

Emergency Department COVID-19 Patient Flow

Staffing & Operations of ED Screening Table

-Incident command will provide the most up to date patient and visitor screening forms to emergency department leadership. These forms will be immediately issued to the screening staff by ED leadership.

Shift Open

- Screening staff reports to ED charge nurse for briefing
- Screening staff must include 1 RN minimum, typically a displaced RN
- Screening forms are checked for most current version
- Screener team locates contact numbers and installs fresh battery in phone
- Screener team reviews algorithms/procedures and raises questions to ED charge nurse
- PPE requirements are discussed and PPE issued to screening staff
- All screeners use mask and eye protection for the screening process (1 issued per shift)
- Thermometers cleaned between uses, gloves worn while in use.

Screening Table Operations

- Non RN screening staff screens visitors and controls visitor flow
- RN screener performs patient screening and controls patient flow in cooperation with the emergency department charge nurse
- Patient presents to the emergency department and is met by greeter staff at the entrance to the emergency department (St. Joseph main entrance)
- If patient arrives via EMS
 - If patient is assessed and deemed unstable, ED charge nurse facilitates rooming of patient based on EMS report. Patient is masked if positive COVID screen or unable to assess.
 - EMS is screened. If green dot (JCAS) or visitor tag with time and date (within last 12 hours) is present, prior screening is accepted when verified by staff.
 - If patient is stable, ED charge nurse will determine if triage appropriate. If triage appropriate, patient is screened and will proceed as defined in ambulatory patient process.
- If patient is ambulatory
 - If patient is assessed and deemed unstable, ED charge nurse facilitates rooming of patient. Patient is masked if positive COVID screen or unable to assess.
 - If patient is stable, patient is screened using the most current patient screening tool.
 - If screening is positive, patient is masked and business office is contacted to register by the patient by providing name and DOB prior to being escorted to the tent by the runner. Patient is "Roomed" in the "Tent" area of the tracker by business office. Patient screening form goes with patient to tent triage.

- If screening is negative, patient will be directed to registration and will proceed through main ED triage. Patient screening form goes with patient to triage.
- If tent is full
 - Patient is directed to the secondary tent, or “Tent waiting room” (if available) or other staging area, and will be roomed in the tent by the runner once the current occupant has vacated and the tent is cleaned per guidelines.

COVID-19 EQUIPMENT CLEANING PROCESSES

1. NO waiting time on cleaning any equipment from patient room
2. Remove equipment from room and bring to:
 - i. Ante-room
- OR
- ii. Hallway (just outside of patient room)
3. Clean with A3, Microkill, or Fusion
4. Allow for contact time specified for product used
5. Put equipment back into use

Shift Close

- Assist in educating oncoming shift on screening process.
- Familiarize oncoming shift with screening table layout and location of supplies.
- Direct oncoming shift to contact numbers and handoff phone.

Miscellaneous Topics

- Supplies requests are made through house charge or ED charge nurse.
- In the event of a surge, notify ED charge nurse and house charge immediately.

Contact Numbers Provided to Screening Staff

- ED charge nurse
- House charge
- Security
- ED business office

Staffing & Operations of ED Triage Tent

Shift Open

- Tent triage nurse and runner reports to ED charge nurse for briefing
- Tent staff must include 1 RN minimum, preferably an emergency department RN for tent triage
- Charge nurse ascertains need for ASAP access
 - If no access, contacts Craig Hitchens at 67281 or help desk at 67401 and escalates the request so he gets a call on his cell.
- Triage training per Gene Brandon's guide by nurse educator or displaced trauma staff – not advised to have a non-ED nurse in this role
- Tent RN trained to access provider on iPad by ED charge nurse
- Runner door access through accessory entrance is ensured for patient transport
- Screener team locates contact numbers and installs fresh battery in phone
- PPE requirements are discussed and PPE issued to tent staff
- Tent nurse utilizes gown, gloves, mask and eye protection
- Runner utilizes no PPE when outside the tent and should make every effort to remain outside of the tent.
- Thermometers cleaned between uses, gloves worn while in use.
- Supplies are checked versus master list, communicated to runner, and stocked by tent nurse. Runner is not to enter the tent during this process.

Triage Tent Operations

- Masked patient is transported to tent from screening table
- Patient is triaged (using 3 level system if non-ED tent RN), including full set of vital signs
- Nursing interventions performed as necessary
- Tent RN notifies ED charge nurse when triage is completed and requests a disposition for patient (To be seen remotely by provider in tent (via iPad) or in COVID ED)
- Registration process is completed in the tent by phone and verbal consent obtained by phone with business office if patient seen remotely (via iPad)
- If seen remotely in tent, swabs collected (flu, respiratory panel, strep) and runner transports to main ED for handoff to ED staff for final transport to lab. Tent RN either utilizes mobi lab to print labels or labels must be printed in ED and transported to tent via runner for labelling.
- If a COVID screening is ordered from the tent, ED charge nurse completes IDPH authorization process for PUI and contacts Corrina Warren while specimen is being collected and prints label to bag with swabs collected in the tent.
- If patient is to be seen in COVID ED, patient is transported by runner to room communicated by ED charge nurse. Runner dons appropriate PPE: gown and gloves, patient is masked prior to transport.
- If medications are ordered to be administered by tent nurse, an ED nurse must transport medication to tent using extreme care not to enter the tent or contaminate self.
- Tent is cleaned between patients by tent nurse using process....
- Rounding and vitals taken by triage nurse hourly on patients in tent waiting room or in the event of a change in patient condition.

