The organisation of a Covid unit in Geriatrics

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GENERAL PROVISIONS - MANAGEMENT

- **Free up 1** dedicated COVID PM **manager**
- **Permanent** contact with the infection consultants / operational hygiene team
- **Training sessions**
  - for all members of staff (medical / non-medical staff, technical services, bio-cleaning, administrative staff), including staff outside of units (to serve as potential replacements and management of suspect cases outside COVID units)
  - of external staff (paramedics, security, switchboard, porters etc.)
- **Anticipate**
  - human needs (medical/non-medical staff), together with occupational medicine, to avoid exposing professionals with "high risk" status (see High Commission on Public Health (HCSP) advice dated 14/03/2020), a level of absence due to sickness of 25% should be expected
  - physical needs (office-related, treatments, drugs, narcotic drugs cabinet etc.)
  - plan for weekends
- **Prohibit family visits**
  - arrange to call the confidential contact for each patient every day at a time set by the doctors to give updates;
  - arrange a dedicated telephone number for psychological support (psychologists)
  - ideally implement a telephone or digital solution to allow interaction between patients and their relatives
- **Team management**
  - plan staff rotations "such as Balint groups ") to avoid exhaustion
  - regularly communicate with teams: limit "fake news"

HUMAN RESOURCES

In short: aim to double up medical and non-medical staff in terms of a normal acute Geriatric ward

- **Mobilise staff** (interaction with hospital senior management)
  - staff from other departments where the workload has dropped
  - health service reserve
  - medical students
  - professionals external volunteers / newly retired / Red Cross etc.
- **Short Stay Covid Unit:** Medical staff ratio 1 senior doctor + 1 intern / 6-8 patients
  Non-medical staff ratio 1 qualified nurse + 1 care assistant / 6 patients and a minimum of 1 manager per unit
  0.5 physios / 8 patients: mobility physio only for stable patients (see. HCSP 23/03/20)
  0.5 occupational therapist / 8 patients
- **Covid SSR (Aftercare and Rehabilitation) Unit:** aftercare for patients infected with Covid virus
  Medical staff ratio 1 senior doctor + 1 intern / 12 patients
  Non-medical staff ratio 1 qualified nurse and 2 care assistants/ 12 patients
  0.5 physios / 12 patients
  0.5 occupational therapists / 12 patients
  0.5 psychologists/12 patients
  0.3 dietitians /12 patients
- **Managing patients diagnosed with Covid 19 in long term care homes**
  - either transferred to short-term Covid Unit (where possible locally)
  - or strengthening of medical and paramedic teams with sectorisation of medical and non-medical professionals by Covid 19 positive and negative status, trying to meet the ratio of short stay Covid units: 6 to 10 Covid + patients: 1 qualified nurse / 1 care assistant / 0.5 medical staff
- **Continuity of care at nights and at weekends** over and above normal medical resources
  - 1 additional intern on a voluntary basis
  - 1 senior doctor present for at least half of an on-call period which can be altered to a complete senior on call

period if patients are unstable

- **To be detached for**
  - Mobile Palliative Care team: to help with treatment management, discussions about involvement in care, “Balint like” team staffing
  - time invested: pharmacists, infectious disease specialists, hygienists, clinical research

ORGANISATION OF BUILDINGS

- **Location**

Plan for clustering patients in dedicated units (on dedicated floors to avoid spread of disease) ideally close to intensive care or high dependency units, by transferring non-Covid patients

- **Scaling** assessed for a 20 to 35 -bed unit
  - 2 means of access with “clean”/”dirty” circuits
  - 1 medical office with ventilation (ringfenced in the “clean” sector)
  - 1 changing room for health professionals (with 2 access points: 1 clean / 1 dirty)
  - 1 nursing station and 1 paramedical office (ringfenced in the clean sector)
  - 1 snack room
  - 1 office for management
  - 1 stock room (materials / drugs / narcotic drugs cabinet)
  - toilets
  - 1 nearby break room, outside the sector

  NB: Dedicated premises can be “reclaimed” from bedrooms near the access points.
- **Bedrooms:** preferably a single room, but it is possible to treat patients with COVID in double rooms
- **Room ventilation:** bedrooms and offices where it is possible to open the windows, to reduce the circulation of the virus
- **Mobile patients**
  - where possible should be put in a Covid unit where it is possible to control patients exiting the unit (psychiatric unit type), otherwise plan solutions that reduce the risk of patients exiting while following fire safety regulations
  - to be moved where possible into bedrooms with a door windows for geographical isolation
  - if impossible, prescribe physical restraints in an armchair (to be renewed on a daily basis)
  - if there are mobile patients in the unit, DASRI (infectious clinical waste) bins should not be placed outside the bedrooms.

