



Operations Plan
COVID-19

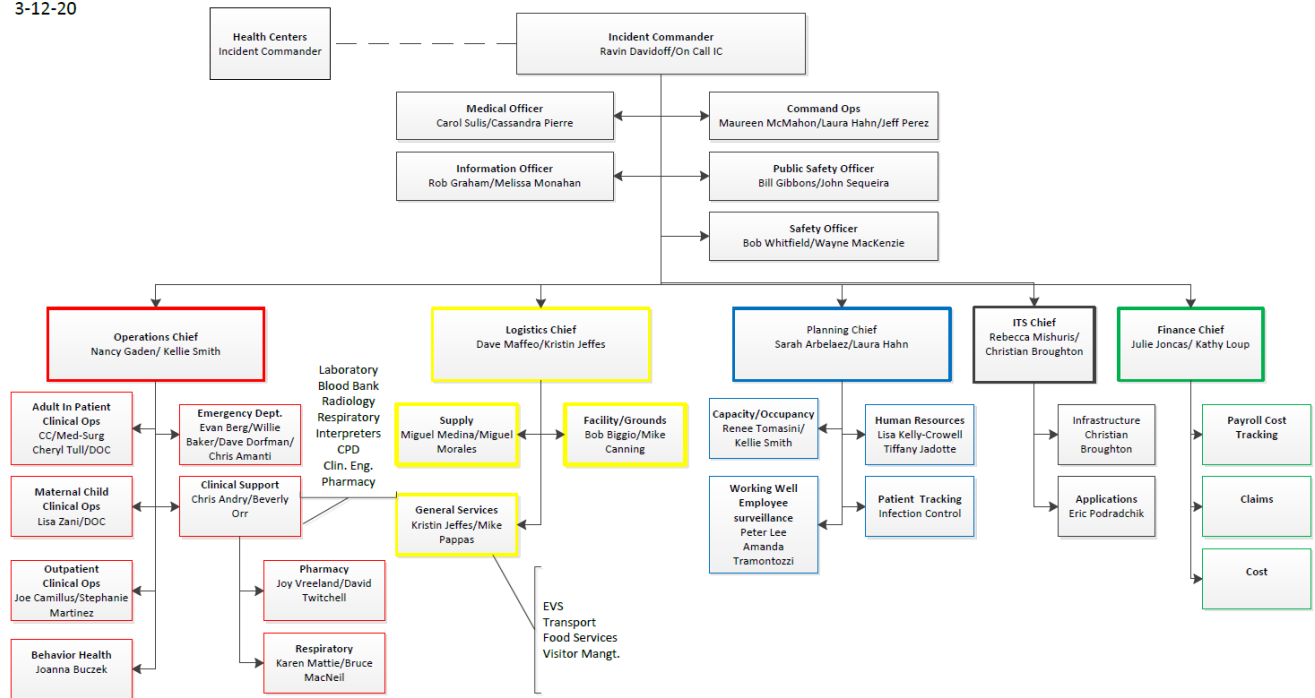
4-13-20

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I. Incident Command

3-12-20



Roles and Responsibilities

Incident Commander

Overall responsibility and authority for event management. On scene direction of activities.

Medical Officer

Provide expert infectious disease advice and guidance to the incident command team.

Command Operations

Command Center coordination; Briefings, status reports, action plans, assist the IC and document patient movement.

Information Officer

Information dissemination

Public Safety Officer

Access control, Perimeter Management

Safety Officer

Oversee response safety and employee fit testing

Logistics Chief

Mobilize resources as needed: Patient transport, EVS, food services, materials supply, equipment, and coordination of facilities response as needed.

Operations Chief

Oversee and direct clinical and clinical support operations (Lab, pharmacy, respiratory) for adult med-surg, critical care, pediatrics, OB, outpatient, IPP and ED.

Planning Chief

Oversee and direct the hospital capacity and occupancy, staff wellbeing, event documentation, and tracking of resources and personnel.

ITS Chief

Oversee and direct the use of information systems to support event response.

II. Information and Communication

The most current information and guidance for BMC employees will be posted on the HUB

Validated information is also available at the following:

- Centers for Disease Control <https://www.cdc.gov/>
- Massachusetts Department of Public Health <https://www.mass.gov/orgs/department-of-public-health>
- Boston Public Health Commission <https://www.bphc.org/Pages/default.aspx>

BMC's command staff are meeting daily to monitor the outbreak and assess the status and effectiveness of BMC's response

Status updates will be disseminated to staff each week on Monday and Friday and more often if needed.

III. Illness Screening and Isolation

BMC will follow the guidance issued by the CDC.

The guidance will change over the course of the illness outbreak and will be updated as those changes are issued by the CDC.

Patients with milder illness, not requiring admission will be evaluated, tested as needed, and discharged to home with instructions to remain in their homes pending test results.

Patients with more severe illness requiring admission will be moved as quickly as possible to private rooms in cohorted units.

Screening criteria

Per the Centers for Disease Control

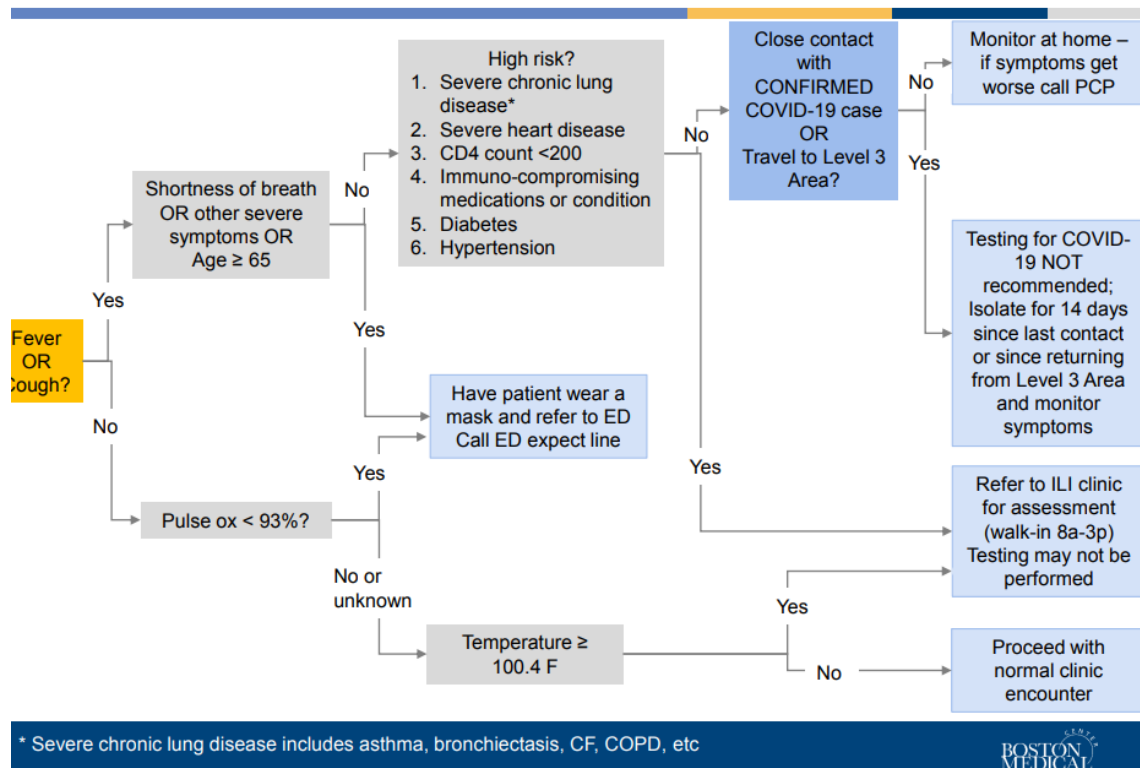
Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). Priorities for testing may include:

1. Hospitalized patients who have signs and symptoms compatible with COVID-19 in order to inform decisions related to infection control.
2. Other symptomatic individuals such as, older adults and individuals with chronic medical conditions and/or an immunocompromised state that may put them at higher risk for poor outcomes (e.g., diabetes, heart disease, receiving immunosuppressive medications, chronic lung disease, chronic kidney disease).
3. Any persons including healthcare personnel, who within 14 days of symptom onset had close contact with a suspect or laboratory-confirmed COVID-19 patient, or who have a history of travel from affected geographic areas (see below) within 14 days of their symptom onset.