Shift Close

- Assist in educating oncoming shift on process
- Familiarize oncoming shift with tent layout and location of supplies
- Direct oncoming shift to contact numbers and handoff phone

Miscellaneous Topics

- Supplies requests are made through house charge or ED charge nurse.
- In the event of a surge, notify ED charge and house charge immediately.
- Runner must remain outside of the tent.
- When tent RN or runner needs a break, contact ED charge nurse for relief.
- Runner contacts ED charge by phone, retrieves supplies from main ED by hand off with ED staff, does not enter main ED.

Contact Numbers Provided to Tent RN

- ED charge nurse
- House charge
- Security
- ED business office

ED Visitor Plan

Day Process

All non-ED visitors must use the main entrance for screening

Visitor screening:

- Do they have a friend or family member in the emergency department?
 - Contact ED charge nurse, utilize comments field to manage visitors
- Is the visitor under the age of 18?
 - No entry
- Does the patient require a support person?
 - Contact ED charge nurse. At this time, only if the patient is unable to communicate or consent for themselves (altered GCS, POA, or pediatric patient), otherwise no entry.
- Are they visiting a patient screening positive for COVID-19?
 - Contact ED charge nurse, no entry
- Is there already a visitor with the patient?
 - Contact ED charge nurse
- Has the visitor already been screened and allowed entry?
 - Contact ED charge nurse. Verify date and time on visitor sticker if less than 12 hours ago. If verified, no rescreening, otherwise must restart process.
- No such thing as nurse discretion regarding visitors

If visitation is appropriate, conduct visitor COVID screening utilizing most up to date form

- If positive screening (one question answered in the affirmative), direct patient to vehicle with SIH hotline information for COVID screening at 844-988-7800
- If negative screening, contact ED charge nurse for visitor guidance – comment section to document visitor status?

Night Process (9pm to 7am)

Daytime process is utilized for ED visitors

No visitors allowed for floor patients with few exceptions.

For exceptions, contact house supervisor

COVID Testing/Treatment Process

If patient presents in respiratory distress

Utilize code and respiratory distress guidelines per Amy Reed

Registration is completed by phone and verbal consent obtained through business office when possible

Report all PUI screenings to IDPH (either by phone or online form) & Corrina Warren. If IDPH rejects, lab contracted lab corp to handle these swabs.

Imaging – portable chest x-rays only, patient must remain in room; not using chest xrays to screen for COVID-19 at this time

Swabs – NP swab in viral transport medium.

MDI's administered per current guidelines

If nursing has approved

In what situations do we use the CAPR:

- Trauma
- Intubation
- Extubation
- Bronchoscopy
- Sputum Induction
- Nebulized treatments
- Airway Suctioning
- Bi-PAP/CPAP
- Chest Physiotherapy
- Tracheostomy
- High Frequency Oscillatory Ventilation
- TEE Procedure

Pregnant patients > 20 weeks screening positive still remain in ED and OB nurse comes to assist in screening the patient

IDPH is only taking on inpatient rule outs, can still submit for testing. If denied by IDPH, providers can order tests through our lab and they will submit to Lab Corp.

STEMI patients: Brillinta changing back to Plavix. Cardiac team if STEMI – if suspected or positive, giving fibrinolytics – cannot give Brillinta (contraindicated) but can give Plavix – changing in narrator and changing out all of the boxes – 600mg for PCI, 300mg for fibrinolytics and contraindicated patients – this is rolling out Thursday morning

Discharge

If patient is discharged from COVID-ED:

Patient provided educational materials and teaching on discharge

- Verify that patient has been registered by business office
- CDC What to do if you're sick with Coronavirus disease 19 (COVID-19)
- SIH document – “Patient testing and follow up info”
- Emphasize the need to self-isolate, proper hand hygiene, and respiratory hygiene

If patient is discharged from triage tent:

- Verify patient has been registered by business office
- Provide discharge education as above
- If printer available in tent, follow standard procedure for discharge
- If printer not available, discharge paperwork printed in ED, issued to runner who then issues to tent nurse, taking care not to enter the tent.

Admission/Transport to floor

If St. Joes admission – must admit at HH or MHC

If MHC or HH admission

Admission process – house supervisor bed assignment

Coordinating reception of patient on receiving unit

Don PPE for transport, mask patient

Room closed for cleaning – pre-printed signs in ED COVID unit and note patient departure time

COVID disposition

SJ – must admit at MHC or HH

HH – ICU with COVID unit being Endo

MHC – ICU, SDS is COVID unit

Trigger for opening COVID unit = first positive COVID case

VRE and MRSA isolation suspended