COVID-19 NATIONAL/STATE EMERGENCY HOSPITAL BLANKET WAIVER: CONVERSION OF STANDARD PATIENT ROOMS TO NEGATIVE PRESSURE ISOLATION ROOMS (REVISED)

ISDH CSHCR: Program Advisory Letter Number: AC-2020-01-HOSP Effective Date: RETROACTIVE TO March 6, 2020 Created: March 21, 2020 Cancels: None Reviewed: n/a Revised: March 22, 2020

BLANKET WAIVER SUMMARY

- Retroactive to March 6, 2020
- A blanket waiver from state rules and FGI Guidelines regarding the requirements for isolation rooms. Facilities and design firms <u>will not</u> be required to submit waiver requests or plan designs for converting non-isolation rooms to isolation rooms during the declared National and State COVID-19 Emergency. The ISDH hereby issues a blanket waiver applicable to all hospitals subject to the requirements of this notice.

Background:

Due to the anticipated magnitude of patients presenting to hospitals due to concerns related to the COVID-19 viral infection, hospitals may have a need to add additional negative pressure isolation rooms in order to protect patients and staff within the facility as patients with suspected or confirmed cases of COVID-19 undergo medical management and treatment.

Policy:

1. Isolation (negative air pressure) room requirements per FGI, 2018 Edition are hereby suspended.

2. Facilities <u>will not</u> be required to submit waiver requests or plan review documents for the modification of currently approved inpatient rooms.

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3. A negative air pressure room shall meet or exceed -2.5 (negative 2.5) pascals or -0.01 inches water column.

4. All air from a room converted to a negative pressure room shall be:

a. Exhausted externally from the building or;

b. All exhaust shall be routed through a HEPA (99.97% efficient) filter and only returned back to isolation rooms.

5. Externally exhausted air shall be exhausted 25 (twenty-five) feet or greater from any other air intake.

6. Policies and procedures are required for the disposal of human waste in any room converted to negative pressure that does not have an in-room toilet/bathroom.

7. Any room or area other than a toilet/bathroom servicing the negative pressure room shall be positive to the negative pressure room.

8. A visual pressure monitoring mechanism must be present which indicates the air pressure status of the room at all times in which a patient in present in the negative pressure room.

9. The facility shall implement some type of monitoring system/device/process to ensure the negative pressure room remains continuously negative during the patient's length of stay in the negative pressure room.

10. All surfaces within the negative pressure room shall be or made to be easily cleanable and able to be properly disinfected.

11. Each facility that converts rooms under this waiver, or that converted rooms to negative pressure rooms after the effective date but before the issuance of this waiver, must immediately (i) report all completed room conversions to ISDH and (ii) request an inspection so the ISDH can verify the converted rooms meet all requirements set out in this waiver.

a. The notice and request must be emailed to ISDH at the address provided below, and must attest that the facility is currently in compliance with items 1 thru 10 above.

b. Each inspection under this paragraph will be scheduled as soon as practicable under the circumstances, but no later than sixty (60) days after the inspection request is delivered unless such period is extended by ISDH upon request and showing of genuine need.

c. Once a facility has delivered the notice and inspection request required by this paragraph, the facility may immediately begin or continue using the converted rooms, subject to later inspection and implementation of changes (if any) then directed by the ISDH.

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12. This emergency waiver is time limited to the duration of the COVID-19 public health emergency. If a facility wishes to make the negative pressure rooms permanent, the room(s) must be submitted for plan review and designed to the FGI 2018 Edition requirements for negative pressure rooms.

Questions:

Questions about this program advisory letter may be addressed to Todd Hite, Program Director, Health Care Engineering (317) 233-7166, email: <u>thite@isdh.in.gov</u> or Jennifer Hembree, Hospital Program Director, email: <u>jhembree@isdh.in.gov</u>.

Kristina Box, MD, FACOG State Health Commissioner

By:

Matthew Foster, Assistant Commissioner Consumer Services & Health Care Regulation

Date: March 22, 2020