UNIVERSITY OF TOLEDO

SUBJECT: Infectious Disease Agent (IDA) and Max Surge Plan Procedure No: EP-08-017

POLICY

The University of Toledo Medical Center (UTMC), in response to an ongoing community, regional or national disaster or influx of potentially infectious patients, shall be prepared to receive patients above current bed and patient capacity.

PURPOSE

To provide a healthy and safe environment for patients, visitors, faculty and staff while delivering effective patient care to individuals involved in emergence of a potentially infectious disease(s) and maintaining continuity of operations at the University of Toledo.

PROCEDURE

The UTMC shall institute its Emergency Operations Plan (EOP) #EP-08-009. Additional plans may be initiated depending on need. All phases will highly depend on the actions directed by federal, state, and local government.

Surge Response for an Extended Event (e.g., Pandemic):

Traditional: There is no evidence of an outbreak or other extended events – normal day-to-day activities apply

Transitional, Level 1:

- Clusters of illness in multiple locations on one continent other than North America suggestive of human-to-human transmission and/or
- Clusters of an outbreak in multiple locations in North America suggestive of human-to-human transmission and/or
- A particularly serious outbreak with significant morbidity or mortality in surrounding states in which human-to-human transmission is possible and morbidity or mortality is considerable

Transitional, Level 2:

- Clusters of illness on more than one continent other than North America and/or
- Increased numbers of suspect cases located in multiple locations within the United States, highly suggestive of human-to-human transmission and/or
- Scattered numbers of suspected cases around the United States and the surrounding states, but with an unusually high mortality rate or significant morbidity. Human-to-human transmission is likely and/or
- Report of suspected cases in Ohio

Transitional, Level 3:

- Clusters of illness in North America and/or
- Increased numbers of suspect cases in multiple locations within the United States that are highly suggestive of human-to-human transmission and beginning to increase in numbers throughout Ohio, and possibly Northwest Ohio and/or
- Multiple suspected or definitive cases around the United States, but with an unusually high mortality rate or significant mortality rate and probable human-to-human transmission and/or
- Reports of suspected cases in Northwest Ohio and possible human-to human transmission

Transitional, Level 4

- Major increase of cases in and around the community and/or
- Infectious disease outbreak or epidemic within the University. Confirmed cases are few, but there is an influx in medical office visits

Catastrophic

- The infrastructure in the community has been severely compromised in the wake of the event; caused by a novel virus, virulent seasonal flu or infectious disease outbreak with high morbidity and mortality

Recovery, Level 1

- Entry Criteria:
    - Symptoms:
        - Downward trajectory of symptomatic individuals reported within a 14-day period

      AND
        - Downward trajectory of confirmed or probable cases reported within a 14-day period
    - Cases:
        - Downward trajectory of documented cases within a 14-day period

      OR
        - Downward trajectory of positive tests as a percentage of total tests within a 14-day period (flat or increasing volume of tests)
    - Sustained decrease in the need to treat all patients with crisis care

Recovery, Level 2

- No evidence of a rebound of cases and satisfaction of Recovery Level 1 criteria a second time.

Recovery, Level 3

- No evidence of a rebound of cases and satisfaction of Recovery Level 1 criteria a third time.

Recovery, Level 4

- Return to normal operations with no evidence of clusters of illness in multiple locations globally

Transitional Level One

- Clusters of illness in multiple locations on one continent other than North America suggestive of human-to-human transition and/or
- Clusters of an outbreak in multiple locations in North America suggestive of human-to-human transmission and/or
- A particularly serious outbreak with significant morbidity or mortality in states surrounding Ohio in which human-to-human transmission is possible and mobility or mortality is considerable.

All departments/divisions/units should discuss the *IDA and Surge Plan* and how it relates to their unit. *UTMC should remain open with regularly scheduled surgical cases, appointments, and procedures.*

Institution-wide:

- The Senior Leadership Team (SLT) and UTMC Operations Team, in consultation with Human Resources (HR), should begin to communicate, as needed, with the campus community via campus website, e-mail and/or social media.
- Campus community members should be encouraged to regularly check the UTMC website for informational updates.
- All appropriate departments need to assess levels of supplies and protective equipment.
- Prevention messages should be widely distributed through Communications and approved by the Public Information Officer (PIO).
- University travel to impacted areas is monitored.
- Actions for University Health Center and Student Health and Wellness Center should be coordinated between UToledo and UTMC. UToledo has detailed actions outlined in the Infectious Disease Agent Plan for Campus Operations and the Pandemic Preparedness Recovery Options and Guidelines.

Department Specific:

- Employees should familiarize themselves with the UTMC leave, reporting of absences and compensation policies.
- All departments should identify critical functions essential to maintain UTMC operations and identify those staff and back-ups who are designated to maintain critical operations in the event UTMC suspends portions of operations.
- Managers will inform those employees in their departments in writing regarding their status and responsibilities in the event the University suspends operations.
- Departments will review and update the Essential Employee List in accordance with the University Continuity of Operations. HR, in collaboration with SLT, ICS, and UTMC Operations Team, will offer guidance.
- Departments will ensure all new and existing essential employees are provided the Essential Personnel Acknowledgement Memo.
- Departments should begin to cross-train staff if they may be required to serve in a capacity different from their regular positions, if necessary.
- All departments should begin to review the possibility of alternative work arrangements for faculty and staff, in consultation with HR.
- All departments should be prepared to reassign staff to meet temporary service needs.

- Communication protocols should be confirmed and tested for all department members.
- All departments should inventory their supplies and consider placing additional orders in anticipation of vendor disruption.

Infection Control

- Distribute case definition to Emergency Department (ED), outpatient clinics and procedural areas, University Health Center, and inpatient departments.
- Provide education to clinic managers and unit directors, who in turn will provide education to front line staff regarding how to handle patients that meet the case definition.
- Direct departments to implement initial patient screening per case definition for rapid recognition.
- Create communications and distribute for posting at the entrance of the ED and all acute/primary care clinics. Communications should advise patients on the case definition and what should be done if patient is symptomatic.
- Follow Standard Precautions and Institute transmission-based precautions based on route of exposure as needed.
- Notify ancillary departments and receiving areas of specific room restrictions and/or precautions that are indicated.
- Work with logistics section to assess continuation of existing transmission-based precautions needed, dependent on resources of personal protective equipment.
- Work with local health jurisdiction on contact tracing for exposed/symptomatic healthcare workers, staff, faculty, and students.
- Invite Toledo Lucas County Health Department (TLHD) to attend planning meetings.
- Develop cleaning procedures specific to the agent for occupied rooms, terminal clean, UTPD vehicles, equipment, etc.

Patient Care

- All visitors will be asked to wash or sanitize their hands before entering and exiting patient rooms or care areas.
- Clinical specimens to be hand carried to the laboratory. Use of the pneumatic tube system is prohibited for novel disease or pandemic specimens.
- Follow recommended transmission-based precautions as determined by Infection Prevention
- If equipment must be utilized for multiple patients (e.g., portable x-ray machine), cleaning and disinfection should be followed based on manufacturer instructions for use (IFU) in conjunction with EPA-registered hospital disinfectants products capable of killing the disease agent in question.

Hospital Administration

- Assign a clinical operations section chief as requested by Incident Command.

Medical Staff (Physicians, Physicians Assistants, Clinical Nurse Specialists)

- Monitor communications through Medical Staff office for case definitions and transmission-based precautions.
- Begin engaging in family preparedness (e.g., precautions to protect family and ensure care if situation worsens).

Pharmacy
- Inventory pharmaceutical supplies.
- Determine access to supplies from the Strategic National Stockpile (SNS) and vendors.

Respiratory Therapy
- Assess the inventory of ventilators and supplies.
- Provide Incident Command Team with inventory of ventilator and ability to acquire. additional or alternate plans.

Internal Laundry Operations
- Review laundry handling procedures for patients with suspected infectious disease and follow guidelines outlined by Center for Disease Control and Prevention (CDC) and/or Ohio Department of Health (ODH).
- Consult with contract laundry regarding shipping and receiving and review the laundry's process and plan for emergency preparedness and handling of linens.

Pathology Lab
- Consult with CDC, ODH, and local health department to determine diagnostic testing protocols and reporting.
- Communicate appropriate specimen collection to patient care staff.
- Ensure staff are equipped with proper PPE and SOP is set up for testing.

Office of Marketing and Communications (MARCOM)
- MARCOM will consult with the ICS, SLT, and HR for updates and new information.
- MARCOM will work to determine appropriate messaging to alert the campus community of preparation efforts.
- It will review all communications related to pandemic preparedness and draft overall University messaging.
- MARCOM will take the lead in distribution of communication messages.
- Create a pandemic-specific resources page on the web, which will not go live until Level 1.
- Assist in the creation of a general awareness campaign to educate the community about how to mitigate the spread of flu and social distancing guidelines.
- Draft memos to provide to faculty, staff and students returning from travel in affected countries with recommendations not to return to campus based on recommended guidelines for mitigating disease transmission.
- Develop talking points for all "front desk staff" on where to find general information, what resources the UToledo community can turn to and location of information from the Centers for Disease Control and Prevention.
- Design appropriate signage (i.e. quarantine, etc.).

Senior Leadership
- Review recommendation from Incident Command Team for change in transitional level or recovery level.
- Announce activation of UTMC Incident Command System (ICS); designate Incident

Commander.
- Work with the Main Campus to determine if a joint command structure is warranted.
- Receive weekly updates from Incident Commander.
- Review content of internal and external public information bulletins and announcements.
- Authorize release of funds for support of mitigation and response efforts.
- Establish subsequent meeting schedule within Senior Leadership.
- Review disaster plans for UToledo and UTMC.

UT Police/HSC Security
- Public Safety will monitor and follow releases from trusted local, state and federal sources providing direction and best practice for public safety responders.
- Public Safety will engage with colleagues at other peer and state universities to discuss best practices and overcoming operational challenges.
- Public Safety employees are "fit tested" and carry N95 respirators, eye protection or other PPE as directed.
- Public Safety will use alerting procedures to communicate emergency information.
- Periodic emails will be sent to all Public Safety employees providing them with information about procedures and policies.
- Public Safety will have procedures for emergency work schedules in cases of high absenteeism (e.g., 12-hour shifts).
- Public Safety holds mutual aid agreements with local law enforcement agencies and may exercise agreement for possible support scenarios if necessary.
- Public Safety will coordinate with Facilities Management concerning contractor and vendor access at the hospital at more advanced levels.
- Alert University Health Center and University Health Services if encountering individual(s) with manifestations consistent with outbreak
- Prepare resources to implement traffic pattern changes, if necessary.
- Review lock-down policies.
- Ensure sufficient radios and alternative communication options.
- Re-establish contact with local HAM radio operators.
- Discuss with Senior Leadership, Incident Command, and Legal Department the utilization of law and criminal justice students and faculty (including EMS club) for surge needs (e.g., traffic control, information dissemination, etc.).

Facilities Maintenance
- Identify current Airborne Infection Isolation (AII) rooms and HEPA filters and verify they are all in good working order.
- Assess potential capabilities for expanding number of AII rooms.
- Facilities Management (FM) should familiarize itself with contingency plans and the Business Continuity Plan.
- FM should regularly review and update staff phone numbers.
- Expectations for staff who are not required to come to campus during a closing should be clarified.
- FM will review SOPs to assure compliance issues are addressed.
- FM will assemble and train the appropriate crews to prepare campus facilities for closing,

to operate facilities while closed and to prepare for reopening.
- FM will prepare for general pandemic hygiene training for FM staff.
- FM will develop a plan to ensure core changes, card access and lock maintenance and repair are done in a timely manner.
- FM will train all employees on using protective equipment.
- FM should review contingency plans for a fuel shortage.

Environmental Health and Radiation Safety
- Work with the Logistic Section Chief/Purchasing to determine inventory of supplies, PPE, testing kits, hand sanitizers.
- Work with Staff Development and Infection Prevention to create an educational plan for PPE donning and doffing. Work with Infection Prevention to review current guidance on PPE for patient care.
- Assess respiratory protection plan. Train and fit test personnel for respirators as indicated.
- Maintain CAPRs and PAPRs.
- Assure staff know how to access CAPRs and PAPRs when needed.
- Ensure that medical surveillance data is available and posted daily.

Environmental Services
- Develop building services emphasizing infection prevention.
- Review handling procedures for laundry used on patients with presumed or suspected infectious disease and follow CDC and ODH guidelines.
- Ensure staff members are trained in cleaning procedures specific to the agent for terminal clean.

Food and Nutrition Services (FANS)
- Ensure emergency response menu is planned for various degrees of need.
- Stockpile additional food items, water, and single-use plastic utensils.
- Assess ability to develop nutrition kits for surge personnel.
- Develop SOP's to transition into reduced food service (self-serve) if needed.

Legal/Risk Management
- Review medical legal aspects of preparedness and response to potential disaster.
- Research legalities of triage prioritization and scarce resources.
- Research utilization of non-traditional UT healthcare providers pre- and intra-disaster situations.
- Benchmark risk management and insurance response options with peer universities.
- Familiarize department with legal obligations and ramifications for reporting of Category A infectious diseases.

Information Technology (IT):
- Develop telemedicine component for UT campuses.
- Acquisition of additional web-cams, tablets, or electronic devices as necessary.
- IT should continue to familiarize itself with contingency plans and the Business Continuity Plan.

- IT should continue to practice a continuity approach for all core systems, services and emergency communication services (e.g., e-mail, internet, WebEx, UT Alert, Microsoft, Banner, etc.) such that current high availability levels are sustained.
- IT should continue to review and keep current the list of essential employees.
- IT should regularly maintain staff phone list.
- IT staff who are not required to come to campus, but must maintain professional responsibilities, should be clear on what is expected of them during partial closure of areas of the hospital/clinics.
- IT will ensure that all IT staff who may be required to operate remotely will have appropriate solutions to perform their responsibilities in that modality.
- IT should identify single points of failure for skills, systems and any specific responsibilities.
- IT will prepare and post reference information and frequently asked questions regarding guidance on remote workplace configurations and abilities.
- IT will work with departments to test and rehearse remote access methods for employees in preparation for use during a pandemic or other continuity scenario.
- IT will explore options for a call center or automated call line to answer questions

Human Resources:

- The Human Resources Department should review all relevant University policies and procedures, collective bargaining agreements and applicable state and federal laws.
- Review the point system and workers compensation implications in the event this escalates.
- The Human Resources Department will review current leave processes and policies.
- The Human Resources Department should review existing workplace flexibility guidelines and provide advice to departments.
- The Human Resources Department should be prepared to track patterns of absenteeism that are provided to the HR office.
- The Human Resources Department should review the Continuity of Operations Plan and be prepared to provide advice to departments.
- Human Resources Department should refer faculty and staff to the Employee Assistance Program for mental well-being support and resources.
- The Human Resources Department will begin to create FAQ's and other resources regarding UToledo employment.
- The Benefits Department will review health care plans and work with vendors to stay apprised of any changes. When possible and applicable, Benefits Specific FAQ's will be created.
- Labor and Employee Relations will prepare to have discussions with union representatives when necessary.

Purchasing

- Review, update, and alert list of providers.
- Contact vendors to activate disaster MOU.
- Logistics officer will be appointed by IC from purchasing.

