

## PLAN – PHASE 1 – COVID-19 UNIT

For more information on PPE, see the [Plan régional de pandémie- COVID-19 section 5a pratique de prévention et de contrôle des infections](#) (French only).

It is mandatory that all personnel entering a warm area (either the patient's room when the unit is not closed or the unit, when closed) must have received training on PPE, and must ensure that they complete recurrent training according to the directives sent.

### **Less than 5 COVID-19 cases are admitted – Unit remains open**

Have the minimum number of non-COVID patients admitted to the unit to reduce the workload.

Place COVID-19 patients in isolation rooms that are grouped together in one section of the unit.

Staff dedicated to the COVID-19 patient where possible. If not possible, be sure to start the round of patients with non-COVID ones and end with COVID-19 positive patients.

Hot area – COVID patient's room

Warm area – Where PPE is removed

Cold area – Hallway and the remainder of the unit

You will find the COVID-19 Units plans [here](#).

### **Between 5-10 COVID-19 cases are admitted – Unit is closed and is a COVID-19 Unit only**

The patients hospitalized on units to be used for pandemic cases will be transferred to other nursing units. When the Network implements its contingency plan internally, it will be necessary to plan discharges as effectively as possible to free up as many beds as possible. The process will begin by hospitalizing the affected patients in isolation rooms and will continue by placing one per room to maintain the recommended two metre distance between cases.

Already hospitalized patients who develop COVID-19 symptoms and whose test result is positive will be transferred to the units caring for these patients. This includes pediatric patients, psychiatric patients and patients needing cardiac monitoring. Certain exceptions may apply depending on the zone.

**Any suspected case already hospitalized on a unit will be kept on that unit until the patient's result is obtained. Confirmed (positive) cases will be transferred to the COVID-19 unit.**

**Suspected COVID-19 cases who are new hospitalizations will be kept under observation in Emergency or on another unit dedicated to suspected cases. Confirmed cases will be transferred to the COVID-19 unit.**

**Any suspected COVID-19 case must be isolated (individually; SRI-CV PRECAUTIONS Sign).**

## **Physical environment**

- **Determine which negative-pressure room on the unit will be available at all times for aerosol-generating medical procedures (AGMPs) – Emergency intubation.**
- **Determine the negative pressure chambers that will be available at the unit for Aerosol Generating Medical Procedures (AGMPs) such as Optiflow.**
- Make sure to remove from the unit any material that would be necessary for other units (e.g. orthopedic material) and that would not be found elsewhere.
- Make sure to close the access points to the unit. Entry will only be made through the cold zone. Emergency exits will always remain accessible in case of fire.
- Divide the closed unit into different zones: hot zone, warm zone and cold zone. This will reduce the risk of unexpected exposure of staff, reduce the time required to don and remove personal protective equipment (PPE), and safeguard equipment. See plan of COVID units.

### **Hot zone (identify this zone with a sign)**

The hot zone includes the entire unit, and protective equipment is always required there. Follow the instructions in the COVID-19 Regional Pandemic Plan (section 5a).

Employees who enter this zone must wear protective equipment at all times.

After seeing a patient, remove your gloves and wash your hands. Then put on clean gloves.

#### ***Exception – complete change of PPE***

For a case of COVID-19 + and *C. difficile* +, place the patient in a private room, if possible with an anteroom. For changing of PPE see the Regional Pandemic Plan (section 5a). Here are the steps to remove PPE:

- Remove gloves in the patient's room and wash hands with soap and water at the nearest sink.
- Go to the lukewarm area and remove the rest of the PPE, wash your hands
- Go to the cold area and put on clean PPE to return to the unit.
- If PPE is soiled, go to lukewarm area to remove PPE.

Each patient's record must remain in the hot zone. At discharge, place the paper record in a hermetically sealed plastic bag, disinfect the bag and remove the record from the unit. The paper record may be removed from the bag after seven (7) days.

Only authorized staff may enter this zone.

Shut down the pneumatic tubes. All material, including medications and food, must be delivered to the unit.

### **Warm zone (identify this zone with a tape and sign)**

This is the area where protective equipment is removed before leaving the unit.

Make sure you have a mirror and / or a buddy when removing PPE.

Use antiseptic gel when removing PPE.

