

C&W COVID-19 Patient Flow and Management

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C&W COVID-19: PATIENT FLOW AND MANAGEMENT

Introduction

This document outlines the plans each clinical program within Children's and Women's hospital have considered, how they are planning to manage patients as well as outlining how the patients will move between the programs/clinical units when required to do so.

C&W COVID-19 Patient Flow & Management Principles

- Patient care and patient flows are organised to reduce the risk of transmission of COVID-19 to staff, patients and families.
- Care practices support the [MoH Infection Prevention and control policy/BC CDC Prioritisation of PPE Framework](#) and the [infection prevention and control Guidance on SARS-CoV-2 variants of concern](#)
- Care practice principles are implemented consistently across C&W clinical programs.
- Additional precautions including personal protective equipment are adhered to with patients with confirmed COVID-19 and patients under investigation (PUI)
- Space
 - Patients under investigation (PUI) or with confirmed COVID-19 will be cared for in a single private room with additional precautions
- Staff:
 - All staff are expected to care for confirmed patient(s) with COVID-19 and/or PUIs.
- Staff assignment:
 - In non-outbreak situation mixed patient assignment (usual assignment) are to occur.
 - In an outbreak situation refer to [COVID-19 case and outbreak management procedures](#).
- Equipment & Supplies:
 - Separate equipment and supplies as possible; adhere to cleaning principles before re-purposing.
- Minimize patient movement within the unit and hospital.
- Confirmed patient with COVID-19 should not be moved out of patient room unless medically necessary for tests or treatment or for discharge
- Zone planning to be completed within existing infrastructure/environment in an outbreak situation
- [Restrict and minimize essential caregiver\(s\)](#). Essential caregivers will stay with the patient in the patient's room.
- Necessary communication flows/pathways between staff and providers and to patients/caregivers are to be established.

COVID-19 Flow Considerations/Key Resources

Provider Flow

All clinical, non-clinical staff and physicians should follow the guidelines for [physical distancing at work](#), practice good [hand hygiene](#) and [appropriate PPE](#) according to [IPAC protocols for droplet and contact precautions](#) and [hierarchies of control for COVID-19](#).

Parent/ Family / Visitor Flow

- Visitors and family members' may be restricted at this time. Refer to the [COVID-19: Visitor Restrictions Policy](#) for further details.
- For women in labour, please refer to [BCW Support and mobility for women in labour during covid-19 pandemic](#).

Equipment Flow

Any equipment used for patients with confirmed COVID-19 will be cleaned appropriately before being used with another patient or moved to another area, according to the [IPAC Principles of Additional Precautions](#).

Meals / Nutrition Flow

[Isolation Precaution Rooms: Delivery and Pick up of Meals](#)

Information / Communication Flow

Signage to be posted at the entrance to every area or unit where contact and droplet precautions are necessary.

Prior to any transfer, teams should ensure they have communicated isolation status of any patient and accompanying family member to the receiving team.

[Airborne Precautions poster](#)

[Droplet & Contact Precautions poster](#)

[Physical \(social\) distancing with co-workers, patients, families and visitors during COVID-19](#)

Movement through the C&W campus

Where possible, clinical programs have identified their proposed routes from one program to another while maintaining the principles outlined above. This includes elevators, corridors, pods and any other patient areas. It may not be possible to use completely separate routes for COVID positive, PUI and COVID negative patients, but where possible, patients with confirmed COVID-19 should be kept two meters from all other patients.

Definitions and Terminology

The following definitions describe risk of transmission, patient status and PPE use.

Specific protocols around PPE use are not referenced in this document; rather, refer to [COVID-19: PPE Use – Application of PPE Emergency Prioritization Framework Policy](#)

Asymptomatic Contact / Asymptomatic Patient Under Investigation (PUI)

An individual who has come in contact with someone with known or suspected COVID-19 infection but has no symptoms attributable to the disease. Refer to [COVID-19 case and outbreak management procedures](#) for further details.

Contact

A patient/person who may have been in proximity with a person confirmed to have COVID-19 and may be at risk of COVID-19 infection.

COVID-19 Outbreak

- One laboratory confirmed case of health care associated COVID-19 in a patient/client; OR
- Two or more epidemiologically linked cases of COVID-19 each occurring > 48 hours after admission and within 14 days of each other, in a geographic area (e.g., unit or floor – may vary depending on facility layout and movement of staff/residents). One of these cases must be a patient/client

Immune Compromised

Anyone with one or more of the following:

- Persons on chemotherapy for cancer (as determined by most responsible physician (MRP))
- Human Immunodeficiency Virus (HIV) with a CD4 count of ≤ 200 cells/mm³ or $\leq 15\%$
- Any person taking a biologic/immunomodulatory therapy, prednisone of >20 mg/day (or equivalent dose) for ≥ 14 days, tacrolimus, sirolimus, mycophenylate, methotrexate, or azathioprine
- Premature neonates <37 weeks corrected gestational age

Severely Immune Compromised

Anyone with one or more of the following:

- Solid organ or bone marrow transplant*
- Leukemia*
- Lymphoma*
- Hypogammaglobulinemia*
- Others (as determined by MRP, based upon their assessment of the patient) may include:
 - Primary immunodeficiencies
 - T-cell primary immune deficiencies (eg. SCID, combined immune deficiencies)
 - Familial hemophagocytic lymphohistiocytosis
 - Type 1 interferon defects (primary immunodeficiency and acquired autoantibodies to type 1 interferons)
 - Agammaglobulinemia
 - Combined variable immunodeficiency (CVID)
- Combinations of diagnoses
- Medications that would confer severe immune compromise

*These diagnoses have been identified in the literature as being associated with prolonged shedding of live SARS-CoV-2 virus

Patient Under Investigation (PUI)

An individual with any of the below symptoms, signs or history for whom:

- Testing is not indicated because individual remains asymptomatic; OR
- Testing is not yet complete; OR
- Testing is negative but clinical suspicion for COVID-19 infection remains.

COVID-19 Infection/Exposure Symptoms, Signs or History:

- New or worse cough and/or shortness of breath

Signs and symptoms of fever (38C, rigors, shakes, chills)

- Sore throat, runny nose, nasal congestion, painful swallowing, malaise, headache, myalgia (muscle aches), chills, hoarse voice, prostration (extreme fatigue)
- Loss of taste or smell, nausea, unexplained vomiting and/or diarrhea for >24 hours
- Poor feeding (infant)
- Radiologic findings consistent with COVID-19 infection seen on x-ray or CT of chest
- Exposure history in the previous 14 days to someone with confirmed COVID-19 infection

Medium to High Likelihood (Initial Negative PCR):

- An individual presenting with a syndrome mimicking the symptoms and clinical findings of COVID-19 in the absence of another explanation, OR
- An individual presenting with ≥ 1 symptom of COVID-19 and known contact with a person with COVID-19 in the preceding 14 days

Low Likelihood (Initial Negative PCR):

- An individual presenting with one or more features of COVID-19 but who has a possible alternate explanation for symptoms; AND
- Has no exposure history in the previous 14 days to someone with COVID-19 like symptoms or confirmed COVID-19 infection.

C&W COVID-19: PATIENT FLOW AND MANAGEMENT

Patient with confirmed COVID-19

Patient with a positive SARS-CoV-2 (virus causing COVID-19) polymerase chain reaction (PCR) test or Nucleic acid amplification test (NAT)

Patient recovered from COVID-19

A patient who previously had confirmed COVID-19 and has been determined by Public Health and/or IPAC to no longer be able to transmit the virus

Patient status

This is the status of a patient in relation to COVID -19 status::

- Patient with confirmed COVID-19 positive (C19 +ve)
- Patient under investigation (PUI) for COVID-19 or other communicable infections
- Patient confirmed negative for COVID-19 (C19 –ve), and other communicable infections
- Patient's essential visitor is a confirmed or PUI.

Risk

This relates to the assessment of risk of contracting COVID-19 or potential to spread to others and is the trigger for patient testing and/or continuous use of PPE. This can be based on the procedure (ie AGMP) or other patient characteristics.

BC Women's Hospital and Health Centre (BCWH) Maternal Newborn Program

Introduction

Maternity patients cannot be cohorted for COVID-19 in the same way as patients in general acute care hospitals due to the nature of maternity care. The nature of maternity care is such that 10% of maternity patients develop a fever during labour. All patients awaiting COVID-19 test results are to remain in the patient's single room when possible with additional precautions while awaiting test results. There is no zone allocation – all maternity patients regardless of COVID-19 status follow routine paths of travel.

Throughout labour, delivery and postpartum, a patient is allowed to designate one asymptomatic support person that will be with them throughout their admission:

[COVID-19: C&W Visitor Restrictions 26 Jan 2021](#)

[Support And Mobility For Women In Labour During COVID-19 Pandemic 26 Jan 2021](#)

Patient Flow at BCWH Maternal Newborn Program

PUI COVID-19 or Confirmed with COVID-19

- UCC Room 1 and UCC room 10- designated for PUI COVID-19 or Confirmed COVID-19 patients requiring urgent maternity care
- HAU rooms T2-614 or T2-613 - with flexibility to open T2-6 12, T2-611 if required for increased volume of Confirmed COVID-19 patients
- TECK ACC L&D OR 2- dedicated for Confirmed COVID-19 and PUI COVID-19 patients (when emergent)
- Evergreen, Dogwood, Arbutus and Cedar Birthing Suites - Single patient care room unit(as required)
- FIR Rooms 1,2,3,4

Confirmed negative COVID-19

- UCC Rooms 2-9
- L&D rooms T2-601- T2-610
- TECK ACC L&D OR 1, 3, 4
- TECK ACC L&D PACU
- TECK ACC L&D OR prep room
- Evergreen, Dogwood, Arbutus and Cedar Birthing Suites
- FIR Rooms 5-12

C&W COVID-19: PATIENT FLOW AND MANAGEMENT

Urgent Care Centre (UCC)

Considerations

The BCWH UCC is located on the first floor of the 1982 building accessed by entrance 97. The UCC has 10 beds as well as a two bed room used for induction patients. During the pandemic, all patients continue to be admitted to BCWH by presenting to the UCC for triage and assessment as per the standard process. UCC Room 10 and Room 1 are negative pressure rooms with ante rooms and are the priority rooms for patients with confirmed COVID-19 and patients awaiting COVID-19 test results upon presentation to BCWH. Any direct admissions in the program will receive standard screening and assessment as per COVID-19 screening guidelines (including maternal and newborn readmissions).

All patients and visitors are screened before entry to UCC using the [COVID-19 Screening & Testing Algorithm](#) (refer to [ePOPS](#) for the latest version of the COVID-19 Screening Questionnaire and reference documents).

Upon arrival to BCWH UCC, both the patients awaiting COVID-19 test results and patients with confirmed COVID-19 follow the same patient flow to the designated single patient rooms in the UCC. If patients awaiting COVID-19 test result need to be moved out of UCC with pending test results due to increasing patient volumes or urgent patient requirements, they follow routine paths of travel within the program.

Patient flows in and out of UCC

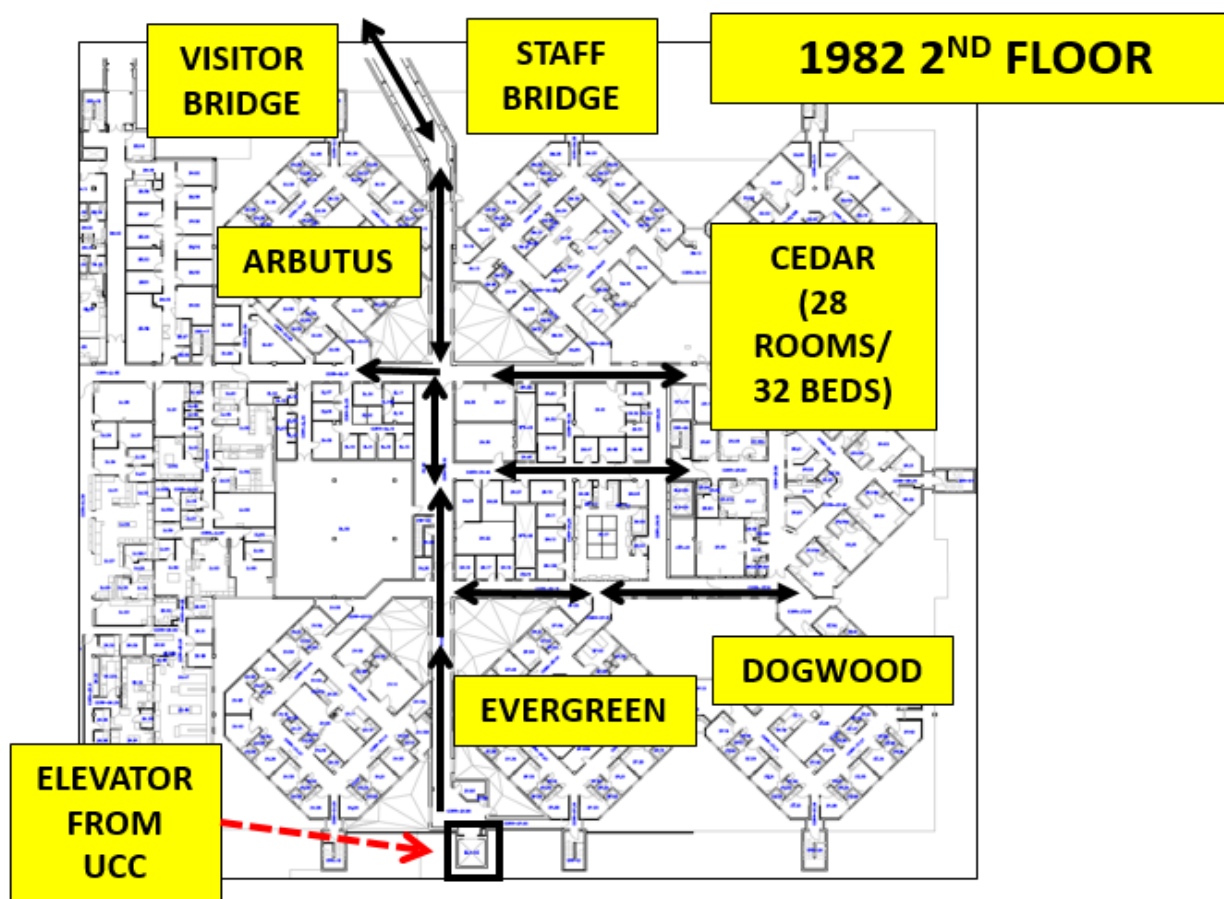
Transfer flows out of UCC follow the same fastest route of travel as Non COVID-19 patients.

Transfers out of UCC							
Origin	Patient Status	Discharge/Transfer Location					
		L&D	HAU	OR 2	Cedar, Dogwood, Arbutus, Evergreen	FIR	NICU/MBC
UCC	PUI for COVID-19	✓	✓	✓ if urgent	✓	✓	✓
	Confirmed COVID-19 +	✓	✓	✓	✓	✓	✓
	Multiple COVID-19 + cases		✓	✓			✓

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**UCC → 2nd Floor (1982 and TECK ACC) → HAU / OR 2 / L&D
/ CEDAR / OR / AP / PP**

Origin	Route	Destination
UCC Main Entrance	UCC Elevator to 2 nd floor, route via Staff bridge	CEDAR, L & D and OR / HAU / AP / PP



Labour and Delivery (L&D)

Considerations & Patient Management

BCWH L&D is located on the 2nd floor of Teck ACC and has 14 single rooms. Rooms T2-611, T2-612, T2-613 and T2-614 are dedicated to a high acuity service, known as the High Acuity Unit (HAU). HAU rooms T2-614 and T2-613 are the designated rooms when required for an increased volume of Confirmed COVID-19 positive patients.

HAU Room T2-614 has an ante-room for donning and doffing and thus the preferred room to be used for a Confirmed COVID-19 positive patient.

Patients with confirmed COVID-19 and patients awaiting COVID-19 test results will not recover in PACU after surgery. If required, HAU T2-614 is used as a PACU for patients with confirmed COVID-19 after caesarean section. Patients awaiting COVID-19 test results are to be recovered in the OR. If recovery in the OR is not operationally feasible, they are to be transferred to recover in an HAU patient room while results are pending.

Labouring patients with confirmed COVID-19 will be cared for as per routine paths of travel, ensuring additional precautions and guidelines are provided for minimizing exposure, and providing adherence to supply and cleaning procedures. When there are multiple cases of patients with confirmed COVID-19, labouring patients may be admitted to the HAU rooms and will be cared for in a single room maternity model, where patients will labour, deliver and receive postpartum care until discharge.

It is expected that some patients will become symptomatic while in labour, however it is expected that the majority of those symptomatic patients tested will be confirmed COVID-19 negative. Patients who become symptomatic during labour and delivery on Teck ACC will:

- be initiated on [Additional Precautions](#) (refer to [COVID-19 case and outbreak management procedures](#))
- be tested for COVID-19
- remain in their assigned room until transfer/escalation of care to limit movement within program
- be transferred to an inpatient unit with pending status (PUI)
- mixed assignments of COVID-19 status patients (Cold/Warm/Hot) is permitted, and the care team will follow additional precautions and management of supplies as per routine practices
- cohort zones will be activated/required only with a high volume of COVID-19 cases within program/clinical area as directed by IPAC

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Patient flows in and out of Labour and Delivery

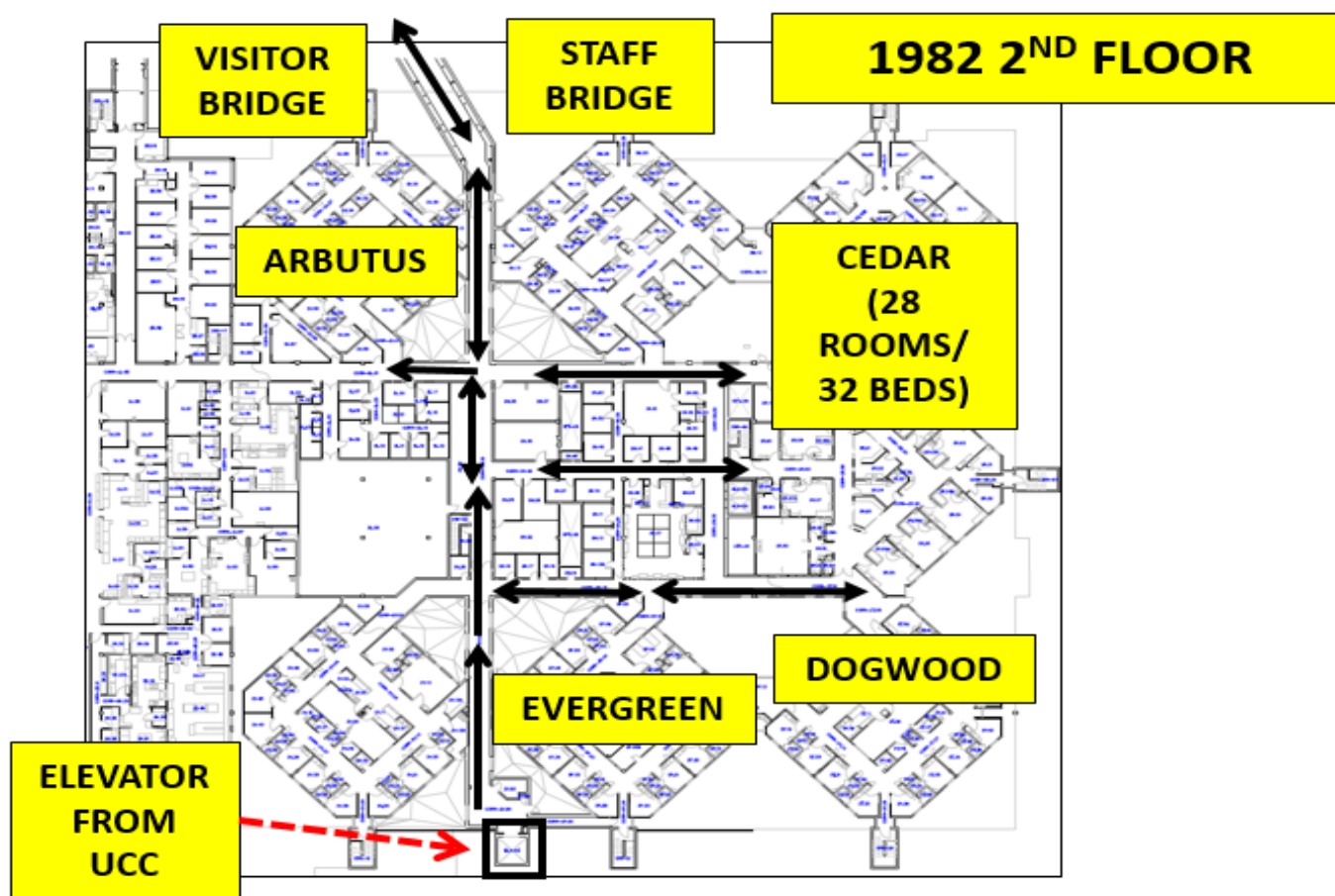
Transfer flows in and out of L&D follow the same patient routes as Non-COVID-19 patients.

