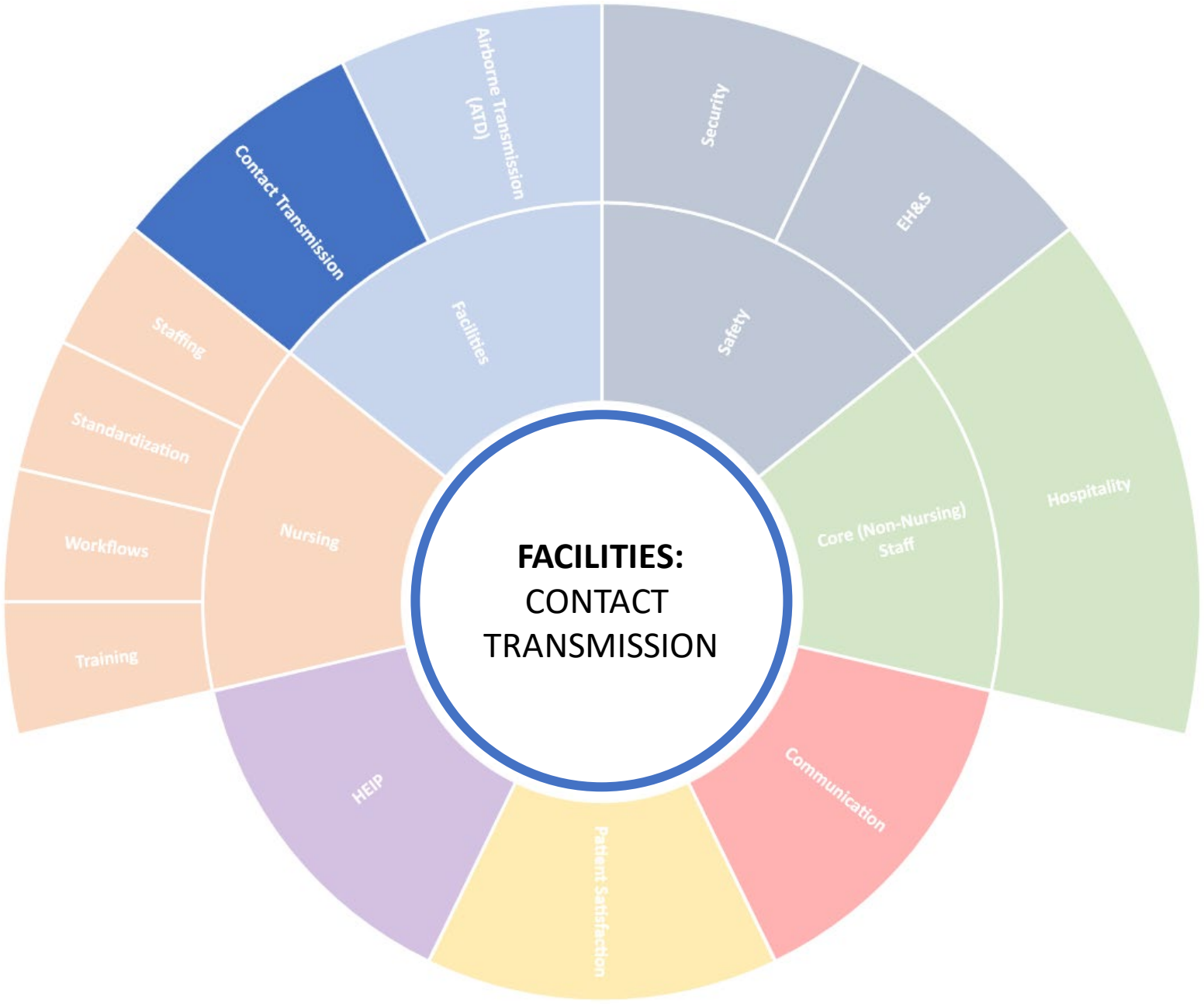




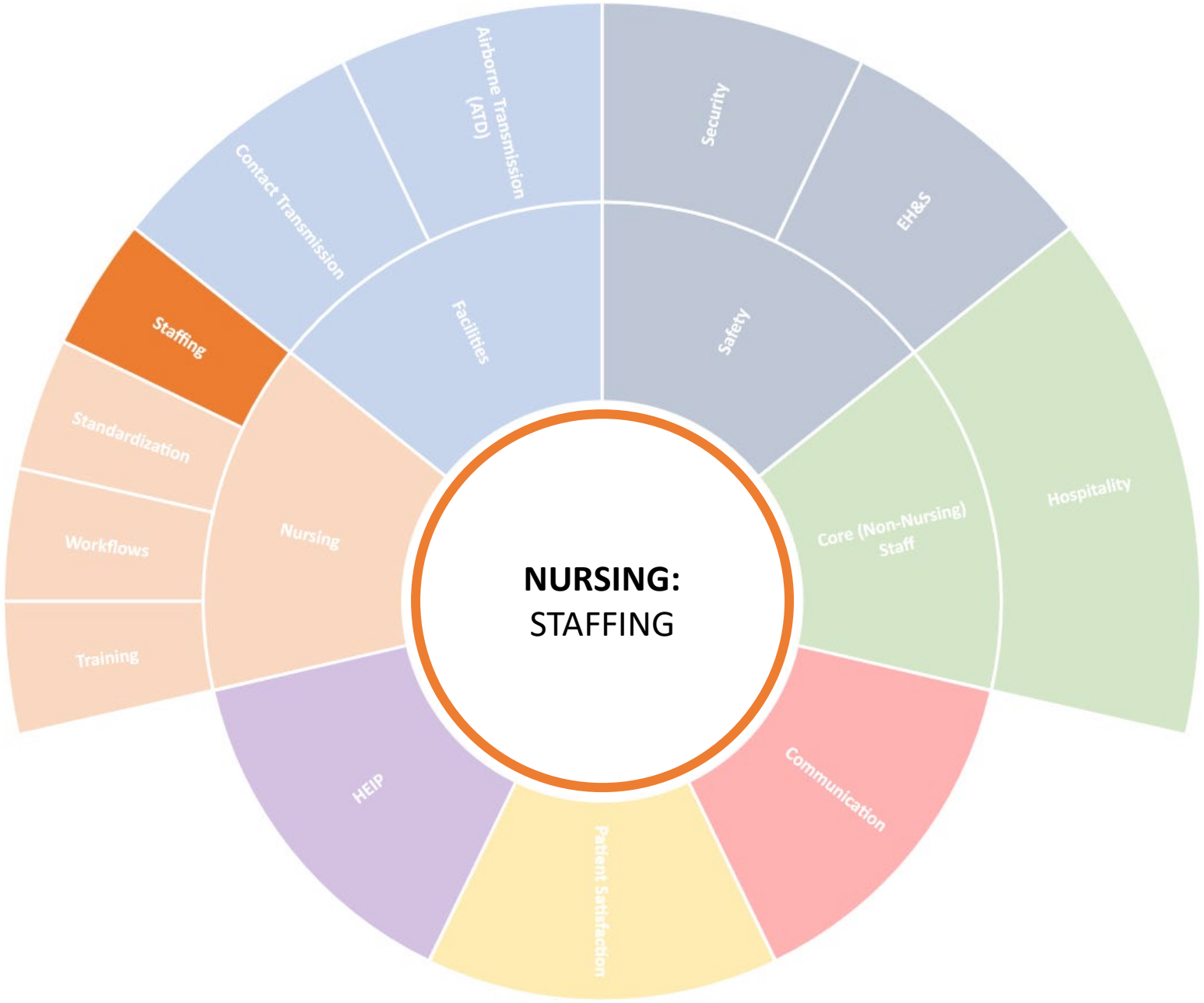
- Address work orders related to ventilation, standardization of patient rooms
- Limit entry to approved/trained staff- leaders set up appropriate badge access with security for designated staff
- Coordinate tasks with nursing to cluster care and reduce room entry
- Work with nursing to ensure proper 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



