

Pavilion A/B Room Setup Checklist and Standard Work: Adult R/O and Positive Coronavirus

Inpatient Admission

- Charge nurse identified open negative pressure airborne isolation room. Activate negative pressure. Close door.
- Set an isolation cart outside of the room
 - Ensure that the cart has gowns, gloves, and eye protection
 - Please wear your N95 mask for the entire shift
 - Ensure that the room window blinds are in the open position
- Place the following signs on top of the isolation cart
 - [COVID-19 Donning and Doffing Poster](#)
 - Donning (page 1)
 - Doffing (page 2)
 - All signs must be laminated or placed in a protective plastic cover
- Place the following signs on the door
 - Add “Specialized Respiratory Isolation” to this patient (DO NOT add Contact and Droplet isolation)
 - If a COVID-19 Test is pending and the primary team believes they have found an answer to symptoms that is not COVID-19, in order for them to remove the ‘Specialized Respiratory Isolation’ they must first contact the attending MD for Infectious Disease. Please make sure this has been done and there is documentation in the chart before removing these isolations.
 - **ADD** Airborne isolation sign (Pink) if any aerosol generating procedures are initiated.
 - Check with the nurse before entering sign [Check In at Nurse Station Sign](#)
 - No visitors sign [No Visitors Sign](#). **NO VISITORS ALLOWED**.
 - Exceptions (Visitors should be wearing a pink wristband if allowed):
 - Patients who are 21 years of age or under (legal guardian permitted),
 - Adult patients with cognitive, physical, or mental disability requiring help with the provision of medical care or activities of daily living, speaking for the patient, and keeping patient safe,
 - Patient undergoing surgery,
 - People who must exercise power of attorney or court-appointed guardianship for a patient,
 - Patient at end-of-life,
 - People performing official governmental functions.
 - All signs must be laminated or placed in a protective plastic cover
- Place the following sign on the INSIDE of the door
 - Doffing (page 2 of [COVID-19 Donning and Doffing Poster](#))
 - All signs must be laminated or placed in a protective plastic cover
- If language line may be necessary during admission, place language line phone in room. Phone should stay in room and be dedicated for that patient for the duration of hospitalization.
- Call the EVS supervisor (x22405) and communicate that EVS should not be entering the room
 - Cleaning procedure for COVID-19 rooms
 - During the last entry of the room each shift, the RN should wipe down the patient’s bedside table with a purple wipe, and prepare to take out linen and trash.

- Another staff member should be standing at the door in gown and gloves to receive the trash and linen and deliver it to soiled utility
 - EVS Clean can be completed after a patient discharges. If not requiring Airborne Isolations, EVS can clean **immediately** with their standard procedures. If on Airborne Isolation, the room needs to be vacant for **1 hour** prior to clean. Please use a dry erase marker and write the time EVS is able to **Clean** the room on the door (Write 'Do Not Enter Room Until ___ on window).
 - Please ensure that EVS has replaced curtains in room.
- After the patient is admitted, the nurse should ensure that the diet order has modifications for "Please deliver tray to nursing station" and "Disposable tray/plastic ware requested"
- Meals will be standard trays and will be delivered at specific times of the day around 0830, 1230 and 1745. If there is no other interactions needed than to deliver meal tray, then staff can put the tray inside the door on the chair provided (in cases where the patient is not a fall risk or harm to walk to door to receive said tray). For this process, staff only need to wear a mask as there is no interaction with patient and chair remains **at least** 6 feet away from patient in this process. All other exceptions, the staff member **must** follow 'Special Respiratory Precautions'. This is done in order to cluster care, conserve PPE and to limit staff exposure in room.
- After exiting room with rule out testing or COVID positive patient, please wipe down face mask/protective eyewear with purple top and allow to dry.
- Make sure the patient has a working phone in their room and the patient is aware of how to use the phone. Make sure the phone is in reach of the patient. MD's can now use the phone to talk with patient instead of doing physical assessments.
- Linen and Trash Pickups from rooms are at **0400 and 1600**
 - One person will be inside the room fully gowned. They will tie up trash and then place it in a second bag which will be held by someone outside the room in eyewear, gloves and a mask. Once trash is placed in second bag that will be tied off and will be placed in soiled utility.
- For Covid-19 +/-PUI inpatients with home medications present:
 - Attempts should be made to send medication home with family member if possible.
 - If the medications must be kept in the hospital the nurse should follow the following process to insure medications are safely delivered to the pharmacy:
 - After doffing gown and outer gloves, have another staff member assist with placing the medications in a clear plastic zip-top bag. Then doff your remaining PPE and perform appropriate hand hygiene.
 - Medication Inventory:
 - If controlled medications are present:
 - Perform hand hygiene and don gloves
 - Count any controlled medications
 - Remove gloves and perform hand hygiene
 - Complete Admission Belongings Inventory in EPIC Admission navigator as usual
 - Deliver medications in clear zip-top bag to the pharmacy
- Discharge Processes
 - Patient will receive all materials going home with them in the room.
 - Discharge paperwork signature page will be signed outside of room after patient
- End of life policy
 - For End-of-Life situations, 2 designated visitors are allowed (no substitutions).
 - This is for all end-of-life patients (not just COVID+).
 - If visitors have COVID symptoms, they are not allowed to visit facility.

- Visitors for COVID+ patients will receive PPE (including gowns, gloves and surgical masks) when they arrive on the unit and will be provided instructions on how to use PPE by unit staff. **Any visitor who refuses to use PPE will not be allowed.**
- Discharging Patients and Take Down of Room
 - Discharge paperwork, and education should be reviewed in room with patient.
 - When going over discharge paperwork, leave the papers that the patient signs at the front nurse station or outside of the room. After all instructions are given and the patient is about to leave the unit, have the patient come to the front nurses station (or where the signature page is located) in a surgical mask and wash their hands in a sink with soap and water. After the patient washes their hands they can then sign the discharge paperwork. The paperwork can then be placed in the scan basket to be scanned in without exposing others to the virus.
 - Tear down room before housekeeping comes into the room. Don all PPE (gown, gloves, mask, glasses)
 - Strip bed
 - Empty water pitcher and urinal and throw away
 - Ensure all IV bags and green caps are thrown away
 - Throw away disposable BP cuff, disposable stethoscope, flushes, alcohol wipes, 2x2s and tape
 - Dispose of trash per procedure also outlines in this document
 - Hand tele box, cords and battery to second person outside of the room to wipe off with purple top wipe before taking back to main nursing station to sign back in
 - Leave the isolation cart, trash can and signs outside of the room until we are done ruling out all COVID cases
 - Doff PPE per procedure
 - Have EVS terminal clean the room
- Call Infection Control (x22847) during business hours or the ID attending on call (AmIOn) with any questions