Admissions to L&D					
Origin	Patient Status	Admission Location			
<ul style="list-style-type: none">• UCC• Cedar, Dogwood, Arbutus, Evergreen• FIR• OR	PUI for COVID-19	All rooms applicable			
	Confirmed COVID-19 +	All rooms applicable			
	Multiple COVID-19 + cases	Rooms T2-614 or T2-613,T2-612, T2-611 (L&D HAU)			
Transfers out of L&D					
Origin	Patient Status	Discharge/Transfer Location			
		Cedar, Dogwood, Arbutus, Evergreen	OR 2	FIR	NICU/MBC
L&D	PUI for COVID-19	✓	✓ if urgent	✓	✓
	Confirmed COVID-19 +	✓	✓	✓	✓
	Multiple COVID-19 + cases		✓	✓	✓

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UCC → 2nd Floor (1982 and TECK ACC) → HAU / OR 2 / L&D / CEDAR / OR / AP / PP

Origin	Route	Destination
UCC Main Entrance	UCC Elevator to 2 nd floor, route via Staff bridge	CEDAR, L & D and OR / HAU / AP / PP



TECK ACC L&D Operating Rooms (ORs)

Considerations & Patient Management

BCWH has four ORs in the Teck ACC, a patient prep room and a four bed PACU for caesarean sections and other surgical procedures. Teck ACC OR 2 is dedicated for Confirmed COVID-19 and PUI COVID-19 patients. OR2 has been stripped of any non-essential equipment and a designated area for donning and doffing has been created. OR1 can be used as a back-up OR for PUI COVID-19 patients. The Patient Prep area and PACU is for Non COVID-19 patients only.

Patients confirmed with COVID-19 will be prepped for and recovered after the OR in HAU room T2-614 (or another HAU room if T2-614 is unavailable).

Patients awaiting COVID-19 test result will be prepped and recovered in the OR. If the OR is urgently required, the patient will be transferred either back to their assigned room, or to a room in HAU to recover pending test results. A PACU RN is to be assigned to recover the patient in the appropriate room.

Patient flows in and out L&D ORs

Flows in and out of L&D OR 2 located in the TECK ACC will follow the same patient routes as patients with confirmed negative COVID-19 except they would not be recovered in TECK L&D PACU and would be re-routed through the fastest way by using the back entrance of the OR towards HAU for PACU recovery.

Admissions to OR 2		
Origin	Patient Status	Admission Location
<ul style="list-style-type: none">• L&D• UCC• Cedar, Dogwood, Arbutus, Evergreen• FIR• OR	PUI for COVID-19	OR 2 if urgent
	Confirmed COVID-19 +	OR 2
	Multiple COVID-19 + cases	OR 2

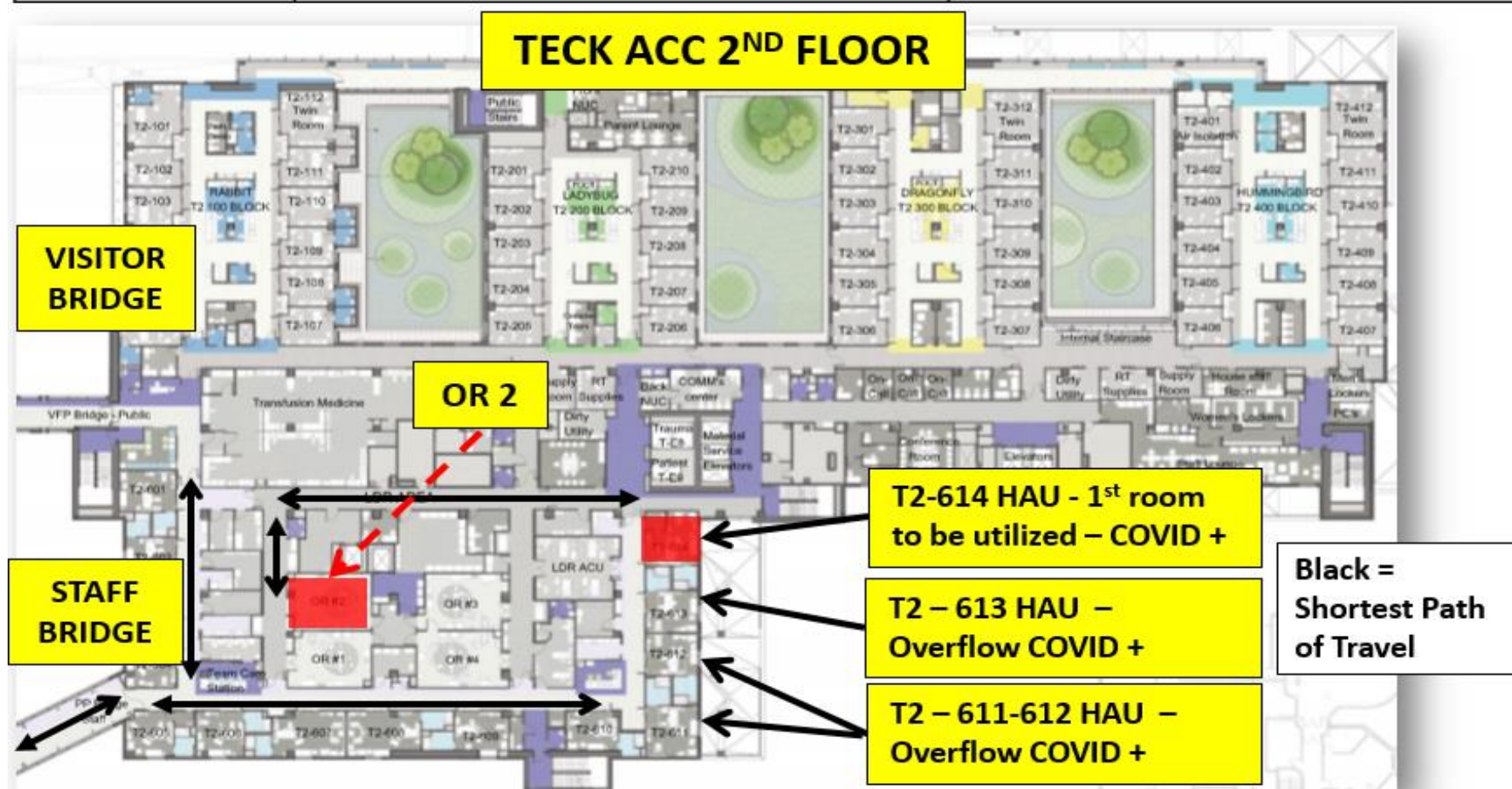
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Transfers out of OR 2						
Origin	Patient Status	Discharge/Transfer Location				
		Cedar, Dogwood, Arbutus, Evergreen	HAU 11- 14	L&D 1- 10	FIR	NICU/MBC
OR 2	PUI COVID-19	If unable to recover in OR		If unable to recover in OR		✓
	Confirmed COVID-19 +		✓		✓	✓
	Multiple COVID-19 + cases		✓		✓	✓

C&W COVID-19: PATIENT FLOW AND MANAGEMENT

UCC → 2nd Floor (1982 and TECK ACC) → HAU / OR 2 / L&D / CEDAR / OR

Origin	Route	Destination
UCC Main Entrance	UCC Elevator to 2 nd floor, route via Staff bridge	CEDAR, L & D and OR , HAU / OR 2



C&W COVID-19: PATIENT FLOW AND MANAGEMENT

Dogwood, Arbutus, Evergreen and Cedar Birthing Suites

Considerations & Patient Management

Dogwood, and Arbutus are designated postpartum units. Evergreen is a designated antepartum unit and will accept overflow postpartum patients during surge management of the Maternal Newborn Program. Cedar Birthing Suites is a single room maternity model (SRMC), where women labour and stay postpartum until discharge.

If there is increased volume of Confirmed COVID-19 positive patients and/or outbreak situation cohorting and flows will be re-evaluated in consultation with IPAC and may result in a singular unit to be identified as a secondary hot zone after utilizing HAU (primary Hot zone).

Patients who become symptomatic while on Dogwood, Arbutus, Evergreen and Cedar Birthing Suites will:

- be initiated on Droplet and Contact precautions, Airborne for AGMPs
- be tested for COVID-19
- remain in their assigned room until transfer/escalation of care to limit movement within program
- Mixed assignments of Covid-19 status patients is permitted, and the care team will follow additional precautions and management of supplies as per routine practices
- Cohort zones and outbreak management will be activated/required only when an outbreak occurs within program/clinical area as directed by IPAC

Patient flows in and out of Evergreen, Dogwood, Arbutus and Cedar Birthing Suites

Flows in and out of Evergreen, Dogwood, Arbutus and Cedar follow the same patient routes as Non-COVID-19 patients.

Flows in and out of Dogwood, Arbutus, Evergreen, Cedar for Confirmed COVID-19 positive and PUI COVID-19 patients:

Admissions to Dogwood, Arbutus, Evergreen, Cedar		
Origin	Patient Status	Admission Location
• L&D • UCC • FIR • OR	PUI for COVID-19	All rooms applicable
	Confirmed COVID-19 +	All rooms applicable
	Multiple COVID-19 + cases and/or outbreak	Do not move to Dogwood, Arbutus, Evergreen, Cedar unless hot zone activated in clinical area

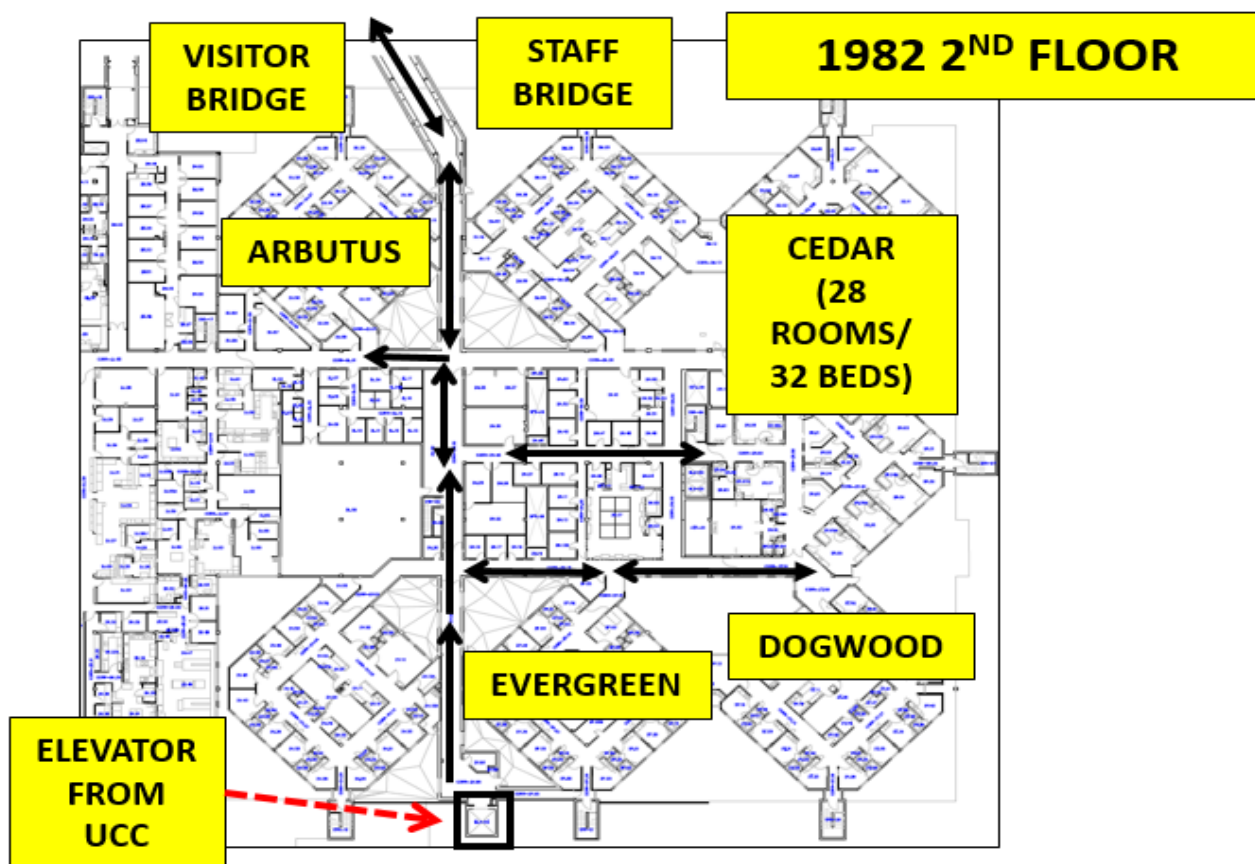
C&W COVID-19: PATIENT FLOW AND MANAGEMENT

Transfers from Dogwood, Arbutus, Evergreen, Cedar						
Origin	Patient Status	Discharge/Transfer Location				
		L&D	HAU	OR 2	FIR	NICU/MBC
Dogwood, Arbutus, Evergreen, Cedar	PUI for COVID-19	✓	✓	✓ if urgent	✓	✓
	Confirmed COVID-19 +	✓	✓	✓	✓	✓
	Multiple COVID-19 + cases and/or outbreak		✓	✓	✓	✓

C&W COVID-19: PATIENT FLOW AND MANAGEMENT

UCC → 2nd Floor (1982 and TECK ACC) → HAU / OR 2 / L&D / CEDAR / OR / AP / PP

Origin	Route	Destination
UCC Main Entrance	UCC Elevator to 2 nd floor, route via Staff bridge	CEDAR, L & D and OR / HAU / AP / PP



FIR

Considerations & Patient Management

FIR provides care to women using substances and infants exposed to these substances. The adult population on FIR is susceptible to COVID-19 due to the vulnerability of social determinants of health alongside the concurrent opioid crisis. There are 12 single rooms on FIR. It is expected that FIR will remain at maximum patient capacity at all times. Mother and baby dyads stay in each room, and there is an infant nursery on the unit to care for babies when required. A patient's partner may stay in the room with the mother and baby if asymptomatic, as per the Fir Unit's Visitor restriction policy.

Room 1 is the only negative pressure room on FIR and is the designated room to care for a Confirmed COVID-19 positive patient. If an outbreak of COVID-19 occurs on FIR, cohorting and flows will be re-evaluated in consultation with IPAC.

Adult patients that become symptomatic while on FIR will:

- be initiated on Droplet and Contact precautions, Airborne for AGMPs
- be tested for COVID-19
- remain in their assigned room until transfer/escalation of care to limit movement within program
- Mixed assignments of Covid-19 status patients permitted, and the care team will follow additional precautions and management of supplies as per routine practices
- If test results confirm COVID-19 positive, transfer dyad to Room 1,2,3, or 4 on FIR
- Cohort zones and outbreak management will be activated/required only when an outbreak occurs within program/clinical area as directed by IPAC
- If test results are negative for COVID-19, patient to stay in situ

Infant patients that become symptomatic while on FIR will:

- be initiated on Droplet and Contact precautions, Airborne for AGMPs
- be tested for COVID-19
- will remain in current room until test results are available
- If test results confirm COVID-19 +, transfer dyad to Room 1,2,3, or 4 on FIR with mother
- If parent cannot provide baby care 24/7 a separate isolation nursery on FIR will have to be created or a separate caregiver will have to room with baby or if required, baby will be transferred MBC/NICU or CTU at BCCH if > 7 days
- If test results are negative for COVID-19, infant patient to stay in situ

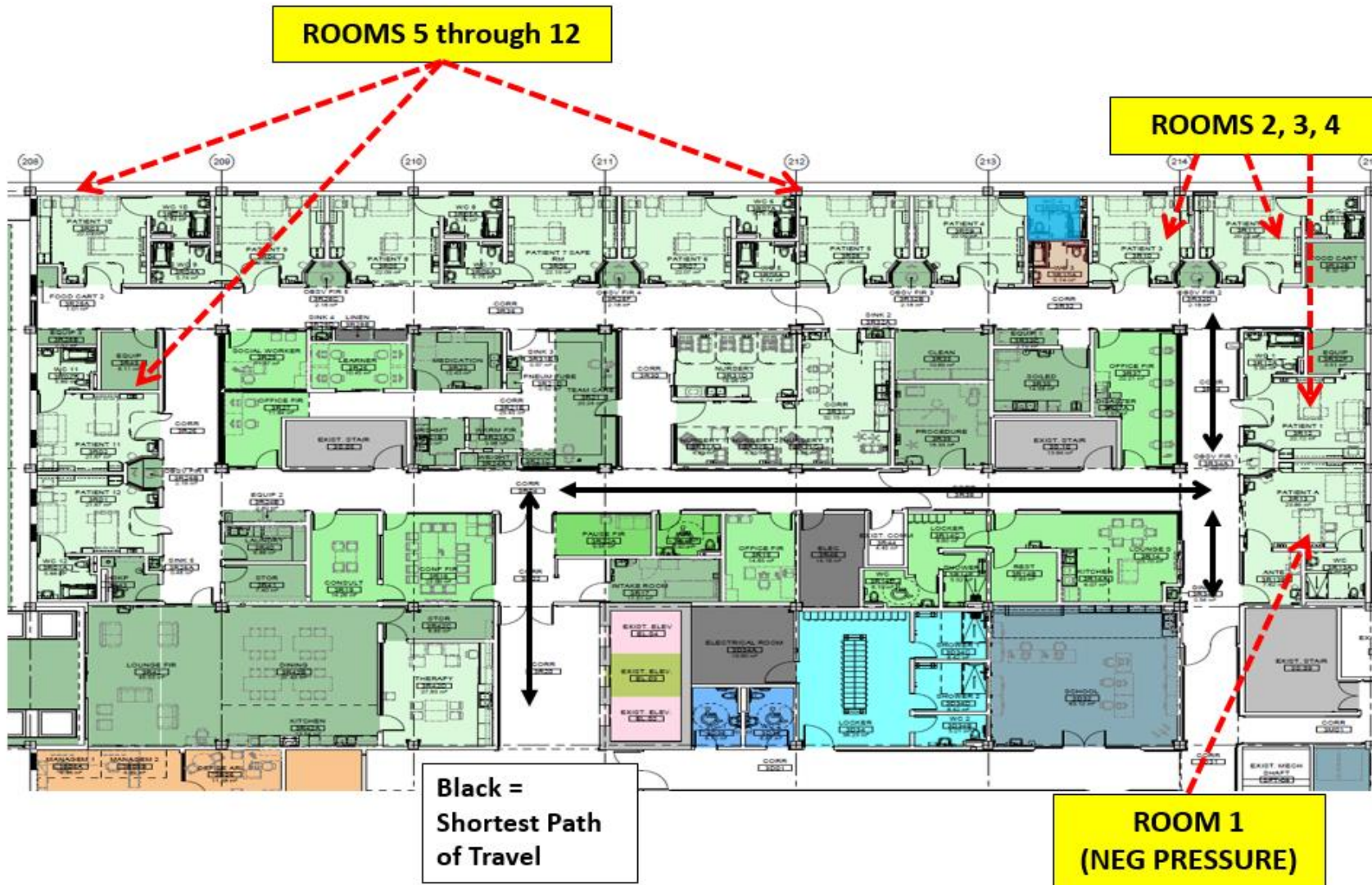
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Patient flows in and out of FIR

Admissions to FIR						
Origin	Patient Status	Admission Location				
<ul style="list-style-type: none">• L&D• UCC• Dogwood, Arbutus, Evergreen• OR	PUI for COVID-19	All rooms applicable				
	Confirmed COVID-19 +	Move to Room 1,2,3, or 4 on FIR				
	Multiple COVID-19 + cases and/or outbreak	Move to Room 1,2,3, or 4 on FIR				
Transfers from FIR						
Origin	Patient Status	Discharge/Transfer Location				
		L&D	HAU	OR 2	Dogwood, Arbutus, Evergreen, Cedar	NICU/MBC
FIR	PUI for COVID-19	✓	✓	✓ if urgent	✓	✓
	Confirmed COVID-19 +	✓	✓	✓	✓	✓
	Multiple COVID-19 + cases and/or outbreak		✓	✓		✓

C&W COVID-19: PATIENT FLOW AND MANAGEMENT

FIR



Neonatal Intensive Care Unit (NICU)

Considerations & Patient Management

- NICU is the quaternary center for neonatal care in the province and must maintain capacity to admit critically ill patients from across BC and Yukon. Understanding the current prevalence and trends in both maternal newborn and general public will inform decision making in cases of competing priorities. It is anticipated there will be many patients who will require testing for COVID-19 but that few will be positive.
- NICU has 70 single family rooms located on levels 2 and 3 of the Teck ACC with four pods on the level 2 being Rabbit (Mother Baby Care level), Ladybug (Complex Care), Dragonfly (Mixed Acuity) and Hummingbird (Mixed Acuity) and two pods on level 3 being Bumblebee (Mixed Acuity) and Hedgehog (Mixed Acuity). In Rabbit pod, Mother Baby Care, 8 of the 12 rooms have washroom facilities for mothers. There are two air isolation rooms with ante rooms, one in Hummingbird (T2-401) and one in Hedgehog (T3-401). Hedgehog pod offers the ability to be a self-contained unit in the event of an outbreak or multiple patients with confirmed COVID-19 requiring AGMP.
- Many infants in the NICU are deemed at higher risk due to their immature immune systems and makes them more vulnerable.
- The usual NICU staffing model of care supports the minimal movement of staff, same assignments from day to day and week to week whenever possible through assignment to a “home pod”. In most cases, patients are admitted to one room and remain in that room from admission to discharge.