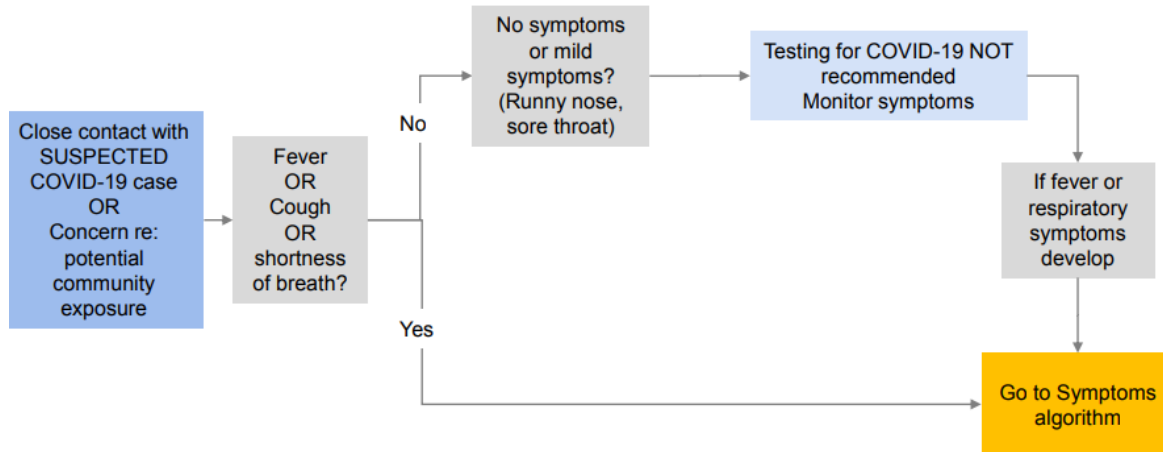
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>

Current Screening Algorithms and be found at <https://internal.bmc.org/departments/emergency-management/plans-and-procedures?quicklink=yes>

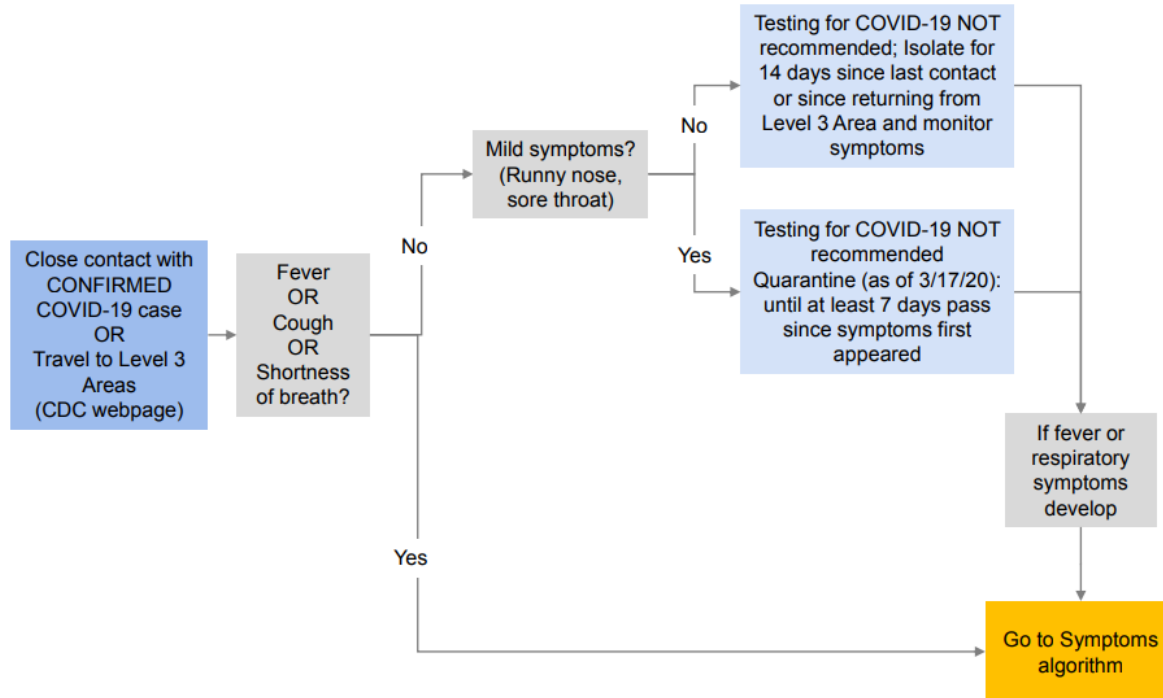
Symptom Screening Algorithm



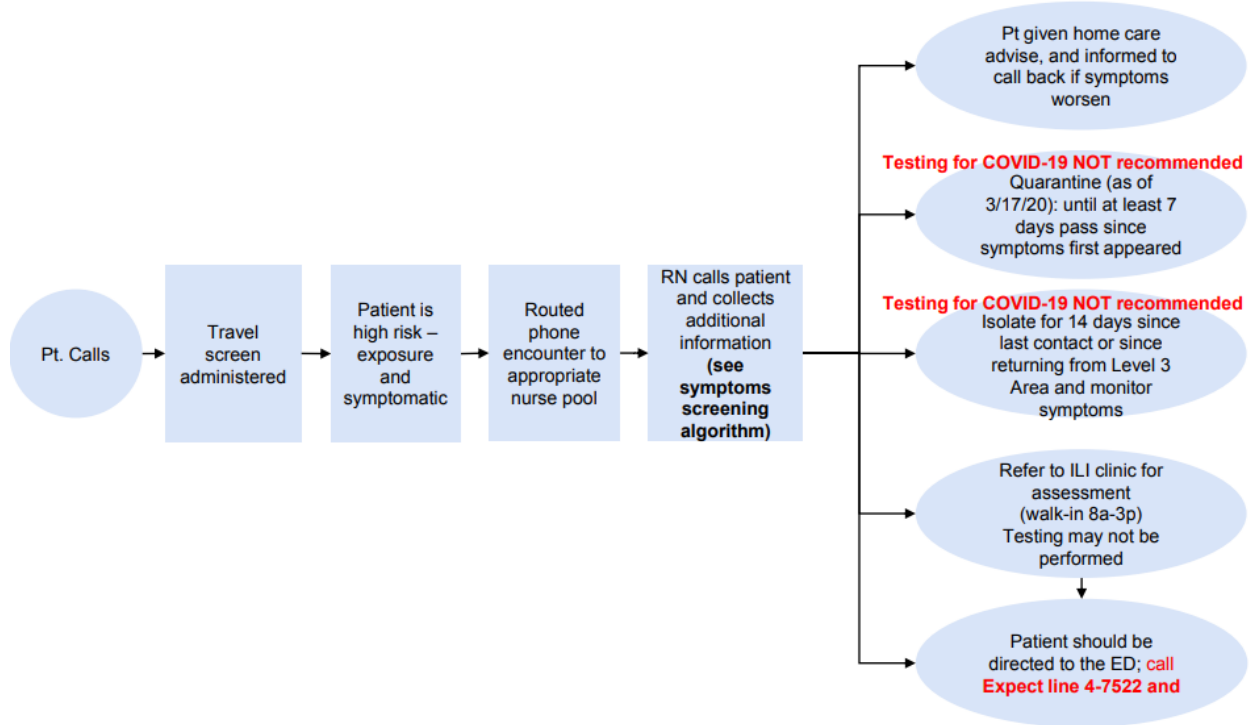
Close contact with SUSPECTED case OR concern re: community exposure



Close contact with CONFIRMED case OR travel to Level 3 area



COVID-19 Telephone Screening Algorithm updated 3/20/2020



IV. Response Escalation

Stages

1. Disease is not widespread, screening for travel to high risk area with illness or direct exposure to a person with confirmed COVID-19
2. Increase in State COVID volume to 100 confirmed cases, low volume in Boston, screening for travel to high risk area with illness or direct exposure to a person with confirmed COVID – 19
3. Increase in state COVID volume to 200 confirmed cases, cases increasing in Boston, screening for illness with direct exposure to a person with confirmed COVID – 19
4. Wide spread illness, all febrile illness is of concern

Stage 1

Screening will be conducted at point of care using current screening criteria
Isolation will be done in existing and available negative flow isolation rooms.