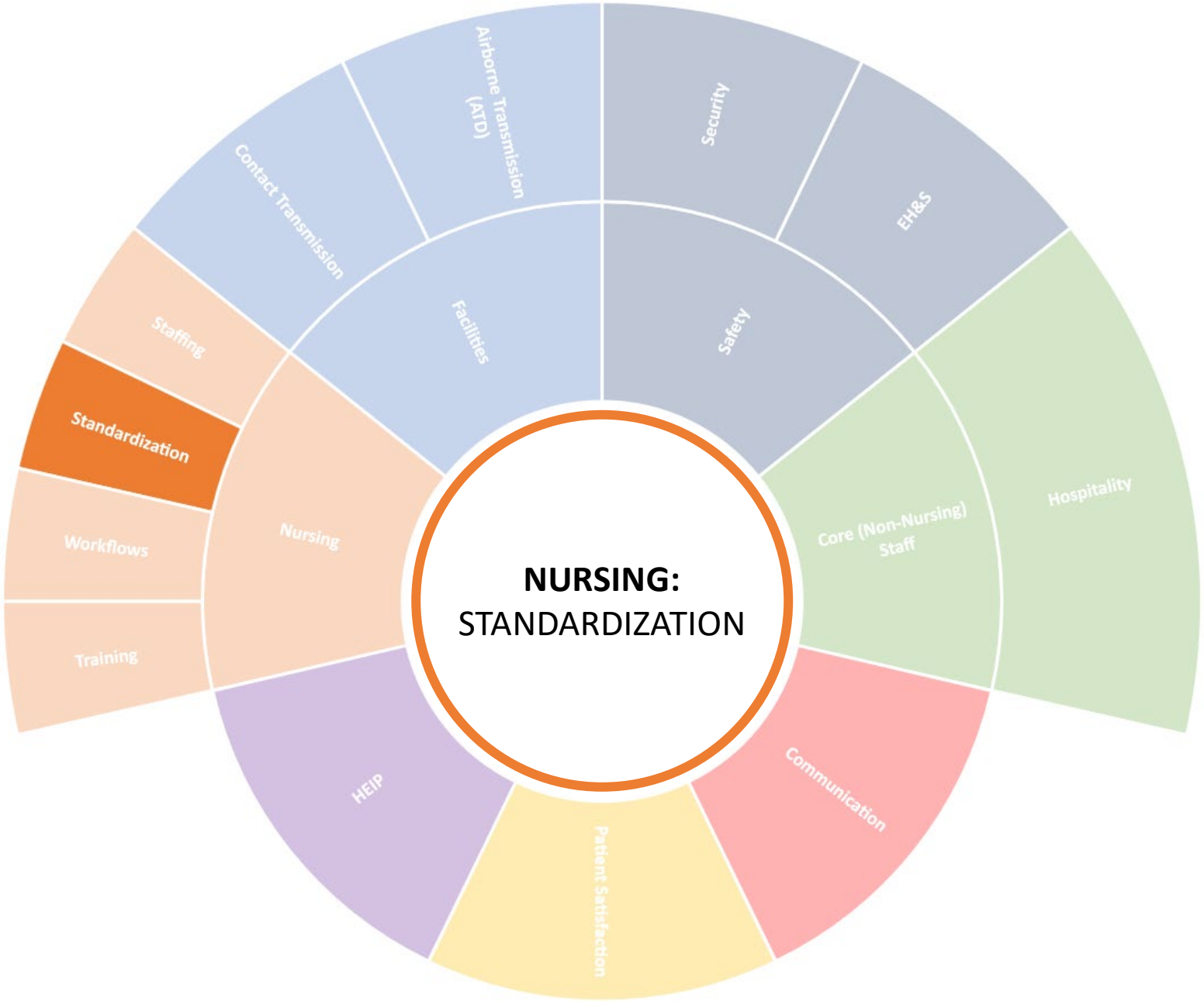
- Leadership and Facilities involved in decision to convert all patient rooms on unit to negative pressure
  - Pro: Allows flexibility with patient placement
  - Pro: Allows cohorting of patients into one unit rather than multiple units
  - Con: May not be possible in all units
    - Follow procedure 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



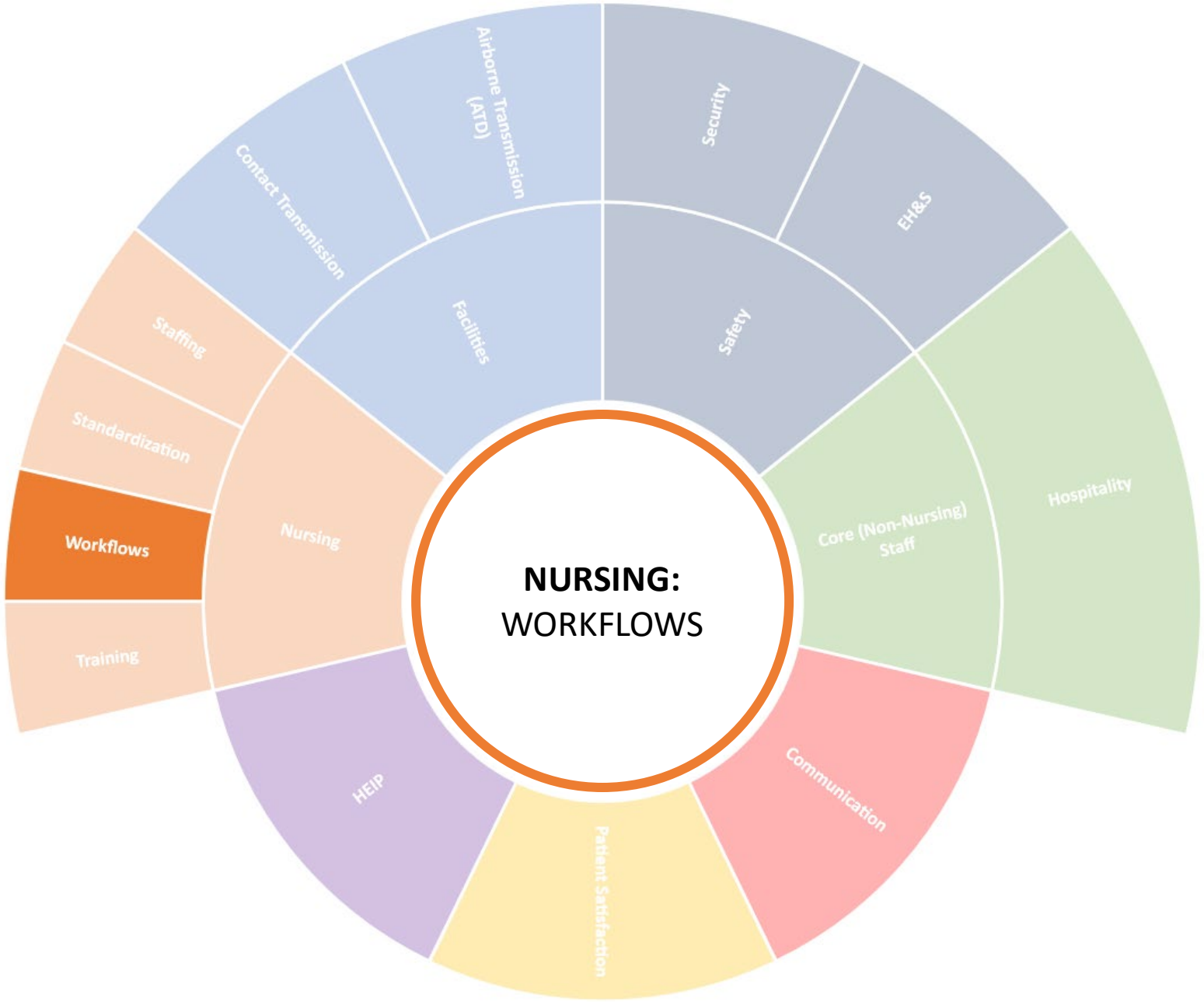
- Facilities staff requiring access to patient room:
