

# ED COVID-19 RESPONSE: Tent Open ED Augmentation, Phase One

VERSION: MARCH 19, 2020



# VISITOR GUIDELINES

- ▶ Visitors in the ED are not allowed with the following exceptions:

End-of life (3 people at a time with masks and screened and they may rotate with other family members and swap masks) provided there are no Covid symptoms

Pediatrics (1 parent, may not swap out)

Support person, only if that person is integral to the care of the patient (i.e. a caretaker and they may not swap out.)

- ▶ Families may not rotate out the support person.
- ▶ If the patient is admitted, please discuss with the primary nurse if you feel the support person is necessary to stay with the patient.
- ▶ Families may not accompany admitted patients upstairs (unless they are determined to be integral to the patient's care).
- ▶ Any visitors that are permitted into the ED will be screened with a screening tool.
- ▶ No visitors in the Tent with the exceptions listed above.

# VISITOR SCREENING: EXCEPTION GUIDELINES

- ▶ For all potential “Exceptions” visitors, who might make the criteria for consideration to visit, the following two screening questions must be utilized by a member of the clinical team, upon arrival:
  - ▶ Are you currently sick with fever, cough, runny nose, or other respiratory symptoms? Temporal temp will be taken by the screening nurse.
  - ▶ Have you come into contact with anyone who has a proven COVID infection?
  - ▶ If the answer to either of the above two questions is “YES”, the individual is not allowed to visit.

# Pre-triage: RN Screening Station (Patients)

- ▶ Station dynamics: Staffed 24/7: One RN and one Security Guard or Police (may change with specific needs); patients will be screened; those meeting criteria for respiratory symptoms are directed to the tent through an outside entrance; those without respiratory symptoms will be sent through the usual registration process. If someone presents with a medical issue and respiratory they will be screened in the tent and sent to the appropriate treatment area. Those presenting with life-threatening situations will be direct bedded to the main ED.
- ▶ Screening Station will be at the first double door entrance at the vestibule entrance of the ED.
- ▶ Verbiage: "What brings you to the Emergency Department ?". If the person presents as a patient give a mask to them. Ask Screening Questions: Are you currently sick with fever, cough, runny nose, or other respiratory symptoms? Have you come into contact with anyone who has a proven COVID infection?
- ▶ The RN will direct the patient to the tent or the main ED registration (if the patient has no respiratory symptoms). If the patient appears unstable notify the charge nurse in the ED.
- ▶ If a visitor is with the patient they will strongly be encouraged to leave. If they meet the criteria for accompanying the patient they will be screened for respiratory symptoms and a mask applied. Visitors will be temporal temperature scanned and recorded on visitor log.
- ▶ Supplies needed:
  - ▶ Cart with surgical masks, Purell stand, Gloves, One podium and 1 elevated chair, Cisco phone, garbage can
  - ▶ Nurse will be required to don mask, eye shield, and gloves. Change gloves and sanitize hands with Purell after each patient contact.



# Triage Tent: Screening Station, 2 RNs, 1 PCT, 1 Provider

## Positive Symptoms?

- Patient will be escorted to a chair
- Triage RN: performs a triage as per hospital protocol 6 feet from the patient with a WOW
- PCT or RN will take the patient's ID and insurance cards to PAS via the vestibule doors
- PAS will register the patient and return cards to the PCT with an ID band and patient will be identified.

## Treatment

- Provider exam will occur and treatment or discharge will be determined by the provider. The process at this time is the "worried well" will not be tested. Patients potentially requiring admission to the hospital will be bedded in the main ED. The RN will notify the charge for bed assignment. Testing will occur after consultation with ID, preferably after admission. Staff will follow droplet and contact precautions.

## Tent: 7a-11p or later if needed

- Looks well/stable vitals – remain in tent for provider evaluation, triage, and discharge.
- Looks unwell/concerning vitals – to ED – direct bed – Primary RN finishes triage.
- Any GI symptoms are not indicative of COVID or Flu – send to main ED.

# Registration

- ▶ RN obtains license/ID and insurance card and cell phone number (if no cell phone patient can use a Cisco phone). Tent nurse calls PAS at 64360 and meets PAS via ambulance entrance (if no driver license is available obtain DOB). RN hands patient a form with information of verbal consent and informs the patient they will be called by a PAS registrar.
- ▶ RN or PCT returns to the tent with a hospital ID band and identifies the patient.
- ▶ Patients will be loaded into “HAZMAT” beds in Epic.
- ▶ PAS completes the registration process via phone.

# DISCHARGE PROCESS

- ▶ Patients will receive discharge instructions from the tent.
- ▶ Providers are strongly encouraged to e-prescribe as there is no prescription drawer in the printer.
- ▶ Instructions will be printed from the printer in the tent.

# TENT SUPPLIES

- ▶ If internet connection: 1 laptop, 3 WOWs, four to six chairs 6 feet apart (dependent on the number of people allowed in the tent may expand to 10 chairs max.), Isolation carts (2), long tables (2), Dyna-map, temporal laser scanner thermometer, 1 stretcher if needed, 3 large garbage cans with red liners
- ▶ Sinks (3) with paper towels and soap
- ▶ PPE equipment in carts
- ▶ Purell dispensers (3, may change as needed)
- ▶ Port-a-johns outside
- ▶ Electricity Supply
- ▶ Heaters
- ▶ Stretcher, wheelchair, and ambu-bag
- ▶ Printer and printer paper
- ▶ Copier and extra paper



# Staffing

- ▶ Tent will be open 24/7
- ▶ Four or less patients: tent is staffed with 1 RN and 1 PCT (Nursing Assistant can substitute for the PCT)
- ▶ Five or more patients: 2 RNs and 1 PCT (may have to function without a PCT)
- ▶ Maximum 10 patients in the tent. The goal is for a rapid turn-around
- ▶ Providers have agreed to give priority to tent patients for a rapid turn-around.
- ▶ RN to notify provider when a patient is admitted to the tent; provider may need to stay in the tent census depending.