



Department: Hospital-Wide

Subject: **CRISIS CARE-SURGE CAPACITY PLAN**

Policy Pro#: ADMIN

Effective Date: 12/30/20

Review Dates: _____

Revision/Approval Dates: 12/30/20

PURPOSE

1. To provide guidelines and establish processes for managing a disaster involving a sudden influx of patients, which exceeds the immediate capacity of the facility and cannot be managed effectively with routine procedures or resources.
2. To protect patients, staff and visitors from unprotected exposure to infectious diseases.
3. To coordinate services to support community health needs.

POLICY

1. Coaling Medical Center is committed to providing a healthy and safe environment. It is the policy of the organization to provide for prompt mobilization and coordination of resources during a disaster involving a large influx of patients.
2. Efforts shall be coordinated with the local health department and the County Emergency Operations Center (EOC).
3. The Emergency Management Plan should also be consulted for guidance in disaster management.

PROCEDURE

A. Triggers

1. Triggers are situations or events which signal implementation of internal surge capacity procedures.
2. Examples include:
 - a. Notification of sustained human to human transmission of pandemic influenza, or other highly lethal infectious disease.
 - b. Transfer of disaster victims from within the county or outside the area.
 - c. All spaces for patients are filled, and a dramatic increase in patients (e.g. <25% capacity) is anticipated.

B. Communication

1. Communication to hospital facilities will occur through Fresno County Emergency Operations Center (EOC) or the local health department via EMS radio in ER, CAHAN, and / or conventional communication measures.
2. Notification of an infectious disease outbreak may be delivered from WHO, US Department of Health and Human Services (HHS), CDC, California Department of Health, or Fresno County Health Department (PHD).
3. Activation of the Hospital Incident Command System (HICS) will depend upon the circumstances as they affect CRMC, the greater Coalinga area, or Fresno County.
4. Refer to Administrative Policies on Emergency Management Plan, Disaster Plan for Emergency Communication, and Management of Pandemics/Bioterrorism.

C. Surge Levels (per draft Fresno County Plan)

Surge levels are progressive in the complexity of measures to be taken, based upon the demand of the incident or event. The County EOC may set a uniform surge level countywide or different surge levels for specific hospitals, depending on the type and extent of the incident or event.

3. Level One: emergency department overload throughout the county or situations in which overload is anticipated. (See High Census Checklist –attached).

HICS Response Measures:

- a. Activate HICS and establish lines of authority and communication. Establish communication with Fresno County EOC re: status and resource needs.
- b. Identify potential scale of incident (duration, volume of victims, etc.) and determine probable necessary level of response.
- c. Determine if facility lockdown or restricted access is necessary; begin set up if necessary.
- d. Determine potential casualty number and types of medical conditions.
- e. Evaluate bed availability and implement, as appropriate, plans for:
 1. Early discharge of patients who do not require ongoing in-patient care.
 2. Transfer of patients to other levels of care or to other facilities.
 3. Cancellation of elective surgeries.
 4. Temporary discontinuation of services and/or admissions.

5. Establishment of alternate treatment sites for triaging and treating patients.
 6. Consultation with Case Management re: available home health services.
 7. Create patient discharge holding area.
 - f. Communicate with staff and distribute training materials to them regarding any necessary isolation measures or utilization of PPE.
 - g. Consider activation of limited staff call back. Refer to Disaster call tree binder.
 - h. Notify Laboratory and coordinate necessary support. Provide reference materials for collection of laboratory specimens per CDC/DHS requirements.
 - i. Identify potential resource requirements, e.g. ventilators, N-95 masks, PPE, gurneys, cots, medical supplies, food and water, located in Disaster storage or Command Center
 - j. Determine from Pharmacy and the PHD the availability of pharmaceuticals for infectious disease prophylaxis. Refer to plan for allocation and accessibility of pharmaceuticals and initiate employee prophylaxis, if appropriate.
 - k. Have Public Information Officer available and in contact with County PIO for public information messages.
4. Level Two: event is escalating and further mobilization of resources is required.

HICS Response Measures (in addition to Level One responses)

- a. Implement plans for opening alternate treatment sites and/or isolation units.
- b. Establish mass casualty triage and treatment areas with signage and supplies. These areas should ideally be separate from the Emergency Department entrance.
- c. Set up security measures, such as signage, barricades, radios and bullhorns.
- d. Identify personnel resource requirements.
 1. Plan for the allocation or re-allocation of personnel if necessary.
 2. Activate staff call back as indicated.
 3. Consider request for program flex from State DHS
 4. Establish location for labor pool
 5. Establish physician, medical reserve corps (MRC), and volunteer labor pool.
 6. Identify staff support requirements, e.g. respite, meal breaks, psychological support, critical incident stress management (CISM).

