CURRENT STATE

- Community hospitalization rate remains less than 10%
- Cases in Long Term Care are stable.
- 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

- 6 months of N95 masks, surgical masks, isolation gowns and gloves on hand.

NCH RESPONSE STAGES

- **Conventional Capacity**—Near normal functions. Patient care with minimum change in daily practices (Up to 90-95% Capacity)
- **Contingency Capacity**—Deviation of normal functions. Expected limitations to available resources (Greater than 90% Capacity)
- **Crisis Capacity**—Deviation of normal functions. Expected or existing resource exhaustion (Greater than 100% Capacity)

The NCH Pandemic 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. It is a work in progress that will be updated and added to as situations arise and dictate.
KEY POINTS

• We anticipate around 30% of the hospitalized patients will test positive during height of surge.

• We can add capacity for critical care beds, if there’s a need.

• 30 negative pressure rooms now available, we can increase the number of negative pressure rooms if needed. Air Scrubbers/Hepa filtration is available for use in non-negative pressure rooms when needed for ICU level Covid 19 care.

• We currently have 153 ventilators.

• 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% admission positivity rate, 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 (antigen or PCR) prior to bed placement and all patients prior to surgery.

• Patients are separated into COVID-19 units and non-COVID-19 units.