Finance

- Collect cost information from departments which require stockpiling of equipment or supplies and identify funding to cover purchases.
- Develop procedures for rapid procurement and for payment of supplies, equipment, and services.

Pastoral Care, Ethics Committee

- Determine what resources are available for mental health.

Housing

- Identify resources or assets that can be utilized for worried well or symptomatic healthcare workers concerned of transmitting illness to family.
- In house options should be evaluated first (basement of Mulford). Additional options will be investigated through the EMA.

UTMC Division Specific:

- Employees should familiarize themselves with the Pandemic Preparedness Operations response plans and procedures and view the University Continuity of Operations.
- Employees should practice and rehearse urgent communication notification procedures including campus-wide email distribution, text alerts, Emergency Homepage editor and normal safety and security notification Web postings.
- Develop a division-wide contact and emergency contact information.
- Contact information should be updated and kept.
- Ensure that all employees responsible for critical functions have the technology needed to be able to work remotely, if necessary.
- All essential communication team members should have laptops; and essential personnel should be prepared to take office-issued laptops home nightly, when applicable.
- All employees should investigate ways to be able to telecommute/work from home, if needed, during a pandemic or overnight emergency.
- Employees should recognize that in the event of an outbreak, various team members beyond the primary essential personnel team may be called upon to assist in university-wide communication efforts and other critical functions.
- Employees should be clear on what is expected of them during a suspension of operations or University closure.
- All departments should inventory regular supplies and reorder more in anticipation of vendor disruption.
- Departments should order and maintain a quantity of supplies needed in case of emergency; including hand sanitizer, facemasks, disposable gloves, flashlights, batteries, bottled water and first aid kit.
- Employees should familiarize themselves with the University leave, reporting of absences and compensation policies.
- Participate in webcasts, seminars, conferences and professional associations to keep abreast of the news for information and updates on a potential pandemic crisis.

Transitional Level Two

The following are considered guidelines and the decision as to what level UTMC is in will be made by the Incident Command Team in coordination with leadership.

- Clusters of illness on more than one continent other than North America and/or
- Increased numbers of suspect cases located in multiple locations within the United States, highly suggestive of human-to-human transmission and/or
- Scattered numbers of suspected cases around the United States and the states surrounding Ohio, but with an unusually high mortality rate or significant morbidity and human-to-human transmission is likely and/or
- Report of suspected cases in Ohio

UTMC should remain open during this level, with regularly scheduled cases, procedures and appointments. The pandemic educational awareness campaign should be implemented, with increased communication with the campus community. *The Hospital CEO should consider activating this level of the plan based on information gathered by the Incident Command System and various local, state and federal agencies.*

**Note: if no actions are listed for specific groups below, it is implied that assessment will occur of existing activities and continuation of previous transitional level or recovery level will occur until those actions are no longer deemed necessary.*

Institution-wide:

- Faculty, staff and students, should be notified if travel to affected countries is restricted or if travel plans should be canceled. Voluntary travel should be registered through the travel registry.
- All University-sponsored travel should be monitored via the Concur System.
- Review guidance of the use of masks for employees and implement as directed by ODH.
- Faculty, staff and students returning from travel in affected countries should be notified about the quarantine rules and/or self-isolation in effect, and consideration should be given to advising them to not return to campus until the end of the quarantine/self-isolation period.
- Conferences, orientations and other large gatherings may be canceled or postponed with the Senior Leadership Team (SLT) providing final approval. Each responsible department, division or unit will serve as the communication link between campus service providers and clients who contract for use of UTMC facilities and services, to provide information about cancellations and postponements.
- Social distancing recommendations should be based in the current Ohio Department of Health guidance. Non-essential meetings or meetings above the ODH threshold are strongly urged to be delivered remotely when possible. For gatherings of any size, take steps to lower risk and prevent the spread of infectious agents: use video- and teleconferencing options and remind attendees to practice social distancing and avoid shaking hands.
- Actions for University Health Center and Student Health and Wellness Center should be coordinated between UToledo and UTMC. UToledo has detailed actions outlined in the Infectious Disease Agent Plan for Campus Operations and the Pandemic Preparedness Recovery Options and Guidelines.

Department Specific:

- All departments should review the plan and ensure that it is current and that all department members are familiar with its contents.
- All departments should update department websites and list any changes to service levels, and share this information with MARCOM.
- All departments should be prepared to reassign staff temporarily to meet service needs.
- All departments should prepare plans for alternative work arrangements, when possible, and communicate expectations to employees in the event of a modified work arrangement, suspension of operations or University closure.
- All departments should discuss social distancing with all employees and follow ODH guidance
- All faculty, staff and students should be notified to clean their own workspaces.
- All departments should communicate and reinforce employee screening (i.e. temperature monitoring) and reporting for employees who come to campus as required by ODH.

Infection Prevention and Control

- Consult with the Hospital Council of Northwest Ohio (HCNO) on visitor restrictions.
- If indicated, institute contact tracing and screening of close contacts accompanying suspect cases, for history and symptoms meeting case definition.
- Provide educational sheets for close contacts using CDC guidance to identify symptoms and needed action.
- Verify current CDC guidelines for use of AII rooms and verify the hospital's current number and location of AII rooms.
- Work with facilities to consider adding HEPA filter units to additional rooms to assist with filtering air.
- Review return to work criteria and provide content to Human Resources.
- Develop clear discharge instructions for positive patients.

Patient Care

- Follow Infection Prevention guidelines for utilization of PAPRs/N95's for aerosol-generating procedures.
- Attend/complete all required training for PPE donning and doffing.

Hospital Administration

- Monitor bed counts to determine availability, surge capacity, ventilators, PPE, supply inventory, testing, positive case counts, etc.
- Comply with requests for reporting (OHA, Surge Net, EMA, ODH) by providing information the Emergency Preparedness Coordinator in EHRS to submit.
- Ensure the Incident Command Staff has established back-ups for transfer of command if needed.
- Work with the Clinical Operations Sections Chief to segregate respiratory inpatient from other patients (i.e. 3CD, MICU, 4CD, 5CD, 6CD)
- Work with the Clinical Operations Section Chief to review the Code Blue Response team procedures for Infectious Disease.
- Work with the Clinical Operations Section Chief to operationalize testing of healthcare workers if testing is recommended by ODH.

Medical Staff (Physicians, Physicians Assistants, Clinical Nurse Specialists)

- Determine the use of Residents and Fellows for clinical care of suspect and positive patients.

Pharmacy

- Assessment indicators, adverse reactions to medications, vaccinations, etc.

Office of Marketing and Communications (MARCOM)

- MARCOM designee should meet periodically with Incident Command Leader.
- Implement the pandemic educational awareness campaign.
    - Edit, or draft letter from Campus Administration with an update as to current world and campus conditions, include travel restrictions if necessary.
    - Distribute already designed electronic signs to School/Unit liaisons and front desk staffs.
- Draft/write ALL communications pieces on behalf of campus administrators related to pandemic preparedness. MARCOM takes lead in distribution of communication messages to the community.
- Continue to communicate with campus community, as needed, via websites, text alerts and/or mass email of current conditions.
    - All communication should include link to emergency resources on the Web and recommended guidelines for mitigating transmission of the disease.
- Update information on a designated website and make live.
    - Update as needed with copies of all campus-wide communication.
    - Add appropriate links to information sources as necessary.
- UToledo Homepage is at Normal setting.
- Be prepared to respond to incoming media inquiries.
    - All offices and staff across the University should direct news media inquiries to the MARCOM office. Only the University spokesperson or an assigned designee speaks to the media about University operations.
- Provide, if needed, assistance in communicating recommended guidelines to follow for faculty, staff and students returning from travel to affected areas.
    - Key Contacts: Provost's Office (faculty), CISP and student affairs (Alternate Breaks).
- Deliver talking points to all "front desk" staff on where to find general information, what resources the UToledo community can turn to and location of emergency preparedness and pandemic flu websites.
- Begin coordinating messages with local health authorities.
- Maintain communication with other PIOs at virtual or physical joint information centers (JICs).
- Coordinate with external partners to establish media relations center; coordinate press releases, when applicable; manage news teams and interviews.
- Provide briefing material to UT administrators daily for possible interviews.
- The PIO will work with Hospital Administration and Executive Leadership to provide a frequent communication to all medical staff (i.e. daily update).

Senior Leadership

- Consider activation of campus auxiliary care center (ACC) (e.g., George Isaac).

- Receive daily reports from Incident Command.
- Review recommendation from Incident Command Team for change in transitional level or recovery level.

UT Police/HSC Security
- Secure essential buildings and medical facilities
- Implement traffic control measures on HSC consistent with plan and level.
- Assist with development of ACC and security needs.

Facilities Maintenance
- Stand by to shut off utilities as directed by Incident Commander, if necessary.
- Assist with ACC development.
- Assist campus police in maintaining order, traffic, and vehicles for use during incident.FM should have an elevated state of awareness and readiness for short staffing and changing requirements.
- FM will participate in Incident Command meetings and best delegate and execute to facilitate prompt, accurate, and reliable facilities, and utility support.
- FM staffing shortages will be monitored, communicated and managed.FM will assess the impact of events on contractor availability.FM will assess the impact of events on supply and material availability.
- FM will monitor the compliance database to assure compliance issues are addressed.
- FM will begin increase the level of sanitation in high traffic areas such as the libraries, Student Union, recreation facilities, and classrooms.

Environmental Health and Radiation Safety
- Secure stock of emergency supplies (change lock code)
- Arrange for additional medical waste pick ups
- Determine storage location on site for waste
- Distribute N95s to essential personnel in conjunction with campus police
- Initiate development of ACC
- Assist with training of surge volunteers

Environmental Services
- Assist with needs assessment of ACC.
- Ensure preparation and stocking of temporary housing areas.
- Inventory cleaning supplies and ensure SOP are up to date for cleaning high touch surfaces.

Food and Nutrition Services (FANS)
- All dining locations fully operational.
- Common self-serve food sources such as salad bars or buffet style service should be suspended.
- Emphasize/retrain hygiene standards for all staff.
- Additional monitoring of hygiene standards.
- Increase cleaning frequency of all high-touch areas.
- Increase preventative/proactive cleaning procedures.

- Increased frequency of utensil/pan rotation.
- Increased monitoring of dishwashing procedures.
- Discontinue the use of personal re-fillable cups.
- Assess inventory on-hand and adjust as necessary, e.g.,, water, takeout containers, perishable items, disposable service ware.
- Support and reinforce educational campaigns related to personal hygiene and social distancing procedures.
- Develop nutritional kits, if deemed needed.
- Determine food and nutritional needs for 1, 3 and 6 months.
- Develop the nutritional needs of the ACC.

Legal/Risk Management

- Assess actual risk/insurance claims.
- Deliver results of investigations to Incident Command Team and Executive Council.
- Communicate with insurance carriers on evolving campus issues.
- Identify and implement steps that must be taken to monitor and protect insurance coverage.
- Review MOU's and contracts that may be initiated due to the pandemic (Housing, regional hospital council assistance, etc.)

Information Technology (IT):

- Determine computing and telecommunication needs of ACC.
- Plan for additional phone lines or electronic needs (e.g., tablets) to quarantine areas and functional groups.
- Review remote access capabilities to support tele-work needs.
- IT should have an elevated state of awareness and readiness for communications support.
- IT staffing will continue to be monitored, managed and adjusted based on any unique requirements in the situation.
- IT will continue to assess the impact on all external service providers and partner availability (i.e. Microsoft, Ellucian, Allscripts, etc.).

Human Resources:

- Submit staffing levels to Incident Command Team and Executive Council.
- Report to Incident Command Team and provide readiness report.
- Assist with ACC activation.
- Human Resources should work with Incident Command to advise the University community to become familiar with Social Distancing Guidelines and flexible work guidelines.
- Human Resources should refer faculty and staff to the Employee Assistance Program for mental health well-being support and other resources.
- Human Resources' specific information should be added to UToledo and HR webpages, including HR FAQs.
- Human Resources should be prepared to provide guidance on possible alternative work arrangements for employees that are deemed high-risk for disease transmission and/or must go into self-isolation.

- Human Resources should be prepared to monitor and report patterns of absenteeism that are provided to the HR office.
- Human Resources should be prepared to assist departments with cross-training and knowledge capture.
- Communicate return to work guidance to employees under quarantine, positive cases, and probable cases based on IP recommendations.

Purchasing
- Centralize PPE and supply that is in high demand so they can be controlled.
- Report vendor status to Incident Command Team and Executive Council.
- Begins procurement of ACC supplies.

Finance
- Implement application of emergency funding as needed to support essential operations and rapid procurement procedures.
- Encourage staff to track time spent in response activities to situation in anticipation for potential reimbursement.

Pastoral Care, Ethics Committee
- Assist with mental health needs of staff and patients.

Housing
- Begin to mobilize resources or assets that can be utilized for worried well or symptomatic healthcare workers concerned of transmitting illness to family.

Transitional Level Three

The following are considered guidelines and the decision as to what level UTMC is in will be made by the Incident Command Team in coordination with the UTMC Operations and the SLT.

- Clusters of illness in North America and/or
- Increased numbers of suspect cases in multiple locations within the United States that are highly suggestive of human-to-human transmission and beginning to increase in numbers throughout Ohio, but not in Northwest Ohio and/or
- Multiple suspected or definitive cases around the United States, but with an unusually high mortality rate or significant mortality rate and probable human-to-human transmission and/or
- Reports of suspected cases in Northwest Ohio and possible human-to human transmission

UTMC should remain open, but elective cases and procedures should begin to be assessed to conserve resources, as deemed appropriate. Social distancing measures should be implemented, and the UTMC should consider making evaluations and preparations for closing various clinics and sending non-essential employees home. *The Hospital CEO should consider activating this level of the plan based on information gathered by the Incident Command System and various local, state and federal agencies.*

**Note: if no actions are listed for specific groups below, it is implied that assessment will occur of existing activities and continuation of previous transitional level or recovery level will occur until those actions are no longer deemed necessary.*

Institution-wide:

- Recommendations should be provided to the Senior Leadership Team in regards to whether UToledo community members traveling abroad should shelter in place or evacuate.
- E-mail alerts should be sent to faculty, staff, students, parents, Trustees, and vendors informing them of the status of University operations and plans for "next steps."
- The media should be provided information about the status of the University and campus activities.
- Campus community members should be encouraged to regularly check the UToledo website for information updates.
- Faculty, staff and students who are planning to travel domestically or internationally on personal travel is strongly discouraged.
- Procurement should begin expediting emergency supply and service orders.
- Actions for University Health Center and Student Health and Wellness Center should be coordinated between UToledo and UTMC. UToledo has detailed actions outlined in the Pandemic Preparedness Operations Guidelines and the Pandemic Preparedness Recovery Options and Guidelines.

Department Specific:

- All departments should keep their staff informed about the status of the pandemic and the status of University operations.

- All departments should update their websites with closing status information and any changes to service levels and inform MARCOM of changes.
- All departments should maintain staff phone lists.
- All departments should be prepared to reassign staff temporarily to meet service needs. Consult with the Human Resources Department or the Payroll Office for pay guidelines.
- Procurement should coordinate with individual departments and prepare to provide contract vendors with suspension of work service contracts, if it becomes necessary.
- Employees who are deemed high risk for disease transmission should be asked to work remotely, when possible.

