

## Phase 1 Plan – COVID-19 - Intensive Care

**When there are 50% COVID-19 cases admitted and the overall occupancy rate of Intensive Care reaches 75% – the unit will become dedicated.**

The COVID-19 negative patients will be transferred to other nursing units based on their conditions and the pre-established phases. Consult the different zone-specific plans to identify the targeted units.

Things will begin with dedicated COVID-19 specific rooms. The other patients will be in the other rooms. Visual separation will divide the COVID-19 rooms from the other rooms. The staff will also be specifically assigned to one of the two virtual sides to prevent contagiousness. One group will be dedicated to the COVID-19 side of the unit and another group to the other patients.

Already hospitalized patients who develop COVID-19 symptoms and who test positive will be transferred into the COVID-19 Unit dedicated or prepared rooms if their condition no longer requires intensive care.

Suspected cases requiring intensive care will be isolated in a room with droplet and contact protection on the non-COVID-19 side (MRS-CV poster).

### **Physical environment**

- **Identify the negative pressure room on the unit that will be available for AGMPs at all times.**
- Divide the unit into a red zone and blue zone, which will reduce the risk of inadvertent staff exposure, reduce the time required to don and remove personal protective equipment, and save equipment.
- Isolation carts will be outside the rooms. The removal of PPE will be done inside the rooms, except for the removal of the N95 mask which will be done outside the rooms.

**See the plan of each zone:**

- [zone 1B](#)
- [zone 4](#)
- [zone 5](#)
- [zone 6](#)

### **Red zone (identify the zone with a sign) and tape on the floor**

- The red zone is the area where protective equipment is always required.
- In the red zone hallway (3 feet from the door of the room) is the area where staff remove their personal protective equipment.
- Take off your gloves and wash your hands after each patient. Then put on clean gloves.

#### ***Exceptions – complete change of PPE:***

- If a patient is COVID-19 + and C. difficile +, place them in a room with an anteroom, if possible. PPE must be changed upon exiting the room and hands must be washed with soap and water. If a dedicated hand hygiene sink is not available, clean your hands with an antiseptic solution then proceed to a hand hygiene sink and wash your hands with soap and water.
- If PPE is soiled, it is removed in the red zone.
- The patient's record must remain in the blue zone.

### **Blue zone**

- Clean zone outside the unit where protective equipment is not required. Area where staff don personal protective equipment and other materials that must remain clean.

### **Equipment**

- Make sure that the dedicated room has the material required to do rapid intubation.

### **Medical staff**

- COVID-19 staff group on the unit:
  - 1 nurse / 1 COVID-19 intubated patient
  - 1 nurse / 2 non intubated COVID-19 patients
  - Help from another nurse as needed depending on workload
  - 1 aide/attendant
  - 2 housekeeping employees
  - Physicians dedicated to the unit
  - 1 respiratory therapist dedicated to the unit

\*\*A nurse will be designated to be responsible for being present for the procedures in the room dedicated to procedures generating aerosols. A second nurse will be assigned to the room as a “runner”, if necessary.

\*\* Always keep a room for procedures that generate aerosols.

### **Physicians**

The intensivists on-call will be the physicians dedicated to the unit. Certain other physicians may be called in for extra support as needed.