Stage 2

Patient screening will be conducted at point of care using current screening criteria
Isolation will be done in existing and available negative flow isolation
Tent will be deployed in Shapiro driveway for referred cases.

Stage 3

Patient screening will be conducted all points of entry using current screening criteria

Visitor screening will be conducted at information desks – No visit if ill

Designated respiratory illness areas ED will be used to evaluate moderate to severely ill patients

A tent will be deployed at Shapiro driveway for rapid assessment of minor illnesses.

Additional wings will be converted to negative flow isolation as needed beginning on Menino 7.

Stage 4: Current Stage

All patients, visitors, employees and staff will be screened prior to entry

Hospital access will be limited to the following locations

- Shapiro Building: Shapiro driveway side entrance
- Menino Building: main Harrison Ave entrance
- Emergency Department: Shapiro driveway
- Moakley Building: main entrance
- Preston: main entrance
- DOB: main entrance

Employees needing access to the following buildings should use the designated entrance point:

- Yawkey Building: Menino entrance
- Dowling Building: Menino entrance
- 85 East Concord St: Shapiro entrance

Patient and employee screening will occur in the lobbies at each entrance. All employees will be given a mask to wear in all clinical and public areas of clinical buildings. All patients will be given a mask to wear in all areas.

Visitor access has been restricted across the hospital for inpatients. Standing exceptions are pedi, OB, NICU, and as determined by the clinical care team.

Ambulatory care visitors are considered on a case by case basis.

A tent will be deployed at the ED entrance in the Shapiro driveway to conduct patient screening:

- Mild Illness – tested if available and discharged to remain at home pending the results
- Moderate Illness – tested if available, moved to designated treatment areas, treated and discharged to remain at home pending results
- Severe Illness – admitted

Only testing and consults critical to diagnosis and treatment should be initiated

Discourage visitation - No visitation without surgical mask

Screening and Treatment Locations

Emergency Department

ED triage will be conducted in the Shapiro Driveway in the blue tent from 8am – 7pm Monday – Friday and 8am – 4pm Saturday and Sunday

Patients will report to the blue tent first and will be sent to the appropriate area once screened. Non-suspect patients will proceed to the ED main entrance for treatment. Non-acute COVID-19 suspect patients will be sent to the ILI Clinic in the Shapiro Lobby for further screening and testing. Acute COVID-19 patients will be directly roomed in the ED.

ED triage will be in the front hallways for nights and weekends.

The ED will be cohorting ILI, COVID-19 suspect patients on the E side as room allows.

ILI Clinics

The Shapiro ILI Clinic has been opened and is staffed from 8am – 7pm Monday – Friday and 8am – 4pm Saturday and Sunday. Any patients presenting to the ED triage tent who are deemed non-acute and COVID-19 suspect will proceed to the Shapiro ILI Clinic for further screening and testing.

The Crosstown ILI Clinic has been opened and is staffed from 8am – 5pm Monday – Friday, and as needed on the weekend. All employees who require a COVID-19 test will be sent to Crosstown for testing. All ambulatory care patients who screen positive for a test over the phone will be sent to Crosstown for further screening and testing.

Inpatient Areas

COVID-19 positive and COVID-19 rule out patients are being seen on floors.

The following floors have rule out or positive cases:

7W, 7E, 6W, MICU A, MICU B, CCU, 5W IMCU, 4W, 4E, SICU, 3W IMCU, Labor and Delivery, Mother Baby/Nursery, and NICU

The following areas have been opened up under the Surge Plan to create additional beds

Medical/Surgical Beds

Yawkey 5 Med/Surg in ATU

Yawkey 5 Med/Surg in Pedi

Mokaley 2 Med/Surg A&B in PACU

Stepdown Beds

Menino 2 IMCU in PACU

ICU Beds

Menino PACU ICU

Ambulatory Clinics

Screening criteria and phone triage guidance are posted on the HUB. Staff are actively screening all patients who call in or come in for appointments. Non-urgent appointments have been canceled or rescheduled to reduce hospital volume.

Consolidation is underway to move all clinics from Preston, Crosstown, and Melnea Cass.

V. Patient Tracking

Screening

The exposure/travel screening in Epic has been implemented across every patient access point at BMC at this time. Information about contact with a known case of COVID-19, recent travel, and symptoms are recorded. If a patient has symptoms consistent, and known exposure or travel to a travel advisory location, a BPA will appear to activate BMC emergency preparedness protocols. For any patient who has had travel screening completed, the documentation can be viewed in the Encounter tab or by using the .travelsh smartphrase in a note.

Ordering

There are order sets/panels available for the ED, inpatient areas, and ILI clinics to facilitate COVID-19 test ordering, admission, COVID-19 related testing, and treatment.

There is a **COVID-19 “accordion” report** accessible through Chart Review, Summary and in patient lists that shows information relevant to patients with suspected/known COVID-19: vital signs, medications, ventilator settings, results, and radiology.

Diagnoses and Patient Tracking

We have released new ICD-10 codes to help with identifying patients and tracking them through testing and care. Please be sure to **add the appropriate diagnosis to the patient's problem list**, and update it using "Change Diagnosis" as the patient's course evolves (see screenshots below). You can find these by searching for nCoV, COVID, and coronavirus, among other synonyms.

ICD-10 code	ICD-10 Term	BMC clinical tracking definition
Z20.828	Exposure to 2019-nCoV	<i>patient has exposure to known case</i>
R68.89	Suspected 2019-nCoV infection	<i>patient has symptoms, travel or exposure that warrants further investigation; please be sure to activate the BMC algorithm in this case</i>
B34.2	Real time reverse transcriptase PCR positive for 2019-nCoV	<i>test has been resulted as presumptive positive from MA DPH or confirmed positive from the CDC</i>
B34.2	Infection due to 2019-nCoV	<i>testing is presumptive or confirmed positive and patient has symptoms</i>
J12.89, B97.29	Pneumonia due to 2019-nCoV	<i>pneumonia resulting from presumptive or confirmed positive testing</i>

View External COVID-19 Results

For patients who have had COVID-19 testing done at organizations on Epic, you can now **view COVID-19 results through [Care Everywhere](#)**. For patients who had testing done elsewhere, you can **enter external COVID-19 pending or finalized results through [enter/edit results](#)**. Please enter the pending test and once you have confirmation from the sending facility of the result, you can update it with the final result. These results will appear in Results Review as an external COVID-19 result. In ambulatory, either providers or nurses can do this, depending on who obtains the result. In inpatient, the inpatient providers will be responsible for this.

Note that the Care Everywhere results and the manually entered external results do not yet trigger any of the decision support we have at BMC (i.e., COVID banner, infection status in the header, etc.), but we are working with Epic on enabling that. Even now, though, it is **crucial that we enter these external**

results (if not available in Care Everywhere) into our system so that everyone is aware of a patient's COVID-19 status. While we are working on an automated solution, infection control will manually apply the infection status for patients with external COVID-19 results entered through enter/edit results or viewed through Care Everywhere.

VI. Workforce protection and management

Workforce protection

Employees who are ill should stay home

All staff returning from travel abroad must get clearance from the Working Well Clinic prior to return to work.

Contact with COVID-19 patients will be limited to personnel and staff necessary for the provision of care (Medical rounds should be conducted outside the room)

Staff who are immunocompromised, pregnant, or have other severe chronic illness should contact the Working Well clinic using the designated email address to discuss exemption from caring for COVID-19 patients.