Infection Prevention and Control

- Consider dedicated Infectious Disease Agent Units and dedicated patient care equipment for adult patients.
- Non-sharps waste including disposable PPE will be placed in biohazard bags for disposal or transport for incineration.
- All soiled linen should be handled in a manner to prevent aerosolizing infectious material.
- Patients that are not in need of an AII room will be evaluated for rapid discharge, transfer to another location within the hospital, or to another facility
- UTMC's Medical Director will direct physicians to consider early discharge planning for patients that do not meet definition.
-]Create visual signs to be used for confirmed patient rooms.
- Implement BBE (Bare Below the Elbow) including no jewelry from the elbow down for anyone caring for patients with respiratory illnesses.
- Implement Visitor restrictions if not already in progress.

Patient Care

- All PPE will be stocked in the isolation car outside the door to the patient's room or in designated areas specific to units, conditional measures may necessitate alternate storage and dispersal.
- Hand hygiene products such as alcohol-based hand sanitizer will be stocked for use by all staff and visitors
- Diagnostic, treatment, and care activities will be performed at the patient's bedside whenever possible rather than transporting the patient to other areas of the hospital. Testing requiring transport of patients in Droplet plus or higher (more restrictive) isolation should be scheduled for end of day, ensure terminal cleaning is performed.

Hospital Administration

- Re-structure Valet Operations to ensure the safety of the drivers and patients.
- Develop a workforce augmentation plan.
- Work with the Clinical Operations Section Chief to identify shower facilities for healthcare workers.
- Work with the region to address long-term healthcare facility testing, resources, and education.

Medical Staff (Physicians, Physicians Assistants, Clinical Nurse Specialists, etc.)

- Develop a workforce augmentation plan for physician staffing.

- Transition to an electronic method for signing death certificates.

Pharmacy
- Support call schedule

Internal Laundry Operations
- Implement contract laundry handling of linens where applicable if internal capacity is looking to become overwhelmed

Pathology Lab
- Assign a Casualty Care Unit Director to review the Mass Fatality Plan.
- Review the Fatality Management Plan and work with the Lucas County Coroner on current regional planning efforts.

Senior Leadership
- Consider cancellation of all elective surgeries in both the main OR and in the outpatient Surgery Center
- Consider clinic consolidation and the use of telemedicine for clinic visits.
- Using authoritative position, strengthen PPE, vaccination and social distancing measures
- Review daily UTMC absentee rate
- Develop ACC areas

UT Police/HSC Security
- Consider instituting full lock-down measures. Set up traffic patterns per lockdown procedure #SM-08-03

Environmental Health and Radiation Safety
- Determine feasibility of re-processing 95's. The current process includes the use of equipment in Sterile Process.

Environmental Services
- Ensure staffing levels for trained staff to clean occupied rooms
- Train additional staff if necessary.

Food and Nutrition Services (FANS)
- Dining will begin to operate on a reduced schedule.
- Convert to single use utensils, plates, cups, etc.
- Continue distribution of nutritional kits, if needed
- Begin acquisition of food and nutrition materials for long-term situation
- Re-configure the Bistro to allow for social distancing and re-route payment through the gift shop.

Information Technology (IT)
- Begin development of telecommunication equipment for outreach surge personnel
- IT should continue to have an elevated state of awareness and readiness for

communications support.
- IT will continue to monitor staffing and systems shortages to manage and adjust as required.
- IT will continue to assess the impact of events on external service provider and partner availability and adjust accordingly.
- IT should prepare to provide VPN access to those employees who will be working remotely.

Purchasing
- Assess supply needs at UTMC for 1, 3 and 6 months
- Use PPE burn rate calculator to determine current supplies.

Pastoral Care, Ethics Committee
- Develop an Ethics Committee to begin discussions of care prioritization, ethical consideration with medical, legal, and risk departments.
- Develop ventilator triage usage within the ethics guidance.
- Work with regional partners to ensure the guidance is in line with local hospitals.
- Work with the Department of Psychiatry to provide mental health services (Hotline, Web Page Information, EAP)

Housing
- Mobilize resources or assets for worried well or symptomatic healthcare workers concerned of transmitting illness to family.

Transitional Level Four

The following are considered guidelines. The decision to which level the University is in will be made by the Incident Command Team in coordination with leadership.

- Major increase of cases in and around the community and/or
- Infectious disease outbreak or epidemic within the University. Confirmed cases are few, but there is an influx in medical office visits

Continue to assess essential procedures and limiting non-essential surgeries, procedures and clinical appointments. Only essential employees should report to work. *The Hospital CEO should consider activating this level of the plan based on information gathered by the ERT and various district and federal agencies.*

**Note: if no actions are listed for specific groups below, it is implied that assessment will occur of existing activities and continuation of previous transitional level or recovery level will occur until those actions are no longer deemed necessary.*

Senior Leadership

- Ensure that UT surge volunteers are activated
- Ensure that all activities are communicated to UT associates, families, and media
- Activate ACC areas

UT Police/HSC Security

- Secure ACC, provide traffic control

Facilities Maintenance

- Assist with opening of ACC
- Facilities will be expected to work until relieved.

Human Resources

- Human Resources should update FAQ's and other applicable supervisor and employee resources.
- Human Resources should be prepared to receive additional questions about various types of leaves and unemployment, when applicable.
- Human Resources should review collective bargaining agreements and may have continued discussions with Union representatives.
- Human Resources will continue to monitor the Essential Employee List and guidelines.
- Human Resources and Benefits will monitor any possible change in health care benefits and prepare for an increase in questions.

Catastrophic

The following are considered guidelines and the decision as to what level the University is in will be made by the Incident Command Team in coordination with SLT and the UTMC Operations.

- The infrastructure in the community has been severely compromised in the wake of the event; caused by a novel virus, virulent seasonal flu or infectious disease outbreak with high morbidity and mortality

Travel restrictions have been imposed. The campus should close – all administrative offices should be closed and only essential employees should report to work. *The Hospital CEO should consider activating this phase of the plan based on information gathered by the ERT and various district and federal agencies.*

**Note: if no actions are listed for specific groups below, it is implied that assessment will occur of existing activities and continuation of previous transitional level or recovery level will occur until those actions are no longer deemed necessary.*

Department Specific:

- All departments should keep their staff informed about the status of the pandemic and the University's response.
- Prior to shutting down their offices, all departments should update their websites with closing status information and describe how it will impact their services.
- Departments should start planning by reviewing recovery plans.

Hospital Administration

- Close all clinical areas, cancel all appointments (unless able to be completed through telemedicine), clear all patients from schedule and instruct staff to convert areas to isolation wards.

Medical Staff (Physicians, Physicians Assistants, Clinical Nurse Specialists, etc.)

- Set up triage per the Code Yellow #EP-08-001

Information Technology (IT):

- IT will continue to monitor Information Technology infrastructure and make any adjustments as needed.
- IT essential personnel will be expected to continue to work schedules are required.
- IT leadership will establish internal broadcast IT communications through the Technology website as required.
- IT will continue to assess the impact of events on external service provider and partner availability and make adjustments as needed.

Recovery Level One

Pandemic is not declared over but there has been a downward trajectory of illnesses reported within a 14-day time period, and a downward trajectory of documented cases. UTMC is treating all patients without crisis care and has a robust testing program in place for at-risk healthcare workers. T*he Hospital CEO should consider activating this level of the plan based on information gathered by the Incident Command Team and UTMC Operations Team and various local, state and federal agencies.*

**Note: if no actions are listed for specific groups below, it is implied that assessment will occur of existing activities and continuation of previous transitional level or recovery level will occur until those actions are no longer deemed necessary.*

Institution-wide:

- The media will be provide information about the status of University and campus activities
- Campus community members will be encouraged to regularly check the Emergency Preparedness website for information and updates
- The **majority** of the University's face-to-face operations should remain **remote** with only essential personnel reporting as necessary
    - If employees or students must come to campus, a daily symptom assessment must be completed according to the current case definition. It is required that strict social distancing measures are in place at all times according to the current case definition.
- Wearing a face mask is required when coming to campus, if the case definition warrants this requirement.
- Gatherings/meetings should follow current ODH guidance.
- The Senior Leadership Team (SLT) and the Clinical Operations Team will continue to communicate with the Incident Command Structure, and as needed, with the University community via the University's website, text alert, UToledo News, and e-mail
- Conferences, camps, orientations and other large gatherings should be limited, canceled or postponed; any large event will need Senior Leadership Team (SLT) approval based on current ODH guidance.
- Each responsible college, school, and unit will serve as the communication link between campus service providers and clients who contract for use of UToledo facilities and services, to provide information about event cancellations and postponements
- Proper hand hygiene should be stressed and sanitizing stations should be available across campus
- University-wide safety plans should be developed and campus should be prepared to reopen on a limited basis. Such safety planning may include such measures as signage on social distancing, directing foot traffic, placing physical barriers in high traffic areas and re-evaluating office space for occupancy and proximity to others.
- Information on the availability of testing will be available to students, faculty and staff
- The University Libraries should deliver all services online
- Essential travel would be evaluated on a case-by-case basis and approved by the President
- Personal travel outside of the State of Ohio should be based on ODH guidance.

- Planning should begin to provide 1-2 weeks of preparation to restore campus operations and to make any social distancing modifications prior to resuming having an employee or student presence on campus
- Actions for University Health Center and Student Health and Wellness Center should be coordinated between UToledo and UTMC. UToledo has detailed actions outlined in the Pandemic Preparedness Operations Guidelines and the Pandemic Preparedness Recovery Options and Guidelines.
- If employees or students must come to campus, they will need to complete a daily symptom assessment.
- Social distancing measures will still be needed to the extent possible.
- Testing should be widely available to students, faculty and staff

Department Specific:

- All departments should keep their staff informed about the status of the pandemic and the status of the University
- Establish clear lines of communications with employees
    - Reach employees through combinations of emails, text and/or phone calls, leader talking points, FAQs or a website focused on pandemic related information
    - Encourage employees to follow the guidelines for remote working and leave during the pandemic, FMLA, FFCRA and other related resources from the UToledo Remote Working website available through Human Resources website.
    - Connect employees to employee assistance program (EAP) resources (if available) and community resources as needed. Employees may need additional social, behavioral, and other services, for example, to cope with the death of a loved one
- Departments should evaluate workspace for social distancing measures and safety guidelines for potential reopening
- <u>Departments are responsible for purchasing additional cleaning supplies or physical environment modifications.</u> The following practices should be implemented:
    - All workers are advised to work 6 feet apart and/or in separate rooms whenever possible, refrain from riding together whenever possible, refrain from taking breaks in the same areas and from sharing work related tools, equipment and cleaning solution spray bottles when possible
    - All workers are advised to wear appropriate PPE when working (gloves and goggles when dispensing chemicals or working with tools/equipment that require eye protection).
    - All workers will clean and disinfect frequently touched surfaces, tools and equipment after each use.
    - All workers are advised to follow proper hand hygiene
- Implement extended remote working (when feasible) or until further notice
- Implement protocols that encourage staff to telework for conferences/meetings (when feasible)
- Implement protocols for employees to stay home
    - Employees are required to stay at home if they are symptomatic and must follow current procedures if they have been in close contact with someone that has been diagnosed with the illness.

        - Any faculty, staff or student who tests positive or is presumptive positive should follow the processes in place for contract tracing and possible isolation measures
- All departments should update their websites with any details on any pandemic-related changes to service levels
- In the event that various departments permit employees to come to campus on a limited basis, information should be provided on how to stagger these visits and that cloth masks are recommended

Infection Control
- Provide guidance on available cleaning products for use within the facility given limited or potentially unavailable existing resources.
- Assist areas not previously impacted with exposure to suspect, probable, or confirmed cases in infection prevention practices.
- Continue contact tracing in hospital operations in conjunction with the Toledo Lucas County Health Department.

Patient Care
- Continue use of proper PPE, hand hygiene, and all other patient care recommendations.

Hospital Administration
- Develop a procedure to operationalize resuming elective procedures.
- Develop a procedure to operationalize resuming clinical operations.
- Resuming procedures will be based on guidance from the Governor.

Medical Staff (Physicians, Physicians Assistants, Clinical Nurse Specialists, etc.)
- Adjust workforce to accommodate the resumption of elective procedures and clinic operations.

Pharmacy
- Continue to inventory and stock pharm

Pathology Lab
- Develop standard operating procedures to increase testing availability.

Office of Communications
- Communicate with campus community on recovery plans

UT Police/HSC Security
- Public Safety should have an elevated state of awareness and readiness for support but will not go to 12 hour shifts or invoke mutual aid until a need determined by the Chief of Police or designee or the Incident Commander.
- Measures to limit employee contact like suspending in-person roll calls, limiting the number of officers on station, and others will be evaluated and implemented by the Chief of Police or designee
- All non-essential operations will be suspended; any exceptions to this will require approval

from the Chief of Police or designee
- Police reports for past offense incidents and or non-violent crimes will be conducted over the phone. Interviews will also occur over the phone when practical
- While UTPD always operates with a non-arrest philosophy to law enforcement, UTPD recognizes the importance of citation versus arrest whenever possible to keep jail census low
- Alternative work schedules to limit employee contact potential will be evaluated and implemented as determined by the Chief of Police or designee.
- Public safety will adhere to current best practices in PPE use based on CDC and local health department recommendations
- Public Safety will continue manager level briefings to communicate more information to rank and file.
- Updates on external public safety operations will be provided as necessary to the EOC
- Staffing shortages will be monitored and managed with Human Resources

Facilities Maintenance
- Minimum staffing levels for all areas within the division will be implemented
- Ensure facilities are reviewed to meet current needs (e.g., HVAC space allocation, social distancing, signage, etc.)

Environmental Health and Radiation Safety
- Work with purchasing to ensure PPE needs are met including fit testing and work with infection control on PPE education.

Environmental Services
- Create SOPs for cleaning high touch surfaces for those areas that will open up after being off-line.

Food and Nutrition Services (FANS)
- Develop an operational plan to re-open the Bistro including social distancing.
- Re-opening of this area will be based on guidance from Governor.

Legal/Risk Management
- Continue to review guidance documents pertaining to employees and HIPAA/patient's rights

Information Technology (IT):
- IT should have an elevated state of awareness and readiness for communications support.
- IT will participate in the UTMC Operations Planning and best delegate and execute to facilitate prompt, accurate, and reliable communications.
- IT staffing and systems shortages will be monitored and managed as required.

Human Resources:
- Human Resources should prepare to receive questions and provide guidance regarding Return to Work authorization, when applicable.
- Human Resources should prepare for the possibility of an increase in ADA requests, if

applicable.

- Human Resources will continue to update HR FAQ's and provide any additional resources to managers and employees.
- Human Resources should prepare for an increase in transactions and retroactive employment actions and requests.
- Human Resources and Benefits will monitor any possible change in health care benefits and prepare for an increase in questions.

Purchasing

- Work with IC to secure needed resources through Logistics Section Chief
- Additional supplies should be evaluated for bulk order for re-opening (masks, cleaning wipes, social distancing signs, barriers, etc.).