TRAINING SESSIONS

- **Training in the pathology of the Covid19 infection for medical and non-medical staff**
- **Regular interventions by the Operational Hygiene Team and managers** to organise and entrench hygiene precautions in Covid units (handwashing, dressing and-undressing, etc.) (see. dedicated AP-HP sheets)
- **Organisation of the management of deceased patients**
  - understanding how to manage the death procedure and its specifics (*see: managing the body of a patient with a probable or confirmed case of COVID-19 – HCSP 24 March 2020*).
  - Put in place a procedure for the removal of implantable devices: predominantly pacemakers (caution: the removal of a cardiac defibrillator requires you to have a magnet to hand)
  - See video: https://www.youtube.com/watch?v=Fcys_7nPKz8

LOGISTICS

- **Patients’ surgical masks**
  - patients must wear their masks as soon as a member of the staff enters their room
  - When caring for patients with dementia, a protective face visor must be worn by healthcare staff as well as a mask.
- **Installation of equipment outside the bedroom**
  - a Mobile Unit outside for clean equipment: surgical/FFP2 masks, clean eye guards, hats, gloves, long-sleeved gowns, hydro-alcohol solutions.
  - atrolley outside for dirty items: disinfectant bath (for eye guards), wipes (for stethoscopes, doorknobs , ECG etc.), yellow DASRI dustbin
- **Equipment installation inside the bedroom**
  - Hydro-alcoholic solution dispenser
  - DASRI yellow dustbin (avoid the type that opens by pedal action, as this is a source of spraying and use simple bins in preference)
  - mask(s) for the patient
- **Healthcare equipment**

For the whole unit : - 1 dedicated bladder scan
- 1 narcotic drugs cabinet

- 1 fridge for drugs
- 1 drug trolley
- 1 ECG machine (with electrodes)
- 1 resuscitation trolley with defibrillator
- Laminated notice with resuscitation procedure + emergency numbers

For 6 beds: - 1 dynamap
- 1 thermometer
- 1 blood glucose monitor
- 1 portable pulse oximeter
- 4 electric syringe pumps

Per patient: - 1 disposable stethoscope
- 1 O2 pressure gauge
- 1 hospital bed with stirrup
- 1 armchair with integrated drip stand
- 1 adaptable

- **Clean/disinfect +++ everywhere and all the time**, particularly focusing on:
  - door handles
  - telephones (with loudspeakers to avoid passing the phone to colleagues)
  - keyboards and mice
  - light switches
  - circulation circuit
  - provide plastic screen films to protect mobile phones
- **Monitor use to prevent any supply disruptions**
  - Hydro-alcoholic solution/soap
  - protective garments: masks (FFP2/surgical), gowns, hats, eye guards, disposable pyjamas, gloves in different sizes, shoe covers
  - drugs: antibiotics, morphine derivatives, benzodiazepines particularly midazolam, scopolamine, anticoagulants etc.
- **Other equipment**
  - office-related (computers, digital cordless phones, etc.)
  - video-conferencing solutions for communication with families
  - Free telephone /TV service provider for patients
- **Staff meals**
  - Ideally meals should be eaten alone (risk of contamination between healthcare staff during meals/snacks) Always follow barrier methods ++++
  - Snacks room within the unit
  - break room outside the unit (for meals, with change of working clothes)

ORGANISATION OF TREATMENT

- **Medical time**
  - working in pairs: 1 senior / 1 intern
    - 1 who examines inside (wearing “protective clothing”)
    - 1 who changes prescriptions / carries out observations outside the room, is allowed to bring any missing equipment / help with following hygiene procedures (checks colleague’s hygiene)
    - allow for 1 laptop computer per pair
  - visit all the patients in one go: in order to avoid having to change protective equipment (mask, hat, eye guards, gown)
- **Paramedic / non-medical time**
  - non-medical professions do their rounds as a pair:
    - one of them dressed (in “protective” clothing) in the room
    - one of them outside the room to provide medication and equipment, and to take vital signs
    - allow for one laptop computer per pair
  - visit all the patients in one go in order to avoid having to change protective equipment
- **General organisation of the unit**
  - avoid physical meetings of more than 5 people (telephone meetings are preferable
  - Organise taking breaks / meals in turn, in order to promote barrier methods being followed
  - psychological support
    - for teams and families accompanying people who have died
    - redeployment of neuropsychologists from memory consultations to Covid units
- **Anticipating the worsening of patients’ health**
  - discuss as a team the level of care to commit to each patient, following the specific standard procedures, following 3 guiding benchmarks:
    - stable patient
    - unstable patient

        - reassessment of a prior discussion
    - where possible, communicate the information to the patients, or to the families (contact person)

OPERATIONAL MONITORING

- **1 dedicated attending doctor** (non-treating), dedicated phone line
- **Identification of anticipated needs for the day**
    - patient flow: upstream services (acute geriatrics, acute medicine, SAU, intensive care) downstream services (COVID aftercare and rehabilitation, acute COVID medicine, intensive care, returning home, nursing home, long-term care home)
    - new case management
- **Centralise information**
- **Contact with crisis unit and senior management**
- **Follow procedures and ensure their roll-out functions correctly**
- **Work in partnership with the operational hygiene team**
- **Roll out training sessions**

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