  - Consult nursing and follow HEIP guidance for PPE donning/doffing
  - Follow HEIP guidance for surface/equipment disinfection
- Follow CDC, State, and Local recommendations and regulations surrounding plumbing and waste management issues



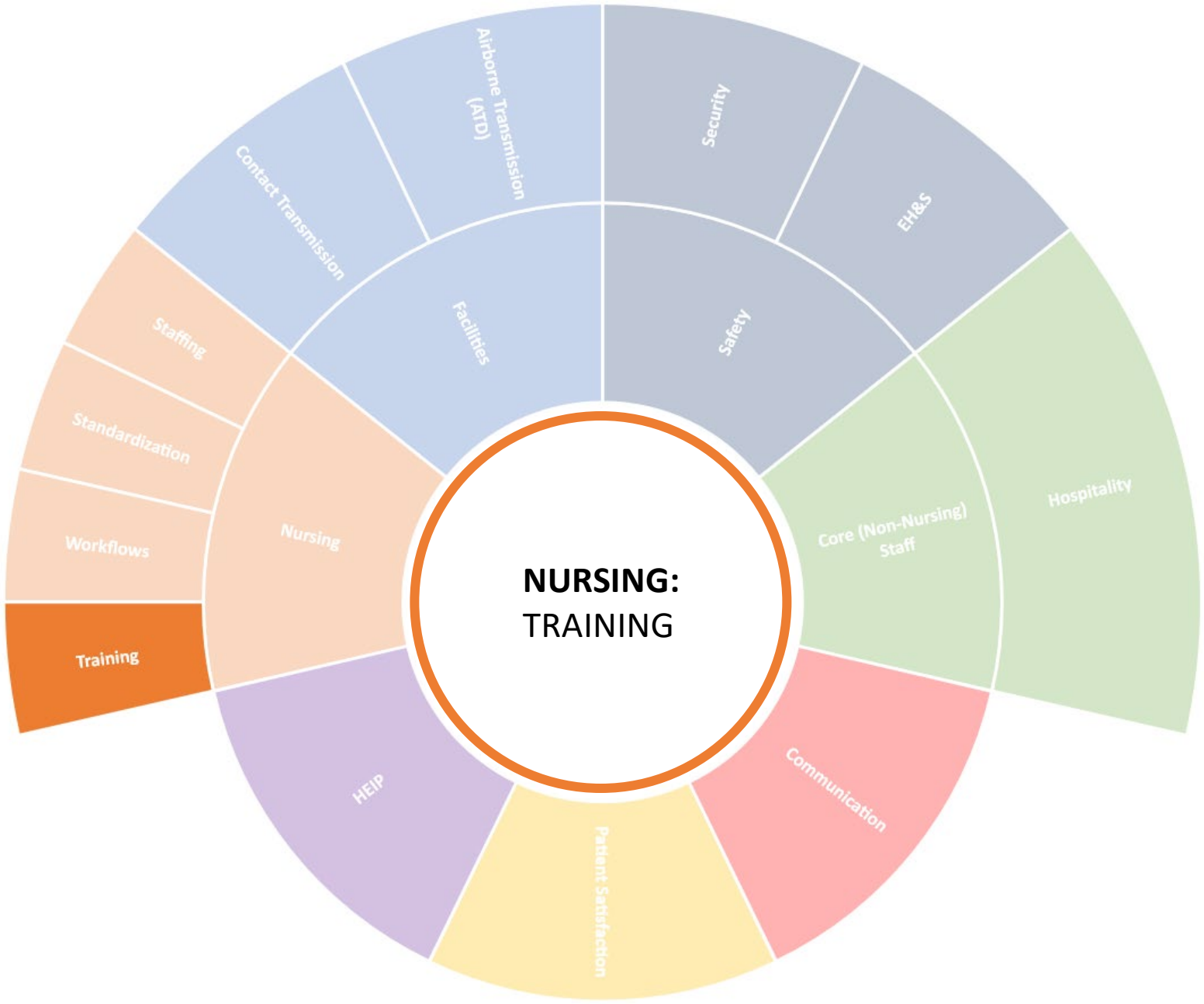
- Involve Union representatives in deciding on staff ratios and in ongoing conversations
- Agree on RN ratios
