

COVID-19 SURGE PANDEMIC PLAN

JULY 2020

NCH

Healthcare
System

ASSUMPTIONS

- Community hospitalization rate remains less than 10% (currently 8% as of 7/2/20).
- Cases in Long Term Care are stable. Impact in one facility may significantly impact NCH and community.
- Majority of the burden has shifted to non-critical care beds.
- Approximately 20% of patients in the hospital will be COVID-19 positive.
- Overall capacity could be stretched if we do not follow best practice recommendations such as social distancing, wearing a mask, and hand washing.

PPE INVENTORY

- 90 days of N95 masks
- 90 days of surgical masks
- 60 days isolation gowns with 50K on order
- 6 months 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. NCH's 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

- Admission rate is 8%. Total inpatient is 20%.
- We anticipate around 30% will test positive during height of surge.
- We can triple 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
- We currently have 153 ventilators. Only 10 patients are currently on ventilators, only 6 are COVID-19 patients.
- With added capacity, we've increased our number of beds by nearly 30%.
- Over 100 additional RNs available if needed.
- We have over 100 Physicians ready to step in during the surge.
- Per our surge plan, 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.
- We are currently testing all admissions for COVID-19 prior to bed placement.
- Patients are separated into COVID-19 units and non-COVID-19 units.