Patient Flow in BCW Neonatal Program

- Minimizing patient movement can help reduce potential exposure to COVID-19.
- Patients may be cared for in any room in the NICU regardless of COVID-19 status, negative, PUI or COVID-19 positive with the exception of infants requiring AGMP who will be cared for in T2-401 or T3-401.
- In the case of an outbreak, or multiple patients with COVID-19 status requiring AGMP the Hedgehog pod may be activated in collaboration with IPAC.
- Post partum (maternal) patients may be cared for in any room in Mother Baby Care but ideally in a room with a private washroom and close to the shared shower. T2-106 is the designated room for first admission of known COVID-19 positive patient or post partum patient who has PUI status.

Frameworks and guidelines exist to guide care:

- Refer to PPE framework: [COVID-19: PPE Use – Application of PPE Emergency Prioritization Framework](#)
- Refer to: [Management of infant Confirmed, Suspect/Patient Under Investigation Or Contact To COVID-19](#)

C&W COVID-19: PATIENT FLOW AND MANAGEMENT

Assumptions Regarding NICU Patient Flows

With these considerations in mind patients would be managed with the following assumptions:

- **Patients with Confirmed COVID-19 Status**

- Patients who have a confirmed COVID-19 status will remain in situ (in the same room).
- be initiated on Droplet and Contact precautions, Airborne for AGMPs
- Any patient with confirmed COVID-19 status who requires AGMPs will be moved (when possible) to air isolation room (T2-401 or T3-401) ideally on the same floor.
- If the NICU has more than two patients requiring AGMP with COVID-19 positive status, the decision to move these patients/ activate Hedgehog pod will be made in collaboration with IPAC in an effort to reduce the number of staff caring for these patients, and reduce the risk of cluster/outbreak. Stabilization of infants including required AGMP will not be delayed and will occur prior to transferring the infant to an isolation room or the pandemic pod.
- Patients with COVID-19 positive status will be transported in incubators.
- Consider using elevator # 11 to transport patients with COVID-19 positive status between floors 1-4
- In consultation with IPAC, consideration to designate only half of Hedgehog pod for multiple patients with COVID-19 positive status requiring AGMP to maintain NICU quaternary bed capacity.

- **Patients under investigation for COVID-19 (PUI)**

- Patients under investigation for COVID-19 will be admitted to any NICU pod as per usual and be initiated on Droplet and Contact precautions, Airborne for AGMPs Refer to management guideline: [Management Of Infant Confirmed, Suspect/Patient Under Investigation Or Contact To Covid-19](#)
- If results are negative then in consultation with IPAC the need for additional precautions is determined. The patient remains insitu. Refer to: [Discontinuation Of Infection Prevention & Control Additional Precautions.](#)

- **Patients with known COVID-19 CONTACT Status**

- Patients with known COVID-19 contact status will be placed/remain on Droplet and Contact with airborne precautions for AGMPs in any NICU pod, monitored for symptoms for 14 days, and consult with IPAC. Refer to: [Management Of Infant Confirmed, Suspect/Patient Under Investigation Or Contact To Covid-19](#)
- If results are positive and the patient requires AGMP, they will be transferred to T2-401 or T3-401 isolation room with ante room or the Hedgehog pod if this has been activated. Refer to: [Covid-19 Patient Transfer/Transport](#)

- **Designated Caregivers and/or Support Persons:**

- Daily screening completed for family caregiver and/or support person. Refer to: [COVID-19: Patient And Visitor Screening Protocols](#)

C&W COVID-19: PATIENT FLOW AND MANAGEMENT

- In most cases in the NICU, the infant's parents are deemed the designated caregivers for their baby. A support person may be designated in place of one or both designated parents if needed. A designated caregiver/support person is an asymptomatic person who will remain with the patient throughout hospitalization. Refer to: [COVID-19 Visitor Restrictions And Covid-19: Support And Mobility For Women In Labour](#)
 - Essential caregiver/support person with COVID-19 CONTACT status and is asymptomatic may be in the NICU but must wear a mask. Refer to: [COVID-19 Case and Outbreak Management Procedures](#).
 - Essential caregiver/support person with PUI COVID-19 status and symptomatic may not enter the NICU until asymptomatic and reviewed with IPAC. Refer to: [COVID-19 Case and Outbreak Management Procedures](#).
 - Essential caregiver/support person with COVID-19 positive status will not enter the NICU until 10 days after the start of symptoms or date of a positive lab result and asymptomatic and reviewed with IPAC. Refer to: [COVID-19 Case and Outbreak Management Procedures](#).
- Entry to NICU for reasons of compassionate care will be supported. Refer to: [COVID-19: Compassionate Family Presence At End Of Life, Death Or Pregnancy Loss](#)
 - Discontinuation of precautions for COVID-19 must be made in consultation with IPAC and guided by: [Discontinuation Of Infection Prevention & Control Additional Precautions](#)
- In an outbreak situation (hospital), re-assessment of above is required in consultation with IPAC. Refer to: [Covid-19 Case And Outbreak Management Procedures](#)

Considerations for Rabbit Post-Partum (PP) Patients

Rabbit is combined care unit providing level II NICU neonatal care and maternal postpartum care. Mothers and infants are admitted together and receive their care in the same room by the same NICU nurse. Post-partum patients who become symptomatic or have a COVID-19 positive result will:

- remain in situ with their infant
- be initiated on Droplet and Contact precautions, Airborne for AGMPs
- be tested for COVID-19 if not yet done

PP patients admitted with a COVID-19 CONTACT and/or PUI COVID-19 status or confirmed COVID-19 positive status will be ideally be admitted to a room with a private washroom. PP patients with confirmed COVID-19 positive status will remain in situ/ stay in their assigned room.

- T2-106 is the preferred room for MBC admissions when the patient awaiting COVID-19 testing (PUI) or with a COVID-19 positive status.
- PP patients will use the closest shower reducing travel within pod utilizing appropriate PPE refer to: [COVID-19 Patient Transfer/Transport](#). Showers are cleaned after each use.
- For ongoing care refer to algorithms on [ePOPS](#)

C&W COVID-19: PATIENT FLOW AND MANAGEMENT

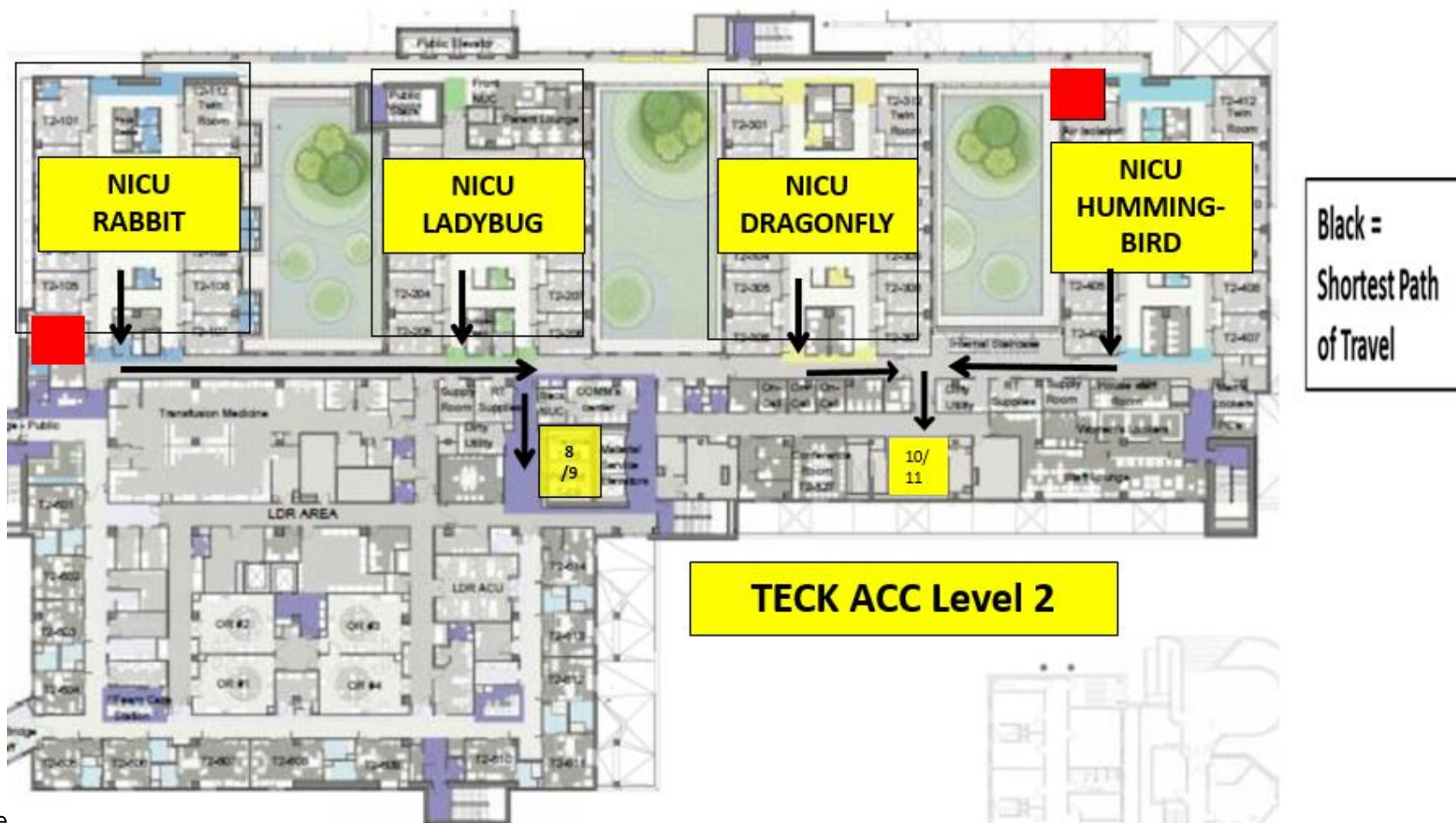
Patient Flows In And Out Of NICU

Admissions/Transfers to NICU (Level III)				
Origin	Origin	Origin		
<ul style="list-style-type: none">• LDR/PP/Birthing Suites/UCC/PICU/ED• Rabbit• Out born admission transported via ITT	<ul style="list-style-type: none">• LDR/PP/Birthing Suites/UCC/PICU/ED• Rabbit• Out born admission transported via ITT	<ul style="list-style-type: none">• LDR/PP/Birthing Suites/UCC/PICU/ED• Rabbit• Out born admission transported via ITT		
	Confirmed COVID-19 + needing AGMP	<ul style="list-style-type: none">• Air isolation room : T2-401 or T3-401• Hedgehog if it has been activated		
Discharges/Transfers from NICU (Level III)				
Origin	Origin	Origin		
		Rabbit	PP	BCCH
NICU	NICU	NICU	NICU	NICU
	Confirmed COVID-19 +	✓	✓	✓

C&W COVID-19: PATIENT FLOW AND MANAGEMENT

NICU Level 2 → OR 3rd Floor

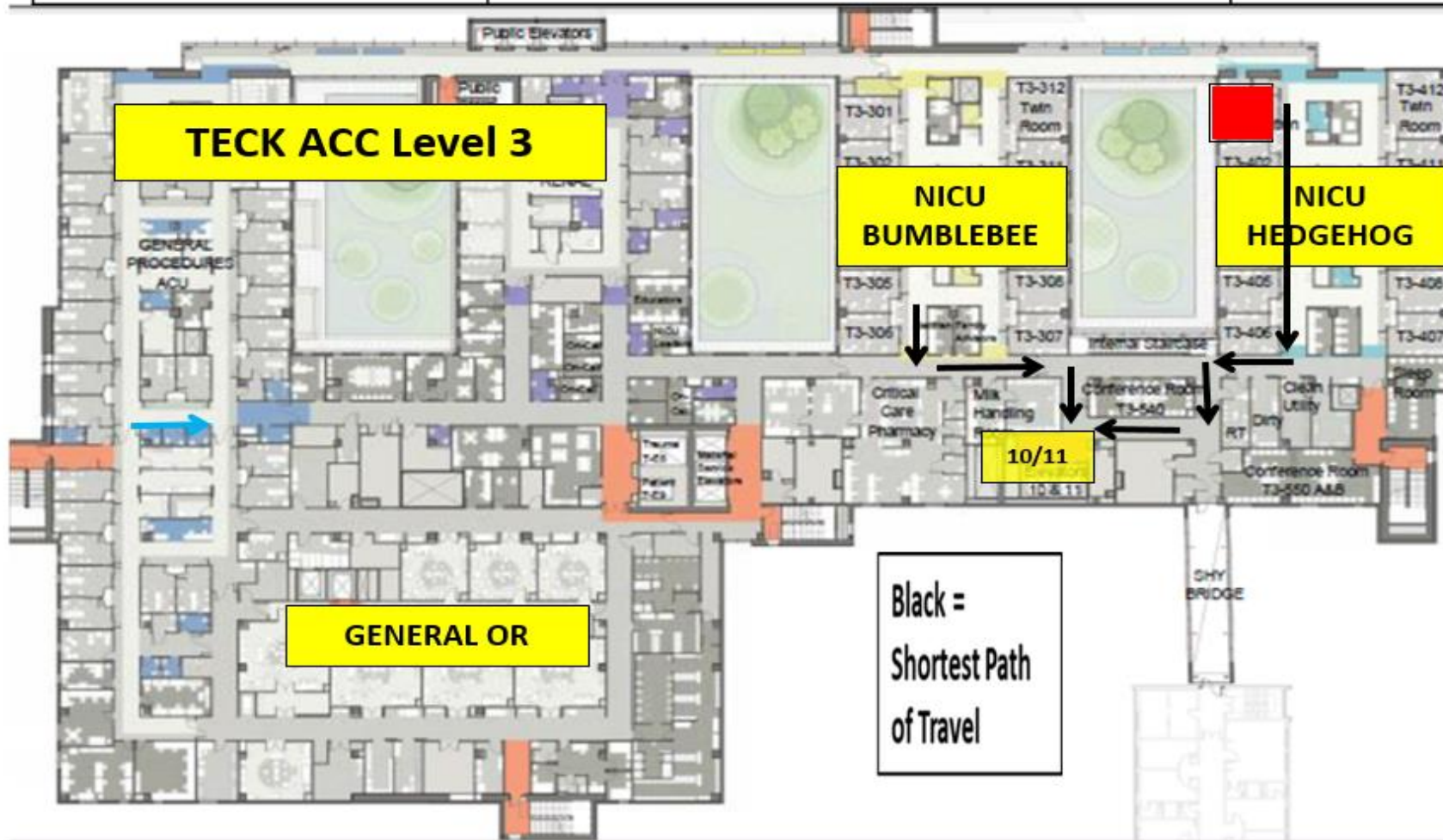
Origin	Route	Destination
Other units/Floors	<ul style="list-style-type: none"> NICU Rabbit + Ladybug to use elevators 8 or 9 NICU Dragonfly + Hummingbird to use elevators 10 & 11 	OR 3 rd Floor



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NICU Level 3 → Diagnostic Imaging

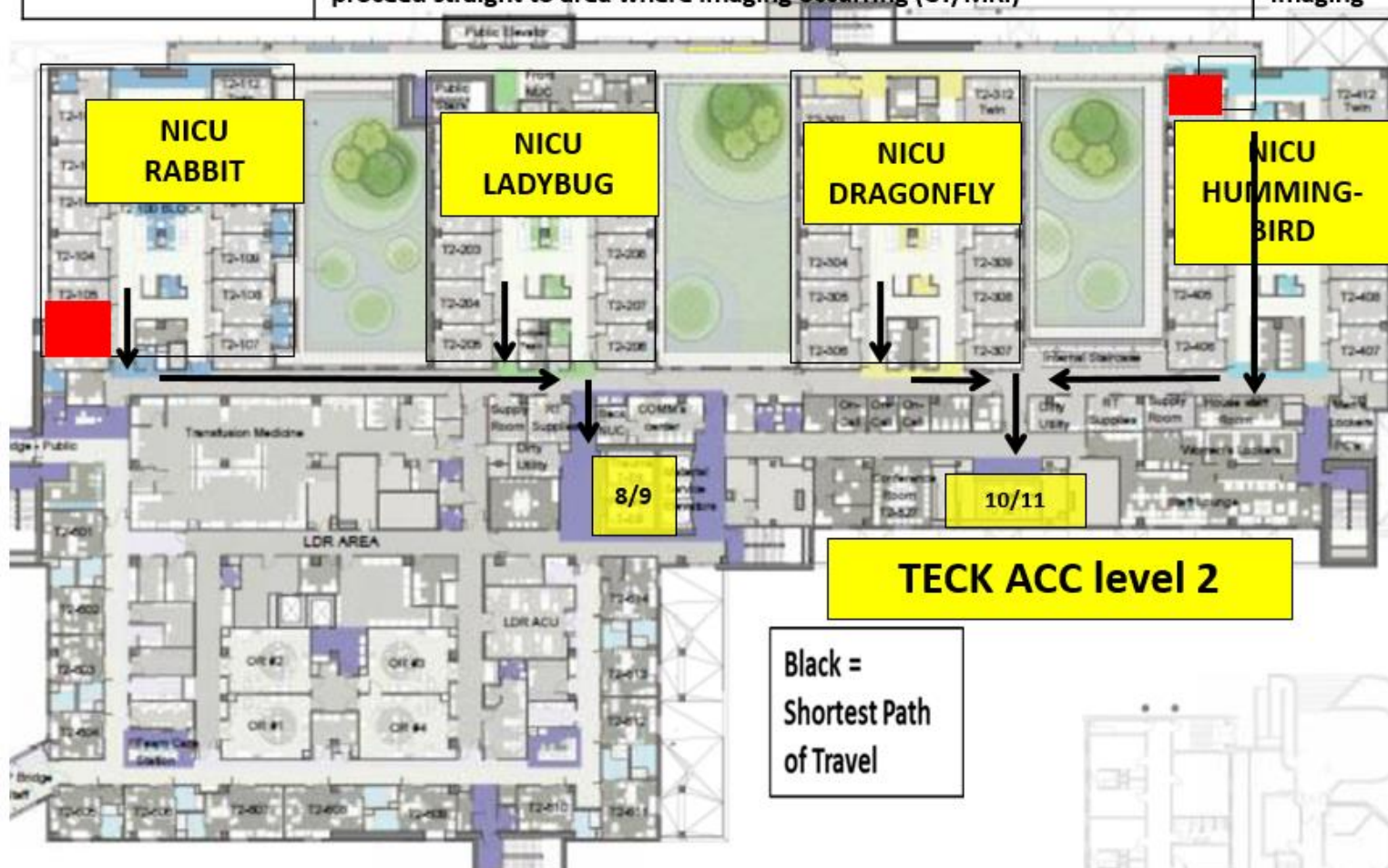
Origin	Route	Destination
Bumblebee/ Hedgehog T3-401 or Hedgehog pod	Exit pod, take elevators 10/11 to level 1, proceed straight to imaging occurring (CT/MRI)	Diagnostic Imaging



