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IPAC CHECKLIST

Regional Checklist for Getting Ready to Open COVID-19 Units

DATE: Mar 27, 2020

REVISED DATE: Apr 17, 2020

REVIEWED DATE:

PURPOSE

To provide regionally consistent guidance about the practical considerations, project planning and logistical coordination activities needed to set up and open dedicated COVID-19 units.

CHECKLIST

1.0 Define Scope of Project:

- Anticipated Capacity (recommendation: start small, with staggered opening).
- Target population: individuals who are COVID+
 - Age range
 - Acuity
 - Comorbidities and other special needs

2.0 Assumptions:

- Access from facility
- Staffing
- Equipment availability
- Cleaning
- Minimum requirements: refer to **IPAC Best Practice Guideline: Regionally Consistent Specifications for Construction of COVID-19 Units**

3.0 Activities:

Action Item	Responsible	Resources required	Due Date	Status	Comments/Decisions
Infection Control and Physical Environment Logistics					
1.0. Assess current state and identify gaps to be remedied					
Assess physical space per IPAC Best Practice Guideline: Regionally Consistent Specifications for Construction of COVID-19 Units: <ul style="list-style-type: none"> - Ability to switch rooms to general negative flow – not true airborne isolation - HVAC capacity to maintain optimal air exchanges and humidity in the unit at all times - Access to one shower room within reasonable proximity - Ante room for donning PPE - One way into the unit and a separate way out of the unit 					
Environmental scan of unit lay out to facilitate a more efficient patient flow: <ul style="list-style-type: none"> - # Private rooms (Neg pressure) - # Private rooms (regular) - # Semi-private rooms - # Shared rooms (# beds/room) 					
Audit of available dedicated equipment: <ul style="list-style-type: none"> - Dynamap - Thermometer - Stethoscope - Oximeter - Commode - Garbage bins (ideally 1 inside the room and 1 outside the room). - Laundry hamper (inside room) - PPE carts (review geographic location) if available - Hand sanitizer stations 					

Action Item	Responsible	Resources required	Due Date	Status	Comments/Decisions
2.0. Ready built environment: 1 WEEK MINIMUM					
Relocate existing patients/office space elsewhere in facility					
FMO renovation to create access <ul style="list-style-type: none"> - Ante room for PPE - One way in, one way out 					
Locate area for staff change rooms: <ul style="list-style-type: none"> - Female room with sink/hand hygiene - Male room with sink/hand hygiene 					
Identify Space for unit clerk (computer access)					
Space available for Care team					
FMO test and repair electrical outlets: tension test & replace receptacles(including correct GFI), switches, rewiring, replace ballasts					
FMO HVAC – Test, change to Negative Air & Verify BAS to Negative Rooms & Filter Upgrades					
FMO Plumbing <ul style="list-style-type: none"> - Inspect & Repair All water features (sinks, toilets, tubs etc.) and bring up to latest code requirements if needed - Pressure Test & Repair All Vacuum, Medical Gas & Oxygen 					
FMO Machine Shop conduct Preventative Maintenance, replace batteries and repair parts as necessary: <ul style="list-style-type: none"> - Patient lifts - Beds 					
FMO perform repairs required to interior space <ul style="list-style-type: none"> - Carpentry – Check moldings, readjust doors, cabinets, drawers etc...Lock changes-Padlocks 7 Autos. - Paint – Infection Control, seal walls – fill holes, damage, pealed paint(ripped off tape) & encapsulate(paint) - Flooring repairs 					

Action Item	Responsible	Resources required	Due Date	Status	Comments/Decisions
<ul style="list-style-type: none"> - Replace any stained/broken ceiling tiles (MW5) - Lamp Dept – New LED Bulbs – Reading, Exam, Night, Room, Nurses Station, any light available - Inspect and repair/replace all dispensers (MW5) - Assist other trades (MW5) 					
FMO Tech-E – Test and repair/install Nurse Call Switches & Automatic Door – reset timing & PMS					
FMO ensure all asset tags are accounted for and up to date in preventative maintenance database					
Set up rooms with beds & mattresses					
Seal to rest of facility, once space is readied.					
3.0 Secure/procure required equipment and supplies Typical rooms: Addition equipment: portable lifts, portable suction, portable oxygen canisters, oxygen concentrators, commodes, shower chairs, etc. Clean supply / soiled utility rooms: shelving bins, supplies, etc					
Beds and Mattresses:					
Ceiling lifts					
Oxygen and suction Portable?					
Personal Protective Equipment					
Other supplies needed: <ul style="list-style-type: none"> - regular stock for items needed immediately - keep other items to a minimum 					
Housekeeping, linen					
4.0 Cleaning/Housekeeping/Waste					
EVS plan					