All personnel needing to enter the room will don the appropriate PPE and follow strict contact, droplet, and airborne precautions

Limit the movement of the patient.

Only testing and consults critical to diagnosis and treatment should be initiated

Frequent hand hygiene and use of hand sanitizer

Frequent cleaning of services (phones, computers etc.)

Where possible, telecommuting will be offered to employees whose work does not require them to be on campus

Self serve in all cafeterias will be eliminated to reduce potential illness.

Employee Health and Safety: New Designated Email Address for COVID-19

- The Working Well Clinic has established an [email address \(Covid19WWC@bmc.org\)](mailto:Covid19WWC@bmc.org).
- Staff should use this email address to report symptoms of and possible exposure to COVID-19, so the Working Well Clinic can assess your risk and recommend next steps.
- Email Covid19WWC@bmc.org for questions related to your health and safety such as travel, exposure, and staying home/self-isolation or when to return to work.

Hotel Options:

A number of area hotels are offering a discounted rate for BMC employees who are interested in accommodations close to the hospital. Please note that the hospital will not reimburse staff for the cost of staying at a hotel or other option.

We will continue to update this list as more special accommodations become available. Staff should reach out to the hotels/apartments directly for booking.

AC Hotel by Marriott at Ink Block - \$109 per night with free parking

Address: 225 Albany St, Boston, MA 02118

Phone: (617) 848-9063

Best Western Plus Hotel – Round House - \$89 per night

Address: 891 Massachusetts Ave, Boston, MA 02118

Phone: (617) 989-1000

Hilton Boston Back Bay

Address: 40 Dalton St, Boston, MA 02115

Phone: (617) 236-1100

Hampton Inn & Suites Boston Crosstown Center - \$85 per night

Address: 811 Massachusetts Ave, Boston, MA 02118

Phone: (617) 445-6400

Cambria Hotel Downtown Boston - \$89 per night

Address: 6 West Broadway Boston, MA 02127

Phone: 617-752-6681

Additional Options can be found at:

<https://docs.google.com/spreadsheets/d/18R7otdQ6DgDM3NTddI2kYZPE-4Y5HnU3dx2rmvBnFp8/edit#gid=0>

Employee Travel

Applies to BMC, BMCHP and BMC Health System staff, and students managed by BMC staff.

Effective Monday, March 9, updated Wednesday March 18

- All business travel for BMC Health System employees is suspended for the next 60 days.
 - This includes all conferences, locally, domestically or internationally.
 - Any business-related costs associated with conference travel already planned will be incurred by BMC Health System.
- As an additional precaution to ensure the health of our employees and patients, we continue to strongly encourage that you avoid any personal travel outside or inside of the United States during this time.
- The CDC has placed a significant number of countries under a Level 2 or Level 3 Travel Health Notice as of March 18. Please check the CDC website for the most updated Level 2 or Level 3 Country List: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
 - If you decide to travel in any capacity to or through (even if you do not get off the aircraft) a Level 2 or Level 3 restricted country, you must notify your manager and the

Working Well Clinic COVID-19 team of your specific travel plans and you will be required to self-quarantine for 14 days upon your return

- You must be cleared by the Working Well Clinic COVID-19 Team before returning to work after the quarantine period

The 14-day quarantine period will go unpaid, although ET can be used if available

We ask that all employees exercise prudent judgement when making travel plans. These decisions regarding travel restrictions may change as the situation evolves.

For additional questions, please email the Working Well Clinic COVID-19 Team at COVID19WWC@bmc.org

Required PPE

- *For aerosolizing procedures:*
 - N95 respirator
 - Precaution gown
 - Eye protection—splash shield
 - Two pairs of gloves
- *For normal care:*
 - Surgical mask
 - Precaution gown
 - Eye protection—splash shield
 - Two pairs of gloves

All staff in the MICU A will wear the above PPE with N95 masks while in patient rooms, all other staff will wear a surgical mask upon entry to the unit.

All staff in the ED will wear N95 masks while in any patient room.

All staff will be given a surgical mask upon entry to hospital buildings. Staff are expected to wear the mask at all times in public areas and when walking between buildings.

Fit testing for new brands of N95s is being conducted on Menino 2 Conference Rooms A&B from 6am – 7:30pm Monday – Friday and 6am – 6pm

Staff will be given one N95 mask per shift, and will keep it in a Tupperware container between uses. Any contamination, soiling, or breakage of an N95 mask will result in a new one being issued. At the end of the shift, staff can discard used N95 masks into the designated container on the floor for recycling.

Instructions on Tupperware usage can be found at: <https://internal.bmc.org/departments/emergency-management/covid-19-and-flu>

All N95s will be decontaminated with an offsite party and recirculated.

Donning and Doffing

Instructional video is available at <https://internal.bmc.org/departments/emergency-management/covid-19-and-flu>

Demonstration sessions are being conducted with fit testing in Menino 2 Conference Rooms A&B from 6am – 7:30pm Monday – Friday and 6am – 6pm

Staffing Contingencies (in development)

- Employee illness will be monitored and tracked
- Use of proper PPE
- Each department should identify and prioritize the critical tasks necessary for departmental operations to ensure sufficient staffing for critical operations
- If conditions become extreme, degradation of some services may become needed
- If conditions become extreme, reduction of elective services and redeployment of staff may be needed.

VII. Supply Conservation

Worldwide demand coupled with the concentration of manufacturing for precaution PPE (N95 masks in particular) in China have created the need for strict conservation of these supplies.

BMC maintains and is monitoring the use of our stockpile of PPE

BMC is actively working with local and state emergency preparedness professionals for access to the federal stockpiles

Resource conservation will continue for the duration of the outbreak

- Areas not normally stocked with PPE will need approval by the Logistics Chief prior to distribution
- N95 and surgical masks should be reused until wet, damaged, or when a seal cannot be obtained
- Each area with airborne isolation rooms will be given a small supply of N95 masks for airborne precautions and chemo agent administration
- Supply will be secured in the medication rooms
- Additional resupply of PPE must be requested by the Nurse Manager through EPIC
- Outpatient areas have been provided with PPE kits to use in the event that they have a patient of concern.
- Replacement of the PPE kits must be ordered by the nursing director for ambulatory care.

VIII. COVID-19 Testing

Criteria for Testing for COVID:

BMC now has in-house COVID-19 testing. We have updated the testing approach for all patients. This information will be available on the Emergency Management section of the Hub and posted on our external website at <https://www.bmc.org/covid-19-information-employees> for off campus access.

Who to Test (unchanged from March 15):

MA DPH Guidelines for COVID-19 have been expanded. Testing for patients with fever and/or respiratory illness no longer requires prior approval by MA DPH or by ID. MA DPH guidance for testing can be found here: <https://www.mass.gov/doc/covid-19-pui-criteria/download>.

A brief summary of new testing criteria guidelines is shown below:

- Hospitalized patient with fever and pneumonia/ARDS
- Healthcare worker/EMT with fever or signs/symptoms of respiratory illness
- Close contact in home WITH fever and signs/symptoms of lower respiratory tract illness (e.g., cough, shortness of breath, pneumonia).
- Travel from Level 3 area WITH fever and lower respiratory tract symptoms

How to Test:

- Testing will be performed **at BMC on a single nasopharyngeal swab.**
- Turnaround time is expected to be 6-8 hours after receipt by the laboratory.

Results

- Results will be available in Epic
- For patients admitted at the time of the result, the lab will page the inpatient team with positive results (and the ID fellow for ICU patients)
- For discharged or ambulatory patients, a centralized nursing team will call patients with all COVID-19 results
- Results will release to MyChart

ED and Inpatient Order Panel

- Collect a **single nasopharyngeal swab** (NP) submitted in a viral transport tube (UTM or VTM) to test for COVID-19 **and** the Comprehensive Respiratory Panel (from the same swab).
- Be sure to label the tube with the patient label and small label. If it is not a nasopharyngeal source, note it on the label.
- If the patient had a swab done for COVID-19 in ILI clinic before arriving to the ED on the same day, order the comprehensive respiratory panel as an add-on test. **DO NOT RE-SWAB THE PATIENT.**

COVID-19 Order Panel ✔ Accept

1. Use BMC criteria (link below) to evaluate patient appropriateness for testing
 2. Result will appear in Epic when returned from the testing facility. Please follow the result notification process found on the BMC Emergency Preparedness Algorithms website below.

