

COVID 19 SURGE PANDEMIC PLAN

APRIL 2020

NCH

Healthcare
System

ASSUMPTIONS

- Community hospitalization rate remains less than 20% (currently 12% as of 4/14/20).
- Cases in Long Term Care are minimal. Impact in one facility may significantly impact NCH and community.
- Majority of the burden is likely to fall to the Critical Care units and related ventilator needs rather than the ED.
- Approximately 20- 30% of patients in the hospital will be COVID positive.
- Another 40-50% will be under investigation for COVID infection and presumed positive until negative test or alternative diagnosis.
- Overall capacity will be stretched by approximately 25%. Target social distancing goal is 65%.

PPE INVENTORY

- 45 days of N95 with 100K more coming possibly next week.
- 40 days of surgical masks with 500K shipping 4.20.
- 21 days isolation gowns, but 1000 re-usable shipping in two weeks. We are looking at other options here as well.
- 90 days of gloves on hand.

TENTS | ADDITIONAL BEDS

- NCH has FEMA/Healthcare quality tents on standby that can be erected or installed within 24 hours that will house non-COVID-19 patients to allow COVID-19 patients to be cared for in our 715 beds. The patient population housed in these tents could change based on surge numbers and patient presentation.
- Projected up to 50 patients at each tent location.
- Plan to have a tent at each hospital campus.
- This would be implemented if we hit Level 4 on our Pandemic Plan.

NCH RESPONSE STAGES

Pre-pandemic / Interpandemic period:

No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals, or a circulating animal influenza poses a substantial risk of human disease.

LEVEL I: Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.

LEVEL II: Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.

LEVEL III: Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible.

LEVEL IV: Pandemic Phase: Increased and sustained transmission in the general population.

LEVEL V: Post-Pandemic: Indices of influenza activity have returned to pre-pandemic levels.

NOTE: It must be noted that NCH Flu Response Levels are NOT those utilized by The World Health Organization but based on situational levels at NCH. The WHO phases involve both animal transmission of virus and human to human transmission. Their first three phases involve mainly animal infection with some human infections. However, it is not until WHO Phase 4 is sustained human to human transmission with Phase 5 and 6 of widespread human to human transmission. Phase 4 involves one WHO region with two or more countries and Phase 6 involves more than one WHO region. NCHs plan levels begin with the development of a new flu strain creating human to human transmission which is the WHO Phases of 3-4.

The NCH Pandemic Influenza Plan was developed with the following components:

- Surveillance Plan
- Communications Plan
- Facility Access, Triage and Admission Plan Surge Capacity Plan
- Occupational Health Plan
- Clinical Guidelines
- Education and Training Plan
- Medicines Plan
- Mortuary Plan

This plan outlines roles, responsibilities and key activities before, during, and following a pandemic influenza. It is a work in progress that will be updated and added to as situations arise and dictate.

KEY POINTS

- 80-90% exposed in the Herd immunity
- Today, 12% of patients have COVID-19. We anticipate around 30% will test positive during height of surge
- We have tripled our capacity for critical care, in case there's a need
- From the original 30 negative pressure rooms, we have increased to:
 - 100 in Downtown campus
 - 50 in NN campus
- Number of ventilators has increased over 100%
- With added capacity, we've increased our number of beds by nearly 30%
- Over 150 additional RNs available if needed
- We have over 100 Physicians ready to step in during the surge
- When we reach a 30% increase in positive test rates, we'll know we've hit the surge
- Professional development and ongoing training for nurses and physicians
- Triage protocols are in place in conjunction with Lee Health
- Coordinated efforts with Cleveland Clinic
- We have applied for and received advanced Medicare payments to assist with the financial impact of COVID-19
- The Federal Stimulus package details have not been finalized, but we are monitoring closely