 <p>PHILIPPINE HEART CENTER SERVICE</p> <p>INCIDENT COMMAND POST</p>	Document Type	Document Code: GL-ICP-021
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I. **STATEMENT OF THE POLICY**

This policy shall ensure that appropriate process of admission in Ward 4E/4F.

II. **ADMISSION CRITERIA**

1. The following staff shall be admitted at:

1.1. Ward 4E

1.1.1. (+) RT-PCR employees, mild or asymptomatic

1.1.2. Employees that can self-monitor

1.2. Ward 4F

1.2.1. Probable employees, mild or asymptomatic

1.2.2. Employees waiting for swab results that cannot isolate at home.

1.2.3. Employees that can self-monitor

III. **POLICY GUIDELINES**

1. Ward 4E/4F are for male and female occupants.

2. ER COVID Charge Nurse/CFOD shall send list of patients for admission to Incident Command Post for approval.

3. Upon approval, the ER COVID Charge Nurse/CFOD shall coordinate with Ward 4E/4F Virtual Head Nurse/Virtual Nurse for proper bed management.

4. The ER COVID Charge Nurse/CFOD shall provide a copy of the list of employees for admission to Virtual Nurse for reference.

5. The Virtual Nurse shall facilitate the admission of the employee by informing the following:

5.1. Linen Section


5.1.1. Request linen/beddings and hospital gown

5.2. Admitting Section


5.3. Dietary Section

5.4. Cardio Fellow on Duty/ICP


6. Once an employee is for admission, the Virtual Nurse will send a message to the employee and assess the following:

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- 6.1. Name
- 6.2. Age
- 6.3. Height and Weight
- 6.4. Religion
- 6.5. Allergies
- 6.6. Diet/Food Restrictions
- 6.7. Unit Origin
- 6.8. Position
- 6.9. Area of Assignment
- 6.10. Last day of duty at COVID Unit
- 6.11. Onset of illness
- 6.12. Signs and symptoms
- 6.13. Any symptoms within the past 2 weeks?
- 6.14. Serology done? Yes or No. If yes, what's the result?
- 6.15. RT-PCR done? Yes or No. If yes, what's the result?
7. Digital Thermometer will be provided for employee self-monitoring.
8. Once the room is prepared, the Virtual Nurse shall inform the Virtual Head Nurse and CFOD on the employee admission.
9. The Virtual Nurse shall orient the employee regarding the Ward 4E/4F House Rules (See Annex A) and safety reminders (See Annex B).
10. The Virtual Nurse shall submit daily six (6) copies of updated list of employees admitted to 4E/4F to the following:
 - 10.1. ICP
 - 10.2. Nurse Supervisor
 - 10.3. Admitting Section
 - 10.4. Division Chief
 - 10.5. Virtual Head Nurse
 - 10.6. CFOD
11. The Virtual Nurse shall completely fill out the Admission and Discharge Logbook every shift with the following:

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- 11.1. Date/Time of Admission
- 11.2. Unit of Origin
- 11.3. Mother Unit
- 11.4. Name
- 11.5. Age
- 11.6. Sex
- 11.7. Diagnosis
- 11.8. Room Number
- 11.9. Hospital Number
- 11.10. Attending Physician
- 11.11. Attending Nurse
- 11.12. Procedure done
- 11.13. Date/Time of Discharge
- 11.14. Discharge Nurse
- 11.15. Remarks
12. The employee admitted shall seek their infirmary clearance and recommended laboratory tests on their scheduled date.
13. If the employee presented moderate to severe symptoms, referral to a doctor and transfer of unit is facilitated.
14. The employee is cleared for discharge if:
 - 14.1. For Negative RT-PCR
 - 14.1.1. Employee must complete 10 days facility quarantine.
 - 14.2. For Positive RT-PCR
 - 14.2.1. Employee must complete 14 days quarantine or 3 consecutive days of resolved symptoms to be considered recovered. No need to repeat swab.
15. Once the employee has an order for discharge:
 - 15.1. The Virtual Nurse shall facilitate Notice of Discharge, Clinical Abstract, Discharge Summary, Philhealth forms (PMRF, CF4, CF2 and CSF) attached with photocopied laboratory results.

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- 15.2. The Virtual Nurse shall request Medical Certificate signed by CFOD to Medical Records indicating Quarantine Days, date and number of days with symptoms and resolve of symptoms.
- 15.3. The employee shall place his/her used linens in a yellow plastic bag provided.
- 15.4. The Virtual Nurse shall discuss the Home Instructions for COVID-19 Recovered Healthcare Worker. (See Annex C)
16. The Virtual Nurse shall facilitate coordination with Janitorial Section regarding wall to wall cleaning of the room and use of Dry Misting/UV Light.

