

- 1.2.4.1.1.3. Expand ICU to 8 beds
- 1.2.4.1.1.4. Transition PACU to 6 ICU beds
 - 1.2.4.1.1.4.1. PACU services to be conducted in Same Day Surgery
- 1.2.4.1.1.5. Expand Med/Surg Storage Room (Ward Room) to 4-6 beds ICU beds
 - 1.2.4.1.1.5.1. Move storage to an unused med surg room
 - 1.2.4.1.1.5.1.1. Storage will be moved to an alternate location if the med surg room becomes necessary for patient care purposes
- 1.2.4.2. Staffing Considerations
 - 1.2.4.2.1. Staffing to be monitored and managed at Incident Command
 - 1.2.4.2.2. Non-licensed staff can support EVS/Laundry
 - 1.2.4.2.3. ICU – 8 beds
 - 1.2.4.2.3.1. 4 patients per RN
 - 1.2.4.2.4. PACU – 6 beds
 - 1.2.4.2.4.1. 3 patients per PACU RN and Group 3 pool
 - 1.2.4.2.4.2. Additional staffing options: close down SDS, Endo, Non-emergent surgery staff, Pain Clinic (restricted hours), Wound Center (restricted hours), Outpatient Clinics (restricted hours)
 - 1.2.4.2.5. Med Surg – 4-6 beds
 - 1.2.4.2.5.1. 4 patients per RN staffed from Group 3 pool
 - 1.2.4.2.5.2. Additional staffing options: close down SDS, Endo, Non-emergent surgery staff, Pain Clinic (restricted hours), Wound Center (restricted hours)
 - 1.2.4.2.5.3. Physician Staffing
 - 1.2.4.2.5.3.1. Depending on inpatient volumes, 1 telemedicine hospitalist support to 3 separate ICU areas
 - 1.2.4.2.5.3.2. Outpatient clinic physicians may also support physician staffing as appropriate
- 1.2.4.3. Once the determination is made, CDPH will be notified via official program flex request documentation
- 1.2.5.COVID-19 Surge Level Four – Co-locate COVID-19 Patients**
 - 1.2.5.1. Facility Considerations
 - 1.2.5.1.1. In the event that COVID-19 patients exceed the negative pressure rooms on Med Surg, MRCH will co-locate patients (COVID wing/non COVID wing) – 24 beds
 - 1.2.5.1.1.1. The West Wing on Med/Surg will be established as a COVID wing
 - 1.2.5.2. Staffing Considerations
 - 1.2.5.2.1. Assign dedicated staff to the West Wing
 - 1.2.5.2.1.1. 3 RNs
 - 1.2.5.2.1.2. 2 unlicensed assistant personnel (C NA, MA, etc.)
 - 1.2.5.2.1.3. Vital signs monitor
 - 1.2.5.2.1.4. 3 WOWs
 - 1.2.5.2.1.5. Appropriate PPE
 - 1.2.5.2.1.6. Doors to be closed as much as possible
 - 1.2.5.2.1.7. Restocking linen room daily and as needed
 - 1.2.5.2.1.8. Dietary will assign a COVID specific employee
 - 1.2.5.2.1.8.1. Plastic utensils will be used
 - 1.2.5.2.1.9. Glucometer
 - 1.2.5.2.1.10. Meds