### **Cold zone**

This is the clean zone outside the unit where protective equipment is not necessary and where PPE is donned before entering the hot zone.

Make sure you have a mirror and / or a buddy when removing PPE.

Install a bell or telephone in the cold zone so that unit staff can be notified when material arrives, including medications, food or other items.

### Equipment

- Make sure to have the material required for intubation, including for pediatric cases, in the designated room (negative pressure room – no patient is to be hospitalized in this room).
- Make sure to have cardiac monitors.
- Make sure to have a sufficient number of pulse oximeters and electronic blood pressure monitors.
- Utilize single-use material, if possible, or material dedicated to the patient.
- Make sure you have the necessary PPE including medical masks and N95 respirators for your employees.
- Telephone in each patient room (communication with staff, family and public health).
- iPad (communication with staff, family and public health).

### Medical staff

It is mandatory for all medical personnel to have training in PPE. See above.

Group of staff, which may be modified as needed, who look after COVID-19 cases on the unit:

- 1 nurse / 2-3 patients
- 1 LPN / 2-3 patients
- 1 aide
- 2 members of Housekeeping
- 1 physician / 10 patients

For unclosed units, where possible, staff will be dedicated only to COVID-19 positive patients during a single shift. It must not have personnel floating. Unit bubbles can be considered.

Staff will be assigned on a rotation and will be adjusted according to patient needs. Changes to the shift level could be made as needed.

Staff will do six-hour shifts with rotation. During a six-hour shift, staff will be able to take planned breaks. This may be adjusted as needed. Wearing jewelry is prohibited.

Remove surgical garb provided by the hospital in the employee locker room at end of each day. It is prohibited to wear surgical garb (from the COVID-19 unit / from the hospital) outside the hospital.

Access to the unit by non-essential staff (kitchen staff, dietitians, etc.) is prohibited. Follow the Quick Reference on Alert Level table regarding visitors.

The occupational therapist and physiotherapist may be asked to come to the unit as the patient needs.

The use of the toilet as well as the consumption of food and drink (even water) will be done only in the cold zone. Be sure to use the toilet, food and drink before entering the hot area of the unit. Only water bottles are allowed when the unit is not closed.

Cell phones and personal equipment are prohibited on the units.

For specialized care, pediatric cases, cardiac monitoring, psychiatric cases, surgical cases and hemodialysis patients, specialized personnel will have to travel to the COVID-19 unit to work on site.

Dialysis patients will be transported to the designated dialysis unit to receive their treatment.

### Physicians

We will form a group of physicians that will go to the unit on a rotating basis to look after patients.

Telephone consultations are preferred. However, urgent consultations will be done on the COVID-19 unit by the on-call physician from the department receiving the request.

On-call specialized infectious disease physicians will remain available at all times and be available for urgent consultations on the unit.

### Intensive care cases or cases requiring intubation

Follow the critical care algorithm.

### Housekeeping

Staff must be trained for PPE. See the [Plan régional de pandémie section 7b services de l'alimentation et service de l'environnement, section environnement](#).

### Radiology

The x-rays will be done individually. The X-ray machine will be decontaminated in the warm area or in the patient's room if the unit is not closed.

In the event that a mobile X-ray machine is borrowed, this machine will remain on the unit at all times.

## Pharmacy

See the Pharmacy directives in APPENDIX A.

## Cafeteria

See the plan régional de pandémie section 7b services de l'alimentation et service de l'environnement.

- Annex C Steps to follow for the delivery of meals and food to the COVID unit Unit considered (CLOSED) and (OPEN).
- Annex C Steps to follow for picking up trays at the COVID unit Unit under consideration (CLOSED).

To remove and clean the trays from the unit, follow the usual procedures for a patient in isolation.

## Laundry / Store / MDRD / garbage and other

- Remain in the cold zone.
- Ring the bell or use the phone to call.
- Wait for a staff member to come out to exchange the clean or soiled material.
- Then follow the usual procedures for a patient in isolation.

## Transporting a patient in critical condition in an emergency situation

- After the transport takes place, make sure to clean the elevator and the high touch surfaces.
- Wherever possible, remove PPE and wash hands.