Recovery Level Two

Pandemic is not declared over but there has been a sustained downward trajectory of illnesses reported within a 14-day time period, and a sustained downward trajectory of documented cases. UTMC is treating all patients without crisis care and has a robust testing program in place for at-risk healthcare workers. T*he Hospital CEO should consider activating this level of the plan based on information gathered by the Incident Command Team and UTMC Operations Team and various local, state and federal agencies.*

**Note: if no actions are listed for specific groups below, it is implied that assessment will occur of existing activities and continuation of previous transitional level or recovery level will occur until those actions are no longer deemed necessary.*

Institution-wide:

- UTMC may resume face-to-face operations but will continue to encourage teleworking and remote/online academic instruction to the extent possible
- Gatherings should be limited based on ODH guidance.
- Business travel may resume if approved by the immediate supervisor and pending university funding
- Facilities Maintenance and Custodial to prepare the campus for return of faculty/staff/students to campus.

Department Specific:

- Faculty and staff may return to campus; however, any individual who can work remotely, should continue to do so with supervisor approval. Those individuals who are members of a vulnerable population and are required by their job description to work on site, will need to request reasonable accommodations through Human Resources by completing the application at https://www.utoledo.edu/depts/hr/compliance/Workplace-Accommodations.html Remote work accommodations will be assessed on a case by case basis as part of the interactive process.
- Faculty and staff should evaluate their campus workspace to ensure there is proper social distancing (i.e. cubicle space, shared offices, i.e. may necessitate new configurations/layouts, rotating staffing levels/etc.)
- Implement Social distancing measures:
    - All workers are advised to work 6 feet apart and/or in separate rooms whenever possible, refrain from riding together whenever possible, refrain from taking breaks in the same areas and from sharing work related tools, equipment and cleaning solution spray bottles when possible.
    - All workers are advised to wear appropriate PPE when working (gloves and goggles when dispensing chemicals or working with tools/equipment that require eye protection)
    - All workers will clean and disinfect frequently touched surfaces, tools and equipment after each use
    - All workers are advised to follow proper hand hygiene
- Contingency plans will need to be developed by departments to address how work will be covered in the event that a faculty member and/or employee contracts the virus and is unable to work for an extended period of time

- Meetings and gatherings should be held online whenever feasible
- Congregation in small areas should be discouraged
- Academic administrative departments are responsible to ensure that shared workstations have appropriate supplies to disinfect desktop, telephone, mailboxes, copiers etc. between each use.
- Academic administrative departments are responsible to ensure face-to-face meetings and/or conference areas have appropriate supplies to disinfect table top, chairs, telework phones, mailboxes, copiers, etc., between each use
- Res-Life buildings are responsible to ensure shared spaces have appropriate supplies to disinfect common areas between each use
- All departments ensure that department owned classrooms are provided with appropriate supplies to disinfect desktops, chairs and podiums between each use
- All departments holding events have appropriate supplies to disinfect critical touch point areas between each use

Recovery Level Three

Pandemic is not declared over but there has been a sustained downward trajectory of illnesses reported within a 14-day time period, and a sustained downward trajectory of documented cases. UTMC is treating all patients without crisis care and has a robust testing program in place for at-risk healthcare workers. T*he Hospital CEO should consider activating this level of the plan based on information gathered by the Incident Command Team and UTMC Operations Team and various local, state and federal agencies.*

**Note: if no actions are listed for specific groups below, it is implied that assessment will occur of existing activities and continuation of previous transitional level or recovery level will occur until those actions are no longer deemed necessary.*

Institution-wide:

- Conferences, camps, orientations and other large gatherings will not be limited in size. Review general guidance for planning events and encourage social distancing.
- The university may resume face-to-face operations but may need to accommodate high-risk staff or employees who have childcare issues. See flexible work policies.
- The University Libraries reopen with some restrictions for public safety.

Department Specific:

- Meetings and gatherings should be held online whenever possible
- Congregation in shared areas should be discouraged.

Recovery Level Four

Pandemic is declared over and University operations can resume. T*he Hospital CEO should consider activating this level of the plan based on information gathered by the Incident Command Team and UTMC Operations Team and various local, state and federal agencies.*

Institution-wide:

- Based on information the Senior Leadership Team has received, an announcement should be made advising a partial, incremental or total return to normal operations.
- Information should be communicated via the information line, email, websites, and outside media.
- The Clinical Operations Team and Incident Command Structure should be disbanded.
- Actions for University Health Center and Student Health and Wellness Center should be coordinated between UToledo and UTMC. UToledo has detailed actions outlined in the Pandemic Preparedness Operations Guidelines and the Pandemic Preparedness Recovery Options and Guidelines.

Department Specific:

- All staff should be informed that they can return fully to work

- Once campus operations have been restored to normal, the Senior Leadership Team, Incident Command and department heads should attend a debriefing session to review the response, recovery and recommended changes to the plan
- Finance and Administration should assess the financial impact the pandemic has had on the University. The University should seek assistance from federal funding if it is made available

Appendix A
Bed Surge Resources

Clinic Bed Counts

Clinics #1 "Cardiovascular"	Number of Rooms:	17
Clinics 2nd floor "Urology & Surgery"	Number of Rooms:	17
Clinics Med Pavilion 1st floor "transplant, GI, ortho, IVP"	Number of Rooms	52
Clinics Med Pavilion Basement "Pain, PMR, therapy	Number of Rooms	17

Ruppert Health Center

Pediatrics	Number of Rooms:	11
Dermatology	Number of Rooms	16
Infectious Disease	Number of Rooms:	8
Allergy/Rheum	Number of Rooms:	14
Behavioral Health/Recovery	Number of Rooms:	27

Creation of Large Wards

The following areas will be modified to a negative pressure or Airborne Infection Isolation (AII) room condition by Facilities Maintenance and MasCache supplies should be delivered to the area and exercise mats should be used for beds.

1. Morse Center
2. Collier Basement (training and simulation rooms)
3. George Isaac (27 bays)

Additional Staff/Medical Staff

- Medical School Faculty
- Research Nurses
- Nursing School Faculty (UT and UTMC)
- Medical Students
- Nursing Students (UT and UTMC)
- Non-traditional Nurses (RN's not working in clinical current clinical role)
- Research Laboratory Staff (Assist Clinical Lab)
- Medical Corps
- Retired Nurses
- Volunteers

Support Staff Non-clinical

- All UT Maintenance Personnel
- UT Campus Police/HSC Security

Isolation Guide for In-Patients
The following field guide contains precautions for infectious disease agents
https://www.utoledo.edu/depts/infectioncontrol/pdfs/isolation-guide-inpatient.pdf

OR Room Cleaning Guide

The following guide contains cleaning instructions for infectious disease agents
https://www.utoledo.edu/depts/infectioncontrol/links.html

Locations of Negative Pressure Rooms

Room #	Description of Room	Current Status	HEPA Filter	Room Monitor	Exhaust Fan #	Contact for Fan Failure
H1260	ED Isolation #20	Tested Ready to Use	Yes	Yes (Local)	EF-11-1	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; 419-383-1320
H1268	ED Isolation #16	Tested Ready to Use	Yes	Yes (Local)	EF-11-1	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; 419-383-1320
H1261	ED Isolation #19	Tested Ready to Use	Yes	Yes (Local)	EF-11-1	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; 419-383-1320
H1300	ED Isolation #21	Tested Ready to Use	Yes	Yes (Local)	EF-11-1	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; 419-383-1320
HOPACU1	Pre-Op Rm. #1	Tested Ready to Use	Yes	Yes (Local)	EF-13	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; 419-383-1320
HIPACU1	Recovery Rm. #1	Tested Ready to Use	Yes	Yes (Local)	EF-13	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; 419-383-1320
H3176	3D	Tested Ready to Use	Yes	Yes (Local/Engineers)	EF-5-TB	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; 419-383-1320
H3223	MICU	Tested Ready to Use	No	Yes (Local/Engineers)	EF-2	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; 419-383-1320
H3225	MICU	Tested Ready to Use	No	Yes (Local/Engineers)	EF-2	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; 419-383-1320
H3227	MICU	Tested Ready to Use	No	Yes (Local/Engineers)	EF-2	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; 419-383-1320
H3229	MICU	Tested Ready to Use	No	Yes (Local/Engineers)	EF-2	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; 419-383-1320

H4176	4D Fan	Tested Ready to Use	Yes	Yes (Local)	EF-5-TB	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; 419-383-1320
H5176	5D Fan	Tested Ready to Use	Yes	Yes (Local/Engineers)	EF-5-TB	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; 419-383-1320
H5179	5D Fan	Tested Ready to Use	Yes	Yes (Local/Engineers)	EF-5-TB	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; 419-383-1320
DH1565	Endo Cleaning Room	For Emergency Use	No	No	EF-8	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; 419-383-1320
H3105	3A Fan	For Emergency Use	No	No	EF-14	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; 419-383-1320
H3107	3A Fan	For Emergency Use	No	No	EF-14	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; 419-383-1320
H3109	3A Fan	For Emergency Use	No	No	EF-14	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; 419-383-1320
H3111	3A Fan	For Emergency Use	No	No	EF-14	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; 419-383-1320
H3113	3A Fan	For Emergency Use	No	No	EF-14	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; 419-383-1320
H6180	6D	Currently out of service/Utilized as workspace	Yes	No	F-4	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; 419-383-1320

H6186	6D	Tested Ready to Use/Currently Utilized as a meeting room	Yes	Yes (Local)	F-2	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; 419-383-1320
H6190	6D	Tested Ready to Use/Currently Utilized as an office	Yes	Yes (Local)	F-3	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; 419-383-1320
H6176	6D Fan	For Emergency Use	No	No	F-15	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; 419-383-1320
H2218	SICU Isolation Room	Tested and Ready For Use	No	Yes (Local)	EF-13	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; 419-383-1320
H2220	SICU Isolation Room	Tested and Ready For Use	No	Yes (Local)	EF-13	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; 419-383-1320
DH1570	Endo Bronchoscopy	Tested and Ready For Use	No	Yes (Local)	EF-8	Infection Control Pager (419) 218-3744 House Supervisor Pager (419) 218-4260; 419-383-1320

Room negative in use for chemical cleaning (glutaraldehyde)

Can be used for patient care but not monitored at room also supply would have to be dampered back to create negative

Currently out of service

Service to be determined by Air Quality prior to usage

*****Portable HEPA units can be utilized as needed with a window insert in patient rooms to add additional negative pressure locations. If a negative pressure room is required for an isolation case and is not available contact Infection Control at (419) 218-3744.

Appendix B
Infectious Disease Epidemic/Pandemic

If a large-scale disease outbreak or Bioterrorism Act is suspected, the Hospital's Emergency Response Plan will be activated.

The Emergency Department will utilize the ED triage room first. If needed, the Incident Commander, in conjunction with Infection Prevention and Control, will make a decision to activate existing negative pressure rooms.

The Incident Command Center may elect to utilize areas predetermined in the Surge Plan.
At the direction of the Incident Commander, Security will stop all non-essential personnel from entering the Emergency Department. Record keeping, including the name and phone number of persons/patients who were in the Emergency Department or waiting area at the time the patient or patients arrived, will be completed by personal in the ED. (At this time, all staff should be wearing appropriate personal protective equipment as designated by CDC and published on the Infection Control web site).

If an in-patient is identified with one of the conditions addressed by this policy, the following steps should be taken:

1. The Infectious Disease and the Infection Prevention and Control departments must be immediately contacted.
2. All the traffic to and from the affected unit must be stopped.
3. Staff must don the appropriate PPE (see Mid-Level and High-Level PPE).
4. PPE will be considered for patients and visitors that must remain in the area to reduce their risk of exposure.
5. The department manager or his/her designee will collect the names and phone numbers of potentially exposed individuals before they leave the unit.
6. These lists will be provided to Infection Prevention and Control who in turn will notify Occupational Health and Pharmacy for consideration of prophylaxis.
7. The department manager or his/her designee will notify the administrator on duty who will determine the need for the activation of the hospital Emergency Response Plan.
8. Patient may be transferred to a negative pressure room on the same floor. If this is not possible, another negative pressure room on another floor will be made available.
9. Facilities complete regular preventative maintenance on negative pressure rooms. Staff should verify the inward flow of air in these negative pressure rooms with a tissue test daily.
10. Outside agencies will be notified as appropriate.

Roles and Responsibilities

UTMC's goal is to prevent the transmission of infectious disease in the workplace(s). Managers as well as non-managerial employees and their representatives are all responsible for supporting, complying with, and providing recommendations to further improve this plan.

The Infectious Disease Safety Coordinator(s), listed below, implements and monitors this plan. The Infectious Disease Safety Coordinator(s) has UTMC's full support in implementing and monitoring this plan and has authority to ensure compliance with all aspects of this plan.

UTMC and the Infectious Disease Safety Coordinator(s) will work cooperatively with non-managerial employees and their representatives to conduct a workplace-specific hazard assessment and in the development, implementation, and updating of this plan.

This plan has been developed in conjunction with Licensed Health Care Professional, Infection Prevention and Control, Environmental Health and Radiation Safety, Facilities, and other service personnel. Employee suggestions will be solicited through the Health Science Campus Safety Committee and the Infection Control Committee. Suggestions will be integrated within the plan. Employee concerns will be addressed through the normal reporting process SM-08-030.

UTMC will communicate this plan with all other employers that share the same worksite and will coordinate with each employer to ensure that all workers are protected.

UTMC will adjust this plan to address any particular hazards presented by employees of other employers at the worksite. Communication will occur though existing methods (test bank, email, web pages, signs, etc.)

Infectious Disease Safety Coordinator(s)

Title	Contact Information (office location, phone, email address)
Infection Prevention and Control Director or designee	Pager: 419-218-3744

Notification and Report:

Infectious Disease, Infection Prevention and Control, the Emergency Department and hospital leadership must be notified immediately should any suspected or confirmed case of smallpox, plague, MERS, SARS, viral hemorrhagic fever, Ebola Virus Disease, or Avian Bird Flu occur. This notification can be completed by utilizing the hospital operator.

Those conditions must be treated as Public Health Emergency and immediately reported to the Toledo-Lucas County Department of Health:

(419) 213-4264 during business hours; fax (419) 213-4546. After hours (419) 936-2020

Transporting Patients

Patient transport will be completed by the nurse caring for the patient.

Department receiving confirmed or suspected patients for medical procedures (*i.e.* radiology or surgery, etc.) will be notified prior to transport for direct access to the procedure room and immediate care of the patient.

Other passengers will not be permitted on the elevator when the patient is transported. Transporters should politely but firmly ask others to exit the elevator.

The patient will wear a mask and transporter will wear appropriate PPE designated by the IC based on the CDC recommendations.

A clean sheet will be used to cover the patient's skin as much as possible. The sheet should be tucked under the stretcher or wheelchair to minimize patient movement and manipulation of infectious material.

If staff transporting the suspect patient and expect to have direct contact with him/her (e.g., contact with skin or oral secretions) when moving the suspect patient to a stretcher or wheelchair will change their gowns and gloves before transporting the patient. After transport of the Infectious Disease Agent patient, equipment used for transport (e.g., stretcher or wheelchair) and equipment in the procedure room (e.g., x-ray table) that has been contaminated (secretions from patient's cough or direct contact with the patient's skin lesions) will all be thoroughly cleaned with EPA-registered hospital disinfectants (e.g., quaternary ammonium compounds) or sodium hypochlorite (1:10 dilution of household bleach).

