This interim guidance is based on what is currently known about COVID-19 and The Centers for Disease Control and Prevention (CDC) current guidance. The following bed placement model should be followed in order to safely cohort COVID-19 + patients and PUIs from those patients not affected by COVID-19:
COVID-19 Bed Management - FINAL
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Emergency Department

- Patient Arrives
  - COVID-19 status?
    - Positive
      - Implement Respiratory Hygiene and Cough Etiquette
    - Unknown
      - Has patient respiratory infection i.e., cough and/or difficulty breathing?
        - Yes
          - Is dedicated location to evaluate COVID-19 in place?
            - Yes
              - Isolate patient in room or other location for evaluation and, if needing admission, collect specimen for testing
            - No
              - Disposition?
                - Admit
                  - See inpatient process flow
                - Discharge
                  - Provide patient instructions for stable F/U: for return home
  - Disposition?

- Follow Standard Procedures for Bed Management

Aerosol Generating Procedures (AGP) are procedures that are likely to induce coughing (e.g., open suctioning of airways, sputum induction, CPR, intubation, extubation, placing or changing tracheostomy tubes, non-invasive ventilation/high flow nasal cannula, BiPAP, CPAP, bronchoscopy, manual ventilation, chest physiotherapy, NG placement, nebulizer administration)
Airborne Infection Isolation Room (AIIR) are negative-pressure rooms
Patient Under Investigation (PUI) is a patient suspected of having COVID-19
*Consider creating a PUI cohort unit as needed. The unit needs to be separate from COVID-19 positive patients but could be on the opposite side of the COVID-19 unit.