## Transporting a stable patient outside a hot zone (unit or room) to Medical Imaging or Intensive Care as needed: Minimum of two people (one person for the hot/warm zone and one person for the cold zone) – boundary between warm zone and cold zone

- Inform the receiving department about the precautions to be taken and that the patient is arriving.
- Cover the stretcher with a clean sheet or blanket.
- The patient must practise hand hygiene before exiting the room if possible. The patient must wear a surgical/procedure mask.
- The health care worker responsible for transporting the patient must wait in the cold zone and wear the appropriate PPE (face shield, surgical/procedure mask, hospital gown and gloves).
- **No one else is allowed in the elevator, unless they are wearing the appropriate PPE.**
- After the patient leaves, employees must take the necessary steps to do cleaning and disinfection – inside the examination room, the surfaces that the patient was in contact with, and the surfaces that the employees touched after being in contact with the patient.
- After the patient returns to their room, employees must clean and disinfect the stretcher/wheelchair used before taking it outside the unit.

- In the case of a transfer to another facility, the employees must inform the ambulance service and the receiving facility about the precautions to be taken.

#### Patient deceased due to COVID-19

Refer to the Regional Guide - Procedure for the management of the remains of deceased patients with or suspected of having COVID-19.

## **APPENDIX A: Medication Management Plan – COVID-19 Units: Pharmacy Services**

- 1) If a COVID-19 designated unit has an AcuDose automated dispensing cabinet (ADC), the ADC is to be used. See section 1. ADC management is done wearing gloves. Since the ADC biometrics do not work with gloves, users are to connect with their ID and the Active Directory password.
- 2) If the COVID-19 unit does not have an ADC, see Section 2. (This point does not apply for the moment.)
- 3) The pneumatic tubes to COVID-19 units are deactivated.
- 4) Any paper communication that would normally be sent to the Pharmacy must take place digitally or by fax (e.g. prescriptions, orders, etc.).
- 5) When Pharmacy employees enter a COVID-19 unit (warm and hot zones), they must follow the personal protective equipment (PPE) guidelines in effect. Wherever possible, their activities are limited to ADC operations. Efforts must be made to limit visits by Pharmacy employees to a COVID-19 unit to once a day.
- 6) When a patient is transferred from the COVID-19 unit to a regular unit (reserved for patients who are not COVID-19 cases), proceed as follows for the patient's medications.
  - a. The patient's medications must follow them to their new unit. Remember to include their refrigerated medications and IV medications.
  - b. Place these medications in a Ziploc bag (the outside of the Ziploc bag must be disinfected when it is removed from the COVID-19 unit) and clearly indicate that the inside of the bag is contaminated.
    - i. The nurse who receives the patient must consult with the Pharmacy (during its hours of operation) to determine which products will be replaced, which products may be disinfected, etc. The nurse will continue to use these medications (while following the procedure below) until they can be replaced.
    - ii. If a product can be disinfected (e.g. injectable vial), it is recommended to do so and to store the disinfected product in the medication room (patient's bin).
    - iii. A medication that cannot be cleaned and that cannot be replaced by the Pharmacy (e.g. personal medication, research medication) must be placed in a Ziploc bag on which a label is placed clearly indicating that the contents are contaminated. The medication can then be stored in the patient's bin. The appropriate procedure must be followed to handle this product.

1. The employee tasked with preparing medication must, as a first step, prepare the cup for the medications to prevent cross-contamination.
2. Tape a new Ziploc bag (to the wall or on the cart) in such a way that the bag is open.
3. Wash your hands with soap and water or clean them with an antiseptic solution.
4. Put gloves on.
5. Open the Ziploc bag containing the contaminated medication. Open the medication bottle, place the required pill in the cup and close the bottle.
6. Place the medication in the new taped Ziploc bag while taking care not to touch the outside of the bag.
7. Discard the empty contaminated bag.
8. Remove your gloves and wash your hands.
9. Close the Ziploc bag and place a label on the bag clearly indicating that the contents are contaminated.
10. Store the bag in the patient's bin.

c. If a medication must be refrigerated, follow the procedure in point 6) b. ii or point 6) b. iii above to place the product in the refrigerator.

- 7) No product from a COVID-19 unit may be returned to the Pharmacy. Discard or quarantine any unused medication, based on the Pharmacy's directives.