  - Nursing unit staff absorb tasks from outside departments (excluding providers) to limit entry to well-trained staff and conserve PPE
- Keep unit well-staffed in anticipation of surge, float 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 of 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



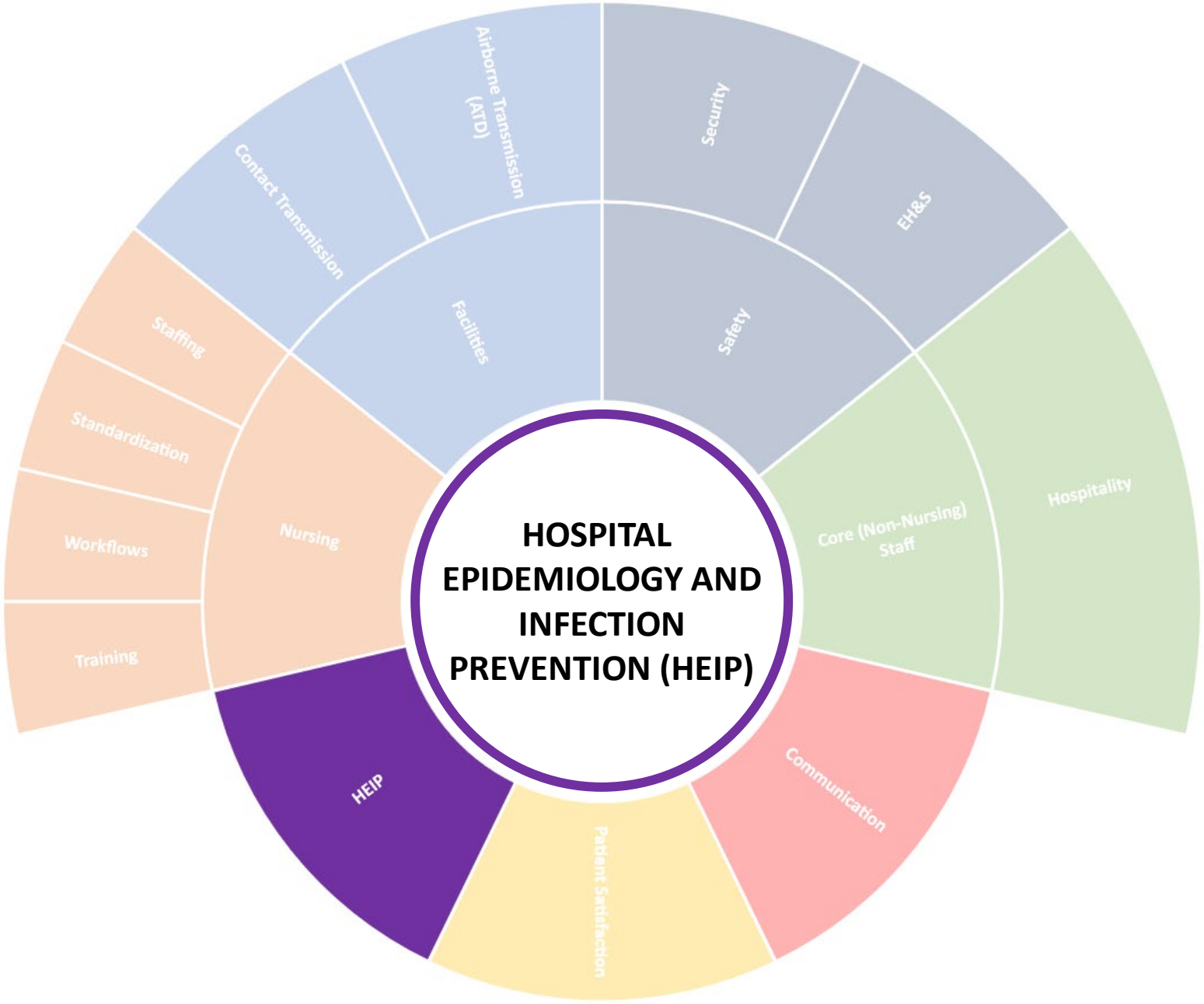
- Nursing-specific documents located on Department of Nursing Manuals website
- Cluster care and coordinate room entry to assist PCA with tasks and minimize time spent in room