C&W COVID-19: PATIENT FLOW AND MANAGEMENT

NICU Level 2 → Diagnostic Imaging

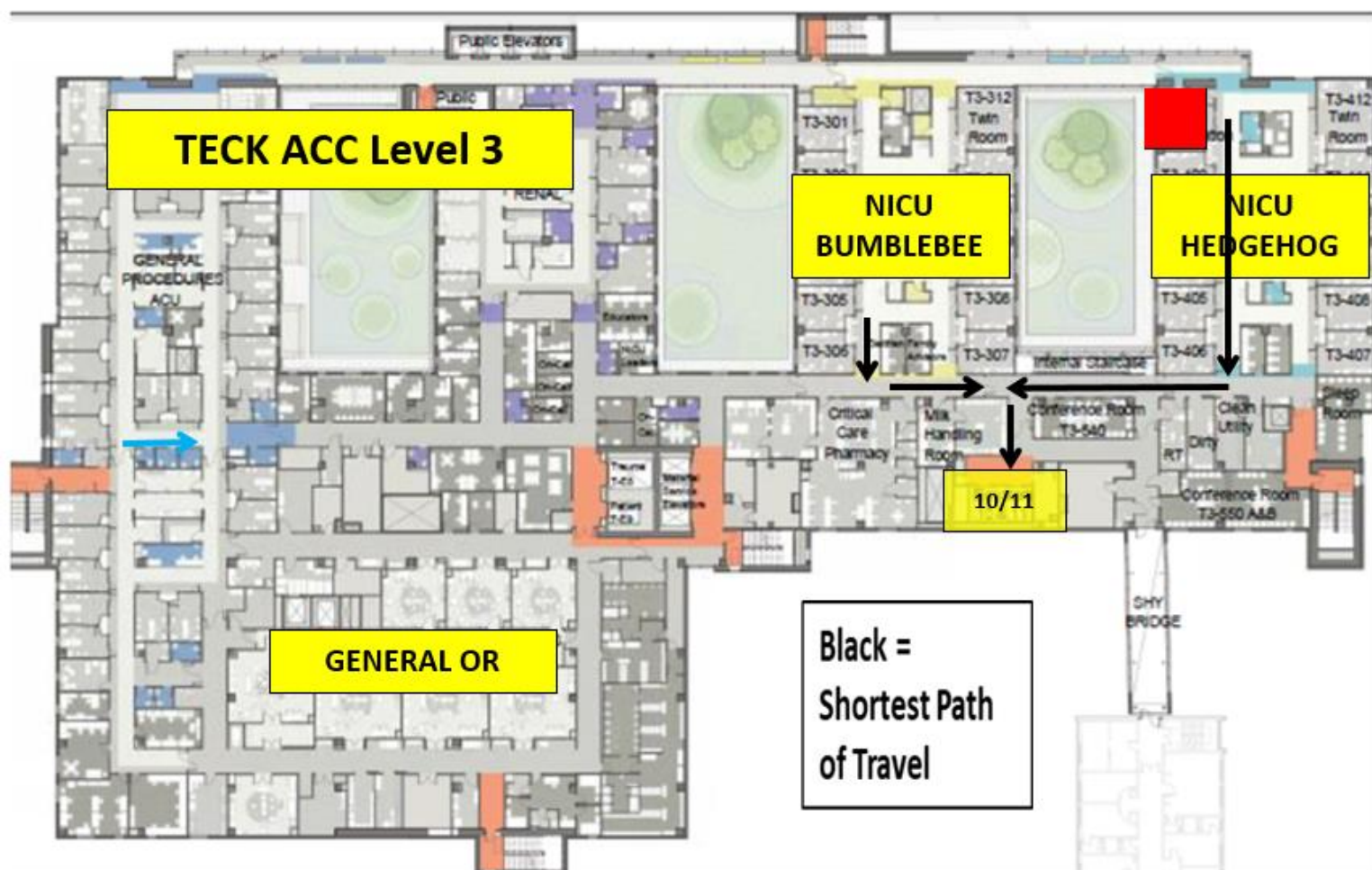
Origin	Route	Destination
NICU POD	Exit to NICU back hallway, proceed to elevators 8/9, take elevator to level 1, proceed to area where imaging occurring (CT/MRI).	Diagnostic Imaging
Hummingbird T2-401	Exit hummingbird pod, proceed to elevators 10/11, take elevator to level 1, proceed straight to area where imaging occurring (CT/MRI)	Diagnostic Imaging



C&W COVID-19: PATIENT FLOW AND MANAGEMENT

NICU Level 3 → PICU

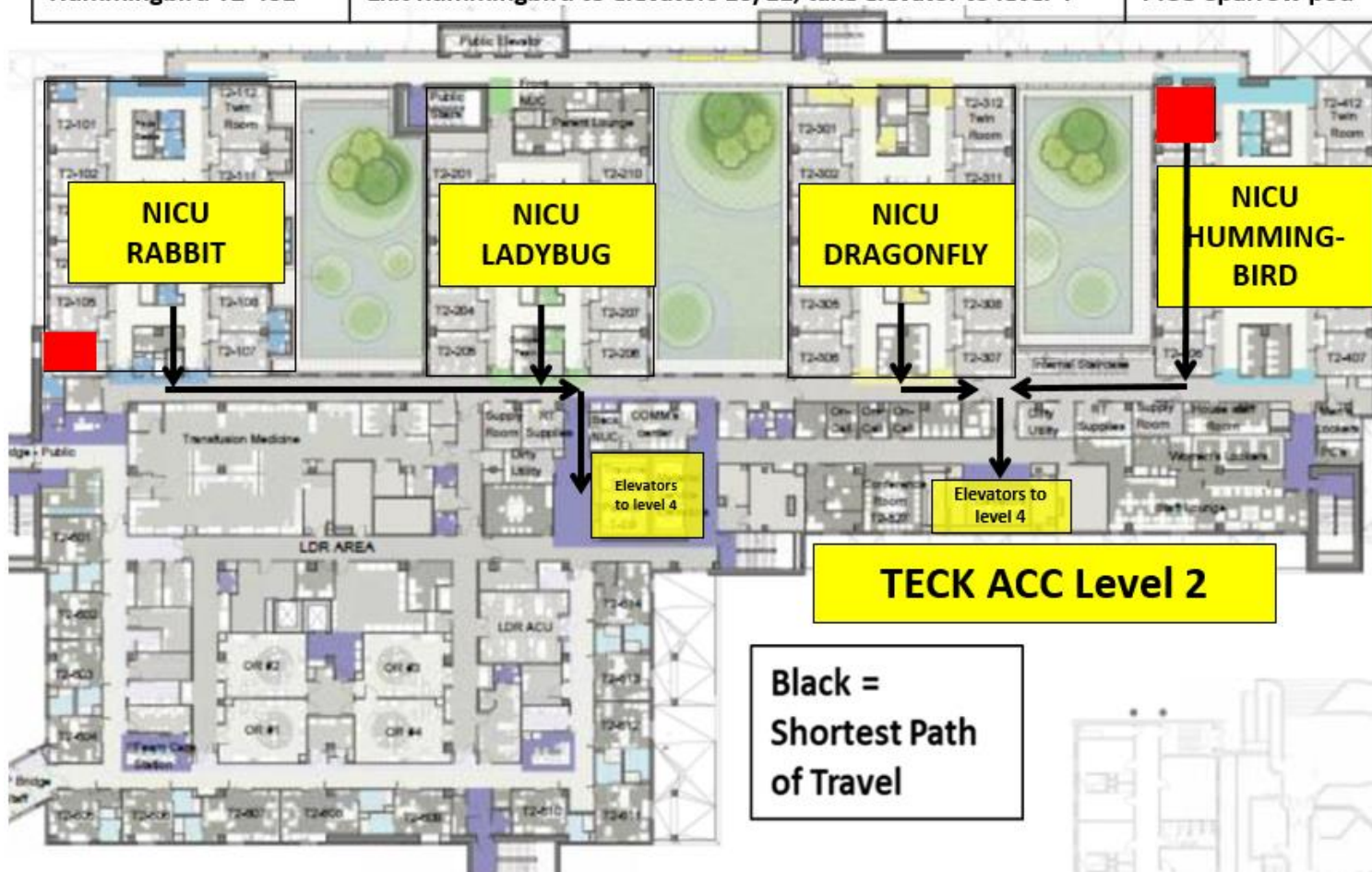
Origin	Route	Destination
NICU Bumblebee or Hedgehog	Exit pod, take elevators 10/11 to level 4, exit elevator	PICU



C&W COVID-19: PATIENT FLOW AND MANAGEMENT

NICU Level 2 → PICU

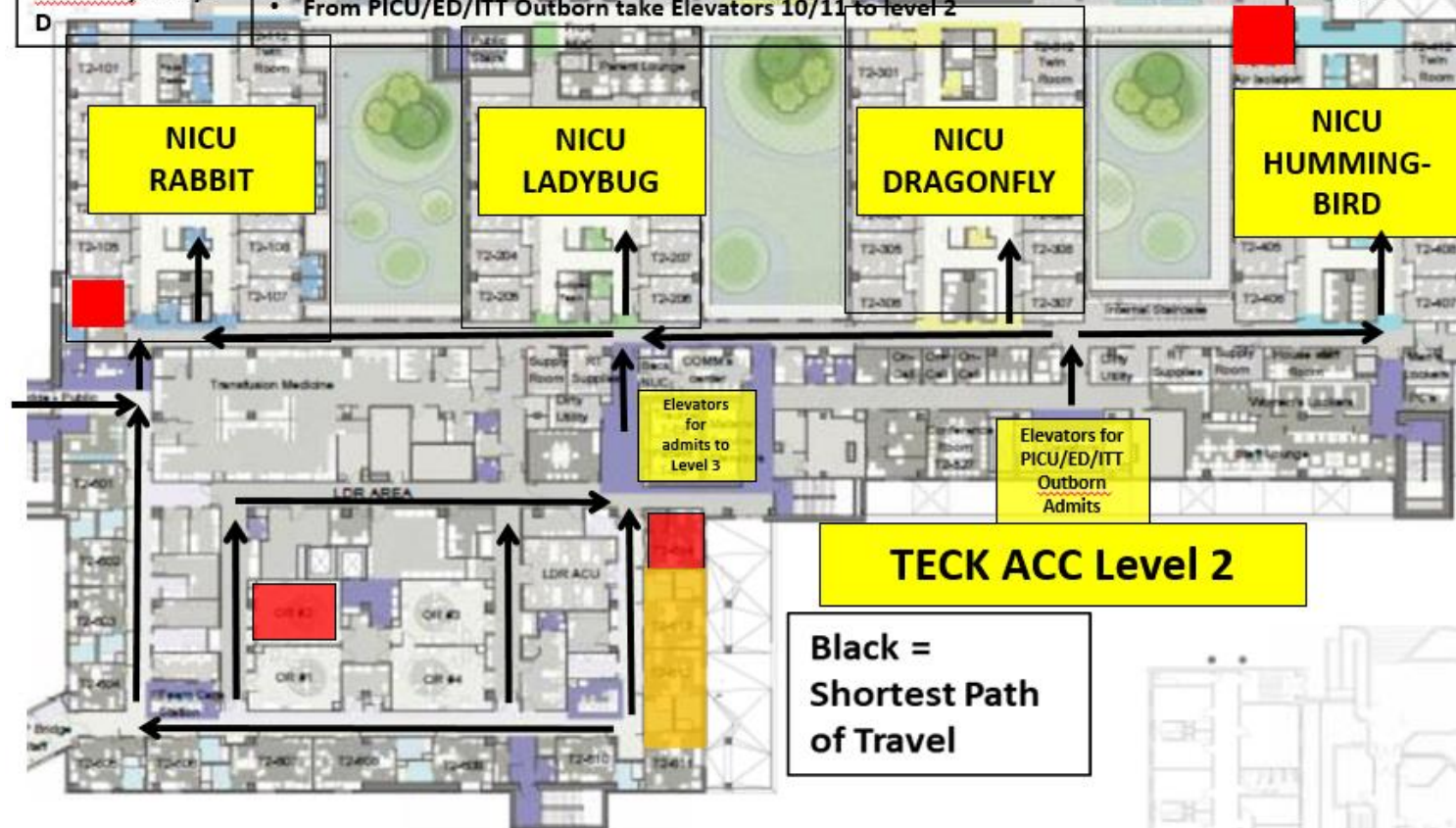
Origin	Route	Destination
Rabbit/Ladybug/Dragon fly /Hummingbird	Exit NICU back hallway, to elevators 8/9, take elevator to level 4	PICU Fox pod
Hummingbird T2-401	Exit hummingbird to elevators 10/11, take elevator to level 4	PICU Sparrow pod



C&W COVID-19: PATIENT FLOW AND MANAGEMENT

LDR/PP/Birthing Suites/UCC/ITT Outborn/PICU/ED → Admit to NICU Level 2

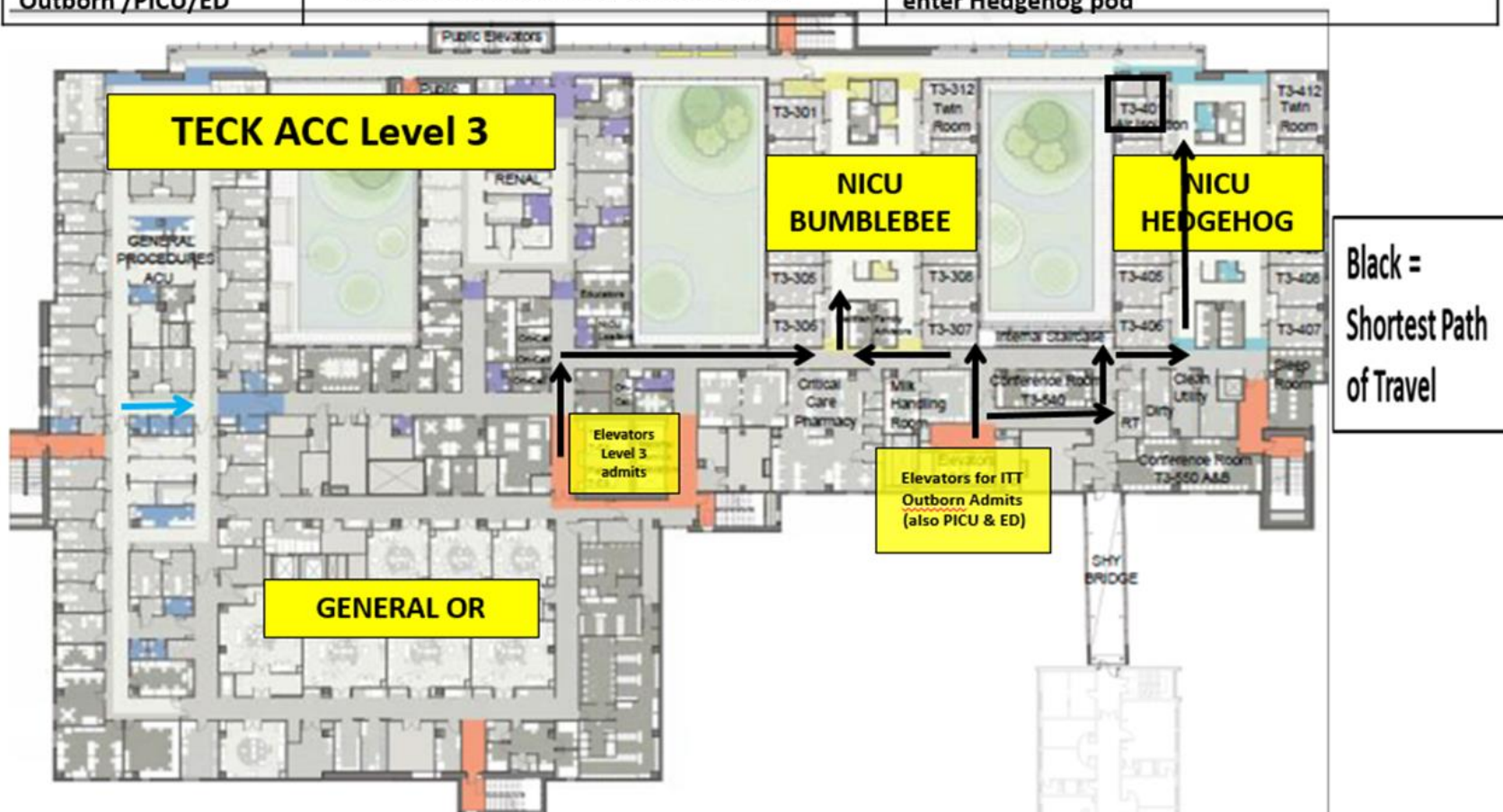
Origin	Route	Destination
LDR/PP/Birthing Suites /UCC/ ITT Outborn /PICU/ED	<ul style="list-style-type: none"> From UCC/PP/Birthing Suites take visitor bridge, then NICU back hallway If HAU is not hoarded for COVID positive mother(s), exit LDR/OR, then NICU back hall IF HAU is hoarded for COVID positive mother(s) then exit LDR near the visitor bridge, enter NICU back hallway 	NICU Rabbit/ Dragonfly /Hummingbird
LDR/PP/Birthing Suites/UCC/ ITT Outborn/PICU/ED	<ul style="list-style-type: none"> UCC/PP/Birthing Suites take visitor bridge, left into NICU back hallway Exit LDR/OR, go to NICU back hallway From PICU/ED/ITT Outborn take Elevators 10/11 to level 2 	Hummingbird T2-401



C&W COVID-19: PATIENT FLOW AND MANAGEMENT

LDR/PP/Birthing Suites/UCC/ITT Outborn/PICU/ED → Admit to NICU Level 3

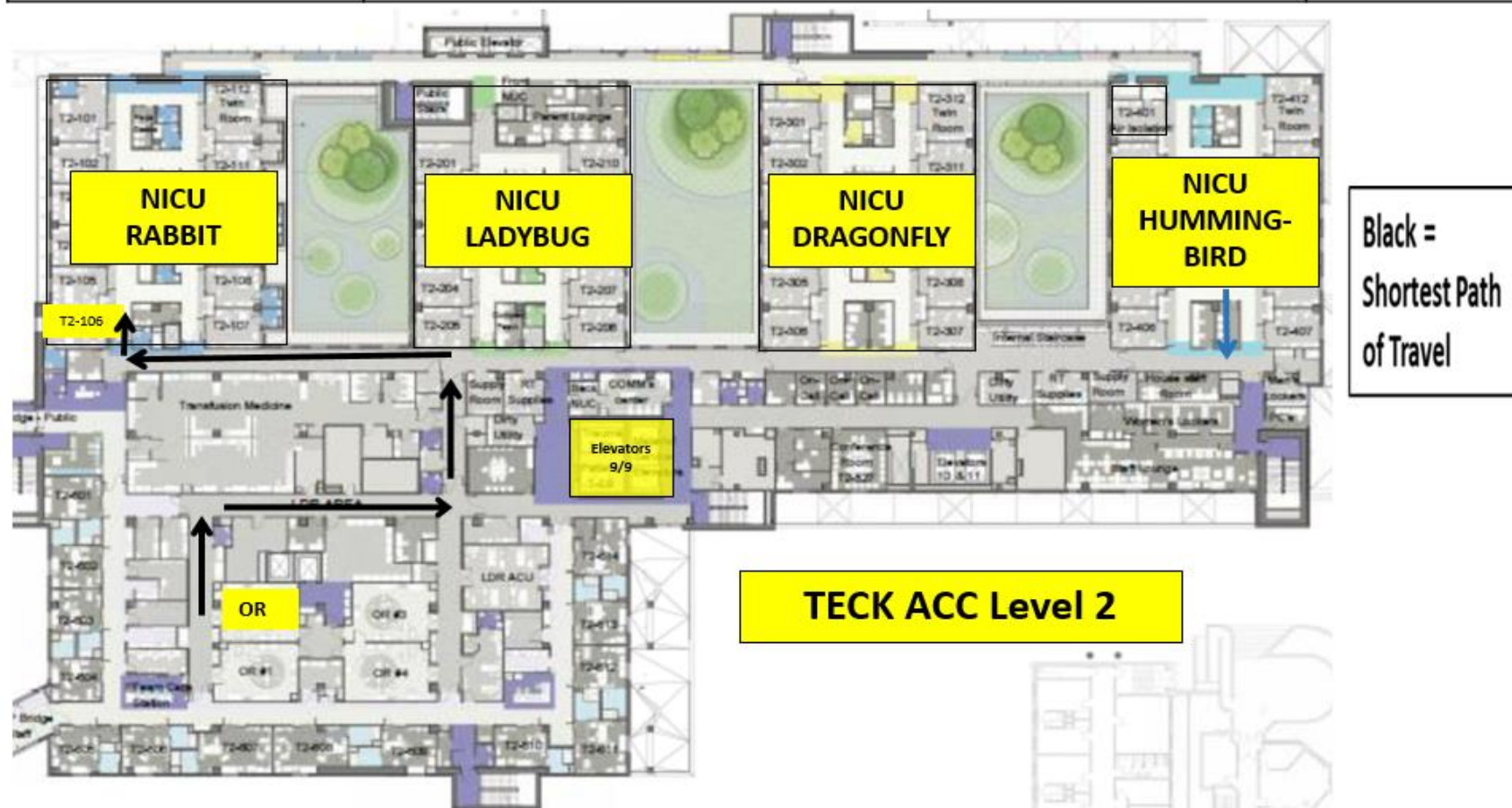
Origin	Route	Destination
LDR/PP/Birthing Suites/UCC/ITT Outborn /PICU/ED	<ul style="list-style-type: none"> Use elevators that use the shortest route depending upon origin 	NICU Bumblebee or Hedgehog pod Note: only admit to Hedgehog when not in an outbreak
LDR/PP/Birthing Suites/UCC/ITT Outborn /PICU/ED	<ul style="list-style-type: none"> Use Elevators 10/11 to note go through Bumblebee and directly into Hedgehog 	Hedgehog T3-401 Note: If more than 2 infants are COVID+ then RT involved; use the anteroom to enter Hedgehog pod



C&W COVID-19: PATIENT FLOW AND MANAGEMENT

Post-Partum Patient with confirmed COVID-19/COVID-19 Contact/PUI for COVID-19 from LDR/OR → Rabbit

Origin	Route	Destination
LDR/OR	<ul style="list-style-type: none"> Direct route to NICU Rabbit Exit LDR near trauma elevators enter Rabbit pod at doors closest to T2-106 	Rabbit room with washroom if available



BCCH – Teck Acute Care Centre (TECK ACC)

Introduction

In general, environmental controls are established in the Teck Acute Care Centre (TeckACC) as part of the building design. Examples include single patient rooms, pods containing a number of beds, ID swipe or no-touch access to corridors and units, and a number of elevators for patient movement and for public access. There are 5 elevators (#8 trauma elevator, #9, #7, #6, #5) that can be used for patient transfer between floors 1-8 (excluding level 5). There are 2 more elevators (#11, #10) that can be used between floors 1-4.