**Section 1:** COVID-19 unit equipped with an ADC

- 1) Adjust the contents of the ADC to reflect as accurately as possible the COVID-19 clientele. Add the largest possible range of controlled medications to avoid having to associate new medications ("assign" function).
- 2) Increase the quantities of the most heavily used medications so the fewest possible "stock-outs" occur.
- 3) Pharmacy employees will resupply ADCs as per the usual procedures, except for the association of new medications ("assign" function) (see point 6).
  - a. On Friday (and as needed during the week), the employee generates an inventory ("refill pick") report from an ADC to ensure that after the resupply, the quantities of the products it contains will exceed the minimum required quantities.
- 4) Medications prepared in the Pharmacy, such as:
  - a. First doses, stat medications;
  - b. IV products.

Un aide (ou le personnel de la Pharmacie) peut faire de multiples livraisons à l'unité COVID-19 dans la journée. The aide must remain in the unit's cold zone



and give the medications to the unit's staff, who must place a patient's medications in their bin or advise the bedside nurse if the medications are stat.

- 5) Medications prepared in the Pharmacy, such as:
  - a. Medications on the resupply list ("refill list") supplied every 24 hours Daily medications are placed in one Ziploc bag per patient; these bags are then placed in a large brown bag that an aide (or Pharmacy employee) delivers to the COVID-19 unit as per the above procedure (see point 4).
- 6) Prescribed controlled substances **that are not found within an ADC's contents**
  - a. The pharmacist contacts the prescriber to discuss the alternate solutions available in the ADC, wherever possible.
  - b. If the prescribed medication cannot be changed, sufficient quantities of the controlled substances are supplied in the patient's name to last until the next scheduled ADC resupply (maximum 24 hours). The same procedure described in point 4 applies to delivery to the COVID-19 unit and storage in the bins.
    - i. The nurse records the doses administered and the waste on the MAR and follows the double signature principal if a controlled substance control sheet is not available.
  - c. When Pharmacy employees resupply an ADC, they:
    - i. Do the substance association ("assign" function) (see point 6 b);
    - ii. Inform the nurse that the remainder of the product, if applicable, in a patient's bin must be destroyed and recorded on the MAR or the control sheet (double signature necessary);
    - iii. Reprocess the order in the Meditech system in order to use the ADC's inventory.
- 7) If an ADC has a "stock-out":
  - a. Non-controlled products:
    - i. The Pharmacy prepares the product in question and has an aide deliver it as per the procedure in point 4;
    - ii. The product is stored in a bin near the ADC and is placed in the ADC by the Pharmacy employee during the next resupply.
  - b. Controlled substances:
    - i. The pharmacist may contact the prescriber to discuss the alternate solutions available in the ADC, wherever possible.
    - ii. A delivery in the patient's name is possible as per the procedure in point 6 b;
    - iii. An additional resupply is possible (and re-evaluation of the quantities available in the ADC).

**Section 2:** COVID-19 unit not equipped with an ADC (to be developed later, if needed).

**Methadone management (MMT)**

- 1) A methadone dose is prepared in the Pharmacy daily, as usual, in the patient's name.
- 2) A Pharmacy employee takes the dose up to the COVID-19 unit and delivers it in the cold zone to the unit's staff (nursing staff only). The dose should be delivered as close as possible to the planned administration time. The Pharmacy employee asks for the dose to be given to the patient's nurse without delay, as much as possible. If the nurse is unavailable, the nursing staff must be asked to place the dose in a secure location and to leave a message for the nurse indicating that the dose is ready to be administered.
- 3) It is possible to use a control sheet for the dose and to ask the nurse to sign the document, scan it and send it to the Pharmacy to indicate that the nurse has taken responsibility for the dose.
- 4) The nurse administers the dose according to the procedure in Policy GEN.3.40.75.

**Resupply of crash carts / emergency boxes**

- 1) The crash carts and emergency boxes must be resupplied by the nursing staff.
  - a. During the Pharmacy's hours of operation, send the Pharmacy (scanned/faxed) an order form indicating the missing products. The order forms are kept in the binder on the crash cart.
  - b. Outside the Pharmacy's hours of operation:
    - i. If a medication appears on the ADC medication list, remove from the ADC the amount of medication needed to resupply the crash cart, using the patient profile for whom the medication was used;
    - ii. If the required medication is in the night service, the supervisor follows the same ADC procedure but from the night service or the night service crash cart (if applicable).
- 2) The nursing staff must check the expiry dates every month.