- Special Issues
  - Specimen Collection (Including Research)
    - Develop procedures for appropriate specimen collection for 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



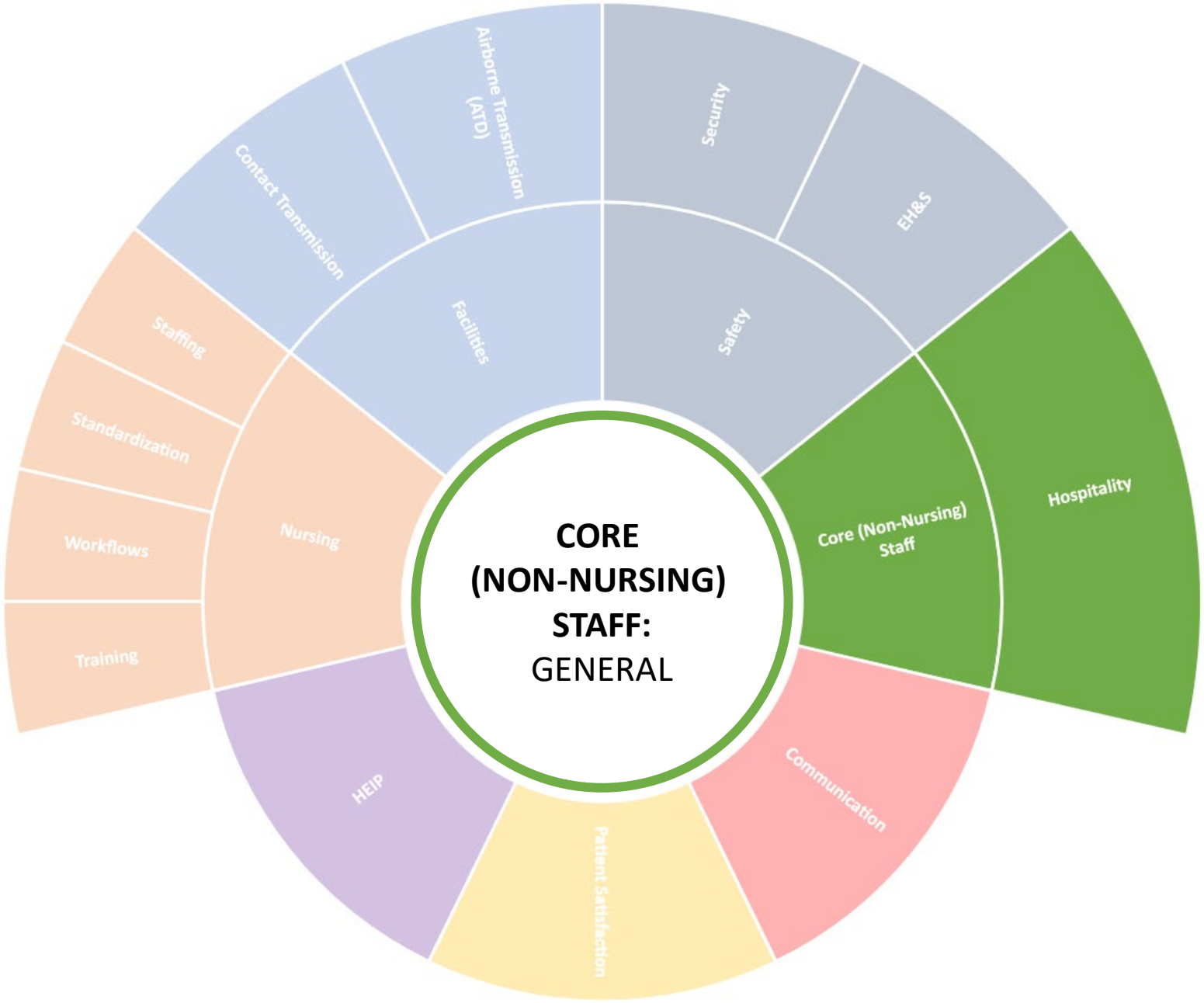
- HEIP, Safety, and INEX assist in training
- Hold mandatory training for all unit staff to include:
  - Donning/Doffing- demonstration to reserve PPE
  - N95 fit testing/PAPR Training
  - Basic room setup (tour)
  - Review of checklists