BMC Emergency Preparedness Algorithms

COVID19 Testing Guidelines Acknowledgement

I have reviewed and am following BMC criteria to evaluate patient appropriateness for testing.
[Order details](#)

BMC IP COVID-19 Order Set Preferred / High Risk Testing

Preferred / High Risk Testing - BOTH TESTS RUN ON SAME NP SWAB
 Place 1 large label and 1 small label on a single tube.

SARS CoV-2 (Novel Coronavirus 2019, COVID-19), RT-PCR
 STAT, First occurrence today at 1422
 Nasopharyngeal

Comprehensive Respiratory Panel, PCR
 STAT, First occurrence today at 1422
 Nasopharyngeal

Additional Testing (if clinically warranted or instructed to send)

- If sending a sputum or BAL sample is clinically warranted, you can choose those options under “Additional Testing.” These will be **sent to MDPH still and require the MDPH form**, which is linked in the order panel

COVID-19 Order Panel ✔ Accept

1. Use BMC criteria (link below) to evaluate patient appropriateness for testing
 2. Result will appear in Epic when returned from the testing facility. Please follow the result notification process found on the BMC Emergency Preparedness Algorithms website below.

BMC Emergency Preparedness Algorithms

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Preferred / High Risk Testing - BOTH TESTS RUN ON SAME NP SWAB
 Place 1 large label and 1 small label on a single tube.

SARS CoV-2 (Novel Coronavirus 2019, COVID-19), RT-PCR
 STAT, First occurrence today at 1422
 Nasopharyngeal

Comprehensive Respiratory Panel, PCR
 STAT, First occurrence today at 1422
 Nasopharyngeal

Additional Testing (if clinically warranted or instructed to send)

Collect 2nd NP sample in its own tube if also ordering Comprehensive Respiratory Panel.

MDPH form is required – 1 per specimen
 Follow link below to print the MDPH form
MUST COMPLETE: clinician name/pager (bottom of box 3), and patient name, DOB and address
 Additional clinical information appreciated but not required

MDPH Submission Form

COVID-19 Bronchoalveolar lavage, PCR
 STAT, Bronchoalveolar Lavage

COVID-19 Sputum, PCR
 STAT, Sputum

ⓘ Next Required ✔ Accept

ILI Clinic Order Panel

- Collect a single Nasopharyngeal swab (NP) submitted in a viral transport tube (UTM or VTM) to test for COVID-19 and Flu/RSV (from the same swab).
- Be sure to label the tube with the patient label and small label. If it is not a nasopharyngeal source, note it on the label.



IX. Patient Messaging

MyChart and Medumo Blast – Medumo captures all patients who have an email or cell phone on file:

As your health care provider, BMC is concerned about your health and reaching out about COVID-19 to protect you. If you have symptoms such as a cough, fever or shortness of breath, call your Primary Care office before coming into the hospital. More information on COVID-19 can be found here.

Spanish:

BMC, como su proveedor de cuidados de salud, se preocupa por su bienestar y lo está contactando con respecto al COVID-19 para protegerlo. Si tiene síntomas como tos, fiebre o dificultad para respirar llame a su doctor de cabecera antes de venir al hospital. Puede conseguir más información acerca del COVID-19 aquí

Haitian Creole

BMC, kom founisè swen santé, inkiété ampil sou zafè santé nou ak korona viris la (COVID-19), é vinn jwen ou pouk a pwoteje w kont li. Si nou santi kek sèntom tankou lafyè, tous ak souf anlè, rélé doktè nou anvan nou vinn lopital la. Nou ka jwen plis enfomasyon sou korona viris la oswa (COVID-19) nan

Portuguese

Como seu profissional de saúde, o BMC preocupa-se com sua saúde e gostaria de informá-lo sobre o corona virus COVID-19 para protegê-lo. Se você tiver sintomas como tosse, febre e falta de ar, ligue para a clinica de atendimento primário antes de ir ao seu consultório médico ou atendimento de emergência. Mais informações sobre o COVID-19 podem ser encontradas aqui.

Vietnamese

Là nhà cung cấp dịch vụ chăm sóc sức khỏe của bạn, BMC quan tâm đến sức khỏe của bạn và đang liên hệ với bạn về COVID-19 để bảo vệ bạn. Nếu bạn có các triệu chứng như ho, sốt hoặc khó thở, hãy gọi cho văn phòng Chăm Sóc Chính trước khi đến bệnh viện. Thông tin thêm về COVID-19 có thể được tìm thấy ở đây

MyChart and Medumo appointment reminder:

If you have symptoms such as a cough with fever and have a non-urgent appointment scheduled, please call to reschedule to help prevent the spread of influenza like illnesses. If you have these symptoms and feel you need to be seen, call your Primary Care physician's office before you come to the hospital.

Phone hold message:

If you are experiencing symptoms such as a cough with fever and have a non-urgent appointment scheduled, please hold to reschedule in order to help prevent the spread of influenza like illnesses. If you have these symptoms and feel you need to be seen, please call your Primary Care physician's office before you come to the hospital.

There are simple everyday preventive actions to help prevent the spread of viruses like COVID-19 and the flu. These include:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose and mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.
- Stay home if you are sick.

X. Negative flow area check list

Negative Pressure Check List –
5th Floor MICU A

- Seal all returns in rooms which are identified with Blue Tape (this does not include the EXISTING negative pressure room)
- Open door on roof via the Infill AHU 300 Door
- Secure door so wind does not damage
- Seal blow up Anti-Room in hallway
- Start both negative pressure fans in room
- Confirm negative pressure at Anti-Room divider with a tissue test

XI. ED Screening and Cohorting

Emergency Department: COVID19 Response

Stage 1: Cases in the world

Stage 2: 100 confirmed cases in state of MA

Stage 3: 200 confirmed cases in state of MA

Stage 4: 300+ confirmed cases in state of MA - extreme restrictions on entry for patients and staff

Stage 1: Cases in the World

Patient Arrival and Screening:

Patient self presents in ED.

- If positive screen at registration, patient masked and put in isolation room
- If negative screen, registration and triage process normal

Patient is directed to ED from outside CHC/Health due to positive screen

- Attempt to meet patient outside of ED, mask, and move to isolation room

Stage 1.5

Patients directed to ED from outside CHC/Health systems due to private screen

Patients will be sent to the decon tent on Albany Street in front of the Emergency Department to triage patients with a positive screen

If patient has a minor illness and is ambulatory, the patient will be evaluated, tested in the tent, and discharged home

If the patient has a moderate to severe illness, the patient will be moved from the tent and placed in an isolation room or other applicable area

Staffing

The tent will not be permanently staffed. The Attending and Nurse will go into the tent as needed and notified.