For more information about COVID-19 policies, procedures and protocols, refer to the most recent version on [e-POPS](#).

Emergency Department

Considerations

The COVID-19 status of patients, family members and siblings presenting to the ED is likely to be unknown. As this is one of the main entry points into the hospital, the movement and location of patients requires careful consideration. All patients presenting to the ED are screened for Covid-19 symptoms. Those patients with COVID-19 symptoms and/or patients who are likely to be admitted to the hospital as inpatients are being tested. [C&W respiratory virus testing reference tool](#) provides turnaround times and test details. Droplet and Contact precautions are to be maintained for all PUI patients requiring admission who have a Covid-19 test result pending when they are transferred out of the ED. Patients cannot be held in the ED for pending Covid-19 results as it is necessary to maintain patient flow out of the department to maximize the availability of single rooms and distancing of patients in the ED.

Patient Management

The Covid-19 status of patients and families who present to the BCCH Emergency Department for care is usually unknown. All patients (when age/developmentally appropriate) and support people are asked to wear a surgical mask on arrival to the ED and while in the department, as per current masking policy. All patients are roomed as efficiently as possible to minimize waiting room congestion and patients with a higher index of suspicion for Covid-19 are prioritized directly into rooms. If the ED patient rooms are full and patients need to wait in the waiting rooms, chairs are spaced to maintain appropriate physical distancing.

Critically ill and/or injured patients are considered to be HIGH RISK for Covid-19 and will be placed in the ED Critical Care Rooms. Airborne for AGMPs and Droplet Contact Precautions and PPE will be initiated and maintained as outlined in the ED Standard Work.

C&W COVID-19: PATIENT FLOW AND MANAGEMENT

Patients who potentially require an AGMP (history of bipap/cpap) but are not critically ill will be placed in a negative pressure room (T1-110 and T1-129).

Patients who require a procedural sedation and may potentially require an AGMP will be placed in T1-107 or T1-110 or T1-129 for the procedure.

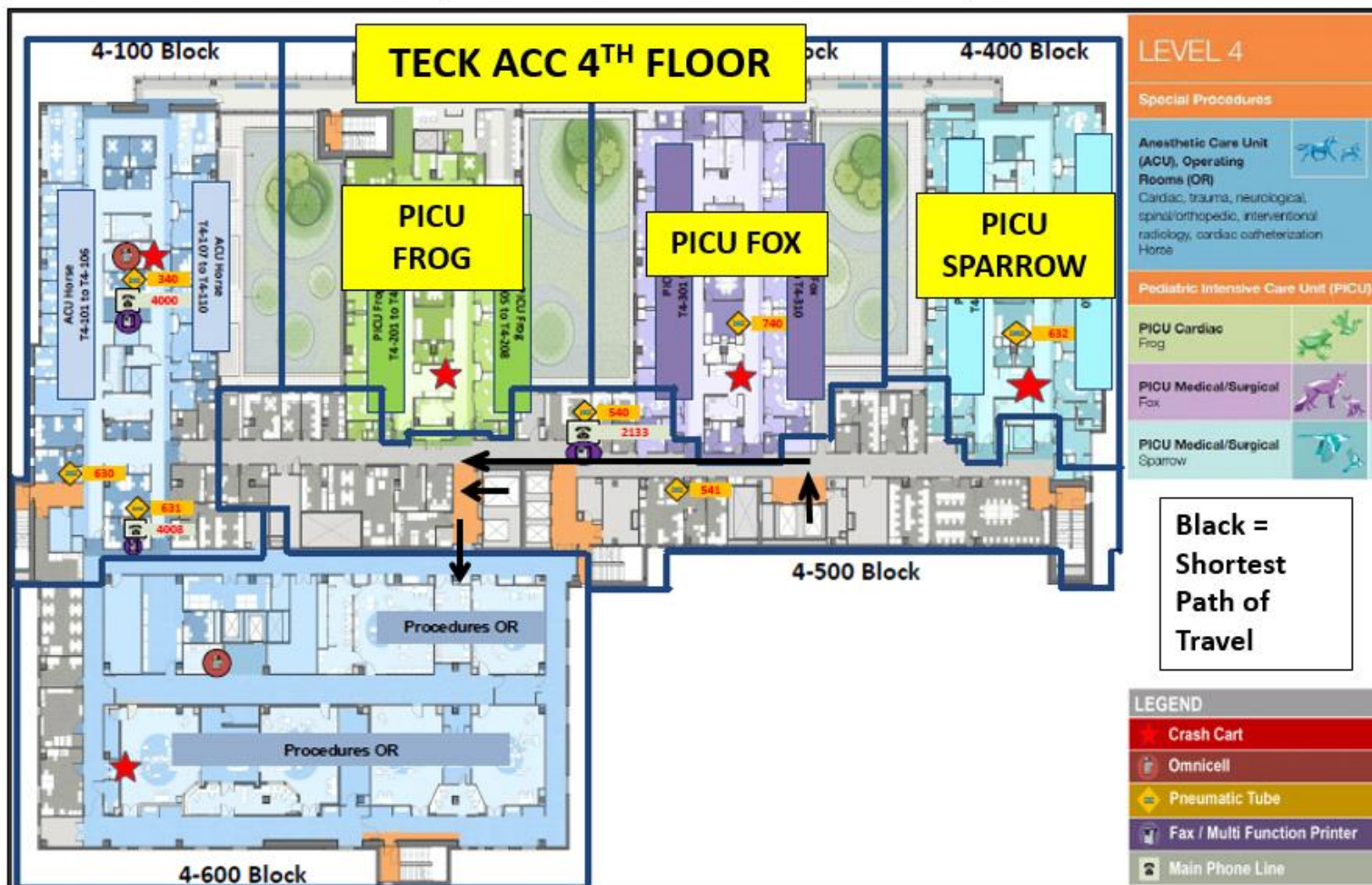
Patient flows in and out of ED

- ED → MH / PICU / OR / T6/ T7/ T8 / NICU / ACU/ Clinics/ Medical Imaging
- The Trauma elevator (#8) will be used for any patient requiring rapid access to floors regardless of COVID status
- In an outbreak situation, follow patient flow guidelines: [COVID-19 case and outbreak management procedures](#).

C&W COVID-19: PATIENT FLOW AND MANAGEMENT

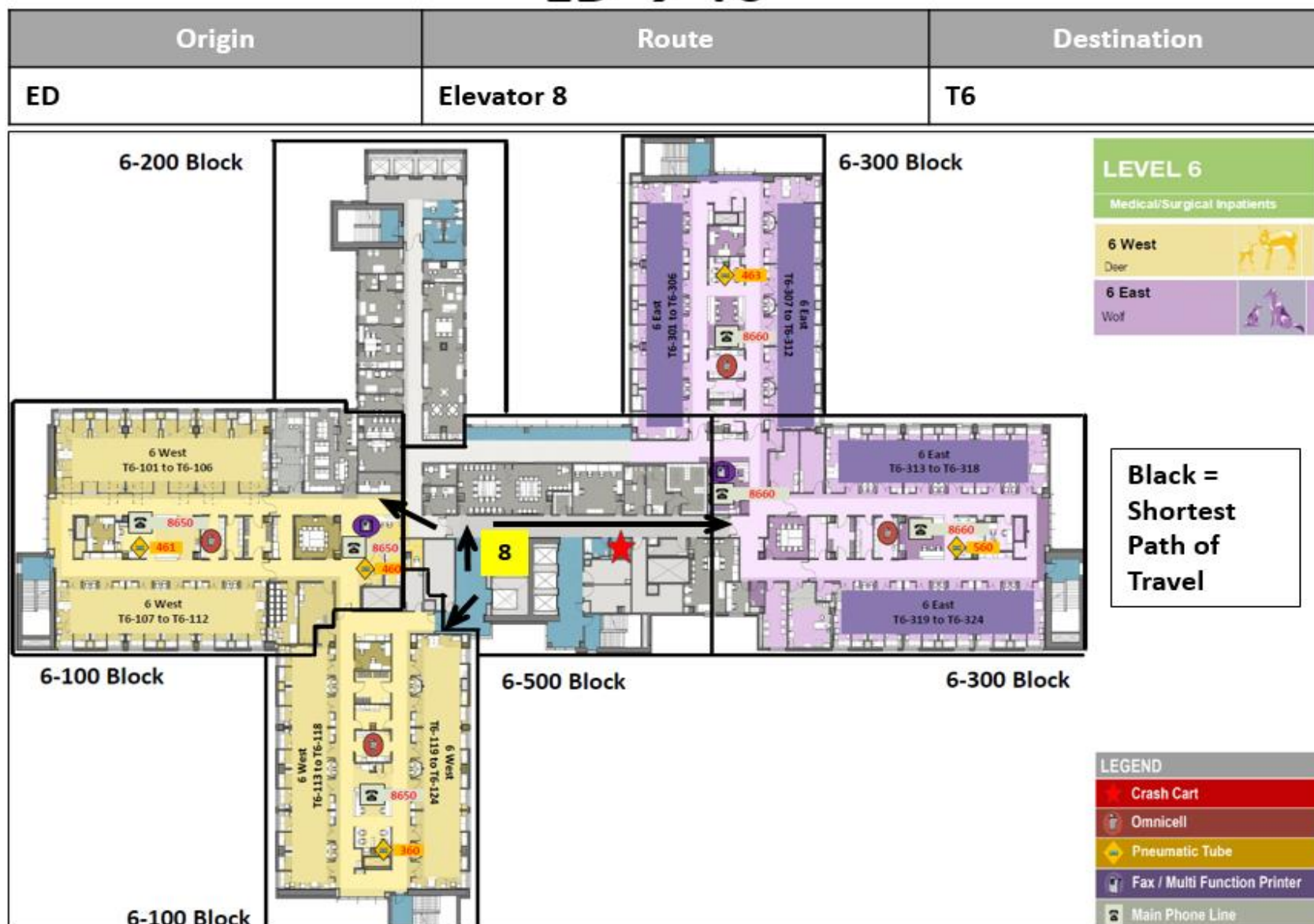
ED → OR

Origin	Route	Destination
ED	Ideally use Elevator 11, unless trauma elevator (# 8) required	Procedures OR on 4 th floor



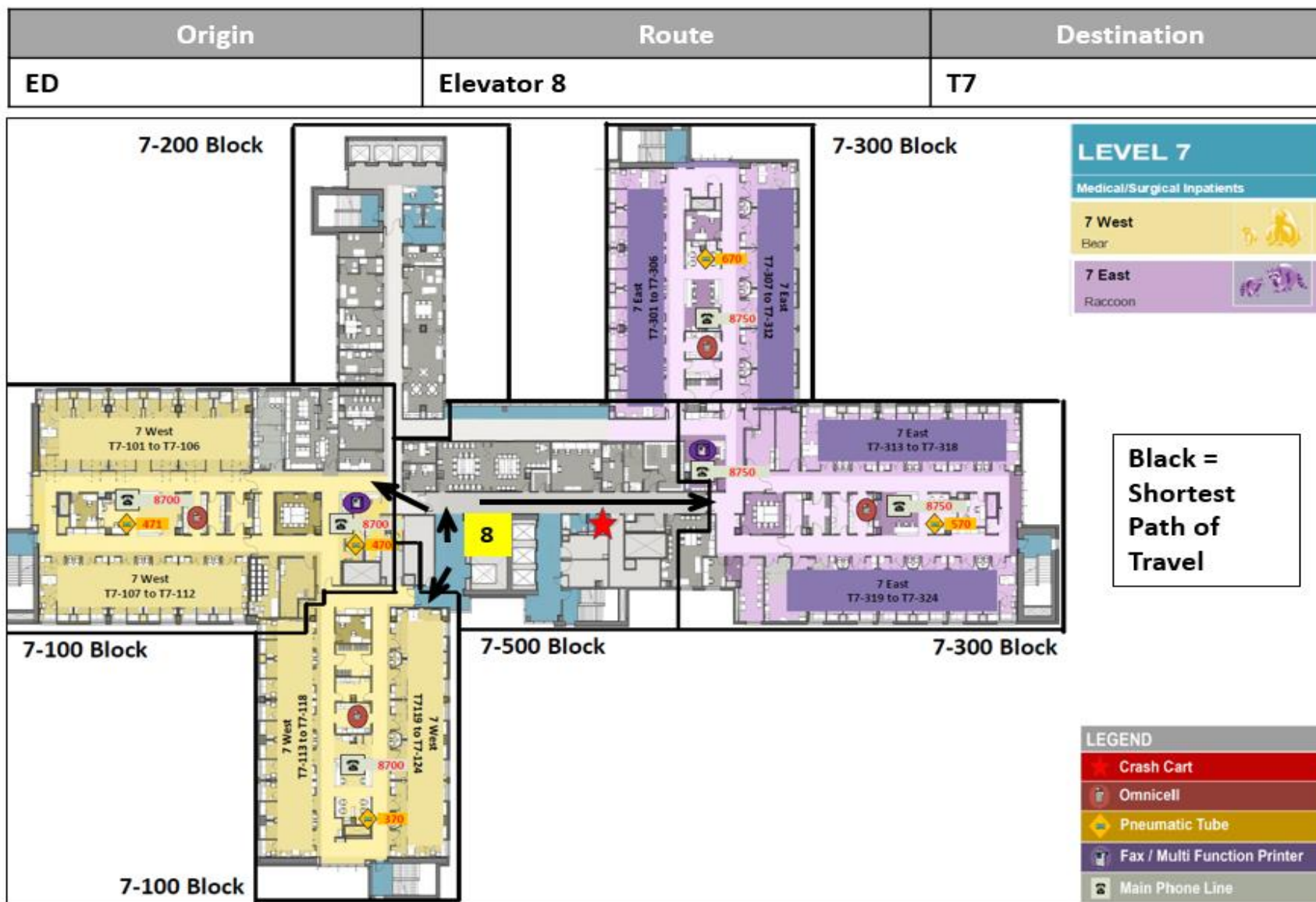
C&W COVID-19: PATIENT FLOW AND MANAGEMENT

