SAN BERNARDINO COUNTY | COVID-19 Response

Treatment Guidelines for Patients at San Bernardino Alternate Care Site (ACS): National Orange Show (NOS)

For Patients with NON-Severe COVID-19, Stable PUIs, and Minor Medical Non-COVID Patients

Last Updated 4/13/20

General Patient Care and Monitoring

- Patients do not require daily rounding notes, labs, or imaging unless otherwise specified by a medical provider
- If a patient presents to medical staff, patient encounter documentation must be completed and vital signs must be documented
- All medications or treatments that are administered must be documented/recorded
    - Please inform site coordinator or Incident Command for low or no supplies/medication, or if appropriate medication is not available
- Patients not requiring supplemental oxygen must have vital signs taken at least once during each 12-hour shift; if requiring supplemental oxygen, vital signs must be conducted every 6 hours
    - Any abnormal vital signs must be immediately reported to an on-site medical provider. These include, but are not limited to:
        - HR > 110 bpm
        - SBP < 90 or SBP/DBP >180/110
        - RR > 24 (or labored breathing)
        - SpO2 < 92% at rest
        - Fever >100.4 or new respiratory/flu-like symptoms in non-COVID medical treatment area
        - Fever >104F in any treatment area
- Patients will arrive with hospital discharge instructions; these should be followed within the capabilities of the facility and staff, unless removed or altered by a medical provider
- Patients complaining of new chest pain, worsening or new shortness of breath, or new onset of palpitations should receive a STAT ECG and an on-site medical provider must be notified

Patients Requiring Supplemental Oxygen

- Must arrive requiring no more than 4 L/m to maintain resting SpO2 of at least 92%
    - If oxygen requirement exceeds 4 L/m, an on-site medical provider must be notified immediately
- Must have vital signs taken at least every 6 hours
- Will be provided with portable oxygen tanks as needed to go to restroom or otherwise leave their immediate treatment area
- Must have pulse oximetry and other vital signs taken with any change in condition

- Will be evaluated each shift for discontinuation of oxygen use; to discontinue oxygen use, patients must:
    - Maintain SpO2 >92% at rest on room air
    - Have normal work of breathing
    - Have stable vital signs for at least 24 hours
    - Be able to perform ADLs without significant dyspnea

Upgrading/Transporting Patients to the Hospital

- On-site medical providers have discretion to request transport to the hospital as they deem appropriate; the site medical director should be informed of all patients being transported to the hospital
- Patients should be transported to the sending or closest appropriate hospital if their clinical status deteriorates beyond the ACS capacity to treat, or if their anticipated clinical course will require care beyond the capability of the ACS
    - When possible, attempt should be made to return patients to their sending facility, unless patient acuity requires closer or more specialized care; patient transport destination must remain in compliance with ICEMA protocols
- All transports to the hospital must be done by ambulance; ALS or BLS level transport will be determined by on-site provider
- If a patient is deemed to be critical or rapidly deteriorates and no on-site or assigned ambulance is available, the 911 system may be used to obtain emergent transport
- For all transported patients to the hospital, the receiving hospital and/or base station must be notified, and a provider-to-provider ("doc-to-doc") report must be given
- All patients transported must have a medical note that accompanies them delineating the reason for transfer, comorbid conditions, COVID-19 testing status, and most recent vital signs; if possible, patients should also be sent with the medical/treatment records
- The on-site provider does NOT need to accompany the patient to the hospital; this puts undue strain on the medical staffing at the facility and poses a potential danger to patients; however, they may do so at their discretion if another provider is able to accommodate their workload/take over responsibility for their treatment area

Isolation Procedures

- All medical staff must enter the site via the designated Cold Zone entrances
    - Medical ID must be presented when entering and exiting, and should be worn at all times
- All patients transported to/from NOS will enter/exit through Warm Zone gates only
- Visitors will not be allowed on premises
- Moving between Hot or Warm Zones and the Cold Zone must be done through one of the designated Donning/Doffing (D/D) areas, unless escorting a patient from one treatment area to another
    - Except for face masks, all PPE must be taken off within the D/D area and disposed of in appropriate waste containers
    - Donning/doffing procedure should follow CDC/WHO guidelines and all staff entering treatment areas/Warm/Hot Zones must be appropriately trained prior to working in those areas