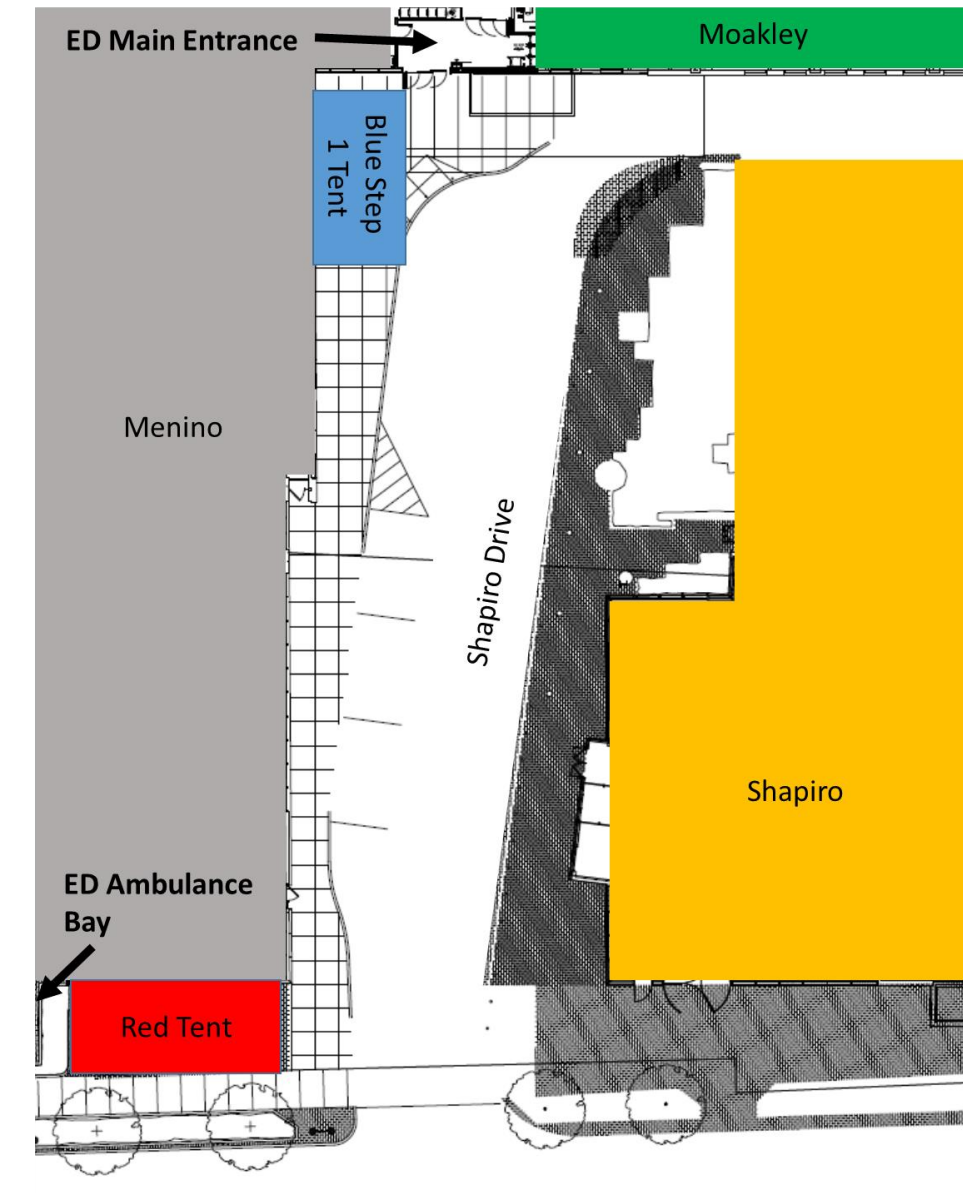
Equipment:

Equipment will be moved to the tent as needed

Cleaning:

Any piece of equipment that is used in the tent while a patient is present will be cleaned using purple top wipes before being re-entered into the hospital

Stage 2: 100 confirmed cases in State of MA



The Blue Decon Tent will be deployed to Shapiro Driveway in front of the main ED entrance to act as Step 1 Triage.

Patients will arrive at the tent and will be screened for symptoms

Negative Screen Criteria

- Patient arrives with ED for FT appropriate symptoms
- Patient does not report mild ILI/URI (no cough, no fever, no runny nose)
- Patient does not report positive COVID-19 contact
- Patient does not report any travel to positive areas
- Patient will be sent through the main entrance to start normal registration and triage process

Negative Screen ILI/URI – Patient >50 y/o Criteria

- Patient reports mild ILI/URI including cough, fever, runny nose

- Patient reports moderate to severe ILI/URI symptoms
- Patient will be masked and sent through the main entrance to ED waiting room to start normal registration process and triage process

Positive COVID-19 Screen Criteria

- Using the BMC COVID-19 Screening Criteria, patient has screened positive with travel to CDC recognized affected areas, or positive contact with a known COVID-19 patient
- **Patient appears in distress and will likely need treatment and further evaluation**
- The Charger Nurse will be notified, and a negative pressure room will be cleared if possible, if not a private room will be cleared if possible
- The patient will be masked and sent through the main entrance to the ED waiting room, where they will be met by triage nurse and brought back to the assigned room

Positive COVID-19 Screen for Red Tent

- Patient is <50 y/o and screened positive using BMC COVID-19 Screening Criteria
- Patient appears well and is ambulatory
- The patient will be masked and sent to the Red Tent-Positive Screening Section for evaluation, testing, and discharge

Positive ILI/URI Screen Criteria

- Patient reports with mild ILI/URI symptoms of cough, fever, runny nose
- Patient does not report positive COVID-19 contact or any travel to positive areas
- Patient will be masked and sent to the Red Tent-Negative Screening Section for evaluation, testing if deemed necessary, and discharge

Registration

- Registration will occur outside of the tent
- Option 1: Use of handwritten quick registration sheet for registration process
- Use of ED iPhones for Face Time for face to face communication

Staffing

- ED Attending, with ability to call Pedi Attending if needed for Pedi patients
- 2 RNS
- 1 CNA

Equipment

- 2 PAPRs
- PPE Cart
- 1 stretcher outside of tent
- 8 Chairs (plastic or solid vinyl)
- 2 bedside tables

All equipment should be cleared using Purple Top wipes between each patient.

Cohorting ILI/URI Symptom Patients

Patients who arrive with ILI or URI symptoms who have a negative screen who cannot be immediately discharged home may be cohorted into a single side of the ED

A physical barrier will be set up in the main ED waiting room to separate patients with ILI/URI symptoms who are waiting to be seen. This area will be designated for all masked patients to sit to separate them from the rest of the ED. Signage will be placed to notify patients of which area to sit in. Assistance from Public Safety may be requested to ensure that patients are sitting in the correct area.

Stage 3: 200 confirmed cases in State of MA

Front end triage will occur in the blue tent in the Shapiro Driveway in anticipation of larger numbers of patient arrivals.

Positive Screen

If the patient screens positive and has a minor illness and is ambulatory, the patient will be directed to the Shapiro lobby ILI for further evaluation, testing, and discharge

If the patient has a moderate to severe illness the patient will be moved from the tent through the Ambulance Bay and placed in an isolation room or other applicable area

Negative Screen

The patient will proceed to the ED for normal triage and registration

Stage 4: 300 confirmed cases in State of MA

- **In development**

Cohorting Patients in the ED:

The ED will cohort patients with negative screens who present with ILI/URI symptoms who cannot be discharged immediately to the smallest pod, with the least disruption to capacity. They can be attended to on the weekends by B side staff. All B Side hallway patients will be eliminated during this time.

Patients will be cohorted for ILI symptoms but do not meeting COVID-19 screening guidelines

Quick Registration Form

MEDICAL SCREENING

Date _____ Time _____ Existing BMC Patient Y/N

Last Name _____ First Name _____ Sex : M_F_G
D.O.B _____

Address _____ Zip Code _____

Contact Phone # _____

Marital Status __S__ M__D__
Preferred Language _____

Insurance Carrier _____

Emergency Contact

Name _____

Phone # _____

Relationship _____

Registration Contact Number: If needed for follow up
(857) 292-9418

XII. ILI Clinic Operations

Boston Medical Center COVID19 Response, Fever/ILI Clinic Operations

Date of last update: Sunday, March 15, 2020 – 9:45 PM

1. Clinical Guidelines and Disposition for Hospital Access Point Screening -

	Symptomatic/ Unwell	Asymptomatic/ Well
>=100.4 temp	<u>Patient</u> : Mask + ILI clinic <u>Visitor</u> : Mask + Home	<u>Patient</u> : Mask + ILI clinic <u>Visitor</u> : Mask + Home
<100.4 temp	<u>Patient</u> : Mask + ILI clinic <u>Visitor</u> : Mask + Home	<u>Patient</u> : Business as usual <u>Visitor</u> : Current Visitor Policy

