



# **Sault Area Hospital Planning and Mobilization for COVID-19 Overview**

**April 5, 2020**

## PLANNING AND MOBILIZATION FOR COVID-19

Extensive planning and mobilization is underway at Sault Area Hospital to respond to COVID-19.

Elements of our pandemic plan have been put in place to include additional education and simulations, working with partners, screening, monitoring key supplies, reconfiguring space, and enhancing protocol— all with a focus of protecting our patients and each other during such unprecedented times.

### Spotlight on the EMERGENCY DEPARTMENT (ED)

Our leaders in ED have been working tirelessly to develop an extensive plan for COVID-19 in their Department by:

- monitoring, researching and implementing best practice from hard-hit areas around the globe, the leadership, physicians, infection control and frontline staff have designed a volume-based phased approach to quality care that is influenced by best practice and current infectious disease processes
- dividing the department into a HOT and COLD zone with a clear separation between areas
- screening all patients and staff upon entry using the Acute Respiratory Illness screening tool, patients who are clear of symptoms and do not have a history of concern will be routed to the COLD Emergency room — all patients who fail the screening will move to be triaged by the HOT Emergency Department
- working on a three-stage plan that will allow us to expand the HOT area rapidly to include the entire ED for respiratory issues (if needed, the other functions of the ED will be moved to adjacent areas)
- collaborating with other key areas in the hospital including ICU and the medical floors to coordinate efforts — working together to move patients out of the ED to other areas efficiently
- developing a detailed plan for attending to resuscitations: specific personal protective equipment (PPE) and tools that are required to protect our staff and attend to the patient without having to leave the room and use more PPE
- as part of our restrictive entry policy, there are no visitors allowed in our Emergency Department unless under exceptional circumstances (pediatric, compassionate, trauma)

**Care will be duplicated across the HOT & COLD Emergency Department to ensure quality best practices.**

*thank  
you*

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### Spotlight on the INTENSIVE CARE UNIT (ICU)

Our leaders in ICU have been working tirelessly to develop an extensive plan for COVID-19 in their area by:

- partnering with hospitals in the North to coordinate efforts and share resources across sites
- monitoring, researching and implementing best practice from hard-hit areas around the globe, the leadership, physicians, infection control and frontline staff have designed a volume-based phased approach to quality care that is influenced by best practice and current infectious disease processes
- dividing the ICU into HOT and COLD zones
- collaborating with all major departments in the hospital: medical departments, surgical areas, respiratory therapy, environmental services, infection control, pharmacy, purchasing, communications, leaders and support teams to develop and mobilize a comprehensive plan
- planning to ensure quality care of a larger cohort of patients needing ventilator assisted respiratory support
- designating a secondary space to almost double our capacity to see Level 3 and Level 2 intensive care patients
- preparing for code responses with staff safety at the forefront with the development of protected codes – protected code blue, protected code pink, protected code white
- dedicating an OR specifically for the treatment of COVID-19 patients: all safety protocols in place to safely operate and recover patients
- as part of our restrictive entry policy, there are no visitors allowed in our Intensive Care Unit (ICU) unless under exceptional circumstances (compassionate, trauma)

**Care will be duplicated across the HOT & COLD Intensive Care Unit to ensure quality best practices.**



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### Spotlight on the INPATIENT UNITS

Our leaders in our Inpatient Units have been working tirelessly to develop an extensive plan for COVID-19 in their areas by:

- monitoring, researching and implementing best practice from hard-hit areas around the globe, the leadership, physicians, infection control and frontline staff have designed a volume-based phased approach to create a large area to admit patients if necessary utilizing quality care that is influenced by best practice and current infectious disease processes
- collaborating with all major departments in the hospital: medical departments, surgical areas, respiratory therapy, environmental services, infection control, pharmacy, purchasing, communications, leaders and support teams to develop and mobilize a comprehensive plan
- dividing the department into a HOT and COLD zone with a clear separation between areas
- creating staffing models to ensure staff are also cohorted into areas to mitigate cross-contamination
- designing easy to follow designated routes and signage guide patients and staff safely through the building
- preparing for code responses with staff safety at the forefront with the development of protected codes – protected code blue, protected code pink, protected code white
- as part of our restrictive entry policy, there are no visitors allowed in our Inpatient Departments unless **under exceptional circumstances (pediatric, compassionate, trauma)**

**Care will be duplicated across the HOT & COLD Inpatient Units to ensure quality best practices.**



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### Spotlight on the WOMEN AND CHILDREN'S HEALTH

