

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
- 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 (reuse eye protection cleaning each shift and as needed)
- Thermometers cleaned between uses, gloves worn while in use.

Screening Table Operations

- Non RN screening staff screens visitors and controls visitor flow
- RN screener/Triage 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.
 - 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 stable, patient is screened using the most current patient screening tool.
 - Patient is given pocket phone after patient intake number is dialed to have patient placed on tracker board while being walked to tent or assigned room as appropriate.
- 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 PPE Safety Officer.
- 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
- PPE Safety Officer

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 and 1 Runner that can be either a nurse or pct.
- Charge nurse ascertains need for ASAP access
 - If no access, call 67401 and request access ticket be placed.
- 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 if no provider assigned to tent.
- 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.

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 if patient requires COVID/RESP room outside of Tent.
- Registration process is completed in the tent by phone and verbal consent obtained by phone with business office.
- 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 zebra lab printer.
- 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 area 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 PPE Safety Officer.
- 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

COVID Treatment Process

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

Swabs – NP swab in viral transport medium.

MDI's administered per current guidelines

In what situations do we use the CAPR:

- Intubation
- Extubation
- Bronchoscopy
- Sputum Induction
- Nebulized treatments
- Airway Suctioning
- Bi-PAP/CPAP
- Chest Physiotherapy
- Tracheostomy
- High Frequency Oscillatory Ventilation
- TEE Procedure
- Chest Tube placement
- Any other procedure that may aerosolize patient's secretions

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

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

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 (should remain masked during care in ED)

- Room closed for cleaning – pre-printed signs in ED COVID unit and note patient departure time. Unless aerosolized room can be cleaned immediately.