    - When escorting patients from one treatment area to another, providers from one treatment area may not enter another area without changing PPE; medical staff from the receiving area should meet the patient/sending staff member to accept care without crossing zones
- Patients may not leave their respective treatment areas or move between treatment areas, unless escorted by medical staff, and only under extenuating circumstances after provider or medical director approval
    - Patients who are in the PUI treatment area may be moved to the non-COVID medical treatment area if appropriate based on *negative* COVID-19 testing, if no acute symptoms or fever for >72 hours without antipyretic medication, and only if symptom onset was > 7 days prior
    - Patients in the PUI area may be moved to COVID+ treatment area after *positive* COVID-19 test result if care is still required and/or the patient cannot be discharged to home/self-isolation
    - Patients in the non-COVID medical treatment area may be moved to PUI treatment area and tested for COVID-19 if they become symptomatic or febrile, after provider evaluation
- Patients may **NOT** pass through the Cold Zone **at any time**
- Personal effects, food, drinks etc. should not be brought into patient treatment areas; or into the Hot or Warm Zones
- Items brought into the Warm or Hot Zones by staff that will be taken back out after their shift must be wiped down with disinfectant/antiviral wipe, foam, or spray before exiting
- In the PUI and COVID+ treatment zones, droplet PPE precautions must be followed at all times. This includes:
    - N95 or higher face mask, or CAPR/PAPR
    - Eye shield
    - Gown
    - Gloves
- Medical staff should be provided one N95 per person, per day and surgical masks over top to exchange, as resources allow;
- Staff in non-COVID medical treatment area can wear surgical masks alone
- Staff must use restrooms in Cold Zone after appropriately exiting treatment areas with proper D/D procedure
- Staff members may not move between treatment areas (COVID+, PUI, and non-COVID medical without doffing PPE and donning clean PPE and moving through the Cold Zone
- Minimal staff should be involved for any aerosol-generating procedures (endotracheal intubation, suctioning, positive pressure ventilation); this should include:
    - Physician/provider
    - Nurse
    - RT
    - Others as deemed necessary on a case-by-case basis
- Aerosol-generating procedures should be minimized
    - Patients undergoing such procedures should be separated from other patients in their respective treatment area
- Aerosol-generating procedures should be performed in the negative pressure/HEPA-filtered tents or rooms whenever possible

    - In a code blue/cardiac or respiratory arrest, the patient should be moved onto a gurney and taken to isolation tent/room as soon as possible with consideration of covering the patient's head/face while being transported through patient treatment areas
    - Intubation should only occur in negative pressure/HEPA-filtered tents/rooms
    - If a patient is going to be transported by EMS, care should be taken to minimize passage through patient care areas when moving to the ambulance
    - Crash carts, ventilators, and ACLS medications should be stationed near, but outside the negative pressure/HEPA-filtered isolation rooms/tents and only essential items be brought inside
- In a cardiac arrest situation, termination of resuscitation should be considered after 20 minutes with no return of spontaneous circulation (ROSC), especially if patient is in asystole, if EMS transport has not arrived or is unavailable
- Nebulizer-based treatments should be avoided when possible; MDIs should be used preferentially
- Medical staff members who develop a fever or respiratory/flu-like symptoms must not come to work or discontinue work immediately and report their symptoms to the medical director; if possible, the on-site provider will arrange for COVID-19 testing at ARMC and the affected staff member will be sent home for self-quarantine or transport to the hospital as appropriate

Discharge Guidelines

Patients may only be released from the NOS ACS by an on-site medical provider or following online medical direction. In order to be released from the facility, all patients MUST:

1. Undergo provider exam no more than 6 hours prior to discharge with corresponding documentation
2. Have an appropriate discharge destination such as home with appropriate care and ability to follow-up, or accepting long-term care facility, assisted living, etc.
    a. Social work or Case Management should be consulted for any existing or foreseeable discharge complications, or to provide patient resources
3. Not require supplemental oxygen (unless used at patient baseline for condition other than COVID-19)
    a. If the patient is on continuous oxygen at home, they must be at their baseline flow rate prior to discharge
4. Have stable vital signs for at least 48 hours
5. For COVID+ treatment area, must be > 7 days from symptom onset, have symptom resolution and be afebrile for > 72 hours without the use of antipyretic medication
    a. If patients have stable vital signs and only minor symptoms for > 48 hours, but are less than 7 days after symptom onset, they may be discharged after provider evaluation ***IF*** they have a disposition plan that includes further self-isolation and do not require oxygen or other medical care, and meet all other discharge requirements
6. Have appropriate follow-up arrangements made
7. Have all appropriate medications supplied until follow-up appointment, or a prescription for necessary medications and the ability to get that prescription filled

Upon discharge, patients should be given appropriate discharge and follow-up instructions, and instructions to return to the hospital with new or worsening conditions. Patients are to exit through the designated Warm Zone gates ONLY.