SECOND COVID-19 NATIONAL/STATE EMERGENCY HOSPITAL BLANKET WAIVER:
PATIENT ROOMS

ISDH CSHCR: Program Advisory Letter
Number: AC-2020-02-HOSP
Effective Date: RETROACTIVE TO March 6, 2020
Created: March 24, 2020
Cancels: None
Reviewed: n/a
Revised: n/a

WAIVER SUMMARY

- Retroactive to March 6, 2020

- A waiver from state rules regarding plan review of rooms converted for patient use for the duration of the state and national emergency (emergency) related to the COVID-19 is granted under the terms of this waiver.

- Room(s) and unit(s) previously planned reviewed and approved but not in current use may be operationalized without review or inspection.

Background:

Due to the anticipated magnitude of patients presenting to hospitals due to concerns related to the COVID-19 viral infection, hospitals likely will need to add additional patient rooms or units very quickly. Under usual governing rules, approval of added rooms or units cannot be accomplished with the speed necessary to deal with a sharp increase in COVID-19 cases.

Policy:

1. Rooms or units which have previously been approved by the Indiana State Department of Health, Health Care Engineering Program (facility should have a copy of the plan approval letter) and which have been taken out of service may be returned to service without further review or inspection if the rooms/units have not been modified during the period of nonuse.

2. Rooms or units that have not been previously approved for patient use and are within the licensed hospital space meeting health care occupancy requirements may be converted to
patient use without prior plan review for the duration of the declared emergency, subject to the following minimum terms and conditions:

a. The clearance for single-patient rooms must be at least three (3) feet from each side of the bed and from the foot of the bed to the nearest parallel wall, or to any obstruction between the bed and the wall, whichever is applicable (FGI: 2.2-2.2.2.2(2)(a)).

b. The clearance for multiple-patient rooms must be at least three (3) feet from each side of the bed to the nearest side of the next bed, or to the nearest parallel wall, or to any obstruction between the bed and the next bed or nearest wall, whichever is applicable (FGI: 2.2-2.2.2.2(2)(b)).

c. Oxygen and Vacuum shall be piped or portable for each patient bed.

d. Each patient must have a working call light or an alternative method to summon help that is loud enough to be easily heard by the unit staff.

e. Each room must have a hand washing station or, alternatively, the means and supplies for proper hand sanitization/hand hygiene.

f. There must be at least one (1) duplex electrical outlet per patient bed.

3. Any provider that reactivates or converts rooms or units under this waiver must give immediate notice to the Indiana State Department of Health, Acute and Continuing Care Division (“ISDH”). The notice must be emailed to Jennifer Hembree, Hospital Program Director at jhembree@isdh.in.gov, and must adequately identify at least the provider, the specific building address, and the affected floor, room, and/or unit number(s).

4. As soon as practicable after receiving notice, the ISDH will perform an onsite visual inspection of converted rooms and/or units to determine minimum compliance with this waiver and its stated terms and conditions.

5. Plan review to FGI 2018 Guidelines will be required for rooms and units reactivated or converted under this waiver that remain in use more than fourteen (14) days after expiration of the Governor’s March 6, 2020 declaration of a public health emergency, as amended. The fourteen (14) day period may be adjusted upon a showing of sufficient need and purpose, and on a case-by-case basis.
Questions:

Questions about this program advisory letter may be addressed to Todd Hite, Program Director, Health Care Engineering (317) 233-7166, email: thite@isdh.in.gov or Jennifer Hembree, Hospital Program Director (317) 232-3095, email: jhembree@isdh.in.gov

Kristina Box, MD, FACOG
State Health Commissioner

By:  
Matthew Foster, Assistant Commissioner
Consumer Services & Health Care Regulation

Date: March 24, 2020