

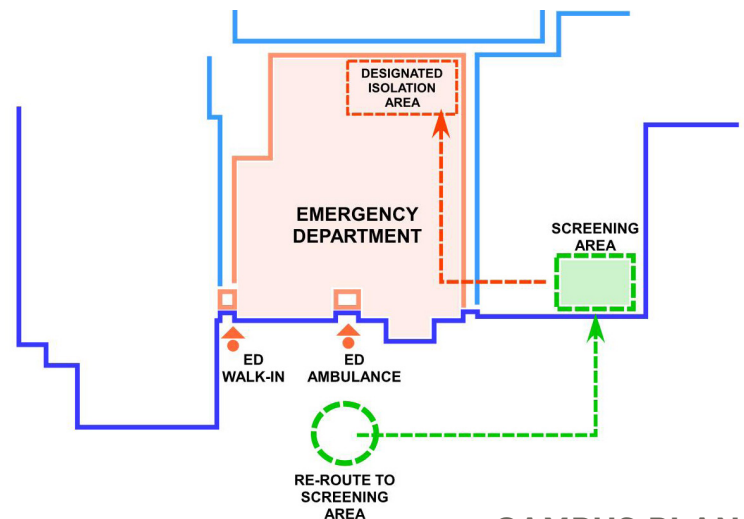
PREPARING YOUR FACILITY FOR COVID-19

ISOLATION ROOMS

In the event of an emerging airborne infectious disease, hospitals may need to increase their capacity for Aii (Airborne Infection Isolation) to sufficiently isolate an increased volume of infected patients. Retrofitting a standard Patient Room, Treatment Room, or Exam Room may be a solution to increasing the number of negative pressure Aii's. There are strict guidelines (2014 FGI Guidelines/Standard 170-2013) for the Design and Construction of new Airborne Infection Isolation Rooms.

Some key Requirements to consider:

- Single-bed rooms
- Negative Pressure
- 12 min Air Changes / Hour
- Direct Exhaust or HEPA Filtration
- Differential Air Pressure Monitoring
- Door Gaskets and Closer with positive latching
- Handwashing Sink
- Direct access to Toilet/shower
- PPE dispenser/receptor at entrance
- Architectural Finishes

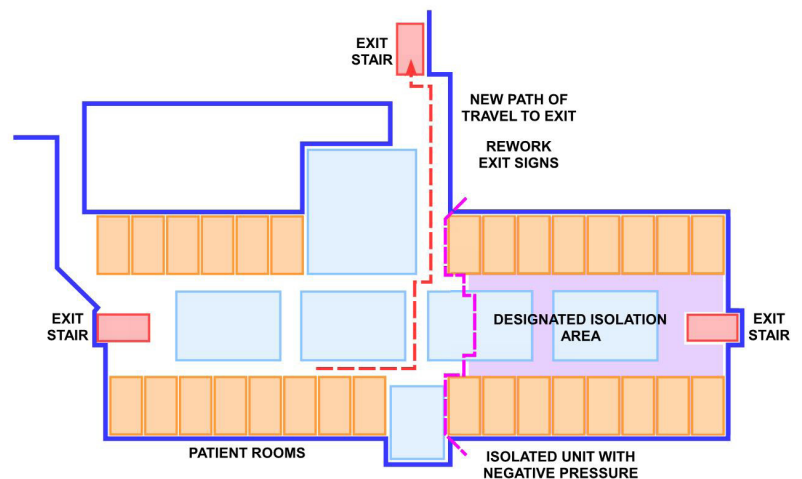


CAMPUS PLAN

There is limited information on the guideline requirements and challenges of creating temporary Aii rooms for quick use. However, E4H has extensive experience with Isolation Rooms and similar spaces used during construction that can assist in developing temporary Aii's and protective environments.

LIFE SAFETY

If current egress and life safety paths are being blocked or contained there is a need for an interim life safety plan. It's important to have the plan displayed, communicated, and practiced by staff. Should updated code and planning be required, E4H is well-versed in assisting with these critical tasks.



INTERIM LIFE-SAFETY PLAN

WAYFINDING STRATEGIES: PROTECTING YOUR FRONT DOOR & PATIENTS

Understanding that patients may panic and not heed local advisement to call a medical center, rather than just arrive, it is important to address temporary signage and wayfinding solutions. Temporary signage at primary, public entrances instructing patients how to properly access health professionals is a key driver to protect medical facilities. Clearly identifying separate entries into the ED can limit exposure to patients awaiting emergency care, as well as accompanying visitors. Health providers may develop strategies to screen possibly infected patients prior to entering the facility, then openly communicate this. One form of communication should be temporary signage at all entry points. From there, establish separate waiting areas for sick vs. well patients, providing clear wayfinding and signage to identify those spaces. And finally, protect immuno-compromised patients within the facility by clearly posting which areas have limited entry. Providing easy to understand signage and clear wayfinding can be a quick solution to a healthier environment during this challenging epidemic.

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ADDITIONAL RESOURCES

Centers for Disease Control and Prevention (CDC)
The Center for Health Design (CHD)
Building Airborne Isolation Units During Emergent Times

CONTACT

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