2. ILI Clinic / Ambulatory Surge Guidelines-

- a. Patients arrive ONLY via the following methods until testing is available more broadly:
 - i. Per ED ILI triage guidelines, patient arrives masked and referred by ED ILI triage if:

1. Patient <=65
 2. Pulse ox >93%
 - ii. Patient arrives masked and referred from entrance screeners if
 1. Temp >= 100.4
 2. Patient is Symptomatic / Unwell
 - iii. Patient arrives masked and referred from clinic if BMC COVID 19 testing guidelines are met and testing is deemed necessary by Ambulatory testing algorithm
This is TBD, additional operational support and clinic awareness required
- b. Location:
- i. Shapiro Lobby (Effective 3/16/2020)
 - ii. Yawkey Lobby (Effective _____)
 - iii. Tent on Yawkey/Menino side (Effective _____)
- c. Hours:
- i. 7:30A - 8:15P (staffed by Primary Care; open for patient arrivals 8A-8P)
 - ii. 8P - 7:30A (Patient reports to ED)
- d. EPIC Operations:
- i. Epic DEPs
 1. Shapiro Lobby: SHA ILI
 2. Tent on Yawkey/Menino side: TBD
 - ii. Access: All staff (MAs, Providers, Operations) need Ambulatory Epic Access
 - iii. Screening Tools: Travel Screening Operational, updated as CDC recommendations warrant
Point of Contact: Rebecca Mishuris
Relevant Document: [EMerge Travel Screening Tip Sheet, Registration](#)
 - iv. Registration Functionality: Quick registration will be utilized with back end complete registration completed by Revenue Cycle.
Point of Contact: Joseph Ianelli
Relevant Tip Sheet: [ILI Clinic New Patient Registration](#)
Relevant Tip Sheet: [ILI Clinic Existing Patient Registration](#)
Relevant Document: See Appendix I
 - v. Testing Order Sets: Must be available from all relevant locations, all providers must have access. Ideally providers will have set to favorites / quick access
Point of Contact: Rebecca Mishuris
Relevant Tip Sheet: [ILI Clinic Encounter, MD](#)
 - vi. After Visit Summary: To include COVID 19 precautions, CDC Guidelines, patient education, contact information for additional support and visit summary.
Point of Contact: Rebecca Mishuris
Relevant Document: [COVIDavs.PDF](#)

- vii. Patient Tracking: Workbench report + ICD10 Codes to be used to track identified patients / tested patients. Will incorporate into daily census
- e. IT Hardware:
- i. Regular printer
 - ii. Label printer
 - iii. WOWs: n = 1 per provider staffing ILI clinic location
 - iv. Cyrcom Phones: n = 2 per ILI clinic location; one labeled 'Clean' for registration, one labeled 'Hot' for use during screening
- f. Required Equipment and Supplies:
- i. Chairs, placed at least 6 feet apart
 - ii. Dividers / Privacy screens
 - iii. Vital machines: At least one per MA/Provider team, with disposable thermometer shields
 - iv. Testing supplies, including bags for proper bagging procedure
Point of Contact: Jason Worcester, MD
Relevant Document: Boston Medical Center, COVID19 Lab Testing Guidelines;
See Appendix II
 - v. Need mobile carts to hold supplies: Must have adequate number considering MA/Provider teams and 'Clean' verses 'Hot' supplies
 - vi. Office Supplies: Scissors, Index Cards, Tape, Markers, Plain Printer Paper
 - vii. Tyvek Wristbands to identify patient transfers to ED
 - viii. Signage: Multilingual guidance for patients, guiding them to proper queues
 - ix. Communication:
 - 1. Location of Clinic
 - 2. Process for Referral
 - 3. Hours of Operations
 - 4. Inclusion / Exclusion of patient types
 - 5. Communication with collaborating departments
 - a) Emergency Department
 - b) Lab
 - c) Emergency Management
 - d) Environmental Services / Support Services
 - x. Hand Hygiene: Designate facility for handwashing, prop door open
Shapiro ILI Clinic: Shapiro Lobby Men's Restroom, with signage
Yawkey ILI Clinic: TBD
Yawkey Tent: TBD
Menino Tent: TBD
 - xi. Staff Restrooms: Designate facility for staff
Shapiro ILI Clinic: Shapiro Lobby Women's Restroom, with signage
Yawkey ILI Clinic: TBD
Yawkey Tent: TBD
Menino Tent: TBD
- g. Staffing:
- i. Operational Leadership
 - 1. Operations Manager + Escalation Plan

2. Point of Contact in Incident Command Center
- ii. Provider Coverage
 1. MDs/Residents/NPs
 2. Family Medicine vs. Internal Medicine = Pediatric Considerations
 - iii. Medical Assistants
 1. Must meet criteria: Individuals that are not at elevated risk / immunocompromised or those who live/care for immunocompromised individuals
 2. Must be able to vitalize patients
 3. Bi-Lingual capabilities preferred
 - iv. Registration
 1. Must meet criteria: Individuals that are not at elevated risk / immunocompromised or those who live/care for immunocompromised individuals
 2. Bi-Lingual capabilities preferred
 3. Familiarity with Epic recommended
 4. Can be substituted by MA Quick Reg Workflow, if operational
- h. Regulatory, Precautionary Protocols and Processes:
- i. MAs, Providers, Staff should be fit tested for N95 Respirator
 1. OSHA Respirator Medical Evaluation Questionnaire to be completed
Point of Contact: Cathy Korn
Relevant Document: BMC_Respiratory Medicine Eval Questionnaire_OSHAptA.docx
 - ii. All ILI Clinic Staff should have working knowledge of donning/doffing required PPE in accordance with active precautions
 1. PPE does not need to be changed between patients. Only gloves need to be changed.
 2. PPE training will be conducted for providers by RN educators
 3. Replenishment of PPE supply should be requested through Incident Command Center
Point of Contact: Cathy Korn
Relevant Tip Sheet: [Donning and Doffing for COVID – 19](#)
 - iii. Testing Guidelines for Sample Handling
 1. COVID 19 Lab Testing Guidelines should be followed
 2. Proper Bagging Technique should be followed
Point of Contact: Jason Worcester, MD
Relevant Document: Boston Medical Center, COVID19 Lab Testing Guidelines;
See Appendix II and Appendix III
 - iv. Testing Follow Up
 1. A centralized model will be utilized, operationalized via Epic Workqueue
 2. Ordering ILI Clinic Provider / Support Staff will be accountable for all resulting and follow up of COVID 19 results
Point of Contact: _____

3. ILI Clinic Operating Procedure:

- a. Clinic Set Up:
 - i. 'Hot' areas / personnel: Comes in contact with patient

- ii. 'Clean' areas / personnel: No direct contact with patient
- b. Workflow:
- i. 'Clean' Registration
 1. Masked patients are directed to registration desk
 2. Quick registration is completed
 3. Epic encounter is created
 4. Travel Screening is completed
 5. Patient Labels are printed and placed on Index Card
 6. Index Card is handed to patient with instructions to retain card
 7. Patients are directed to either ILI clinic seat or overflow waiting area