Action Item	Responsible	Resources required	Due Date	Status	Comments/Decisions
Waste: garbage bins required: interior, exterior. No recyclables.					
Who determines housekeeping requirements for patient care spaces and common spaces, staff showers <ul style="list-style-type: none"> - Hot Zones - Warm Zones - General Zones - WOWs 					
5.0 Movement of people, supplies and equipment in and out of the unit					
Clarify/Post visitor/entry restrictions					
Determine patient admission criteria: COVID+ suspected vs. confirmed, requiring critical care vs. not					
How patients will be transferred into the unit from other units, facilities					
How staff on and off the unit will communicate to minimize going in/out of Hot Zone: <ul style="list-style-type: none"> - Walkie talkies, baby monitors - Alternatives to taking paper into patient room (i.e. whiteboards, WOWs) - Intercoms, doorbells for getting in/out of unit 					
How pharmacy will deliver medications to and remove them from the unit: one-way flow in/out of unit, PPE needed					
How other off-unit staff (i.e. lab phlebotomists, diagnostic) will go into/out of the unit: <ul style="list-style-type: none"> - one-way flow - PPE needed - Option to visit the COVID patients last 					
How specimens will go into/out of the unit					
Supplies Management into unit: <ul style="list-style-type: none"> - Delivering 					

Action Item	Responsible	Resources required	Due Date	Status	Comments/Decisions
- Storing					
How patient meal trays will be delivered on and removed off the unit					
6.0 Infection Prevention & Control education, training and reinforcement of best practices					
Infection Control education: All Staff <ul style="list-style-type: none"> - Online curriculum through Learning Hub - In-person session - Donning and doffing PPE - Equipment cleaning - Simulation of specific scenarios (ie: portable xrays, ECG, blood draws, etc) 					
Reinforcement of PPE best practices: <ul style="list-style-type: none"> - All staff wear scrubs for the entire shift - All staff use Droplet/Contact PPE's when providing direct patient care 					
Housekeeping <ul style="list-style-type: none"> - Education (processes in cleaning room, equipment, general area) - Daily huddle (priorities) 					
Sodexo <ul style="list-style-type: none"> - Education - Meal drop off / pick up times to minimize entry in and exit out of the unit - Process in delivery of trays (?designated area for cart and staff to distribute meal trays) 					
FMO, Mail Service, other: <ul style="list-style-type: none"> - Education - Designated area for dropping off supplies and picking up items (ie: mailbox accessible at the entrance) 					

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Operational Logistics					
7.0 Human Resources & staffing (direct care)					
Coordination of Union(s)					Seek advice from HR
Determine staffing complement and proposed schedule for # of beds					RECOMMENDATION – Phased Approach to be opening due to current staffing shortages.
Work with HR on staffing mix (RN/LPN/RCA), as well as required Allied Health (OT, RT, etc)					
Identify from other staffing pools within VCH. Post, Interview, Hire, Train, only if required. Orient new staff.					
Determine Physician support for unit					
Develop on call and back-up staffing pool		On Call list available			
Determine on site Managerial support for staff					
Confirm RT support and patient population needs					
Identify other dedicated staffing requirements, including Spiritual Care, Security, Maintenance, etc.					
Parking for staff					
8.0 Internal and external communication					
Memo to patients/residents, and families					
Memo for Staff					
Memo to contracted supports (Crothall, Sodexo, etc) and partners					
Staff meeting					
LTC: Resident / family meeting MH: client/family meeting					
Welcoming new staff					
Messaging to admission/referral sources					
Phone number for ward and staff					
9.0 Adapt unit operations and workflows					
Communicate admission criteria					