ED → T6



C&W COVID-19: PATIENT FLOW AND MANAGEMENT

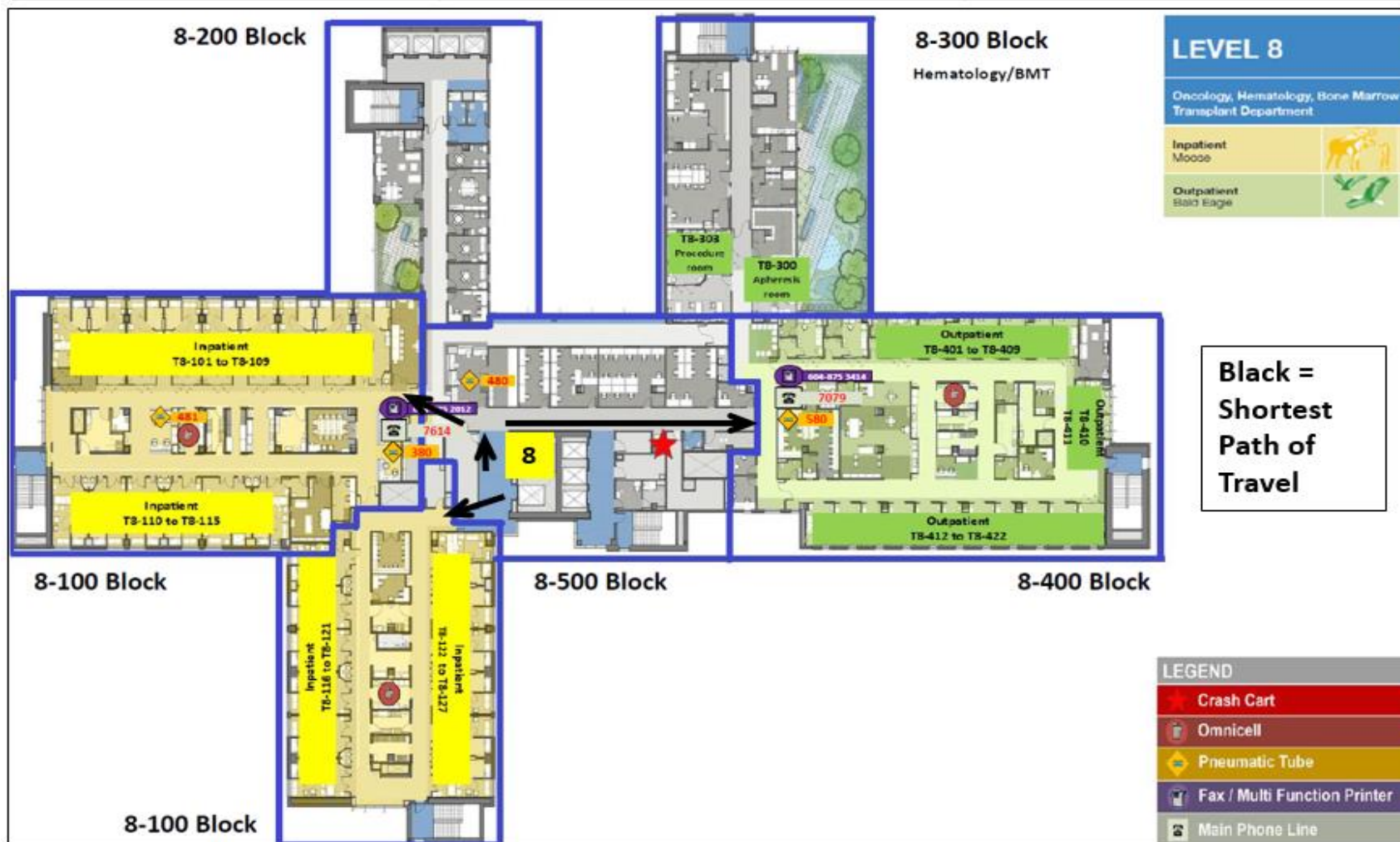
ED → T7



C&W COVID-19: PATIENT FLOW AND MANAGEMENT

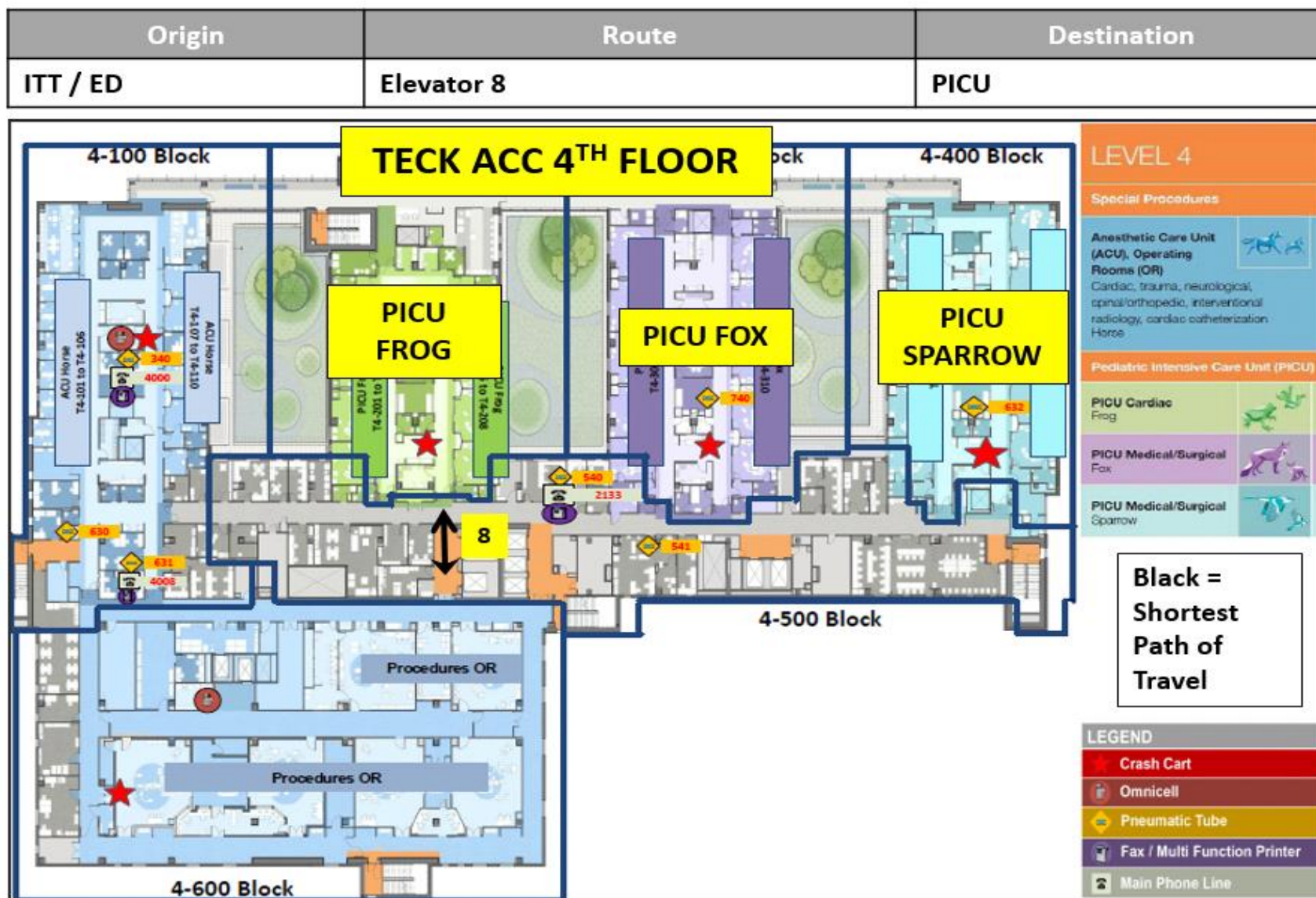
ED → T8

Origin	Route	Destination
ED	Elevator 8	T8



C&W COVID-19: PATIENT FLOW AND MANAGEMENT

ITT / ED → PICU



C&W COVID-19: PATIENT FLOW AND MANAGEMENT

PICU

Considerations

PICU has 3 pods: Frog, Fox and Sparrow. Sparrow pod is currently unfunded and is not staffed or stocked but has 10 single occupancy rooms. Most of the surgeries that PICU patients may require would be carried out on the 4th floor in Special Procedures but there may be occasions where 3rd floor General Procedures would be more appropriate. Additionally some surgeries take place in the patient room in PICU due to urgency. Critical adjacencies, considering shortest, safest distance, adhering to hierarchies of control, and avoiding unnecessary travel would be priorities in determining the pathways for patients.

Patient Management

Patients under investigation (PUIs) and Covid-19 positive patients are cared for in a patient room with an ante-room under Droplet and Contact precautions, with the addition of Airborne precautions if aerosol generating medical procedures (AGMPs) are occurring. If no ante-room is available, patients will be cared for in a regular patient room following the appropriate isolation guidelines with the guidance of IPAC. Use of Personal protective equipment (PPE) is guided by the type of isolation used.

Zone allocation will be considered in the event of outbreaks and/or high volume of COVID-19 positive patients. Guidelines will be followed according to the [COVID-19 case and outbreak management procedures](#)

Patient flows in and out of PICU

- ITT / ED/ NICU/ OR / T6/ T7/ T8 / SHHC → PICU → OR/ NICU/ T6/ T7 / T8/SHHC
- The Trauma elevator (#8) will be used for any patient requiring rapid access to floors regardless of COVID status.
- In an outbreak situation, follow patient flow guidelines: [COVID-19 case and outbreak management procedures](#).

Admissions/Transfers to PICU		
Origin	Patient Status	Admission Location
ITT / ED/ NICU/ OR / T6/ T7/ T8 / SHHC	PUI for COVID-19 /COVID-19 CONTACT	• Room with anteroom attached
	Confirmed COVID-19 +	• Room with anteroom attached

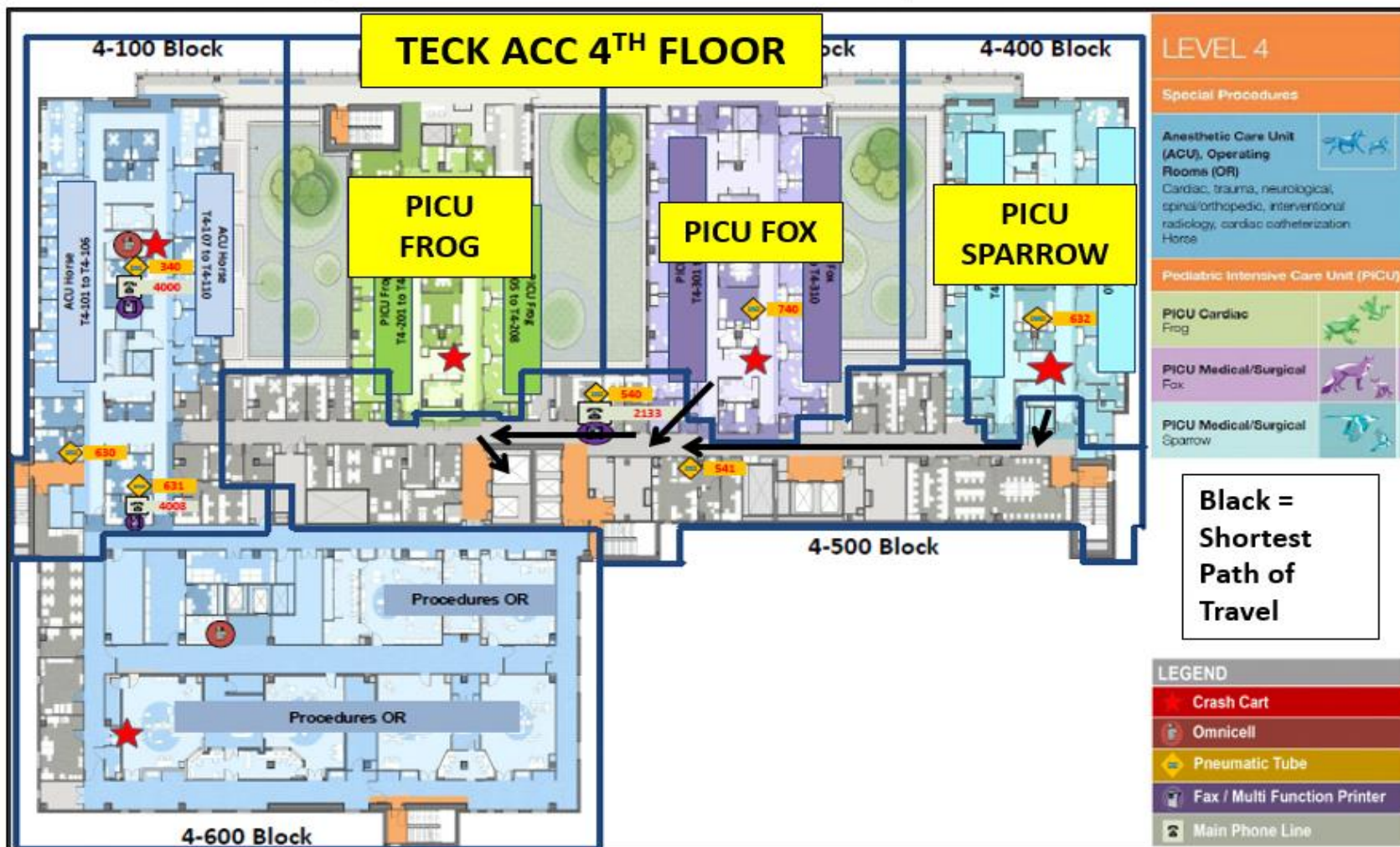
C&W COVID-19: PATIENT FLOW AND MANAGEMENT

Discharges/Transfers from PICU						
Origin	Patient Status	Discharge/Transfer Location				
		OR	NICU	T6	T7	T8
OR/ NICU/ T6/ T7 / T8.	PUI for COVID-19	✓	✓	✓	✓	✓
	Confirmed COVID-19 +	✓	✓	✓	✓	✓
	Multiple COVID-19 + cases and/or outbreak	Refer to IPAC				

C&W COVID-19: PATIENT FLOW AND MANAGEMENT

PICU → T6/T7/T8

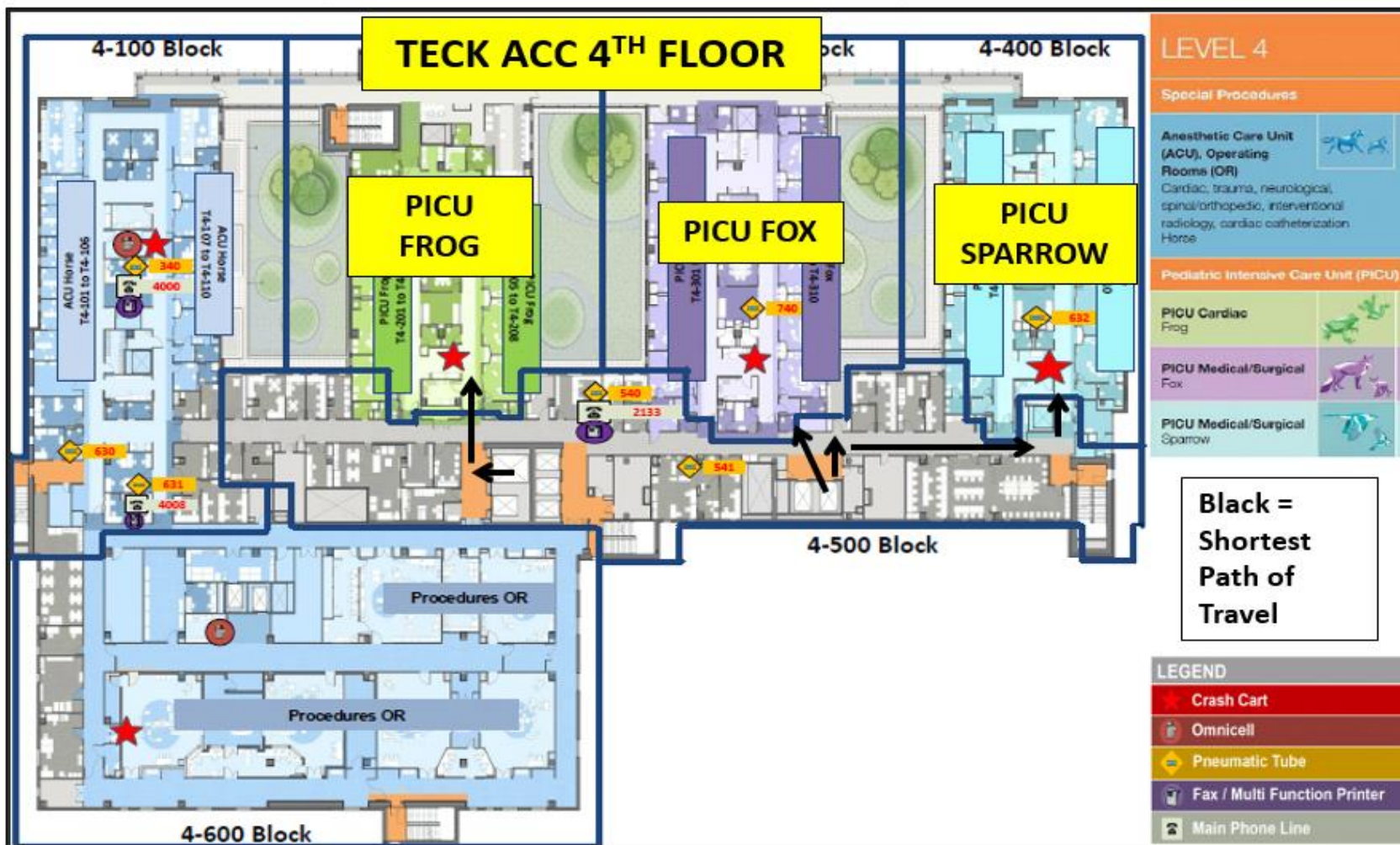
Origin	Route	Destination
PICU	Elevator 8	T6/T7/T8



C&W COVID-19: PATIENT FLOW AND MANAGEMENT

Women's (NICU/Birthing) → PICU

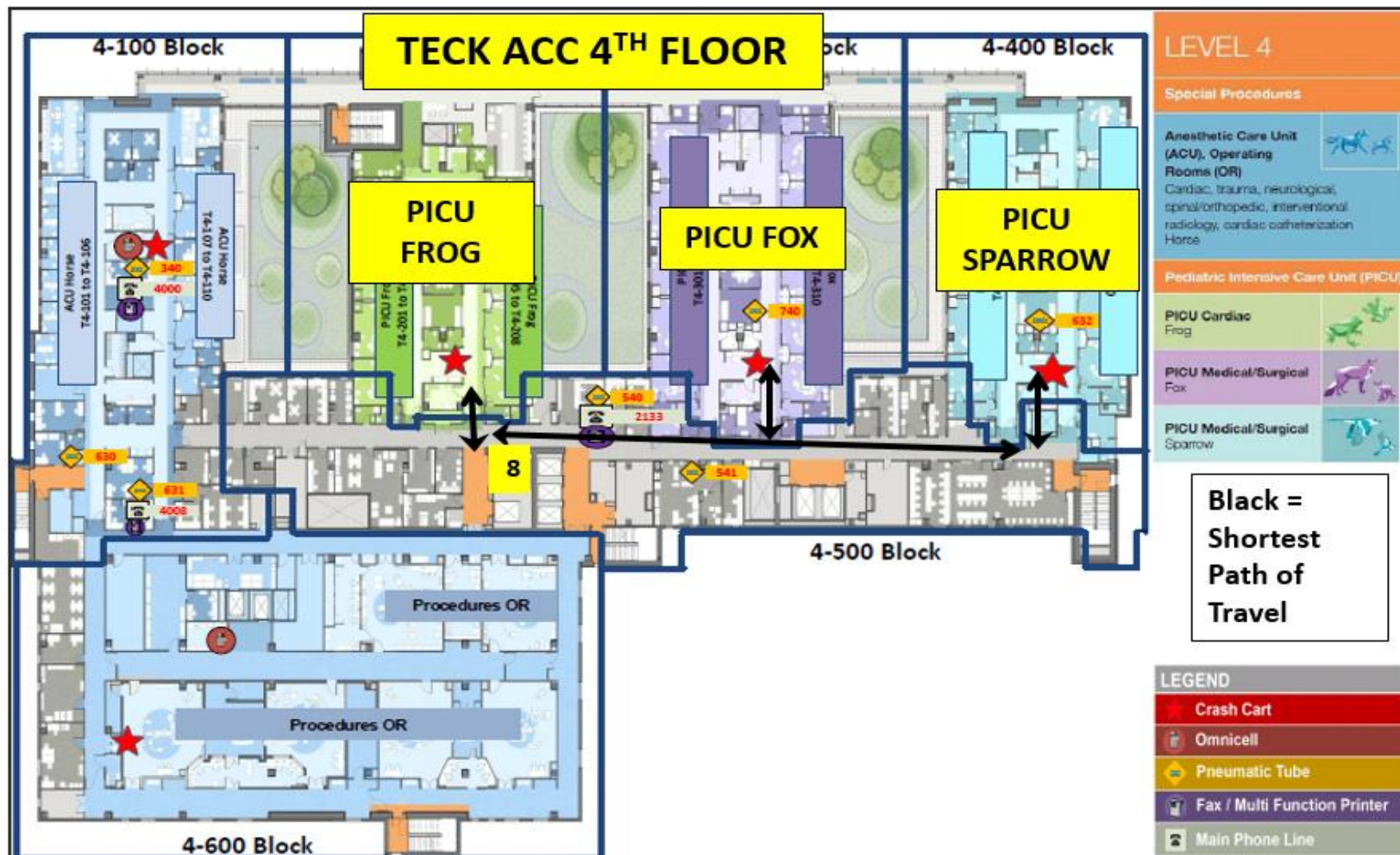
Origin	Route	Destination
NICU/Birthing	Elevator 8 / 9 / 10 / 11	PICU



C&W COVID-19: PATIENT FLOW AND MANAGEMENT

PICU → NICU 2nd / 3rd Floor → PICU

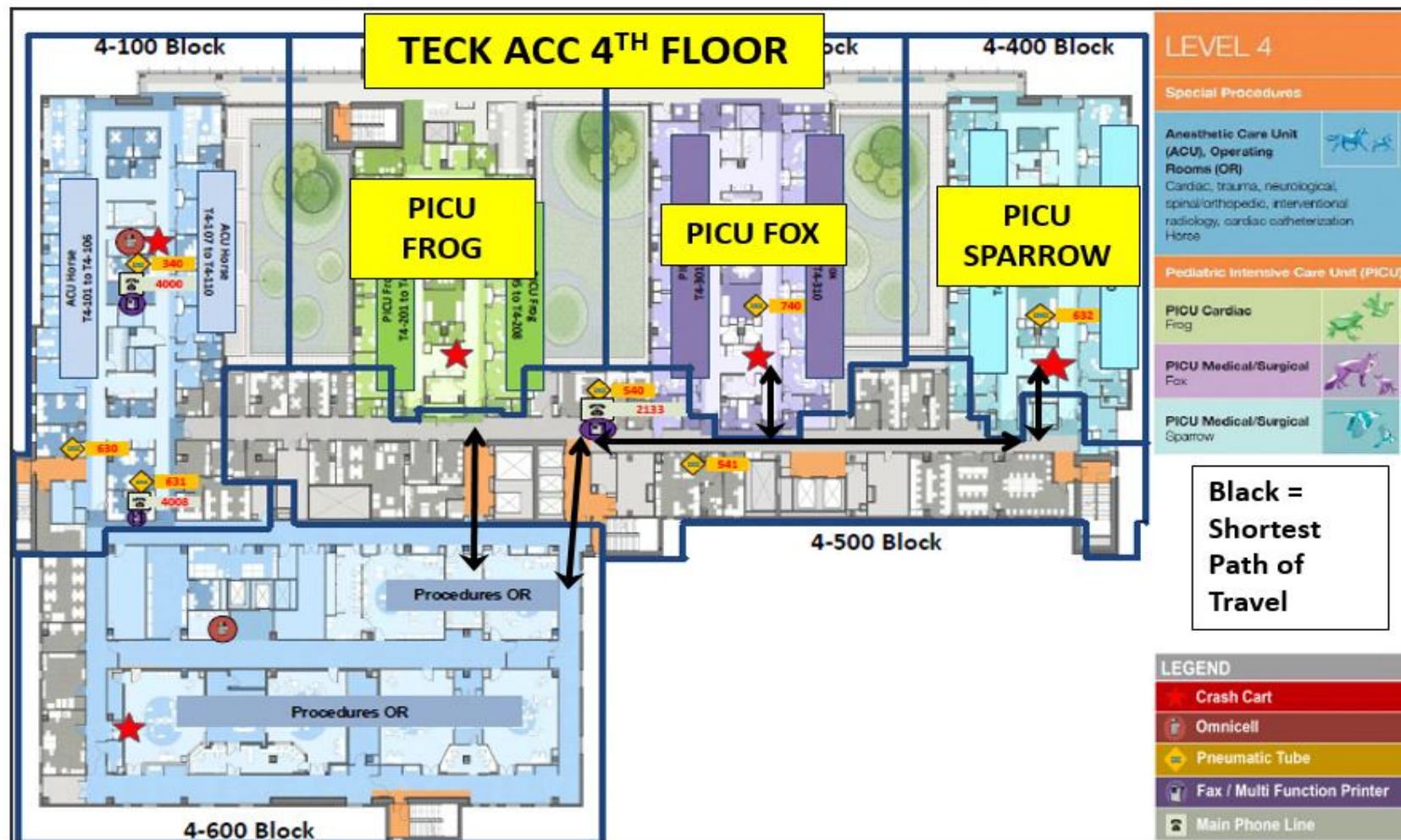
Origin	Route	Destination
PICU	Elevator 8	NICU 2 nd / 3 rd Floor → PICU