Staffing of Patients Care Team

All Emergency Department nurses are required to go through training and will perform phlebotomy. Laboratory personnel and select physicians have also been included in the PPE training and functional exercises. A Telemedicine approach is being used to provide consultation with those not entering the room. Protocols are in place to deliver food through nursing staff utilizing Policy #3364-104-305 Tray Preparation and Delivery.

Mid-Level Infectious Disease (i.e. SARS, MERS, COVID-19)

This section applies to all UTMC inpatient, emergency, procedural, diagnostic, ambulatory, and support areas, and to employees, licensed independent practitioners, students, volunteers, contractors, and other persons performing work in those settings. It addresses respiratory pathogens including, but not limited to, influenza, SARS-CoV-2, RSV, SARS, MERS, and newly emerging respiratory agents.

UTMC will use current CDC, Ohio Department of Health, and local public-health guidance as the clinical and infection prevention basis unless an approved institutional deviation is documented.

Initial Assessment and Isolation:

1. Always first ask the patient whether they have recently traveled using the current screening protocols per CDC guidance.
2. Acknowledge if the patient presents with symptoms consistent with the current case definition.
3. Contact Infection Control to determine the current status of travel associated illnesses and high-risk exposure. If symptoms are present but NO high risk exposure in the indicated time frame exists, please proceed with routine assessment and evaluation for more typical infectious disease using routine infection control guidelines.
4. If symptoms are present AND high risk exposure in the indicated time frame exists, please proceed as noted below:
    a. Immediately hand a surgical mask to the patient.
    b. Triage nurse is to put in Mid-Level precautions using the mid-level PPE cart.
    c. Limit the number of people entering the room.
    d. Anyone entering the room where the patient is isolated must put on ALL PPE as indicated for either disease.
    e. The patient must remain in the triage room until further instructions are given.
    f. Contact the House Supervisor. The HS will then contact the CNO (backup ED Director). The attending physician will be given contact information for a Infectious Disease Consult (page Infectious Disease).
    g. If it is determined by the on-site physician that patient meets the criteria, contact Toledo-Lucas County Health Department (TLCHD) immediately at 419-213-4205 and Infection Prevention and Control at 419-383-5006 (pager 419-218-3744).

Hazard Assessment and Worker Protections

UTMC will conduct a workplace-specific hazard assessment of its workplace(s) to determine potential workplace hazards related to the current Mid-level infectious disease (i.e. COVID-19). A hazard assessment will be conducted initially and whenever changes at the workplace create a new potential risk of employee exposure to Mid-level infectious disease (e.g., new work activities at the workplace).

UTMC and the Infectious Disease Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to conduct the workplace-specific hazard assessment.

UTMC will address the hazards identified by the assessment and include policies and procedures to minimize the risk of transmission of Mid-level infectious disease for each employee. These policies and procedures are as follows:

Patient Screening and Management

In settings where direct patient care is provided, UTMC will:

- Limit and monitor points of entry to the setting;
- Screen and triage all clients, patients, residents, delivery people, visitors, and other non-employees entering the setting for symptoms case defined mid-level illness;

Implement other applicable patient management strategies in accordance with the CDC guidance.

Standard and Transmission-Based Precautions

UTMC's has developed policies and procedures that adhere to Standard and Transmission-Based Precautions in accordance with CDC's Appendix A: Type and Duration of Precautions Recommended for Selected Infections and Conditions | Infection Control | CDC"

- Infection Control Precautions 3364-109-ISO-404

Personal Protective Equipment (PPE)

UTMC will provide, and ensure that employees wear, facemasks or a higher level of respiratory protection according to the current hazard assessment and CDC guidance.

Facemasks will be FDA-cleared, authorized by an FDA Emergency Use Authorization, or otherwise offered or distributed as described in an FDA enforcement policy. UTMC will provide employees with a sufficient number of facemasks, which must be changed at least once a day, whenever they are soiled or damaged, and more frequently as necessary (e.g., patient care reasons). Additional information about when respirator use is required can be found in the University of Toledo Respiratory Protection Program S-08-034

UTMC will not prevent any employee from voluntarily wearing their own facemask and/or face shield in situations when they are not required unless doing so would create a hazard of serious injury or death, such as interfering with the safe operation of equipment. When a facemask is required for clinical operations, employees must use those provided by UTMC.

In addition to providing, and ensuring employees wear, facemasks, UTMC will provide protective clothing and equipment (e.g., respirators, gloves, gowns, goggles, face shields) to each employee in accordance with Standard and Transmission-Based Precautions in healthcare settings in accordance with CDC's "Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007)," and ensure that the protective clothing and equipment is used in accordance with OSHA's PPE standards (29 CFR 1910 subpart I).

For employees with exposure to people with suspected or confirmed Mid-level Infectious disease, UTMC will provide respirators and other PPE, including gloves, an isolation gown or protective clothing, and eye protection as indicated. UTMC will ensure respirators are used in accordance with the OSHA Respiratory Protection standard (29 CFR 1910.134), and other PPE is used in accordance with OSHA's PPE standards (29 CFR 1910 subpart I). See The University of Toledo's Personal Protective Equipment Procedure (PPE) S-08-032 for more information on PPE.

Donning and Doffing instructions can be found at CDC PPE Donning and Doffing Guide.

For aerosol-generating procedures (AGPs) on a person with suspected or confirmed respiratory illness, UTMC will provide a respirator to each employee and ensure it is used in accordance with the OSHA Respiratory Protection standard (29 CFR 1910.134). UTMC will also provide gloves, an isolation gown or protective clothing, and eye protection to each employee, and ensure use in accordance with OSHA's PPE standards (29 CFR 1910 subpart I).

UTMC and the Infectious Disease Safety Coordinator(s) will work collaboratively with non-managerial employees or representatives to assess and address hazards, including when there is employee exposure to people with suspected or confirmed respiratory illnesses.

Non-disposable medical equipment must be cleaned per the manufacturer's recommendations.

Aerosol-generating procedures (AGPs) on a person with suspected or confirmed respiratory illness.

When an AGP is performed on a person with suspected or confirmed respiratory illness, UTMC will:

- Provide a respirator and other PPE, as discussed in the previous section;
- Limit the number of employees present during the procedure to only those essential for patient care and procedure support;
- Ensure that the procedure is performed in an existing airborne infection isolation room (AIIR), if available; and
- Clean and disinfect the surfaces and equipment in the room or area where the procedure was performed, after the procedure is completed.

Physical Distancing/Physical Barriers

UTMC will use current CDC, Ohio Department of Health, and local public-health guidance as the clinical and infection prevention basis unless an approved institutional deviation is documented.

Where feasible, UTMC will ensure that:

- Physical barriers are solid and made from impermeable materials;
- Physical barriers are easily cleanable or disposable;
- Physical barriers are sized (i.e., height and width) and located to block face-to-face pathways between individuals based on where each person would normally stand or sit;
- Physical barriers are secured so that they do not fall or shift, causing injury or creating a trip or fall hazard;
- Physical barriers do not block workspace air flow or interfere with the heating, ventilation, and air conditioning (HVAC) system operation;
- Physical barriers are transparent in cases where employees and others have to see each other for safety; and
- Physical barriers do not interfere with effective communication between individuals.

Cleaning and Disinfection

UTMC will implement policies and procedures for cleaning, disinfection, and hand hygiene as part of a multi-layered infection control approach.

Follow standard procedures for cleaning:

- Standard Operating Procedure for Cleaning an Occupied Room
- Standard Operating Procedures for Terminal Cleaning

UTMC will provide alcohol-based hand rub that is at least 60% alcohol or provide readily accessible hand-washing facilities. In addition, signs will be posted encouraging frequent handwashing and use of hand sanitizers.

Ventilation

UTMC will implement policies and procedures for each facility's heating, ventilation, and air conditioning (HVAC) system and ensure that:

- The HVAC system(s) is used in accordance with the manufacturer's instructions and the design specifications of the HVAC system(s);
- The amount of outside air circulated through the HVAC system(s) and the number of air changes per hour are maximized to the extent indicated.
- All air filters are rated Minimum Efficiency Reporting Value (MERV) 13 or higher, if compatible with the HVAC system(s); if not compatible, the filter with the highest compatible filtering efficiency is used;
- All air filters are maintained and replaced as necessary to ensure the proper function and performance of the HVAC system;
- All intake ports that provide outside air to the HVAC system(s) are cleaned, maintained, and cleared of any debris that may affect the function and performance of the HVAC system(s); and
- Existing airborne infection isolation rooms (AIIRs), if any, are maintained and operated in accordance with their design and construction criteria.

Ventilation policies and procedures will be implemented, as part of a multi-layered infection control approach. UTMC will identify the building manager, HVAC professional, or maintenance staff member who can certify that the HVAC system(s) are operating as designed.

Additional measures may be used to improve building ventilation in accordance with "CDC's Ventilation Guidance". For example:

- Opening windows and doors during work hours when outdoor climate allows, and when doing so would not present other health or safety hazards;
- Running the HVAC system for at least 2 hours before and after the building is occupied;
- Using portable high-efficiency particulate air (HEPA) fan/filtration systems; or
- Other measures identified by the employer.

The following individual(s) is responsible for maintaining the HVAC system(s) and can certify that it is operating as designed.	
Title Manager, Mechanical Maintenance or designee on call	*Contact Information* *Office: 419-383-4913* *Plant Operations: 419-383-5353*

Health Screening and Medical Management

Refer to Exposure Management and Work Restrictions for Personnel Exposed to Potentially Communicable Diseases (See 3364-109-EH-501)

Training

UTMC will implement policies and procedures for employee training, along with the other provisions, as part of a multi-layered infection control approach.

UTMC's training program will be accessible in the following ways:

- Hands on Education through Staff Development and Infection Prevention and Control
- University of Toledo's Test Bank
- Newsletters via email
- Web page
- Daily Safety Huddle

UTMC will ensure that each employee receives training, in a language and at a literacy level the employee understands, on the following topics:

- Respiratory Illnesses, including:
  - How they are transmitted (including pre-symptomatic and asymptomatic transmission);
  - The importance of hand hygiene to reduce the risk of spreading infections;
  - Ways to reduce the risk of spreading through proper covering of the nose and mouth;
  - Signs/Symptoms of emerging pathogens;
  - Just-in-time training;
  - Risk factors for severe illness; and
  - When to seek medical attention;
- UTMC's policies and procedures on patient screening and management;
- Tasks and situations in the workplace that could result in infection;
- Workplace-specific policies and procedures to prevent the spread of respiratory illnesses that are applicable to the employee's duties (e.g., policies on Standard and Transmission-Based Precautions, physical distancing, physical barriers, ventilation, aerosol-generating procedures);
- Employer-specific multi-employer workplace agreements related to infection control policies and procedures, the use of common areas, and the use of shared equipment that affect employees at the workplace;
- UTMC's policies and procedures for PPE worn, including:
  - When PPE is required;

    - Limitations of PPE for protection;
    - How to properly put on, wear, and take off PPE;
    - How to properly care for, store, clean, maintain, and dispose of PPE; and
    - Any modifications to donning, doffing, cleaning, storage, maintenance, and disposal procedures.
- Workplace-specific policies and procedures for cleaning and disinfection;
- UTMC's policies and procedures on health screening and medical management;
- Available sick leave policies, any benefits to which the employee may be entitled under applicable federal, state, or local laws, and other supportive policies and practices (e.g., telework, flexible hours)

UTMC will ensure that the training is overseen or conducted by a person knowledgeable in the covered subject matter as it relates to the employee's job duties, and that the training provides an opportunity for interactive questions and answers with a person knowledgeable in the covered subject matter as it relates to the employee's job duties.

UTMC will provide additional training whenever changes occur that affect the employee's risk of contracting respiratory illness (e.g., new job tasks), policies or procedures are changed, or there is an indication that the employee has not retained the necessary understanding or skill.

Patient Placement

Patients will be placed in negative pressure rooms for all aerosol generating procedures. Admitted patients will be transferred to the designated respiratory illness rooms. Consider using 4CD as a rule out floor. 3CD and MICU will be used for confirmed patients. 5CD will be used as overflow and George Isaac will be used as an alternate care center if space is needed.

Laboratory Safety for Highly Infectious Disease

Follow equipment specific operating procedures for various testing methods.

Management of Waste

Solid wastes, including used personal protective equipment generated from known or suspected emerging infectious diseases shall be managed as regulated medical waste. Protective disposable gown and gloves shall be worn during infectious waste management.

Management of Deceased

In Lucas County, a consensus has been reached between the hospitals, funeral home directors, and the coroner on how to combine the CDC guidelines, National Funeral Directors Association guidelines, and Ohio Funeral Home Directors recommendations on transferring decedents from hospitals to morgues and funeral home locations. Review current LCHD guidance.

The consensus points are as follows:

- Excepting a coroner's case, hospitals will not remove lines, catheters, or other tubes when preparing the body.
- Funeral home directors, who have the proper PPE and training, will remove all lines, catheters, and other tubes when preparing to embalm the body.
- Prior to the transfer of the body to a body bag, the hospital will place a towel soaked in disinfectant over the deceased face ensuring the airways are covered. This practice will protect the hospital staff when transferring the body from the aerosolization of particles.
- Prior to the transfer of the body to the body bags, the hospital will remove any jewelry of other personal belongings from the deceased in a separate bag and return to items to the family. Hospitals should attempt to have jewelry and other personal belongings taken by family members upon admission to the hospital.
- The practice of wiping the body bag with disinfectant and double bagging .

Highly Infectious Disease (i.e. Ebola Virus Disease)

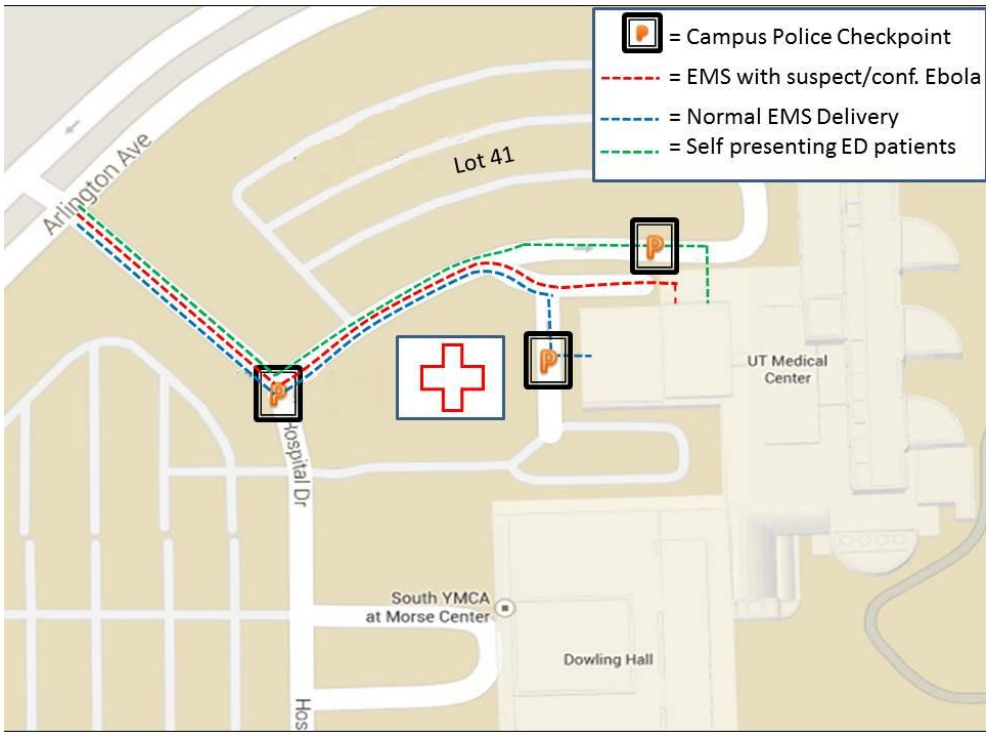
The University of Toledo Medical Center (UTMC) is currently listed as a front-line hospital for Ebola Virus Disease (EVD). If Patients Under Investigation (PUI) presents to the Emergency Department, UTMC will be required to isolate the patient per Ohio Department of Health (ODH) requirements until the patient can be transferred to an assessment hospital.