Action Item	Responsible	Resources required	Due Date	Status	Comments/Decisions
Confirm patient volumes & list of requirements					
Determine client/patient processes for: <ul style="list-style-type: none"> - New admission - Internal transfer - Inter-unit transfer - Discharge 					
Supplies Management <ul style="list-style-type: none"> - Ordering - Keeping inventory 					
10.0 Adapt operations with pharmacy provider (Pharmacy contact: _____)					
Identify patient specific medications coming from pharmacy		Plan (list of meds and storage requirements/how to make available)			
Identify specific supplies and availability					
Configure location and beds in clinical information system (Need to submit request to IMITS team)					
Set-up of pharmacy-specific parameters in clinical information system (Pharmacy IS team)					
MUD medication strip set up and delivery schedule/location, in conjunction with LMPS Vancouver Pharmacy Production Centre					
Medication room/wardstock setup + manual top-up/return processes with Pharmacy. Pharmacy or unit to source surplus or procure new medication bins, pharmacy to procure meds					
Determine nursing medication distribution process e.g. need for med cart? Or med prep in med room/at bedside?					
Narcotic access and security set-up –set up surplus narcotic cupboard or procure new					
MAR and reports print out – set up in clinical information system, need printer on ward					

Action Item	Responsible	Resources required	Due Date	Status	Comments/Decisions
Sort through logistics for phone/fax line for pharmacy support – Pharmacy to determine with unit					
After hours off-site pharmacy support (LMPS to determine)					
Code team support (CoC Operations to determine)					
Determine on-unit storage requirements (e.g. med fridge, etc)					
11.0 Adapt operations of allied health therapy & other procedures					
Confirm therapy requirements of patients, particularly RT and OT					
Designate therapy space within ward if needed					
Diagnostics: establish priorities if required		Document diagnostic requirements; then plan for addressing			
12.0 Adapt Food Services / Meals					
Meals for patients to be provided by Sodexo using disposable paper trays or bagged meals. All food items to be discarded (no returns/recycling). Reduces need for PPE.					
LTC only: confirm – all meals in rooms or dining room (provided 2 meters between people?)					
Determine additional food needs (tube feeds, etc)					
13.0 Transportation					
Booking SNT to transport patients from other facilities					
14.0 Morgue					
Modify existing processes for expected and unexpected deaths					

Action Item	Responsible	Resources required	Due Date	Status	Comments/Decisions
15.0 IMITS					
Relocate existing office computers, phones, printers					
Set up new computers, printers, phones					
Confirm/extend WIFI					
Confirm nurse call install with vendor					
16.0 Build capacity for required Virtual Health strategy					
Internet Type available					
Hardware: Tablets or iPads (1 per 12 patients as per recommended)					
Use Cases Identified with workflows <ul style="list-style-type: none"> ○ Family Connections (Patient to Families) ○ Provider/clinician to Provider/clinician ○ Provider/ clinician to Patient e.g. Spiritual Leader social Services, Allied Services, Specialists consults. Depending on the unit requirements ○ Unit Staff to Operations Command Center (bed Meetings etc) 					
Applications Required					
Train staff for outgoing and incoming calls					
Ongoing Troubleshooting or technical support contacts and one page that lists out resources					
Cleaning Protocols outlined by IMITS and Infection Control					

REFERENCES

IPAC Best Practice Guideline: Regionally Consistent Specifications for Construction of COVID-19 Units

Project Plan: Establishment of Surge Unit in Ward 1 at George Pearson Centre (GPC)

Vancouver Acute EOC Move Workplan Template

Lions Gate Hospital COVID-19 Unit Readiness Checklist

Facilities Maintenance and Operations Completion Worksheet

Appendix: Example of FMO Completion Worksheet

See table sections 2.0. Ready built environment and 3.0 Secure/procure required equipment and supplies

	<u>COMPLETE</u>	<u>INITIAL</u>
CARPENTER	<input type="checkbox"/>	_____
PAINT	<input type="checkbox"/>	_____
ELECTRICAL	<input type="checkbox"/>	_____
LAMP	<input type="checkbox"/>	_____
MACHINE	<input type="checkbox"/>	_____
BEDS	<input type="checkbox"/>	_____
HVAC	<input type="checkbox"/>	_____
TECH-E	<input type="checkbox"/>	_____
PLUMBING	<input type="checkbox"/>	_____
MED GAS	<input type="checkbox"/>	_____
MW5	<input type="checkbox"/>	_____
FINAL INSPECTION:	_____	
DATE:	_____	
N/A - IF THIS ROOM DOES NOT APPLY TO YOUR TRADE		