  - Novel clinical processes specific to pathogen of concern
-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

- 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

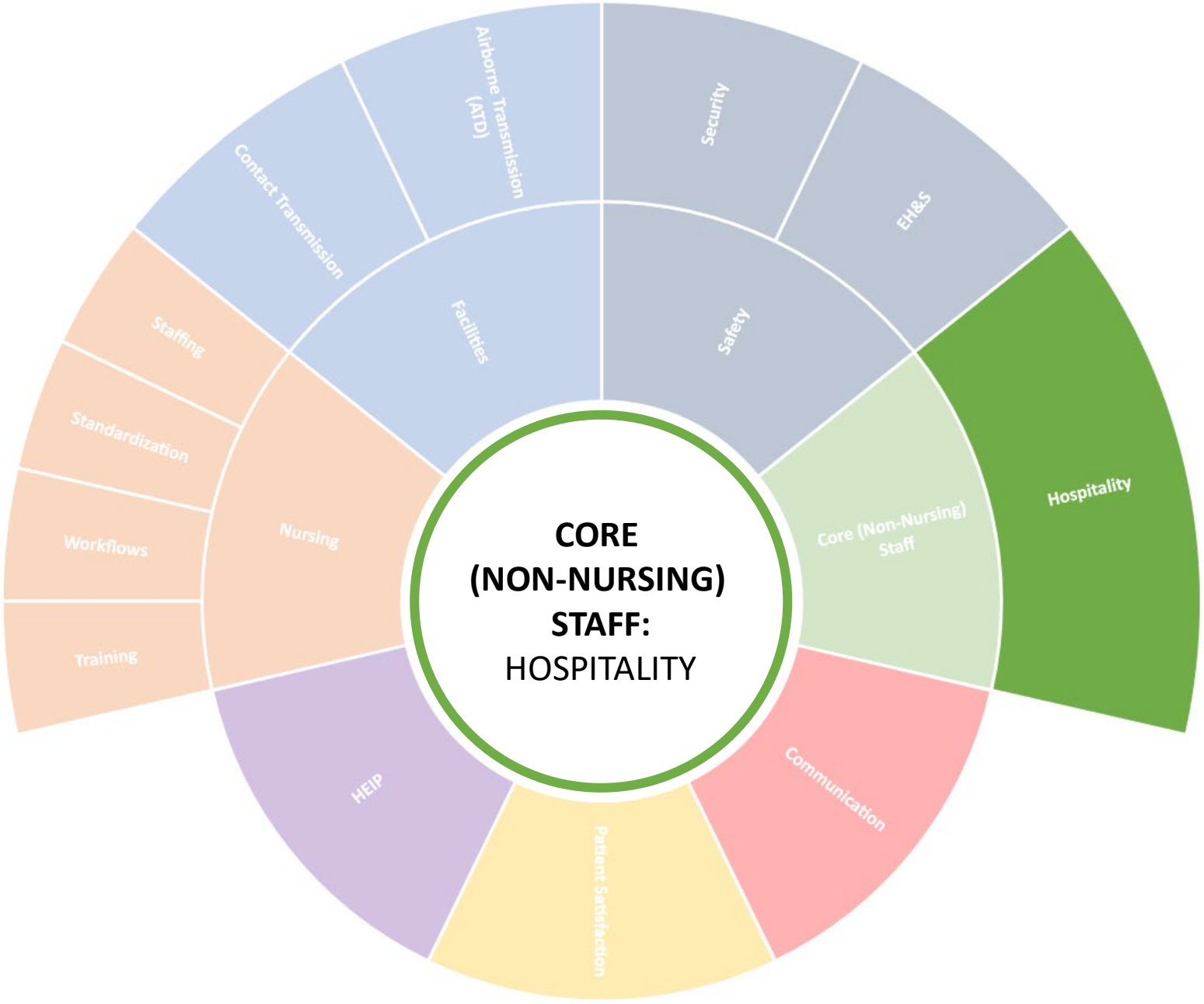
- Follow General guidelines
- Establish path of travel workflow for transporting pts. to designated unit; conservative workflow (can be de-escalated as appropriate):
  - Communicate with supervisor if additional staff are needed to cover post, secure path