Ebola virus disease (EVD; also Ebola hemorrhagic fever, or EHF), or simply Ebola, is a disease of humans and other primates caused by ebolaviruses.

Initial Assessment and Isolation:

1. Always first ask the patient whether they have recently traveled anywhere outside of the United States.
2. Acknowledge if the patient presents with symptoms noted above for either disease.
3. Contact Infection Control to determine the current status of travel associated illnesses and high-risk exposure. If symptoms are present but NO high risk exposure in the indicated time frame, please proceed with routine assessment and evaluation for more typical infectious disease using routine infection control guidelines.
4. If symptoms are present AND high risk exposure in the indicated time frame, please proceed as noted below:
    a. Immediately hand a surgical mask to the patient.
    b. Triage nurse put on High-Level PPE.
    c. Anyone entering the room where the patient is isolated must put on ALL PPE as indicated for either disease.
    d. The patient must remain in the triage room until further instructions are given.
    e. IC will contact the House Supervisor. The HS will then contact the CNO (backup ED Director). They will make the decision to initiate a Code Orange if necessary. The attending physician will be given contact information for an Infectious Disease Consult (page Infectious Disease).
    f. If it is determined by the on-site physician that patient meets the criteria, contact Toledo-Lucas County Health Department (TLCHD) immediately at 419-213-4205 and Infection Prevention and Control at 419-383-5006 (pager 419-218-3744).
    g. After additional details of the case are reviewed with the physician on-site:
        i. Patient will remain in ED until further notice.
        ii. Decisions will be made about transportation of the patient to another location within UTMC.
        iii. Decisions on diagnostic testing will be made in consultation with the TLCHD.

Patient Transport from Points(s) of Entry to Designated Highly Infectious Disease Treatment Area



EMS Transport Route

1. When knowledge of a suspect patient is received EMS will contact UTMC and advise them of the anticipated transport arrival. This will give UTMC staff time to prepare the ED to receive such a patient.
2. Upon arrival at UTMC the squad should arrive & remain at the ED lobby entrance in their unit until met by UTMC staff.
3. At this time, the patient will be taken into room 21 (1300) by UTMC staff.
4. EMS squad should then drive to the trauma entrance.
5. They should remove their PPE outside (if weather permits). EMS should remain in second pair of clean booties before entering. If weather does not permit, they should enter through the ambulance doors. There they will remove their PPE after tarps are laid down. Staff will decontaminate the entrance floor if needed. EMS will then shower/decontaminate.
6. Once clean, EMS squad will be relocated to room 16 through the decontamination room.

Patient Route

1. In either of these two scenarios the patient will be screened by registration or pre-hospital by EMS personnel.
2. A patient arrival by either of these mechanisms will be given an isolation mask and held in the Triage room behind a closed door and observed through the window.
3. After two staff members have donned required PPE and activated protocol (See Initial Assessment and Isolation Protocol).

4. Patient will be moved by two staff members to room #21 and isolated. Containment in North/South corridor off of the waiting room. Triage room not utilized again until proper cleaning/disinfection has taken place.

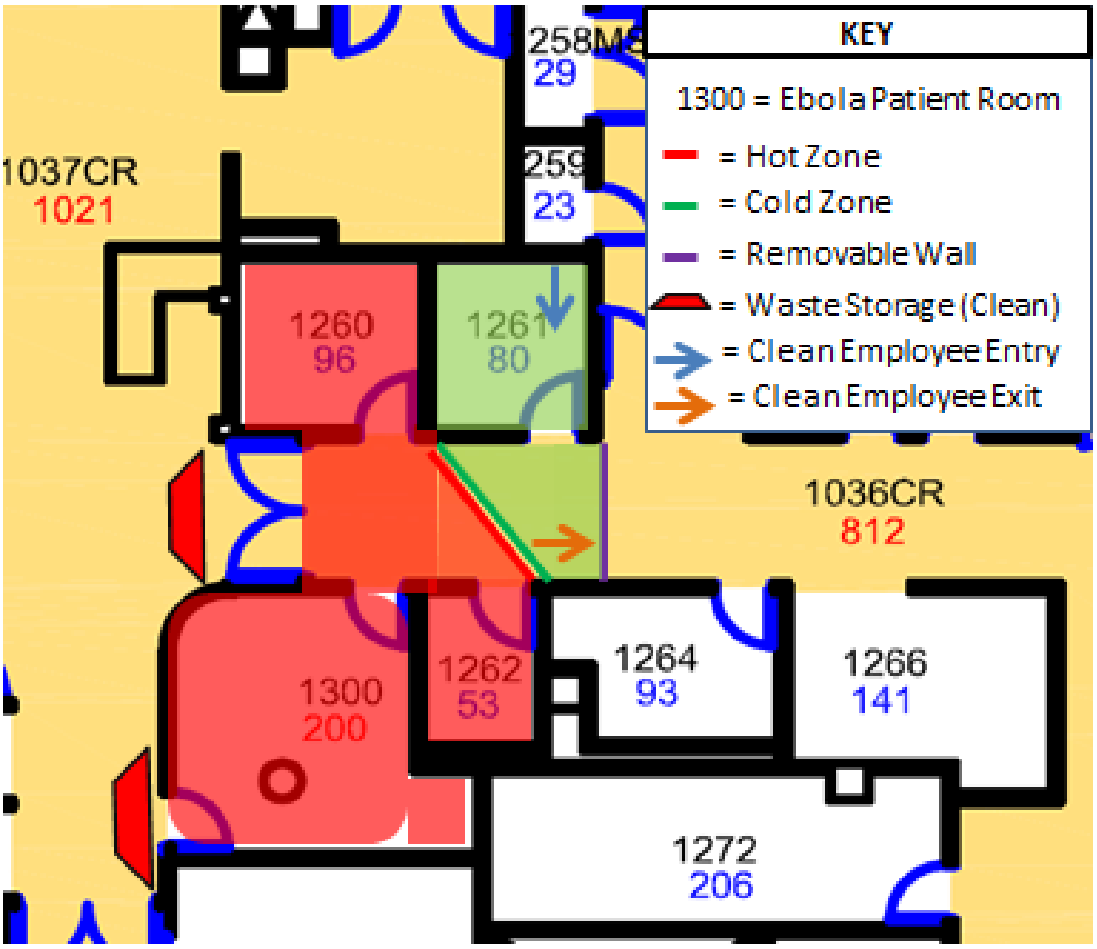
Initial Checklist for Nursing Staff

1. Once suspect patient has arrived to the ED, request the red/black cart from central and obtain the WOW.
2. Cart (red/black) goes inside of room 19 (1260) .
3. Two nursing staff members should suit up together wearing the appropriate PPE for the CAPR.
4. Once the staffers are suited up, remove the SANE equipment: POC cart, light and wall from patient room 21. Ensure Treatment room door 21 should be unlocked prior to patient arrival.
5. Patient should be given a surgical mask if they do not present with one.
6. The WOW goes inside of the patient room 21 and the computer goes by the back nursing station. Instructions to set up WOW are located on moving cart.
7. Place two chairs in the patients room 21 for Nurses.
8. Place the infectious waste container close to the patient's bed under the sharps container for disposal at the site of generation.
9. All medical supplies (thermometer, B/P cuff, vacutainer) are located in the left side of the bottom cabinet. Along with container for blood sample vials. Electronic stethoscope is located in ED director's office.
10. Instructions for the packaging of blood vial samples are located inside manila folder.

Initial Checklist for Containment Area

1. Obtain Decontamination cart. Cart goes outside of room 20 (1261) in hallway on the clean side.
2. Place two chairs in the hallway for doffing.
3. Set up two piece removable wall placing the door section next too room 1264, and the solid section next to 1261. Clip walls to ceiling grids and to each other to secure.
4. Place mirror inside of patient room 19.
5. Shut door to patient room 19.
6. Shut automatic doors off (do not lock doors, waste will be stored in this area).
7. Ensure laboratory personnel have confirmed receipt of Code Orange page.

NOTE: Post doffing staff shower is located on the second floor across from the SICU.


KEY
1300 = Ebola Patient Room
= Hot Zone
= Cold Zone
= Removable Wall
= Waste Storage (Clean)
= Clean Employee Entry
= Clean Employee Exit
258M2
29
259
23
1037CR
1021
1260
96
1261
80
1036CR
812
1300
200
1262
53
1264
93
1266
141
1272
206

SITE MANAGER/PPE TECHNICIAN

Mission: Coordinate the on-site staff PPE donning/doffing and decontamination activities related to hazardous materials within the bio-containment area.

Date: _____ Start: _____ End: _____ Position Assigned to: _____ Initial: _____

Position Reports to: HazMat Branch Director Signature: _____

Hospital Command Center (HCC) Location: _____ Telephone: _____

Fax: _____ Other Contact Info: _____ Radio Title: _____

Immediate (Operational Period 0-2 Hours)	Time	Initial
Receive appointment, briefing, and any appropriate materials from the Hazardous Materials Branch Director.		
Read this entire Job Action Sheet and review incident management team chart.		
Notify your usual supervisor of your HICS assignment.		
Document all key activities, actions, and decisions in an Operational Log on a continual basis.		
Appoint Decontamination Unit members that act as backup to your position.		
Brief patient care staff members on current situation, incident objectives and strategy; outline action plan; emergency safety procedures and designate time for next briefing.		
Oversee the set-up of biocontainment/decontamination areas to perform technical, and emergency decontamination for all patient care staff. • In ED setup hard walls • Shut off automatic door in ED • Obtain PPE Response cart from storage near ED • Spray bottles/Alcohol Based Hand Rub • Provide 5 gallon patient waste buckets		
Ensure Unit members comply with safety policies and procedures and use appropriate personal protective equipment.		
Collect and secure staff valuables in lockbox on PPE cart; coordinate with Security Branch Director.		
Ensure timely processing of patient care staff through decontamination (consider 20 minutes for donning (2) individuals and 30 minutes for doffing).		
Ensure entry log is completed. Ensure medical monitoring of decontamination and patient care team members through Employee Health & Well-Being Unit.		
Ensure proper waste and water collection, disinfection and disposal, in compliance with		

Immediate (Operational Period 0-2 Hours)	Time	Initial
recommendations from water authority, emergency management, and local hazardous material team/fire department.		
Ensure post PPE session shower is operational (work with facilities).		
Ensure ongoing staff rotation.(4hours in then switch w/backup for 4 hours out) 12 hour shift		
Coordinate any requests for external resources with Hazardous Materials Branch Director and Liaison Officer.		
Attend briefings and meetings as needed.		
Communicate to patient care and support outside via phone or radio.		

Intermediate (Operational Period 2-12 Hours)	Time	Initial
Communicate or meet regularly with the Hazardous Materials Branch Director for status reports, and relay important information to Unit Members.		
Ensure staff are rotated and replaced as needed.		
Track results of medical monitoring of staff; coordinate with the Employee Health & Well-Being Unit Leader.		
Ensure hazard monitoring continues and issues are addressed; coordinate with the Safety Officer.		
Ensure chain of custody of personal valuables in coordination with the Security Branch.		
Ensure decontamination supplies are replaced as needed.		
Prepare for the possibility of evacuation and/or the relocation of the decontamination area, if needed.		
Communicate status with external authorities, as appropriate through Hazardous Materials Branch Director and in coordination with the Liaison Officer.		
Develop and submit an action plan to the Hazardous Materials Branch Director when requested.		
Advise Hazardous Materials Branch Director immediately of any operational issue you are not able to correct or resolve.		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
Continue to monitor Patient care unit personnel's ability to meet workload demands, staff health and safety, resource needs, and documentation practices.		
Monitor levels of all supplies, equipment, and needs relevant to all decontamination		

Extended (Operational Period Beyond 12 Hours)	Time	Initial
operations, in coordination with Supply Unit.		
Address patient valuables issues; coordinate with the Security Branch Director.		
Brief Hazardous Materials Branch Director regularly on current condition of all decontamination operations; communicate needs in advance.		
Continue to document actions and decisions on an Operational Log (HICS Form 214) and send to the Hazardous Materials Branch Director at assigned intervals and as needed.		
Continue communication with appropriate external authorities; coordinate with the Liaison Officer.		
Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques.		
Observe all staff for signs of stress and inappropriate behavior. Report concerns to the Employee Health & Well-Being Unit Leader. Provide for staff rest periods and relief.		
Upon shift change, brief your replacement on the status of all ongoing operations, issues, and other relevant incident information.		

Demobilization/System Recovery	Time	Initial
As needs for the Unit's staff decrease, return staff to their usual jobs and combine or deactivate positions in a phased manner.		
Ensure Patient care Decontamination Unit members are notified to terminate operations.		
Ensure decontamination equipment is cleaned, repaired, and replaced as warranted to equipment		
Ensure disposable materials and waste are properly managed.		
Address return of patient valuables with the Security Branch Director, law enforcement, fire department, and hazardous material team.		
Ensure the decontamination area is decontaminated, commensurate with agent risks.		
Ensure medical monitoring data on decontamination staff is collected and submitted to Employee Health & Well-Being Unit for review and entry into personnel health files.		
Ensure medical surveillance of decontamination staff is initiated as needed and/or per recommendations of internal/external experts, in collaboration with Employee Health & Well-Being Unit.		
Ensure return/retrieval of equipment and supplies and return all assigned incident command equipment.		
Notify Hazardous Materials Branch Director when clean-up/restoration is complete.		

Demobilization/System Recovery	Time	Initial
Debrief staff on lessons learned and procedural/equipment changes needed.		
Upon deactivation of your position, ensure all documentation and Operational Logs (HICS Form 214) are submitted to the Hazardous Materials Branch Director or Operations Section Chief, as appropriate.		
Upon deactivation of your position, brief the Hazardous Materials Branch Director or Operations Section Chief, as appropriate, on current problems, outstanding issues, and follow-up requirements.		
Submit comments to the Hazardous Materials Branch Director for discussion and possible inclusion in the after-action report; topics include: • Review of pertinent position descriptions and operational checklists • Recommendations for procedure changes • Section accomplishments and issues		
Participate in stress management and after-action debriefings. Participate in other briefings and meetings as required.		