- 1.2.5.2.1.11. Physician Staffing
 - 1.2.5.2.1.11.1. 1 Provider dedicated to COVID-19 patients
 - 1.2.5.2.1.11.2. 1 Provider dedicated to non-COVID-19 patients
 - 1.2.5.2.1.11.3. 1 telemedicine hospitalist support to 3 separate ICU areas
- 1.2.5.3. Once the determination is made, CDPH will be notified via official program flex request documentation
- 1.2.6. COVID-19 Surge Level Five – Expand to 82 beds including Expanded ICU**
 - 1.2.6.1. Facility Considerations
 - 1.2.6.1.1. Elective outpatient services (SDS, Endo, Rehab, Home Health) will be closed and all personnel will be diverted to other patient care activities
 - 1.2.6.1.2. All non-emergent surgeries will be cancelled
 - 1.2.6.1.3. Expand med surg beds
 - 1.2.6.1.4. East Wing returns to patient rooms with use of gurneys
 - 1.2.6.1.5. Staffing ratio will be set based on patient census and available staff
 - 1.2.6.2. Staffing Considerations
 - 1.2.6.2.1. Assign dedicated staff to the North and West Wings
 - 1.2.6.2.1.1. 3 RNs
 - 1.2.6.2.1.2. 2 unlicensed assistant personnel (C NA, MA, etc.)
 - 1.2.6.2.1.3. Vital signs monitor
 - 1.2.6.2.1.4. 3 WOWs
 - 1.2.6.2.1.5. Appropriate PPE
 - 1.2.6.2.1.6. Doors to be closed as much as possible
 - 1.2.6.2.1.7. Restocking linen room daily and as needed
 - 1.2.6.2.1.8. Dietary will assign a COVID specific employee
 - 1.2.6.2.1.8.1. Plastic utensils will be used
 - 1.2.6.2.1.9. Glucometer
 - 1.2.6.2.1.10. Meds
 - 1.2.6.2.1.11. Physician Staffing
 - 1.2.6.2.1.11.1. 1 Provider dedicated to COVID-19 patients
 - 1.2.6.2.1.11.2. 1 Provider dedicated to non-COVID-19 patients
 - 1.2.6.2.1.11.3. 1 telemedicine hospitalist support to 3 separate ICU areas
 - 1.2.6.3. Once the determination is made, CDPH will be notified via official program flex request documentation
- 1.2.7. COVID-19 Surge Level Six – Alternate Care Sites (ACS)**
 - 1.2.7.1. Facility Considerations
 - 1.2.7.1.1. When hospital reaches internal capacity of 50 begin staging ACS #1 Pacific Union Gym
 - 1.2.7.1.2. Incident Command will notify County Public Health of need to stage ACS and request necessary beds, supplies, etc.
 - 1.2.7.2. Staffing Considerations
 - 1.2.7.2.1. Staffing to be monitored and managed at Incident Command
 - 1.2.7.2.2. Assign the following dedicated staff to the ACS to serve up to 30 patients
 - 1.2.7.2.2.1. 3 RNs
 - 1.2.7.2.2.2. 2 unlicensed assistant personnel (C NA, MA, etc.)
 - 1.2.7.2.2.3. Vital signs monitor
 - 1.2.7.2.2.4. Paper based documentation
 - 1.2.7.2.2.5. Appropriate PPE

- 1.2.7.2.2.6. Doors to be closed as much as possible
- 1.2.7.2.2.7. Restocking linen room daily and as needed
- 1.2.7.2.2.8. Dietary will assign a COVID specific employee
 - 1.2.7.2.2.8.1. Plastic utensils will be used
- 1.2.7.2.2.9. Glucometer
- 1.2.7.2.2.10. Meds
- 1.2.7.2.2.11. Physician Staffing
 - 1.2.7.2.2.11.1. 1 Provider dedicated to COVID-19 patients
 - 1.2.7.2.2.11.2. 1 Provider dedicated – north/east wing
 - 1.2.7.2.2.11.3. 1 telemedicine hospitalist support to 3 separate ICU areas
 - 1.2.7.2.2.11.4. 1 provider dedicated to alternate care site
- 1.2.7.3. Once the determination is made, CDPH will be notified via official program flex request documentation
 - 1.2.7.3.1. When ACS #1 reaches internal capacity of 60 begin staging ACS #2 Adult Day Health following a similar staffing/facility pattern described in 2.18.7.1 and 2.18.7.2
 - 1.2.7.3.2. When ACS #2 reaches capacity of 25 begin staging ACS # 3 HSU following a similar staffing/facility pattern described in 2.18.7.1 and 2.18.7.2

Committee Review: COVID-19 Incident Command

Origination: Jed Rudd

Reviewed Revised: N/A