7. Assign a clerical person to create and maintain a log for mass influx of ill patients with the patient's name, age, date and time of admit, and contact person.
 - e. Activate PIO media briefing area.
5. Level Three: the event has escalated further and requires mobilization of outside resources to manage patient numbers.

HICS Response Measures

- a. Resources would be received through Fresno County EOC.

Examples: Mortuary capacity

Transportation

Food and Water

Additional medical, nursing and ancillary personnel (MRC)

Additional security personnel

Additional supplies and equipment

Volunteers

Cots and supplies for alternate care sites

Vaccines and pharmaceutical prophylaxis

- b. Resources from the State

Examples: Pharmaceutical caches

Mobile hospital units

National Guard

Additional communications equipment

- c. Resources from Federal Agencies

Examples: Strategic National Stockpile

National Guard from other states

FEMA Assistance and supplies

CONSIDERATIONS SPECIFIC TO COVID-19 COORDINATED RESPONSE TO LOCAL SURGE

- I. Distribution of Critical Care Patients

- A. Contingency distribution of critical care patients is defined by the hospitals current scope of services which does not include an ICU Unit, but can utilize stand-by Critical Care

staff, present on each shift, to address a change in patient condition requiring care and intervention by available critical care nursing staff.

B. Contingency distribution of critical care patients, in response to a local surge in patients identified as positive COVID-19 status, or suspected COVID-19 status requires the hospital to establish areas within the hospital where functional isolation can be established.

1. In a surge scenario the hospital's COVID care unit (5 beds) will serve as the first area designated for the isolation of patients with established or suspected COVID-19 status. Additional influx of infected patients will be distributed to the following areas in order. Measures to isolate air circulation and/or provide negative pressure to these care areas will be deployed by Plant operations.

2. PACU (3 Beds)

3. Respiratory Treatment Room (3 beds)

C. For patients identified as having negative COVID-19 status, as defined by guidance documentation from the CDC, Critical Care can/will be provided irrespective of patient room assignment. Hospital acuity staffing plan remains in effect for determining which patients require staffing adjustments based on the need for critical care status.

D. The following areas/rooms will be utilized, in order, to provide ongoing care to patients once the hospital's licensed beds achieve saturation. Utilization of these spaces must be executed sequentially to facilitate effective staffing of Nursing and Respiratory personnel to maintain proximity to the patients assigned to them.

4. Med/Surg Physician Sleep Room (1 Bed)

5. The Hospital's Cafeteria (4 Beds)

6. Operating Rooms 2 & 2 (4 Beds)

7. In the event that the hospital's emergency services have been diverted, ED examination rooms could be utilized for 10 additional beds.

E. Crisis distribution of Critical Care patients occurs if/when the need for critical care services overwhelms the existing plan identified in B. In this scenario, patients with negative

COVID-19 status, when possible, should be discharged or moved to a secondary care site as determined by the Fresno County Surge Plan.

F. In a surge scenario the hospital's COVID care unit (5 beds) will serve as the first area designated for the isolation of patients with established or suspected COVID-19 status. Additional influx of infected patients will be distributed to the following areas in order. Measures to isolate air circulation and/or provide negative pressure to these care areas will be deployed by Plant operations.

8. PACU (3 Beds)

9. Respiratory Treatment Room (3 beds)

10. For patients identified as having negative COVID-19 status, as defined by guidance documentation from the CDC, Critical Care can/will be provided irrespective of patient room assignment. Hospital acuity staffing plan remains in effect for determining which patients require staffing adjustments based on the need for critical care status.

G. The following areas/rooms will be utilized, in order, to provide ongoing care to patients once the hospital's licensed beds achieve saturation. Utilization of these spaces must be executed sequentially to facilitate effective staffing of Nursing and Respiratory personnel to maintain proximity to the patients assigned to them.

11. Med/Surg Physician Sleep Room (1 Bed)

12. The Hospital's Cafeteria (4 Beds)

13. Operating Rooms 2 & 2 (4 Beds)

14. In the event that the hospital's emergency services have been diverted, ED examination rooms could be utilized for 10 additional beds.

H. Crisis distribution of Critical Care patients occurs if/when the need for critical care services overwhelms the existing plan identified in B. In this scenario, patients with negative COVID-19 status, when possible, should be discharged or moved to a secondary care site as determined by the Fresno County Surge Plan.