C&W COVID-19: PATIENT FLOW AND MANAGEMENT

PICU → OR 4th floor → PICU

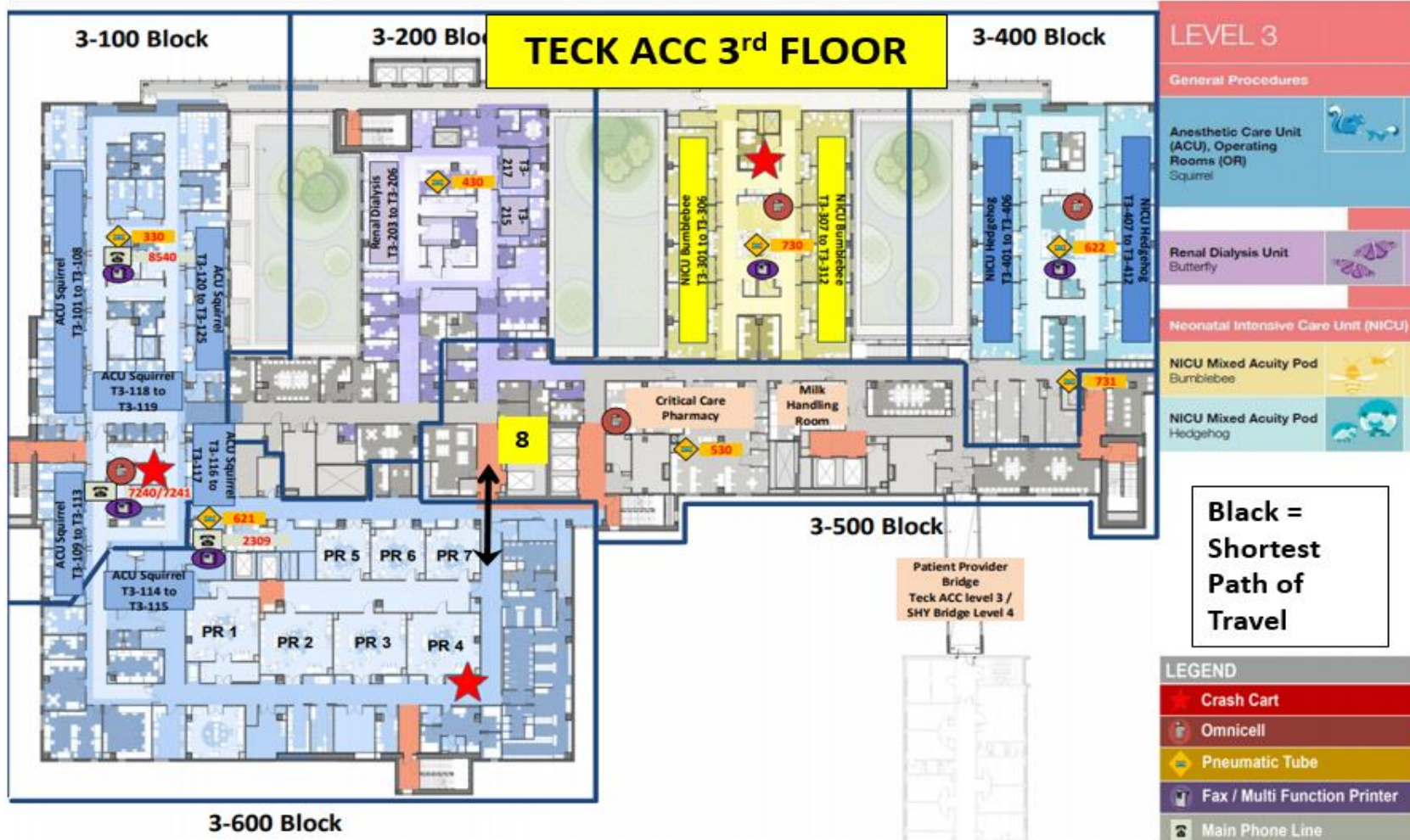
Origin	Route	Destination
PICU	Shortest route to OR 4 th Floor	OR 4 th Floor -> PICU



C&W COVID-19: PATIENT FLOW AND MANAGEMENT

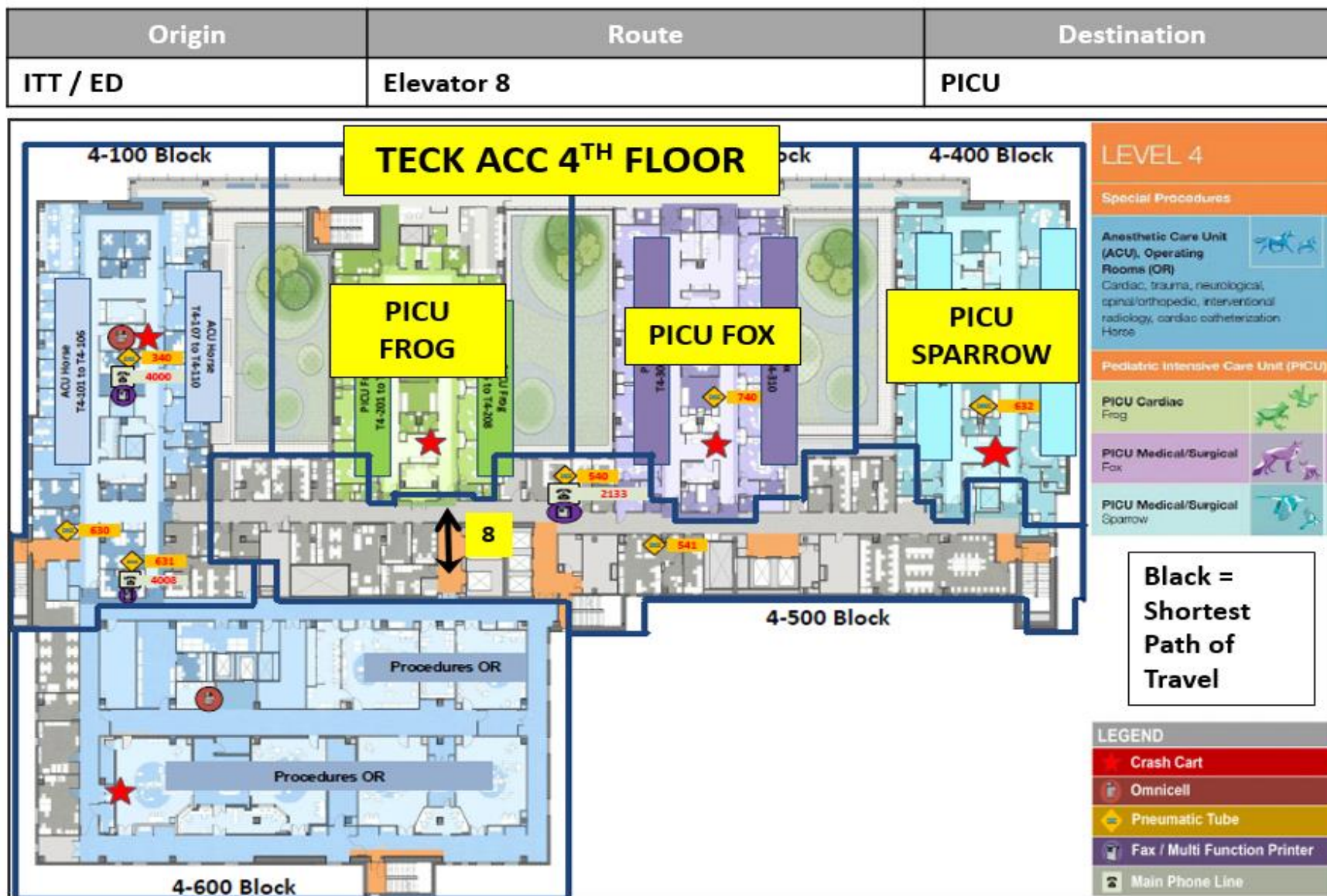
PICU → OR 3rd floor → PICU

Origin	Route	Destination
PICU	Elevator 8	OR 3 rd Floor -> PICU



C&W COVID-19: PATIENT FLOW AND MANAGEMENT

ITT / ED → PICU



T8 Oncology, Hematology, and Blood and Marrow Transplant (BMT)

Considerations

The Oncology, Hematology and BMT program is located on the eight floor of the Teck Acute Care Centre (T8) and comprises an inpatient unit and an outpatient clinic. The Inpatient Unit has 27 single occupancy patient rooms with funding to staff 21 of these beds; 2 of which are negative pressure rooms with ante rooms and 8 of which are positive pressure rooms with ante rooms (see map below). The outpatient clinic has 22 single patient exam rooms; 3 of which are negative pressure rooms with anterooms and 4 of which are positive pressure rooms without an ante room (see map below). T8 cannot create separate pods, and additionally, these patients are deemed clinically extremely vulnerable as they are immune compromised. The care needs of these children is often extremely complex and while we physically could care for patients with confirmed COVID-19 on T8, we recommend for further separation of COVID-19 positive patients from the rest of our admitted immune compromised population.

Patient Management

If a patient or sole caregiver becomes symptomatic or screens positive during routine COVID-19 screening they are placed in a single occupancy room on T8. Only patients confirmed with COVID-19 and require admission are moved to T7. It should be noted that the availability of 1-2 rooms remain on T7 in order to ensure COVID-19 positive patients are able to be swiftly transferred from T8 to T7 or from ED to T7. The shortest, safest distance of travel would be a priority in determining the pathways for these patients. In the event of a T8 COVID-19 positive patient located on T7, the Onc/Hem/BMT team will remain as MRP and the patient will be staffed by T8/NRT appropriate nursing. In special circumstances where the COVID-19 positive patient is deemed too medically complex/fragile to move off T8 to T7, IPAC would support the T8 team to keep the patient on T8 and care for them safely. If the patient is on T7 and becomes too medically complex/fragile, but is not a candidate for PICU care, the patient may be transferred to T8.

Patient flows in and out of T8

- ED → T8 inpatient
- PICU ↔ T8 inpatient
- T8 outpatient → PICU
- T8 inpatient → T7 (only if Covid-19 +ve)
- T8 ↔ Special/ general procedures
- T8 inpatient/outpatient → home
- T8 outpatient → T8 Inpatient
- T8 outpatient → T7 (only if Covid-19 +ve) and requires admission
- T7 → T8 inpatient (too medically complex/fragile for T7)
- In an outbreak situation, follow patient flow guidelines: [COVID-19 case and outbreak management procedures](#).

C&W COVID-19: PATIENT FLOW AND MANAGEMENT

Admissions/Transfers to T8 (Oncology, Hematology, and BMT)				
Origin	Patient Status	Admission Location		
<ul style="list-style-type: none">• ED• PICU• IP Unit• Oncology out patient clinic• Other hospital	Patient awaiting COVID-19 test result	<ul style="list-style-type: none">• Single occupancy room		
	Confirmed COVID-19 +	<ul style="list-style-type: none">• Air isolation room on T7 if admission required• AGMPs: negative pressure room on T7• Single occupancy room in out-patient clinic if no admission required		
	Confirm COVID-19 + too medically complex to move from T8 to T7 (support from IPAC required)	<ul style="list-style-type: none">• Air isolation room on T8• AGMP : negative pressure room on T8		
Discharges/Transfers from T8 (Oncology, Hematology, and BMT)				
Origin	Patient Status	Discharge/Transfer Location		
		T7	PICU	
T8/PICU	Patient awaiting COVID-19 test result			
	Confirmed COVID-19 +	✓	✓	
	Multiple COVID-19 + cases and/or outbreak	✓	✓	

C&W COVID-19: PATIENT FLOW AND MANAGEMENT



T7 General Medicine

Considerations

T7 is the general medical Clinical teaching Unit (CTU). All patient rooms are single patient rooms in pods. Currently one pod has negative-pressure for the whole pod which is currently being used as the pandemic pod, for patients who have a positive COVID test. Patients confirmed COVID-19 will only be moved between PICU and T7, or discharged home.

Patient Management

Patients will confirmed or suspected Covid-19 will be care for on Droplet and Contact precautions, Airborne for AGMPs

The patients with confirmed COVID-19 with no AGMP's will no longer stay on the pandemic pod, but in a "mini-pod" within the lower west pod in one of the 6 isolation rooms with an anteroom. These rooms are all on the same side of the pod. Patients who are confirmed with COVID-19 and require AGMP will be admitted/transferred to one of the 3 Airborne Isolation rooms on T7 (one in each of the west pods and one in the low east pod). Arrangements will be made so the caregivers staying with these patients do not need to leave their rooms to warm their food.

Patients who are immunocompromised will preferably be admitted to other pods, not the low west. If the occupancy is not high, attempts will be made to cohort immunocompromised patients to a COLD zone.

To maximize the nursing resources, T7 will have all 4 pods open and try to reserve 6 rooms with an anteroom on the low west pod for COVID+ patients.

Patients from other services transferred to T7 because of their COVID+ test results will remain under the care of their MRP while on T7. Depending on the needs of the patient, a nurse from a specialized area might have to be reassigned to T7 to provide care.

Patient flows in and out of T7

- ED → T7
- PICU ↔ T7
- Other inpatient unit ↔ T7
- T7 ↔ Special/ general procedures
- T7 → home
- The Trauma elevator (#8) will be used for any patient requiring rapid access to floors regardless of COVID status
- In an outbreak situation, follow patient flow guidelines: [COVID-19 case and outbreak management procedures](#).

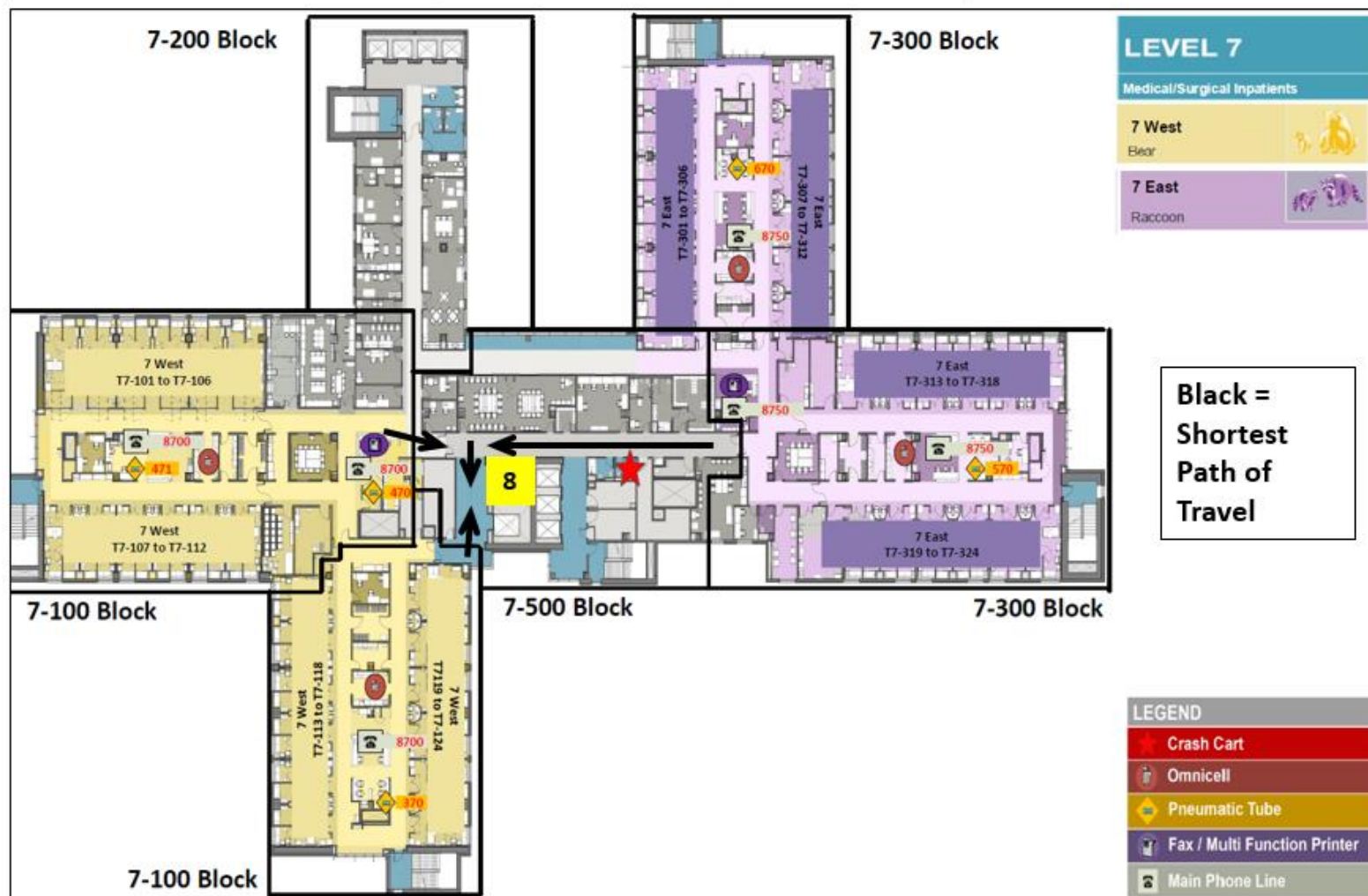
C&W COVID-19: PATIENT FLOW AND MANAGEMENT

Admissions/Transfers to T7 (General Medicine)				
Origin	Patient Status	Admission Location		
• ED/PICU/IP Unit/	PUI for COVID-19	• 1/6 isolation rooms with an anteroom (low west pod)		
	Confirmed COVID-19 +	• Air isolation room • AGMPs: one of 3 negative pressure rooms		
Discharges/Transfers from T7 (General Medicine)				
Origin	Patient Status	Discharge/Transfer Location		
		T6	PICU	
T6/PICU	PUI for COVID-19			
	Confirmed COVID-19 +	✓	✓	
	Multiple COVID-19 + cases and/or outbreak	Refer to IPAC		

C&W COVID-19: PATIENT FLOW AND MANAGEMENT

T7 → ED / PICU / T6 / SHHC / OR

Origin	Route	Destination
T7	Elevator 8	ED / PICU / T6 / SHHC / OR



C&W COVID-19: PATIENT FLOW AND MANAGEMENT

T6 General Surgical

Considerations

T6 is the surgical unit. All patient rooms are single occupancy rooms. Preference will be for all patients with confirmed COVID-19 to be placed in a patient room with an anteroom attached. T6 currently has 3 rooms that have anterooms attached (1 per POD), with a 4th in the closed POD if required.

Patient Management

- Patients may be cared for in a mixed assignment unless in an outbreak situation within the unit or hospital and then this may change or evolve as necessary in collaboration with IPAC. Patients with confirmed or suspected Covid-19 will be cared for on Droplet and Contact precautions, Airborne for AGMPs.

Patient flows in and out of T6

- ED → T6
- PICU ↔ T6
- T6 → T7
- Other inpatient unit → T6
- T6 ↔ Special/ general procedures
- T6 → Acute Rehab (SHHC)
- T6 → home
- The Trauma elevator (#8) will be used for any patient requiring rapid access to floors regardless of COVID status
- In an outbreak situation, follow patient flow guidelines: [COVID-19 case and outbreak management procedures](#).

