

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

- Charge nurse identifies open negative pressure airborne isolation room. Activate negative pressure. Close door.
  - 9A- If patient is in room with fan, turn on fan, close door
- Room Set up for Admission
  - Disposable stethoscope and size appropriate disposable BP cuff
  - Use disposable BP cuffs for ALL COVID patients
  - Pulse ox set up
  - Emesis basin with SMALL amount of alcohol wipes and flushes (remember, everything not used must be thrown away when patient discharges)
  - Christmas tree on wall oxygen
  - Full set of linens and fresh gown in closet
  - Normal patient items – pink pitcher, Kleenex, socks, urinal, etc.
  - Ensure blinds are open on door window
  - Set an isolation cart outside of the room
    - Ensure that the cart has gowns, gloves, and eye protection
    - 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)
      - **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 ALLOWED.***
      - Exceptions – See the current visitor policy
    - 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 dedication for that patient for the duration of hospitalization.
- Cleaning procedure for COVID-19 rooms

- 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 (patient requiring aerosolizing procedures), 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.
- Dietary Logistics
  - The nurse should ensure that the diet order has modifications for "Please deliver tray to nursing station" and "Disposable tray/plastic ware requested"
  - Patients can order their own meals, or as census increases (as deemed appropriate by management), 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).
  - When delivering meal trays, staff only need to wear a mask as there is no interaction with patient and can place meal tray **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.
- Entering/Exiting Room
  - Patient should have a surgical mask to wear in room. Patient should put on surgical mask when a provider is entering the 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.
  - Clean vitals carts thoroughly between rooms
  - Please cluster care and minimize caregivers in the room. It is unreasonable to expect a CNA to take all of the vitals or blood glucoses like they would do with non-Covid patients.
- Flu vaccine
  - Most Covid pts can have flu shot on day of discharge – just verify with MD prior to ordering
- 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
- 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's 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 contact 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