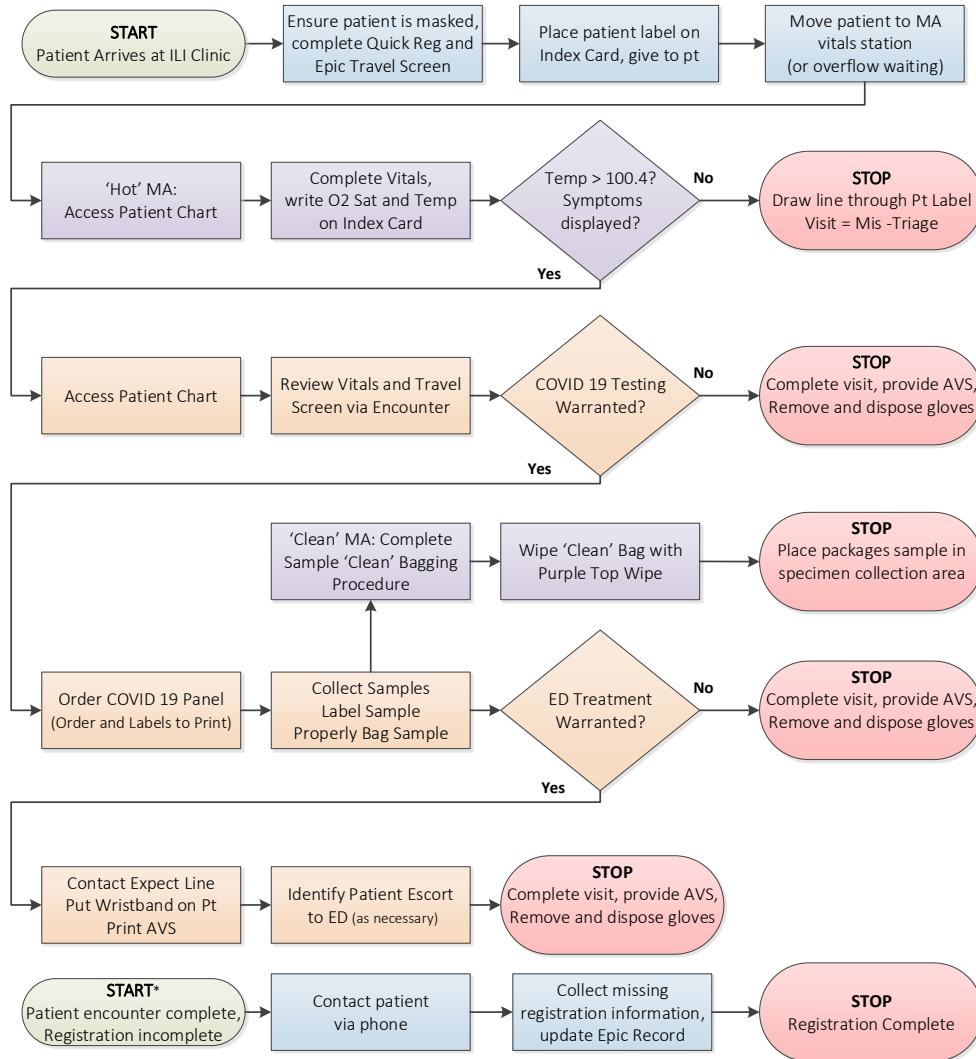
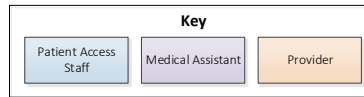
 - ii. 'Hot' Medical Assistant
 1. Collects Index Card from Patient, completes patient verification, using 2 identifiers
 2. O2 Sat and Temperature obtained, BP if necessary
 3. Vitals are recorded on Index Card
 4. If vitals do not meet ILI Clinic criteria, draw line through patient label (Mis-Triage)
Relevant Tip Sheet: [ILI Clinic Encounter, MA](#)

 - iii. 'Hot' Provider
 1. Wearing PPE, per BMC Protocol, in accordance with current precautions, and new outer gloves for each patient, obtains Index Card with patient label and Vitals
 2. Uses 'Hot' COW (and Cyracom if necessary) to access Epic and find patient encounter
 3. Enters Vital Signs found on Index Card
 4. Completes clinical questionnaire in Epic Note
 5. Determines whether COVID 19 Testing is appropriate, using Testing Algorithm as guide
 6. If Testing Not Indicated: Provide patient with wellness instructions, AVS and complete encounter
 7. If Testing Indicated: Uses COVID 19 order set within Epic Encounter. This is a smart set. Labels for Lab samples print (may require manual print, dependent on location)
 8. Place lab label on sample vial, confirming patient name and DOB to confirm identity
 9. Obtain N/P swab
 10. Cap vial and confirm closed
 11. Follow proper bagging procedures and hand off to 'Clean' MA
 12. Provide patient with final instructions, AVS and complete encounter
 13. If Emergency care is required place Tyvek Wristband on patient and discharge to ED
Relevant Tip Sheet: [ILI Clinic Encounter, MD](#)

 - iv. 'Clean' Medical Assistant
 1. Handles Lab Sample, once in 'Clean' Bag and follows 'Clean' bagging procedure
Point of Contact: Jason Worcester, MD
Relevant Document: Boston Medical Center, COVID19 Lab Testing Guidelines;
See Appendix II

 - v. Visio Flow of Clinic Operations

ILI Clinic Patient Flow / Staff Handoffs



*If Patient proceeds to Emergency Department or is Admitted after ILI Clinic visit, Registration will follow standard information gathering processes

XIII. East Newton Campus

BMC has opened the East Newton Pavillion as a shelter for COVID patients experiencing homelessness who otherwise could have been discharged

Boston Medical Center will now be accepting referrals for patients to the East Newton campus.

Appropriate patients are:

- Those experiencing homelessness
 - *And* are confirmed COVID+
 - *And* are clinically stable (*see full admission criteria in referral on next page*)
 - Do not need hospital level of care
 - Are independent with their ADLs and able to self-administer their medication
 - Do not have ongoing clinical needs (e.g., HD, CPAP/BiPAP, O2 requirement)
- We will be able to accept patients on methadone or buprenorphine with prior notification and set-up
 - Patients taking methadone must be a client of either HCRC Boston (23 Bradston Street) or Habit OPCO Boston (99 Topeka Street) to be admitted
 - It is also acceptable if the patient is a client at another methadone clinic if guest-dosing has been arranged at either HCRC Boston or Habit OPCO Boston

Workflow:

- If you have an appropriate patient for East Newton, please follow the below:
 - Call 617-638-7650 to speak with the East Newton admitting team; registration hours are 7am-7pm daily.
 - Please have patient name, date of birth, and gender
 - Please fill out the below form and fax to 617-414-3880
 - If the answer to any of the clinical questions is “yes” – please explain for patient to be considered for admission
 - If you do not have access to a fax machine, you will be asked these questions over the phone
 - Admitting team will validate patient and bed availability
 - Expect call back within 20 minutes
 - If patient is accepted:
 - Please text or call Daniel Iger @ 646-779-7797 with passenger and destination locations to book a cab ride
 - Address of East Newton:
 - 88 E Newton St Boston, MA 02118
 - The patient will not be billed for this ride
 - When patient transportation is confirmed, call for clinical hand-off and report
 - Call 617-638-7650, ask to speak with accepting clinical team

Last Name: _____

First Name: _____

Sex: _____

Date of Birth: _____

Social Security # (optional): _____

Contact Phone # _____

Mailing Address: _____
 Street City Zip Code

Marital Status Single Married Divorced

Language: _____

Emergency Contact: Name: Phone: Relationship:

Logistics questionnaire			
Where are you calling from?	BMC (specify unit) / BMC ED / External facility: _____		
What is the patient's COVID status?	Positive / Negative / Pending		
What is patient's housing status?	Stays in shelter? <input type="checkbox"/>	Housed, but unable to return home due to risk of infecting co-habitants? <input type="checkbox"/>	
Is patient on Methadone for the treatment of opioid use disorder?	Yes / No	If yes, what clinic do they attend?	
Patient clinical status questionnaire			
If answer to any question is "YES" – please provide explanation for patient to be considered			
Has patient had a temperature of higher than 102.5F / 39C in the last 24h?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Has patient had an O2 Sat of less than 90 without supplemental oxygen in the last 24h?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 24h unknown (in the ED), does patient have an O2 Sat of less than 93 without supplemental oxygen?
Does patient have respiratory distress?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is patient's heart rate greater than 105?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is patient unable to ambulate, ADL, and self-medicate independently? (Wheel-chair bound OK if independent)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is patient being concurrently treated for any other acute transmissible infectious illness (e.g., C Diff, norovirus, influenza)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Signature: _____

Contact #: _____

XIV. EPIC Tools

All information regarding EPIC including the latest protocols can be found at:

<https://internal.bmc.org/departments/emerge/announcements-get-latest-epic-covid19-changes>