  - Maintain >6 feet distance from pt.
  - Follow 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/



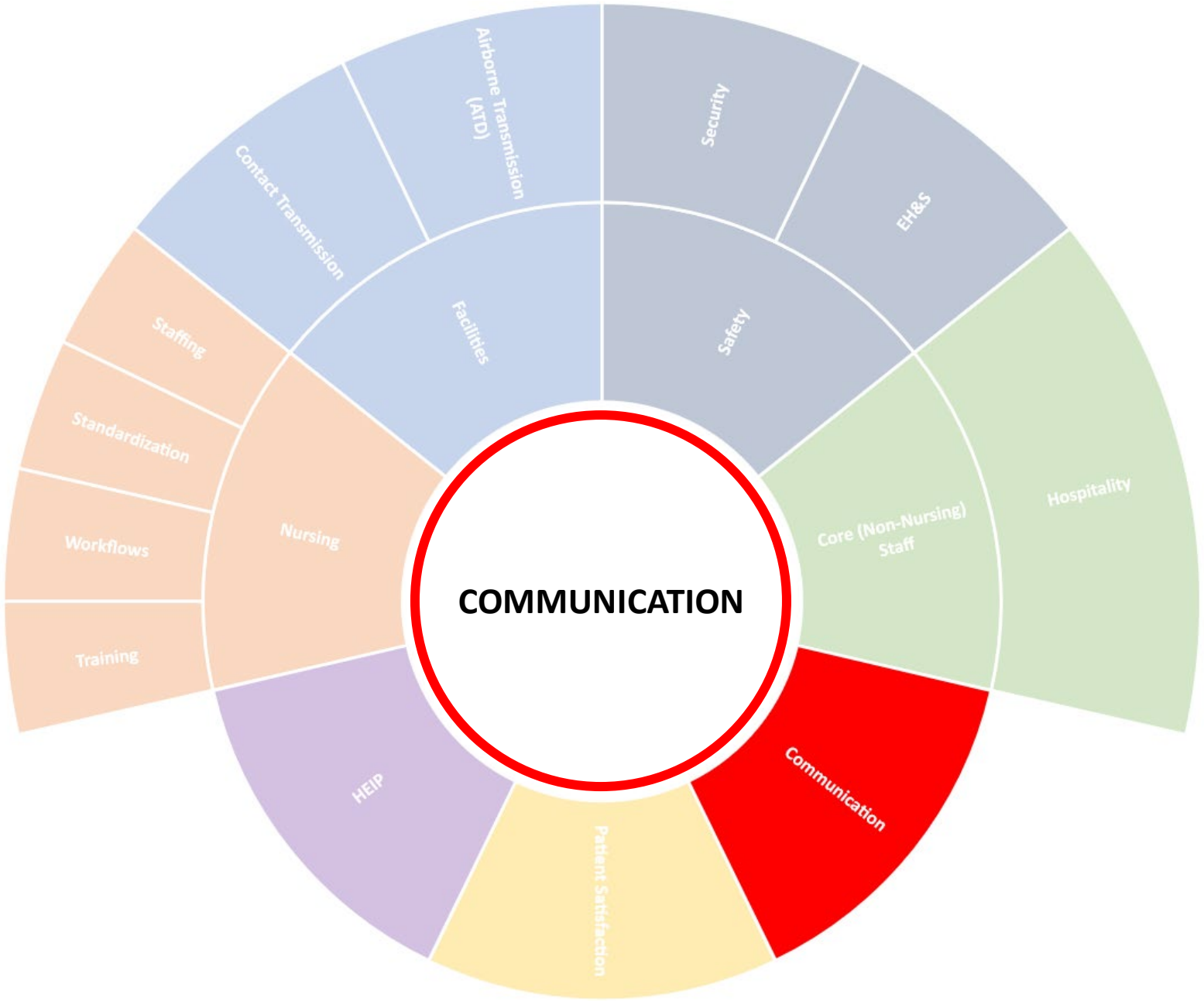
- Create policies/procedures surrounding isolation and PPE for the pandemic pathogen of concern
- Create signage/checklists/tip sheets
- Collaborate on workflows
- Support staff training
- Attend staff meetings for support/questions
- Round regularly and observe for hazards, ensuring HEIP protocols are 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