Monitoring Healthcare Personnel and Managing Exposures

Monitoring and Management of Potentially Exposed Personnel to Ebola Virus Disease (EVD)

1. Employees with percutaneous or mucocutaneous exposures to blood, body fluids, secretions, or excretions from a person under investigation (PUI) for or with confirmed highly infectious disease, should:
    a. Stop working and immediately wash the affected skin surfaces with soap and water. Mucous membranes (e.g., conjunctiva) should be irrigated with copious amounts of water or eyewash solution.
    b. Immediately contact your supervisor and Infection Prevention (419-218-3744).
    c. Report to the Emergency Department for assessment and access to post-exposure management services for all appropriate pathogens (e.g., HIV, Hepatitis B, Hepatitis C).

2. Healthcare personnel with known exposure, while not wearing appropriate personal protective equipment, to a person under investigation for, or with confirmed highly infectious disease, who develops sudden onset of fever, fatigue, intense weakness or muscle pains, vomiting, diarrhea, or any signs of hemorrhage should:
    a. Not report to work or immediately stop working.
    b. Notify your supervisor and Infection Prevention (pager 419-218-3744) immediately. Note: Infection Prevention will notify local and state health departments.
    c. Comply with work exclusion until deemed no longer infectious to others.

The following is a guide to be used to determine exposure and response. All response activities will be under the guidance of the Infection Prevention in coordination with Local and or State Public Health Authorities.

High Level Infectious Disease Containment Entry/Exit Log

DATE	Printed Name of Personnel Entering or Receiving Items from I.D. Containment Area	Contact Information	Signature:	Airborne Isolation Room Daily Air Exchange Monitoring (See Form)	PURPOSE FOR ENTERING
		Job Title:	Signature:		
		Phone Number			
		Job Title:	Signature:		
		Phone Number			
		Job Title:	Signature:		
		Phone Number			
		Job Title:	Signature:		
		Phone Number			
		Job Title:	Signature:		
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		Phone Number			
		Job Title:	Signature:		
		Phone Number			
		Job Title:	Signature:		
		Phone Number			
		Job Title:	Signature:		
		Phone Number			
		Phone Number			

Please fax this form at discharge or discontinuation of isolation to Infection Prevention at 3124 and forward the original to DOW 2102.

Laboratory Safety for Highly Infectious Disease

at this time UTMC is not testing internally for this agent

Pathology Standard Operating Procedure (Hospital Room 0107)

1. PURPOSE: In the event of a suspected highly infectious disease patient, trained employees in the pathology department will follow the steps listed below in order to mitigate risk associated with highly infectious disease. It is imperative that specimens from suspected and confirmed patients are handled in a safe manner, with strict adherence to standard safety precautions and the protocol outlined below.

2. INITIAL SET-UP:
   After being notified of a possible highly infectious disease atient, the following steps must occur before bringing in the biological specimen:
   a) Obtain scrubs, and change clothes in mens/womens locker room
   b) Obtain PPE Kit from room 0107 (Appendix A), and place in hallway for later dawning of PPE
   c) Set up BioSafety Cabinet (Area 2 of Appendix A) with all needed materials, including:
      i) Flu A and B kit
      ii) Malaria Kit (travel dependent)
      iii) Pregnancy Test
      iv) Inside Packaging Container for Shipment (leak-proof container)
      v) 10% Bleach spray
      vi) Double lined (red bio bag) infectious waste bin

3. COMMUNICATION AND DONNING OF PPE AFTER COLLECTION OF SPECIMEN:
   a) Notifications will be made to Clinical Laboratory Staff when the blood has been drawn and collected. When the notification occurs, two of the Clinical Laboratory Staff currently trained in PPE will begin donning according to the procedures listed in PPE Kit. Donning will occur in the hallway outside of room 0107 (Area 1 of Appendix A).
   b) After fully gowned, Clinical Laboratory Staff will notify Clinical Staff (Emergency Department or Others) that they are ready for the specimen.

4. DELIVERY OF SPECIMEN:
   a) After collection and notification of Clinical Laboratory Staff, delivery of specimen will occur by hand, directly to Hospital Room 0107 following the “Shipping SOP, Route to Microbiology BSL2 Laboratory.”
   b) Clinical Laboratory Staff will receive the container and bring it directly to the BioSafety Cabinet (Area 2).

5. SPECIMEN HANDLING AND PACKAGING:
   a) All processing and testing will be completed in the certified class II biosafety cabinet located in the lab. Liberally spray outer gloves with 10% bleach solution between steps.
   b) Any disposable waste must be placed in a 10% bleach solution and left in the hood (i.e. plastic loops, pipettes).
   c) After processing of the specimen, the specimen container (tube) must be externally cleaned with a 10% bleach or bleach wipe before being properly packaged and placed into primary leak-proof shipping container.
   d) After being wiped, the specimen will be placed in the primary leak-proof shipping container. Be sure to spray gloves with bleach solution after this step.

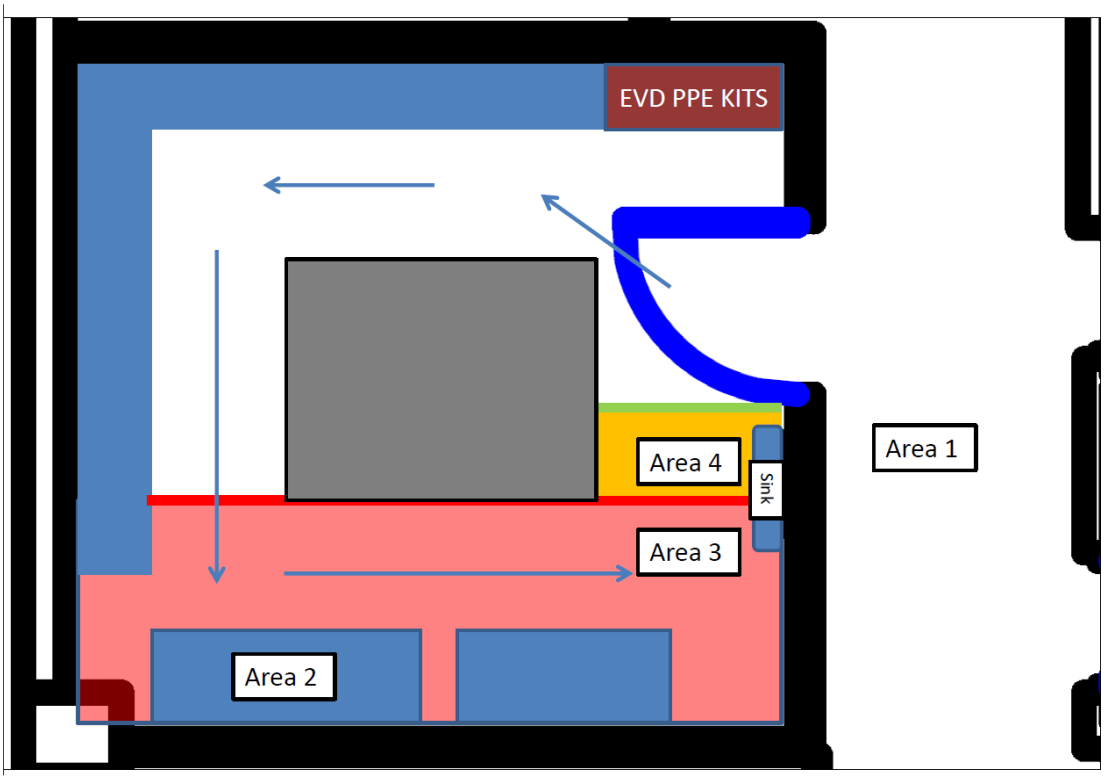
e) Following placement, the container will be sealed, wiped down with bleach wipe, and then handed over to the second Clinical Laboratory staffer, who will place it in the Outer shipping container.
f) The container will then be placed by the door for removal from lab after doffing of PPE has occurred.

6. CLEANING AND DISINFECTING OF BIOSAFETY CABINET
   a) Spray 10% bleach solution to the work surface and walls of BSC and wipe. Dispose of wipe in biohazard bin.
   b) Spray forearms and gloved hands with disinfectant as noted above.

7. DOFFING OF PPE:
   a) Staff will move to Area 3 (Appendix A) to remove PPE in accordance with the instructions in the PPE Kit.
   b) After removal, they will step from Area 3 to Area 4, in which staff will then wash hands with soap and water.
   c) Staff will then leave the laboratory through the door, not returning into the warm or red zones depicted on Appendix A by yellow and red, and also denoted in the lab with yellow and red tape.

8. MANAGEMENT OF SPILLS:
   All spills will be small due to the minimal amount of specimen collected. If a spill occurs, follow the steps listed below:
   a) Limit traffic near contaminated area. Cover accidental spills of potentially contaminated material with a paper towel saturated with 10% bleach. Allow to soak for 30 minutes.
   b) Dispose of spill waste in biohazard waste container with closed lid. .
   c) Liberally spray area with 10% bleach solution, allow to sit for 10 minutes, and then wipe up with paper towel, and dispose of in biohazardous waste container and seal the lid.
   d) Notify Environmental Health and Radiation Safety (419-530-3600) of spill and wait for further instructions to finish clean-up.

HOSPITAL ROOM 0107 ZONES



Instructions for Shipping Blood Sample for Diagnostic Testing

1. Nurse will complete blood draw using two purple top plastic tubes and one dark green plastic tube.
2. Nurse will collect a nasal swab using a green flu swab.
3. Wipe down both purple top and the dark green plastic tube with a bleach wipe (White Dispatch Container) ensuring the top of the tube is clean.
4. Place both purple top and dark green plastic tubes in the sealed container labeled Ebola Blood Samples found on the PPE response cart.
5. Spray the outer plastic red rimmed container with a 10% bleach solution.
6. Place the sealed container in a clear zip lock bag.
7. Spray the outer zip lock bag with a 10% bleach solution.
8. The Site Manager/PPE technician with clean gloved hands, inside containment, will receive the zip locked bag container. The PPE technician will spray the outer zip locked bag with a 10% bleach solution and place it outside the warm zone.
9. Support personnel will receive zip lock bag outside of containment and will deliver the diagnostic specimen by hand to the Microbiology BLS2 Lab in the hospital pathology laboratory for packaging in a Category A shipping box.
10. The diagnostic specimen must be stored at 2-8o C until ready for shipment.

Route to Microbiology BSL2 Laboratory

1. Walk through automatic doors on the back side of the Emergency Department, towards Radiology/MRI Suite.
2. Proceed to the patient elevators.
3. Once off the elevator proceed to the “Back Entrance” of the Pathology Laboratory.
4. Go straight down the hallway towards the Caged Area (Molecular Diagnostics).
5. Walk through the Caged Area and proceed towards the Microbiology Lab, room 0107.
6. Personnel from the Microbiology Lab will be there to receive specimen.

Environmental Infection Control and Equipment Reprocessing

Non disposable medical equipment will be cleaned per manufacturer’s recommendations.

1. In the patient room, the patient’s nurse should cleanse the contaminated equipment with according to IFU. Be sure to clean and disinfect all irregular surfaces and wheels of equipment.
2. The room nurse will then roll/hand off the unofficial cleaned equipment to the PPE tech, where he/she will clean equipment again with indicated wipes/solution while in full PPE.
3. Cover equipment with plastic bag and label as dirty so that it will be further decontaminated.
4. Roll/hand off equipment to staff member and store in designated dirty storage area.

Standard Operating Procedure for Cleaning an Occupied Room

Responsibility: Nursing Staff

Equipment Needed: Use only disposable, single use products

Bleach wipes/1:10 bleach solution
Red Biohazard Bags/Container
Wet mop

Frequency of room cleaning: Every 12 hours, to be completed by RNs.

Work from clean to dirty, outside toward center of room, and high to low.
Surfaces contaminated with blood or body fluids should be cleaned immediately with bleach.

Use a minimum of one bleach wipe for each item/surface. Use enough wipes to thoroughly saturate the area. Discard wipes after use on each item/surface. Surfaces must remain wet for 5 minutes for required contact time with disinfecting solutions. Use friction and be sure to wipe areas with irregular surfaces well.

1. Explain procedure to patient
2. Clean door handles, and door frame
3. Spot clean walls, windows, and baseboards, if soilage has occurred.
4. Clean light switches and thermostats
5. Clean wall mounted items – thermometer, glove box holder, Purell dispenser
6. Clean glass door panels, mirrors, and windowsill
7. Clean counter tops, sink, and sink fixtures
8. Wipe furniture and horizontal surfaces-chairs, radiators etc.
9. Wipe the bedside table (include underside and drawer)
10. Clean any dedicated patient equipment
11. Wipe equipment on walls—top of suction bottle, intercom, monitors, IV pole(s)
12. Clean the call button, phone, side rails and bed (cart) frame
13. Clean the commode. Start at the back, top of commode and work toward the areas that touch the patient. Pay close attention to the underside of the rim. Clean "legs" of commode.
14. Check sharps container. Replace if ¾ full. Do not wipe the top of the sharps container.
15. Inspect the privacy curtain for soilage. If soiled, remove and discard
16. Replenish paper towels, toilet paper and soap if needed
17. Wet mop the floor of room. Use bleach solution. Start at outer aspect of room and move toward the center. Discard mop head.
18. Wipe mop handle and place in designated area in room.
19. Dispose of all cleaning products in leak proof bags.

Prior to Shift Change:

1. Spray trash with bleach solution.
2. Empty all waste baskets, if ¾ full.
3. Wet mop complete area (including patient room, and bathroom where waste was stored)
4. Wipe down motor cords with disinfectant wipes.
5. Restock items needed for next shift (PPE, patient care items, etc.).

Doffing Area

Responsibility: PPE Technician

Equipment Needed: Use only disposable, single use products

Bleach wipes/bleach solution
Red Biohazard Bags/Container
Wet mop

The area is to be cleaned with bleach wipes/solution after each doffing procedure.
Hallways of "hot zone" mopped with bleach solution whenever patient care nurse exits patient room.

1. Doffing room is cleaned daily.
2. Wipe walls with bleach solution.
3. Surfaces contaminated with blood or body fluids to be cleaned immediately.
4. Wipe all surfaces with bleach solution, allowing too dry for 5 minutes.

Doffing Area PPE

All PPE will be disposed of in a red biohazard container lined with a red biohazard bag in the doffing area.
The only reusable equipment will be the PAPR and breathing tube.

1. Follow procedures as listed in the PPE donning and doffing procedures.
2. PAPR's will be placed on the Decontamination Cart 1 located inside room 20.
3. PAPR's will be externally wiped down with bleach wipes.
4. Hoses will be placed in 10% bleach bins and allowed to soak for 25 minutes before being removed.
5. Hoses will then be immersed in clean water for a final rinse.
6. Cleaned PAPR's and hoses will be placed on Cart 2 outside of room 20 in the hallway on the clean side.
7. Bleach water and rinsing water will be changed on a daily basis.*

Body fluid spills:

Responsibility: Nursing Staff

Equipment Needed: Use only disposable, single use products

Bleach wipes/bleach solution
Towel
Red Biohazard Bags/Container
Wet mop
Tongs

Spills involving infectious materials must be contained, decontaminated, and cleaned up by staff properly trained and equipped to work with highly infectious material.