- Our leaders in our Women & Children's Health have been working tirelessly to develop an extensive plan for COVID-19 in their area by:
- monitoring, researching and implementing best practice from hard-hit areas around the globe, the leadership, physicians, infection control and frontline staff have designed a volume-based phased approach to admit patients utilizing quality care that is influenced by best practice and current infectious disease processes
- collaborating with all major departments in the hospital: medical departments, surgical areas, respiratory therapy, environmental services, infection control, pharmacy, purchasing, communications, leaders and support teams to develop and mobilize a comprehensive plan
- dedicating a HOT zone in Women and Children's Health
- creating staffing models to ensure staff are also cohorted into areas to mitigate cross-contamination
- preparing for code responses with staff safety at the forefront with the development of protected codes – protected code blue, protected code pink, protected code white
- attending the hospital for an urgent obstetrical issue or if you are in labour, patients are asked to present to the south entrance of the hospital where you will be screened:
- patients who pass the screening and do not have a history of concerns will be routed to the Women and Children's Health Department on 1A
- patients who do not pass the screening will be asked to don a mask and wait to be escorted to the department by a Maternity nurse who will attend in PPE to escort the patient to the Women and Children's Health on 1A
- If you attend the hospital with a non-urgent obstetrical issue, you will be routed through the Emergency Department process
- We will continue to allow one support person for labouring patients and during their post-partum period to support the mother and assist with the care of the baby. This should be the same individual for the duration of the stay.
- One Parent at a time will be allowed to stay on pediatrics with their child unless the child is admitted to the hot zone. At that point, it will need to be the same parent for the duration of the admission.
- For NICU only one parent at a time can be at the bedside of the infant

Care will be duplicated across the HOT & COLD Women and Children's Health Unit to ensure quality best practices.



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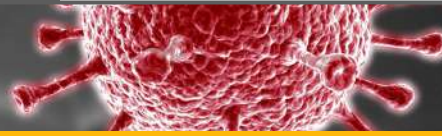
### Spotlight on the MENTAL HEALTH & ADDICTIONS

- Our leaders in our Inpatient Units have been working tirelessly to develop an extensive plan for COVID-19 in their areas by:
- monitoring, researching and implementing best practice from hard-hit areas around the globe, the leadership, physicians, infection control and frontline staff have designed a volume-based phased approach to create a large area to admit patients if necessary utilizing quality care that is influenced by best practice and current infectious disease processes
- collaborating with all major departments in the hospital: medical departments, surgical areas, respiratory therapy, environmental services, infection control, pharmacy, purchasing, communications, leaders and support teams to develop and mobilize a comprehensive plan
- dividing the department into a HOT and COLD zone with a clear separation between areas
- designing easy to follow designated routes and signage guide patients and staff safely through the building
- redesigning space for withdrawal management/safebeds programs by temporally transferring to the Outpatient Mental Program at SAH's main site. A 5-bed unit has been created to meet the needs of individuals in a short-term crisis and/or experiencing alcohol/substance withdrawal
- mobilizing the community's local programs, medication clinic, early psychosis and community treatment order to work together to provide long-acting injections in the community
- continuing care coordination with outpatient staff across various Mental Health programs working remotely and providing telephone consults with patients; psychiatrists have increased utilizing videoconferencing technology (Ontario Telemedicine Network) to speak with inpatients and nursing staff
- as part of our restrictive entry policy, there are no visitors allowed in Mental Health & Addictions programs unless under exceptional circumstances

**Care will be duplicated across the HOT & COLD Mental Health & Addictions to ensure quality best practices.**



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## SURGE PLANNING FOR COVID-19

Extensive planning and mobilization is underway at Sault Area Hospital to respond to COVID-19 and keep our hospital and our community safe.

Elements of both our Emergency Response Plan and the Pandemic Plan have been activated. We are collaboratively working with the City of Sault Ste. Marie, regional and other community partners, to put our hospital in the best possible position to manage the impact of the pandemic.

### All our teams have been working tirelessly to:

- focus on protecting our patients and each other during these unprecedented times;
- reduce current hospital occupancy in preparation for COVID-19;
- monitor, research and implement best practices from around the globe;
- design a volume-based phased approach to admit patients, utilizing quality care that is influenced by best practice and current infectious disease processes;
- ensure departments and areas of the hospital are working with one another to develop and mobilize a comprehensive patient flow and staffing plan;
- divide the hospital into sections with a clear separation between areas to better manage various types of patients;
- create staffing models to ensure staff are cohorted into areas to mitigate cross-contamination;
- design easy-to-follow routes and signage to guide patients/staff safely through the building;
- prepare for code responses with staff safety at the forefront with the development of protected codes – protected code blue, protected code pink, protected code white;
- as part of our restrictive entry policy, there are no visitors allowed in our Emergency Department unless under exceptional circumstances (pediatric, compassionate, trauma)
- work with local long-term care facilities to find opportunities to safely relocate patients to empty beds;
- move patients out of the emergency department into other areas of the hospital so that the ED can focus exclusively on new patients;
- work with Home and Community Care partners to find new opportunities to discharge patients when safe to do so;
- expand on plans already in place and identify specific offsite locations to house different inpatient and outpatient departments, clinics and services in the event of a surge of local COVID-19 cases;
- effectively manage personal protective equipment and ensure that staff, physicians and patients to have adequate levels available over the coming weeks;
- monitor key supplies and equipment in the organization, and with one community partners;
- enhance protocols with a focus of protecting our patients and our people;
- review staffing opportunities and redeployment plans; and
- work with other regional acute care and long-term care sites across the Algoma District to ensure alignment.

Care will be duplicated across the HOT and COLD areas to ensure quality best practices. Many hospital clinics and outpatient services have already begun their transition to offsite locations, and changes are currently being made to the Emergency Department.



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