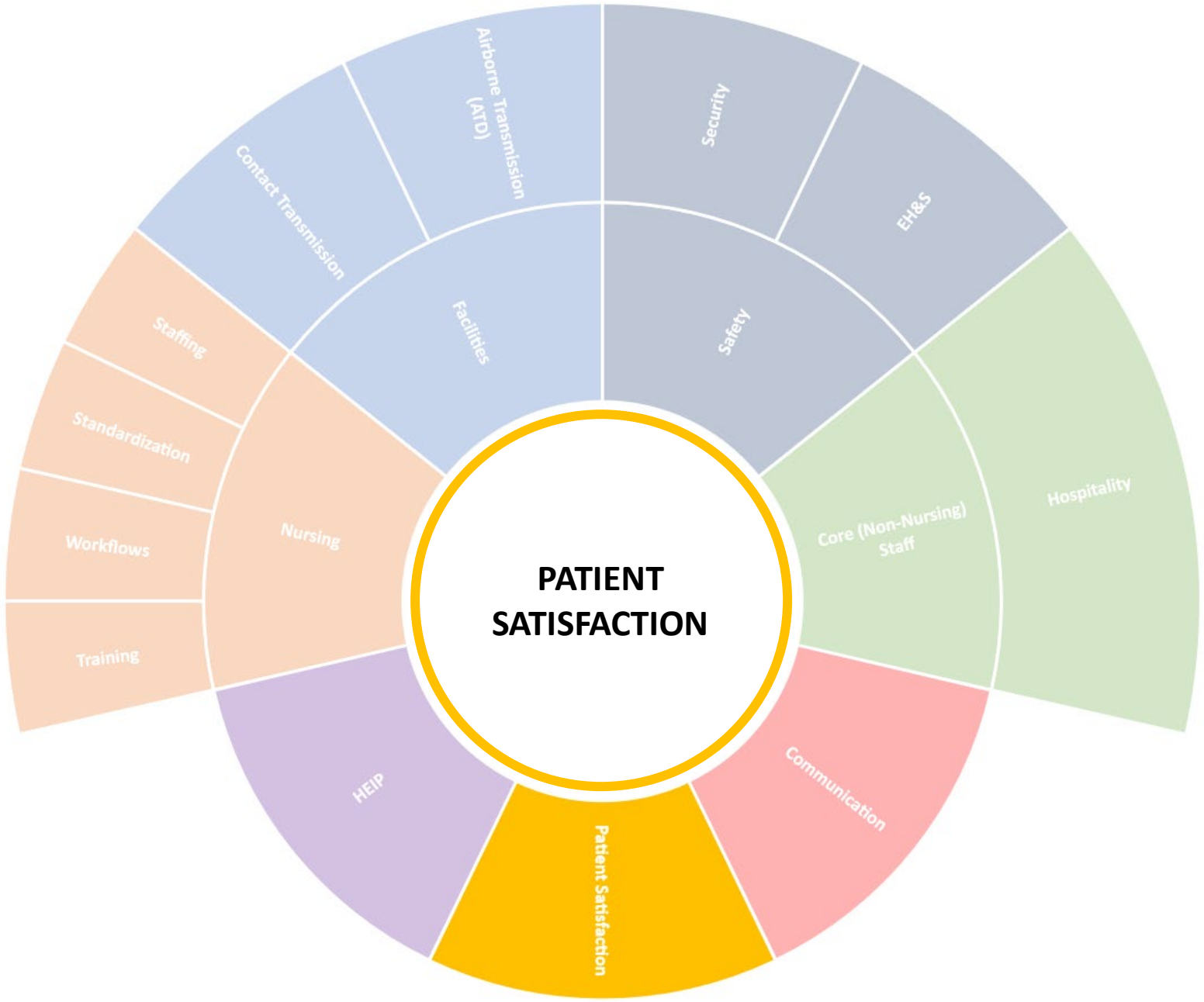
- Limit entry to approved/trained staff
  - Security set up badge access to unit for designated staff
- Coordinate tasks with nursing to cluster care and reduce/eliminate room entry
- Utilize video/telehealth tools for staff-patient interactions when possible (should not replace required in-person provider/specialist 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