1. Small spills (<25 ml).
   a. Wipe up immediately using bleach-soaked paper towel or bleach-wipe. Allow the disinfectant to act (about 15 minutes).

b. Discard waste into a red bin waste container for disposal.
c. Report the incident to the lead if you believe that it occurred as the result of poor practice or equipment failure.

2. Significant spills (greater than 25 ml. i.e.: body fluids), or spills which have splashed extensively or have contaminated personnel, are treated as follows:
   a. Alert staff in room and notify PPE technician of spill and affected area
   b. Assist patient being careful to not spread contamination
   c. Establish a spill parameter
   d. Visual check of PPE and clean any visible contamination. Wash/change contaminated gloves.
   e. Using a 10% bleach solution, saturate a towel and place over spill
   f. Leave saturated towel to soak on the spill for 15 minutes, maintaining saturation by pouring more bleach solution on top if needed
   g. Clean up spill working from the outside-in.
   h. Dispose contaminated towel into red bin waste container
   i. Repeat process if needed to remove spill
   j. Sanitize and remove outer layer of gloves
   k. Don new outer gloves
   l. Mop entire area of contamination with 10% bleach solution
   m. Dispose of mop head in red bin waste container.
   n. Sanitize and remove outer layer of gloves
   o. Don new pair of outer gloves
   p. Report to the staff and PPE technician that normal operation can continue.

Discharge Cleaning Allow room to be vacant for 48 hours. (Negative pressure)

Responsibility: Environmental Health and Radiation Safety Staff

Equipment Needed: Use only disposable, single use products

Bleach wipes/bleach solution
Red biohazard Bags/Container
Wet mop

All waste will be disposed of as contaminated infectious waste in the red biohazard bag/container Use a minimum of one bleach wipe for each surface and discard wipe after use on each surface. Use enough wipes to thoroughly saturate the area. Discard wipes after use on each item/surface. Use friction and be sure to wipe all areas with irregular surfaces well. Clean outer gloves with alcohol based hand rub frequently during process.

Discard all paper towels, toilet paper, toilet articles, all patient supplies, pillow, mattress and all disposable equipment.

1. Remove sharps container and discard.
2. Remove any containers that hold body fluids (suction canisters and IV fluids) and discard into commode. Add a 10% bleach solution. Seal container and allow to sit for 25 minutes.
3. Discard all patient care items,
4. Remove all linens from cart and discard (including pillow),
5. Remove privacy curtain and discard,
6. Clean any visible blood and body fluid from walls and floor. Check ceiling.
7. Clean door handles and push plate.
8. Clean light switches and thermostats.
9. Clean wall mounted items – thermometer, glove box holder, Purell dispenser.
10. Clean glass door panels, mirrors, windows, and window sill.
11. Clean counter tops, shelves, sink, and sink fixtures.
12. Wipe equipment on walls-intercom, oxygen outlet, suction outlet.
13. Clean dedicated patient equipment such as IV poles, IV pump and monitors (leave commode until end of room clean).
14. Wipe the over-bed table (include underside). Pay particular attention to areas frequently touched by patient.
15. Clean the stretcher.
16. Clean tops and sides of mattress—check for any cracks or holes. (Mattress must be discarded)
17. Clean stretcher rails and call light. Check and clean lower parts of stretcher frame, including casters.
18. Dispose of commode bucket.
19. Clean commode holder. Start at the back, top of commode and work toward the areas that touch the patient. Pay close attention to the underside of the rim. Clean “legs” of commode
20. Empty wastebaskets, clean with bleach wipes
21. Wet mop floors with bleach solution. Discard mop head. Wipe mop handle with bleach wipe.
22. Dispose of all cleaning products in leak proof bags. Including mop handle.
23. Allow room to be vacant for 48 hours after cleaning. (Negative pressure)

UTMC Patient Room Cleaning Checklist

Date:_____

Unit: ED Room 21_____

Instruction	Component
Use bleach wiped or 1:10 bleach solution	Work from clean to dirty, outside to center, high to low
	Spot clean surfaces of gross contamination before you disinfect. Friction is the key to bio burden
	Use one disinfectant wipe per item or enough wipes to thoroughly saturate the item. Allow to dry for 5 minutes.
Every shift	Door handles and door frame
	Clean walls, windows, and baseboards
	Light switches and thermostats
	Wall mounted items – thermometer, glove box holder, Purell dispenser
	Clean glass door panels, mirrors, and window sill
	Counter tops, sink, and sink fixtures
	Furniture and horizontal surfaces-chairs, radiators etc.
	Over bed table and drawer (and under table top)
	Dedicated patient equipment
	Equipment on walls: top of suction bottle, intercom, monitors, sharps container, IV pole
	Call button, phone, side rails and bed (cart) frame
	Bed frame, mattress,
	Wet mop floor
	Wipe handle of wet mop
	Dispose of all cleaning materials
	Commode
Replace as needed:	Hand sanitizer, Paper Towels, Soiled Curtains
For terminal cleaning, damp dust:	Mattress: top, sides, bottom
	Remake bed with clean linen
	Thoroughly dust after patient has been discharged
	Replace as needed: Pillows, mattresses, pillow covers, mattress covers

AM

Signature of person cleaning room:_____

PM

Signature of person cleaning room:_____

UTMC Daily Cleaning Checklist for Non-Patient Care Areas

Clean surfaces of gross contamination before you disinfect. Friction is the key to bioburden. Use one disinfectant wipe per item or enough wipes to thoroughly saturate the item. Do not use the same wipe for multiple items. Use bleach wipes or 1:10 bleach solution. Allow to air dry.

Date: _____
Time: _____

HIGH touch surfaces/doffing area	Initial when completed
Staff entry door handles (both sides)	
12" square area around door handle (both sides)	
Undressing area cupboards (pay special attention to handles/knobs)	
Any chairs/stools in undressing area	
Staff bathroom	
Bathroom door knob/plate (inner/outer)	
12" square area above/below door handle (both sides)	
Bathroom light switch	
Bathroom handrails by toilet	
Bathroom sink	
Toilet seat/chin	
Toilet flush handle	
Sink/faucet/handles	
Mirror	
Paper towel holder	
Toilet paper holder	
Empty trash/re-bag trash can	
Staff Shower (SICU area)	
Shower room door knob/plate (inner/outer)	
12" square area above/below door handle (both sides)	
Shower room light switch	
Shower room sink	
Shower stall	
Toilet seat/chin	
Toilet flush handle	
Sink/faucet/handles	
Mirror	
Paper towel holder	
Toilet paper holder	
Empty trash/re-bag trash can	
Change linen bag	
High touch surfaces redressing area	
Clean front of cart with clean scrubs--handles of cart	
Walls, door/door frame in shower	
Empty trash/re-bag trash can	
Change linen bag	

Signature of person cleaning room:_____

Management of Waste

Category "A" Infectious Waste Disposal Guidance

Questions regarding the designation of wastes as infectious may be directed to the Environmental Health and Radiation Safety Department. Large quantities of infectious waste (liquid and solid) can be expected with a disease outbreak event.

Liquid Wastes

1. Patients should use the bedside commode.
    a. Primary handling of liquid waste should occur in the patient's room and be performed by the primary healthcare workers (i.e., doctors and nurses) wearing recommended PPE.
    b. Wastes, including blood, feces and urine, shall be treated by adding a standard liquid bleach (~5%) until a 1:10 ratio bleach to water/waste ratio is achieved. The bleach/waste solution should sit for a minimum 25 minutes before being disposed of in the toilet next to the patient's room.
    c. Pour waste, avoiding splashing by pouring from a low level, into the toilet.
    d. Close the lid first, and then flush toilet.
    e. Clean and disinfect flush handles, toilet seat, and lid surfaces with EPA-registered hospital disinfectant/cleaner.
    f. Discard cleaning cloths in biohazard bags.
    g. Discard emesis and portable toileting containers as solid waste.
2. Follow recommended procedures for disinfecting visibly soiled PPE and removal of PPE.

Solid Wastes

1. Solid wastes, including used personal protective equipment, shall be packaged in a specific manner at the point of care and appropriately repackaged for shipment.
    a. Point of Care – Hot Zone
        i. Standard Infectious waste containers (red, plastic 28-gallon) shall be utilized at the point of care ("Hot Area").
        ii. Containers shall be double-lined with infectious waste (red) bags.
        iii. Carefully place sharps waste in appropriate disposable sharps container and close the container.
        iv. When the bag (or sharps container) is no more than 2/3 full, a freshly prepared 10% bleach solution should be poured or sprayed to sufficiently cover the surface of the contents.
        v. After pouring the disinfectant over the waste:
            1. Close the sharps container and place the full sharps container into the red infectious waste container.
            2. Tightly tie the red infectious waste bag closed.
            3. The outside of the bag should be wiped down with bleach wipes.
            4. Placed into another infectious waste bag which is then tied shut.
            5. The outside of the bag should be wiped down with bleach wipes.
                a. The now triple-bagged waste should be placed into a clean category A waste shipping container located in the ED lobby.

NOTE: Hands should be decontaminated with alcohol based hand rub between each step of waste management.

2. Waste Transport and Storage
    a. The category A shippers will be closed and stored in the ED lobby until a coordinated shipment is scheduled with Daniels.

Management of Deceased

Mortuary Guidance: Postmortem Preparation in a Hospital Room

1. Turn on thermal sealer.
3. Use digital camera or mobile phone to take a photo of the deceased's face. Send photo through secure means to the site manager. Decontaminate or properly dispose of camera or mobile phone.
4. Position gurney with three pre-opened body bags next to the hospital bed.
5. Pull bed sheet(s) up and around the body, leaving all medical equipment inserted. Do not wash or clean the body.
6. Remove first bag from gurney, gently roll the body allowing for body bag to be placed under sheets.
7. Complete transfer of body to the first bag. Minimize air inside of bag and zip up.
8. Disinfect gloved hands using ABHR. If any areas of PPE have been contaminated use EPA-registered disinfectant.
9. Disinfect outside of first body bag using EPA-registered disinfectant.
10. Transfer first bag with body to gurney, placing it on top of second bag.
11. Disinfect gloved hands using ABHR.
12. Fold second bag around first bag and heat seal approximately 2" from edges. Remove air from second bag. Heat seal bag again approximately 1" below initial seal and heat seal diagonally across corners. Use scissors to trim off any excess material along seam. Turn off or unplug thermal sealer. Decontaminate thermal sealer before it is removed from hot zone or reused.
13. Disinfect outside of second bag with EPA-registered hospital disinfectant.
14. Disinfect gloved hands with ABHR.
15. Work third bag around second bag. Zip up third bag and zip tie the zipper shut.
16. Disinfect gloved hands using ABHR.
17. Wheel gurney to decontamination area.
18. Decontaminate surface of body bag with EPA-registered hospital disinfectant.
    a. Begin by applying the hospital disinfectant to top of bag and any exposed areas of the gurney's cot.
    b. Roll bag to one side to decontaminate half of bottom of bag and newly exposed portion of gurney's cot.
    c. Repeat with other side of bag and gurney.
    d. After visible soil has been removed with EPA-registered hospital disinfectant wipe, reapply EPA-registered disinfectant and allow sufficient contact time, as specified by manufacturer.
19. Disinfect surfaces of gurney from handles to wheels with an EPA-registered hospital disinfectant.
20. Disinfect gloved hands with ABHR.
21. Push gurney so only gurney and decontaminated body bag enter cold zone. Do not enter cold zone. A new set of workers will receive the body.
22. Proceed to PPE removal area.

Special Populations

UTMC does not have a Pediatric or Labor and Delivery Service. With advance notice we would defer them based on ODH guidance. For emergent situations we would manage the patient using standardized emergency management techniques.

Ebola/VHF Guidance for Ambulatory and Outpatient Clinics

Pre-visit screening

During activation of the Ebola/VHF response, staff conducting appointment reminder or confirmation calls must complete travel screening before confirming the visit.

Ask:

"Have you traveled to Democratic Republic of the Congo, Uganda, or South Sudan within the past 21 days?"

If yes, ask:

"Since returning, have you had a fever (100.4 or above), headache, muscle pain, weakness, unusual fatigue, sore throat, loss of appetite, vomiting, diarrhea, abdominal pain, or unusual bleeding?"

- No relevant travel: Continue routine scheduling and care.
- Relevant travel without symptoms: Proceed as normal, advise patient to monitor for fever and symptoms for 21 days after departure from relevant country.
- Relevant travel with compatible symptoms: Tell the patient not to come to the clinic. Notify Infection Prevention immediately. Infection Prevention will coordinate with the appropriate health department.

Complete the same screening at check-in if it was not completed before arrival.

Patient identified by telephone

"Please do not come to the clinic. Stay where you are, avoid close contact with other people, and use a separate bathroom if one is available. Keep your phone nearby. We are contacting our Infection Prevention team, who will work with the health department and provide further instructions."

For a medical emergency:

"Call 911 and tell the dispatcher about your recent travel and symptoms. Do not drive yourself to the emergency department."

Patient identified at the clinic before rooming

- Do not place the patient in a waiting room or examination room.
- Do not obtain vital signs, perform an assessment, or collect specimens.
- Ask the patient to put on a surgical mask, if tolerated.
- If the patient can safely return to a private vehicle, direct the patient to go straight to the vehicle and remain there.
- Notify the clinic supervisor, Infection Prevention, and the appropriate health department immediately. Infection Prevention will coordinate with the health department.
- The patient must not drive to another clinic or hospital unless specifically directed.
- If the patient cannot safely return to the vehicle or has a medical emergency, call 911 and disclose the Ebola/VHF concern before EMS arrives.

"Because of your recent travel and symptoms, we need to limit contact while we contact our Infection Prevention team. Please return directly to your vehicle and stay there. Do not drive to another healthcare facility. Keep your phone available so we can give you further instructions."

If the patient appears too ill to return safely:

"Please remain where you are. We are calling EMS. They need to know about your travel and symptoms so they can arrive with the correct protective equipment."

Patient identified after rooming

- Keep the patient in the existing room with the door closed.
- Do not move the patient through the clinic or send the patient to a vehicle.
- Notify clinic supervisor, Infection Prevention, and the appropriate health department immediately.
- Do not enter or re-enter the room unless entry is essential.
- Do not obtain additional vital signs, collect specimens, or perform procedures unless directed by public health.
- Restrict access and document everyone who enters the room.
- Do not clean the room, remove waste, handle body fluids, or reuse equipment until instructions are provided.
- Coordinate transport through public health and the receiving facility. Suspected VHF patients should be moved by appropriately prepared medical transport rather than by private vehicle.

"Please remain in this room with the door closed. Do not leave unless staff direct you. We are contacting Infection Prevention and the health department so they can determine the safest next steps. We will limit entry into the room until the proper protective equipment and transport arrangements are in place."

Avoid Phrases

- "You have Ebola."
- "Go to the emergency department."
- "Drive yourself to the hospital."
- "It is probably nothing."

Staff should explain only that the patient's travel and symptoms require additional precautions and coordination with Infection Prevention and public health.

Review Date:

9/21/06
5/1/07
8/10/08
12/2/09
8/13/10
3/14/11
2/1/2013
8/25/14

4/15/15
8/6/2015
9/23/15
10/7/15
12/3/15
2/29/15
4/27/17
5/15/19
5/13/2020
7/29/2020
7/7/21
4/12/2023
9/16/2025
8/27/2026