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Annex A

WARD 4E/4F HOUSE RULES

1. For the safety of every personnel, STRICTLY wear mask, practice social distancing and proper hand washing at all times.
2. Utilize the In-Patient Logbook to record the following:
 - 2.1. Name of Patient
 - 2.2. Unit
 - 2.3. Date of admission/first quarantine day
3. Each room is equipped with a hospital bed, cabinet, shared refrigerator and shared bathroom between two bedrooms. Privacy is ensured by having a lock on both doors.
4. Food will be delivered by dietary every 6:00-7:00am for breakfast, 11:00am-12:00noon for lunch, and 4:00pm-5:00pm for dinner. It is placed on the table located in front of the 4E/4F door.
5. Cut-Off time for request is implemented. It can be found on the table located in front of the 4E/4F labeled with recipient's name.
 - 5.1. Pharmacy/CSS – 10:00am and 9:00pm
 - 5.2. Linen – 10:00am (for AM shift) and 6:00am (for PM shift)
 - 5.3. Food delivery – 12:00pm for Lunch and 5:00pm for Dinner
6. Maintain cleanliness of the room. There are designated trash bins along the hallway and available plastic bags at the Nurse's station. Garbage collection is every shift.
7. Linens are changed weekly or when soiled. Soiled linens are collected every shift.
8. Employee is provided with 5 surgical masks every 5 days. 1 surgical mask per day.
9. Once for discharge, place soiled linen in a yellow plastic bag and put it inside the hamper cart. Inform the Virtual Nurse before leaving the room.
10. Prepare own sets of clothing for the whole quarantine days and put soiled clothes in a tight secured yellow plastic bag for proper personal decontamination. Hospital gowns are also provided and can be used.
11. WIFI Access is available at Ward 4E and 4F. Books, art materials, and journals are also available at Nurse's Station.
12. The Virtual Head Nurse is assigned to address immediate concerns and may elevate it to the Virtual Nurse located at 5B (local 2544)/5A (local 2537).
13. Avoid loitering around the hospital premises. Stay in your room.
14. Stay safe and Healthy!

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Annex C: Discharge Instructions

DEAR HEALTHCARE WORKER,

Congratulations! Based on the Department of Health Memorandum 0258, you are considered a recovered COVID-19 patient and may now be reintegrated to the community without the need for further testing. Please observe the following instructions after discharge.

MEDICATIONS:

MEDICATIONS	DOSAGE	TIMING	ACTIONS	CONSIDERATIONS

EXERCISE / ACTIVITIES:

- Do deep breathing exercises.
- Observe the following when doing regular exercises:
 - Stop exercise if with chest pain, palpitations or exhaustion
 - Keep mask on if there are other people around you during exercise.
- Report back to work on _____

TREATMENT:

- Maintain home quarantine for _____ more days.
 - Stay in a separate room with toilet & bath
 - Avoid contact with other household members
- Avoid smoking / alcoholic drinks.

HYGIENE:

- Separate your eating utensils, towels and beddings from others.
- Observe hand and respiratory hygiene at all times.
- Disinfect frequently-touched objects in your surroundings.

OPD / INFIRMARY CHECKUP:

- Proceed to the Infirmary for clearance on _____
- No need for Infirmary clearance.

DIET:

- Maintain a _____ diet.
- Drink lots of fruits and eat food rich in vitamins and minerals like _____


SOCIAL / SEXUAL / SPIRITUAL ACTIVITIES:

- Observe physical distancing at all times. Avoid crowded activities and areas.
- Resume sexual activities as advised by your Physician.
- Contact _____ if you need to talk to someone.

ADDITIONAL INSTRUCTIONS:

- Wear a medical mask at all times.
- Present an Infirmary Clearance to your immediate supervisor prior to resumption of duty.
- You may secure a copy of your Medical Certificate and RT-PCR result from your Virtual Nurse upon discharge.

Instructions given by: _____ <small>Name and Signature of Nurse</small>	I fully understand the discharge instructions given to me and I will comply for my fast recovery and the prevention of the spread of the disease. _____ <small>Name of Healthcare Worker & Signature</small> _____ <small>Area of Assignment</small>
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PHILIPPINE HEART CENTER
 East Avenue, Quezon City

**HOME INSTRUCTIONS FOR COVID-19
RECOVERED HEALTHCARE WORKER**

FAMILY NAME _____ FIRST NAME _____ MI _____

AGE: _____ SEX: _____ BIRTHDATE: _____

UNIT: _____ RM NO./BED: _____ HOSP. NO. _____

ATTENDING PHYSICIAN: _____