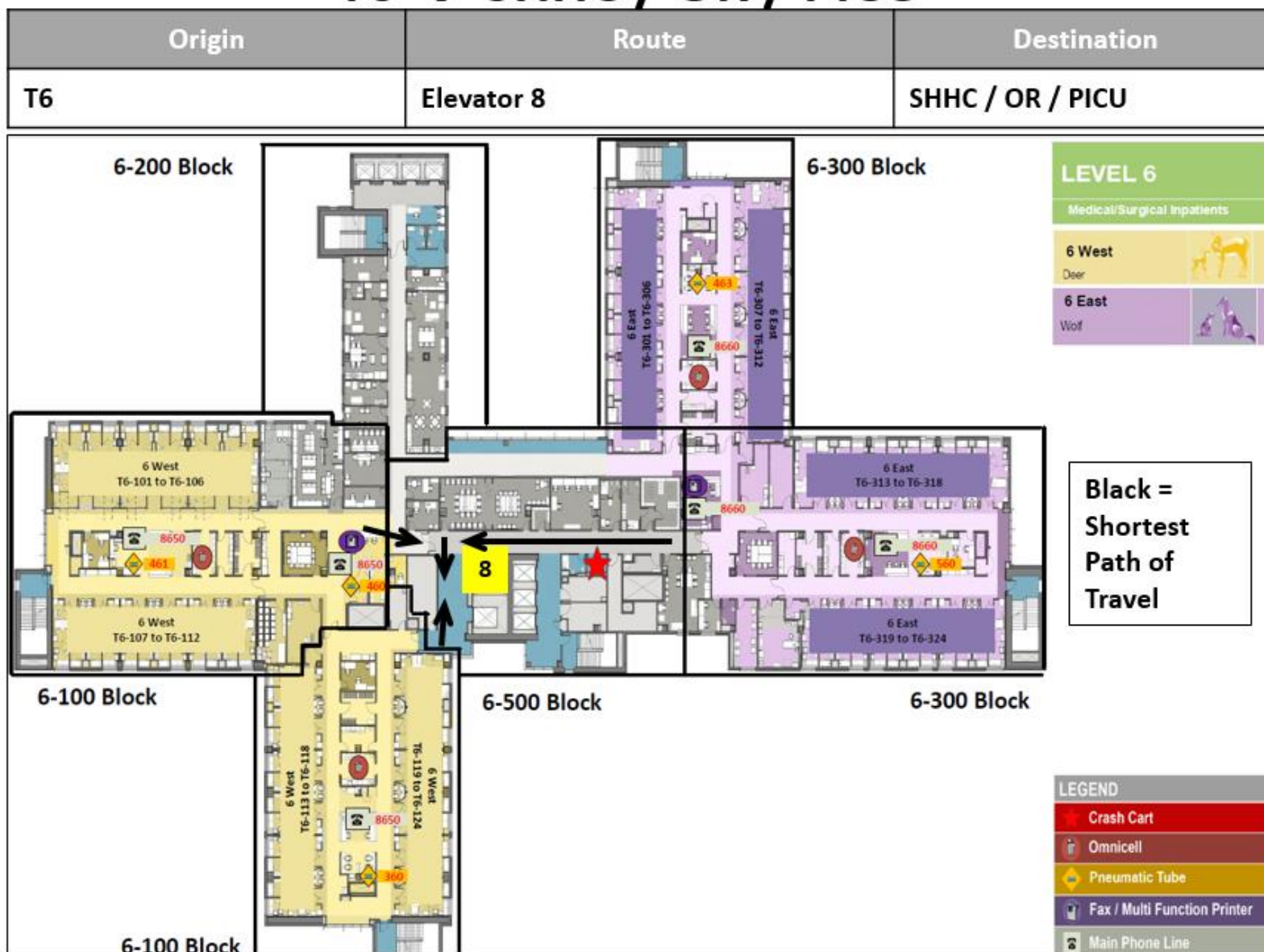
Admissions/Transfers to T6 (General Surgical)		
Origin	Patient Status	Admission Location
• ED/PICU/IP Unit/	PUI for COVID-19 /COVID-19 CONTACT	• 1/3 rooms with anteroom attached (1room/POD) • 4 th in closed POD (if required)
	Confirmed COVID-19 +	• 1/3 rooms with anteroom attached (1room/POD) • 4 th in closed POD (if required)

C&W COVID-19: PATIENT FLOW AND MANAGEMENT

Discharges/Transfers from T6 (General Surgical)				
Origin	Patient Status	Discharge/Transfer Location		
		Acute rehab	PICU	
Acute rehab/special or general procedures or home	PUI for COVID-19			
	Confirmed COVID-19 +	✓	✓	
	Multiple COVID-19 + cases and/or outbreak	✓	✓	

C&W COVID-19: PATIENT FLOW AND MANAGEMENT

T6 → SHHC / OR / PICU



General and Special Procedures Department

Considerations

4th floor Special Procedures has 5 specialized operating rooms including Interventional Radiology, Cardiac Cath Lab, Cardiac OR, Neuro OR and a trauma OR. General procedures on the 3rd floor has an additional 7 ORs for most general procedures housing some specialist equipment (eg ophthalmology microscopes). Most operating rooms can be used for a variety of procedures. Urgency, critical adjacencies to PICU/ NICU, and equipment available in the room will be considered when deciding which OR patients go to. In addition there are single patient rooms designed for pre and post op patients on both 3rd and 4th floors. Where possible, Anesthetic Care Unit (ACU) pre and post op rooms shall be bypassed completely for patients who are covid-19 positive. The OR team will transport covid positive and PUI patients to and from the OR to avoid unnecessary handoffs and to preserve PPE. Parents and Family members of children who are PUI or covid-19 positive are discouraged from accompanying their child and parental presence is restricted at induction in the OR.

Currently elective procedures are continuing and all patients are being screened prior to admission for surgery.

- [Aerosol-Generating Medical Procedures \(AGMPs\)](#) are medical procedures that can generate aerosols as a result of artificial manipulation of a person's airway, therefore all general anesthetic procedures are considered an AGMP intra-operatively and post-operatively. There are a small number of patients who do not require a general anesthetic, typically patients requiring a GJ tube change, however they are still to be managed using the same AGMP guidelines. A pre-procedure huddle will be conducted on every patient to ensure the team are all clear on how to manage each patient. Patients with confirmed or suspected Covid-19 will be initiated on Droplet and Contact precautions, Airborne for AGMPs.

Patient Management

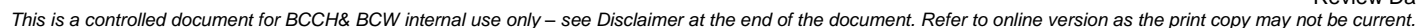
- The Procedures department will not be allocating patient cohorting zones, but will coordinate each patient journey based on their presentation within the context of COVID and according to the type and the urgency of the procedure.

Patient Flows in and out of Procedures

Patients could flow in and out of the Procedures and Surgical Services department in the following ways:

- Home → OR → Home / T6/ T7/ T8/ PICU/
- ED / T6/ T7/ T8/ PICU / NICU → OR → T6/ T7/ T8/ PICU/ NICU/ Home
- The Trauma elevator (#8) will be used for any patient requiring rapid access to floors regardless of COVID status
- In an outbreak situation, follow patient flow guidelines: [COVID-19 case and outbreak management procedures](#).

Origin	Route	Destination
Home / MI / Other Units / Floors	Public elevator (if from home to 3 rd Floor) then via Elevator 8 or 9 to 4 th Floor	OR 3 rd / 4 th Floor



Mental Health Shared Services BC

Considerations

The Healthy Minds Building, while on the C&W campus, does not have the same kind of environmental controls as the clinical areas in TeckACC. The ability to cohort patients into three zones in the current environment is challenging and may require a stepped approach as volumes increase. Mental Health services have phased their approach based on patient volumes, patient assessment, and bed capacity at BCCH inpatients and is outlined in the Consolidated Surge Plan. For a patient with confirmed COVID-19 to be accommodated in the HM building, there needs to be additional consideration of other admitted patients and staff transmission, as there is a lack of space that supports donning and doffing best practices, no private bathrooms, shared living space and lack of other environmental controls that are seen in the clinical areas. This means all other patients may need to be move out of the unit to adjacent or alternative units.

Patient Management

After registration and triage in ED, any patient requiring psychiatric assessment that displays symptoms or screens positive will be rapid tested for COVID-19. If the rapid test results are positive, following Psychiatric assessment, a decision will be made between ED and MH to determine if the patient can be discharged, or requires admission. If they require admission, the decision is to determine if the patient can be safely accommodated on the medical unit T7 and followed by consult liaison service. If so, they will follow the same process for regular admission from ED to T7. If the patient cannot safely be treated on the medical unit, they will follow the same process for regular admission from ED to CAPE. MH staff will determine the most appropriate physical space.

If a COVID-19 positive patient presents to ED and they require medical intervention, or has an injury, the patient should be stabilized in ED and if there are Mental Health concerns, Psychiatry will be consulted. If they require admission, the decision is to be determined if the patient can be safely accommodated on the medical unit, or PICU or transferred to a Mental Health unit.

Patient Flows in and out of Mental Health

- Patients who develop PUI symptoms during admission will be rapid tested and isolated to room using Droplet and Contact precautions, Airborne for AGMPs, or sent on pass, until results are completed. With a confirmed COVID-19, IPAC will be brought in for consultation, and a team based decision will be made as to next steps (i.e. discharged, remain on unit, transfer to medical). In an outbreak situation, patient flow guidelines will be followed according to the [COVID-19 case and outbreak management procedures](#).

Sunny Hill Health Centre (SHHC)

Considerations

Sunny Hill Health Centre (SHHC) consists primarily of four main programs which are now located on the CW campus. The Acute Rehabilitation program is the only inpatient unit and sees both inpatients and outpatients. Three outpatient programs are located on the first floor: (1) BC Autism Assessment Network, (2) Complex Developmental Behaviour Conditions, and (3) Neuromotor Program. There are 41 assessment rooms on the first floor, each of which are not designed to be patient rooms.

The Acute Rehab unit has 18 single inpatient rooms. Each of the patient rooms are resourced with monitors and medical gases; however, none have negative pressure capability. The Acute Rehab unit is currently funded for 14 beds with an additional 4 unfunded beds. Any patients requiring admission to SHHC yet are deemed too acute for transfer, could be supported with additional staffing resources. The procedure room located in Acute Rehab is equipped with monitors and medical gases, and could be used for patient care, but is without its own patient washroom.

In the event of additional physical bed capacity and/or outbreak, majority of patients could be safely discharged home, to Ronald McDonald House (RMH), or to another facility within 72 hours, with at least 50% able to be discharged within 24 hours. Outpatient or day patients would be cancelled, could take a therapy break, or could be booked into the first floor assessment rooms. Other hospital transfers (community hospital) or hotel facilities could also be considered to decant patients more urgently.

- If a patient becomes symptomatic, they should be placed on Droplet and Contact precautions, Airborne for AGMPs, tested insitu, and wait for the results to be confirmed. If they are confirmed with COVID-19 and require higher level of care, they should bypass ED and arrangements should be made for a direct admission to critical care or another inpatient unit.

Patients may be cared for in a mixed assignment unless in an outbreak situation and then this may change or evolve as necessary in collaboration with IPAC.

Patient Management

Room 6 does not have negative pressure but is physically located furthest from the other patient rooms.

C&W COVID-19: PATIENT FLOW AND MANAGEMENT

Patient Flows in and out of SHHC

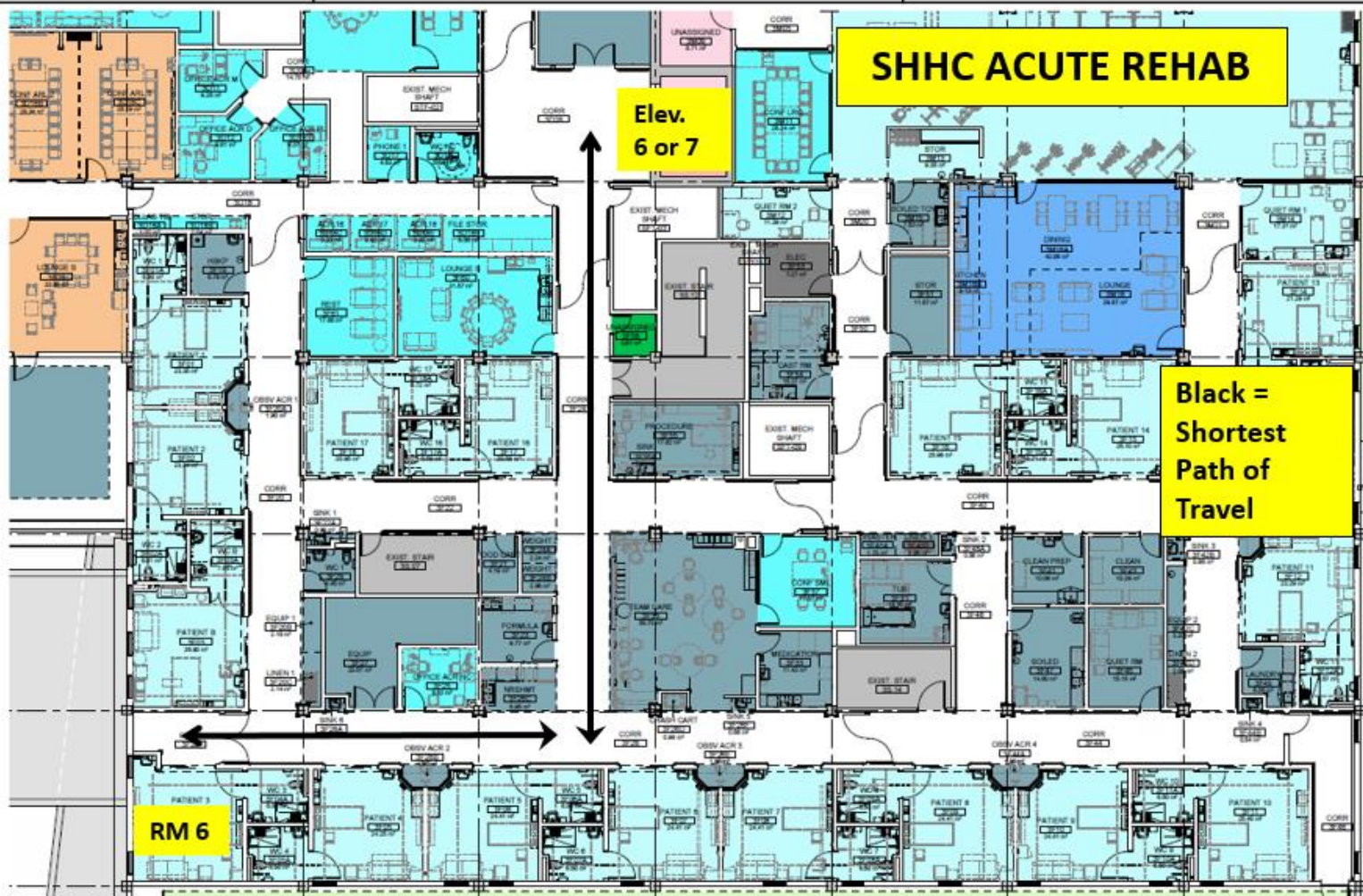
- SHHC → ED (except confirmed positive with COVID-19 who should go directly to the receiving unit)
- SHHC → General or Special Procedures
- In an outbreak situation, patient flow guidelines will be followed according to the [COVID-19 case and outbreak management procedures](#).

Admissions/Transfers to SH Acute Rehab					
Origin	Patient Status	Admission Location			
• ED/PICU/IP Unit	PUI for COVID-19	• Any inpatient room			
	Confirmed COVID-19 +	• Room 6 first • Remaining patient rooms			
Discharges/Transfers from SH Acute Rehab					
Origin	Patient Status	Discharge/Transfer Location			
		PICU	Community	Home	
Home/PICU/Inpatient unit	PUI for COVID-19				
	Confirmed COVID-19 +	✓	✓	✓	
	Multiple COVID-19 + cases and/or outbreak	Refer to IPAC			

C&W COVID-19: PATIENT FLOW AND MANAGEMENT

SHHC → TACC (PICU, OR, NICU, T6/T7/T8) → SHHC

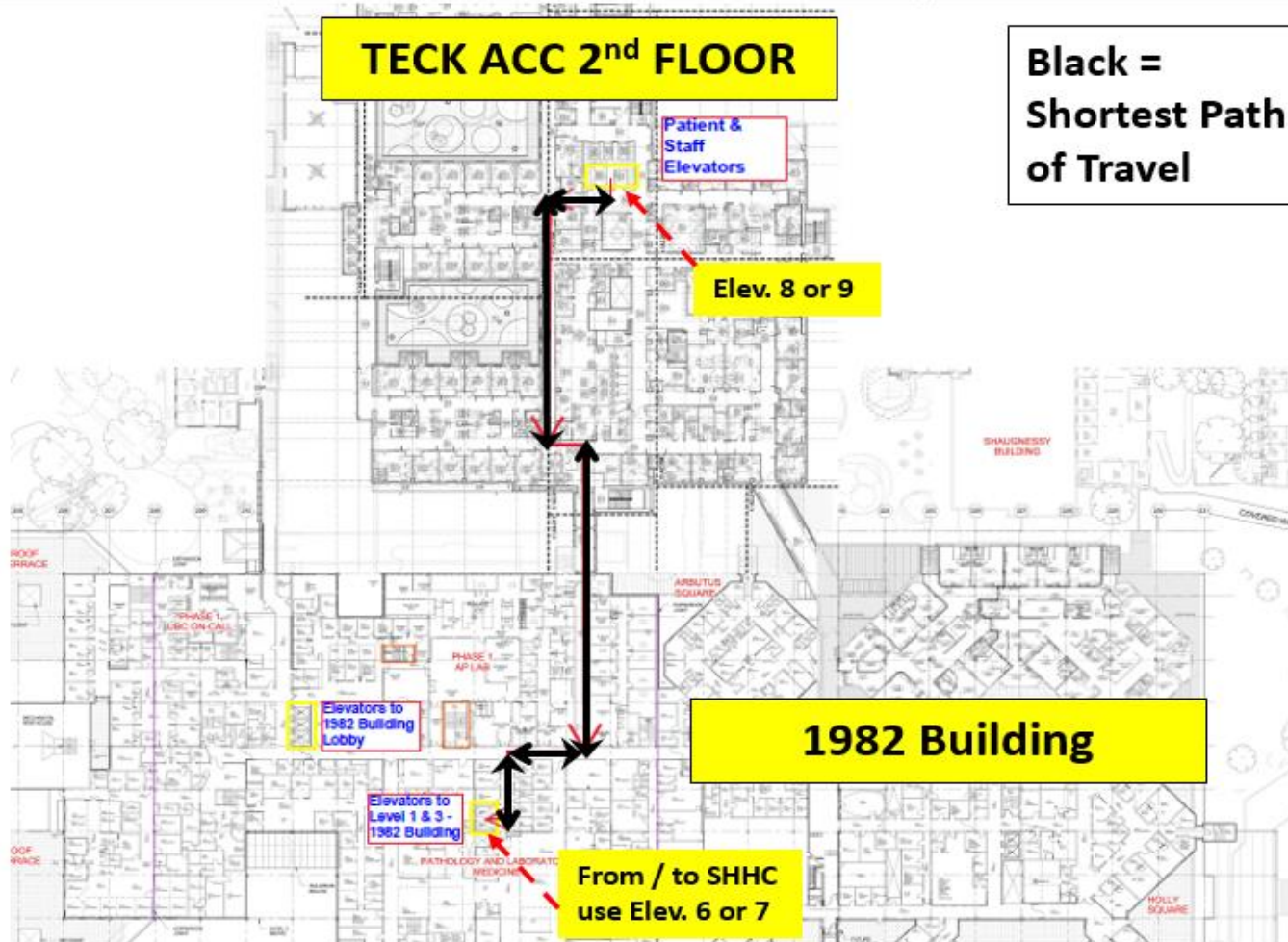
Origin	Route	Destination
SHHC	Elevator 6 or 7	TACC -> SHHC



C&W COVID-19: PATIENT FLOW AND MANAGEMENT

SHHC → TACC (PICU, OR, NICU, T6/T7/T8) → SHHC

Origin	Route	Destination
SHHC	Elevators	NICU 2 nd / 3 rd Floor -> PICU



C&W COVID-19: PATIENT FLOW AND MANAGEMENT

Elevator numbers in TeckACC (4th floor example)



Elevator #	Goes to floors
5	1, 2, 3, 4, 6, 7, 8
6	1, 2, 3, 4, 6, 7, 8
7	1, 2, 3, 4, 6, 7, 8
8 (trauma)	1, 2, 3, 4, 6, 7, 8
9	1, 2, 3, 4, 6, 7, 8
10	1, 2, 3, 4
11	1, 2, 3, 4

This information is based on current guidelines and is subject to change. Last updated April 27, 2021

Version History

DATE	DOCUMENT NUMBER and TITLE	ACTION TAKEN
27-Apr-2021	C-0506-07-61040 CW COVID-19: Patient Flow and Management	Approved at: CW COVID-19 Emergency Operations Centre
2-Jun-2021	"	Updates to T8

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