

## Surge Staffing the Department, Blodgett Hospital ED – March 18, 0945

Spectrum Health contact: Missy Rykse

Seq. No	Task Description:	Key Point / Image / Measure (what good looks like)	Who
1	Sick COVID patients that aren't able to be evaluated in the tent, will be seen in the observation and fast track spaces until volume increases and we use the main ED instead	COVID patients will be cohorted in like groups as much as possible. ED patients and COVID patients will be separated  Fast Track has the capability for <ul style="list-style-type: none"> <li>• Oxygen</li> <li>• Neb treatments</li> <li>• Monitor, only if RN present at FT nursing desk</li> </ul>	
2	Room 3 will not be used for COVID patients for quick turnaround and availability of the trauma room	Leaves a crash room open for non-COVID medical emergencies  Any room with a r/o COVID patient will need to be held for one hour if high risk aerosolizing procedures is performed (neb, bipap, cpap, trach, continuous treatment via ventilator and active intubation).	
3	COVID patients who need immediate life-saving interventions will first be seen in the observation unit, until volume exceeds capacity		
4	Once volume exceeds capacity, COVID patients who need immediate life-saving interventions will be seen in the main ED (1-20)	When possible use room 15 and room 1, as they are negative pressure. However, this is not required.	