Leveling Criteria: RUSH has developed three capacity levels that triggers different hospital responses. The levels are subdivided by entity (Emergency Department, Inpatient, Outpatient) with the levels having different responses for administrators, practitioners, and faculty on what to do when they see an influx in COVID-19 PUIs and confirmed cases. RUSH's detailed surge plans can be found in the table below:

Leveling Criteria	Level 1: First PUI	Level 2: >3 Concurrent PUIs	Level 3: Community Spread
Emergency Department	Use existing 3 negative pressure rooms in the ED	• Activate Forward Triage - new location in ambulatory bay for ILI patients • Flip Pod c (21 bed capacity)	Community Spread (Cases are so widespread that all patients are tested. Screening is no longer effective)
Inpatient	Standard operations proceed	• Enable additional med/surg capacity by activating a clinical decision unit Rehab unit. • Negative pressure Cohort PUIs on dedicated and Respiratory Units	Repurpose more units
Ambulatory	Send patients to COVID Clinic	• Mobile Swab Swat Team engaged • POC Testing	• Conversion to all virtual appointments • Consolidation of ambulatory sites
University	Travel Screening for students/ faculty	• Flip classrooms to virtual • Virtual match day and commencement	Close Campus Facilities

Chapter 4

Supply Management

Supply Change Management Overview

A key component of readiness is ensuring Rush has the appropriate supply levels. The Supply Chain Management Team is tracking Rush's inventory levels, internal utilization and the supplier's allocation rate for all medical supplies, especially Personal Protective Equipment (PPE). They are working very closely with their primary distributors to ensure they have healthy supply levels to support Rush's increased demand. The Supply Chain Team is also working with certain manufacturers, directly, to understand the allotment amount that is allocated for Rush, along with estimated times of delivery.

Supply Chain Inventory Tracking (PPE Supplies)

Link#	VENDOR	MF#	C#	Description	QTY on hand	Average Daily Usage	Days on hand	Delivery/Allocation Notes	PO	QTY	Comments
100566	CARDINAL	2D72PT70X	193016	GLOVE SURGICAL 7 SYNTHETIC	12501ea	232ea	54				
100567	CARDINAL	2D72PT75X	193018	GLOVE SURGICAL 7 1/2 SYNTHETIC	40624ea	329ea	123				
100568	CARDINAL	2D72PT80X	193019	GLOVE SURGICAL 8 SYNTHETIC	21065ea	120ea	176				
100571	MEDLINE	TRG4005	776590	GLOVE EXAM SMALL NITRILE	3551bx	104bx	34				
100572	MEDLINE	TRG400M	776587	GLOVE EXAM MEDIUM NITRILE	3900bx	191bx	20	ETA 3/16	2369303	158cs	
100573	MEDLINE	TRG400L	776584	GLOVE EXAM LARGE NITRILE	4819bx	111bx	43				
100587	MEDLINE	MDS192074	975854	GLOVE EXAM SMALL VINYL	24bx	1bx	24	ETA 3/16	2374267	6cs	
100588	MEDLINE	MDS192075	975862	GLOVE EXAM MEDIUM VINYL	308bx	4bx	77				
100589	MEDLINE	MDS192076	975870	GLOVE EXAM LARGE VINYL	163bx	1bx	163				
101747	PRECEPT	15301	241841	MASK FACE PROCEDURE ANTI FOG	3651bx	230bx	16	Allocation 200cs (2000bx) every other week	2354211	964cs	Allocation will not keep up with demand
101749	PRECEPT	15310	105270	MASK PROCEDURE FLUID RESISTANT	488bx	20bx	24		2354211	200cs	
101861	MEDICHOICE	131444482XL	286563	GOWN ISOLATION XLARGE YELLOW	10041bg	538bg	19	Allocation 391cs (3910bg) week	2356608	2,412cs	Allocation barely meets current weekly demand
101751	HALYARD	46727	463091	N95 RESPIRATOR PARTICULATE FILTER REG	316bx	7bx	45		2357773	13cs	
101752	HALYARD	46827	464511	N95 RESPIRATOR PARTICULATE FILTER SM	24bx	4bx	6		2372191	4cs	
101741	PRECEPT	15211	129854	MASK SURGICAL ANTI FOG W/FILM	397bx	12bx	33				
101400	MAC MEDICAL	11125R-16OZ	285960	CLEANSER HAND FOAM 16OZ	191ea	97ea	2	No ETA	2374178	553cs	
132692	NORTH AMERICAN	DIA00194A	285601	SOAP BAR DEODORANT 1.5OZ WHITE	4256ea	113ea	37				
132540	MAC MEDICAL	11125R-FM4	285968	SANITIZER HAND 1000ML FOAMING	986ea	40ea	24	ETA 3/13	2374178	360cs	
101737	PDI	Q86984	327577	WIPE SUPER SANI-CLOTH XLARGE	2193tb	198tb	11	ETA 3/12	2370318	560cs	
101750	PRECEPT	15150	157508	MASK FACE PEDIATRIC HAPPY FACE	0	7bx	0	No ETA	2373596	47cs	
101753	MEDLINE	NONFS300	943308	SHIELD FACE FULL ANTI-FOG	4508ea	233ea	19	Allocation of 34cs (3264ea) released by Medline ETA 3/13	2372752	40cs	
130576	PDI	Q55172	468322	WIPES SUPER SANI-CLOTH LARGE	384tb	8tb	48				

Key
> 3 weeks of Inventory
1 - 3 weeks of Inventory
< 1 week of Inventory

Internal Operations

Supply Chain Management has revised operational workflows to ensure appropriate par levels are adjusted to accommodate the increase in demand. The team has built PPE go-packs that consist of N95 masks, face shields, isolation gowns and sanitation wipes to support the clinical team who's responsible for treating PUIs. Supply Chain has also adjusted their work schedule for regular rounding and replenishment focusing more on the Emergency Department and units with cohorted PUIs. They have built and enhanced supply rooms for new units that are set up to support the increased demand of COVID-19 patients.

Surge Planning: Looking at Reducing Utilization

Supply Chain has worked closely with the clinical team and Infection Control to figure out ways to reduce the utilization of PPE supplies. One approach is to limit the number of people going into the rooms during rounds. They also want to make sure all PPE items are placed in its appropriate stocking location with only one item taken at a time to drive efficiency. All PPE supplies that are used for replenishment are locked and secured in central supply with limited access and 24/7 coverage. Supply Chain has also restricted all internal purchase orders for PPE supplies so that the allocation of supplies are managed via central supply chain based on need and prioritization.

Chapter 5

Employee Safety

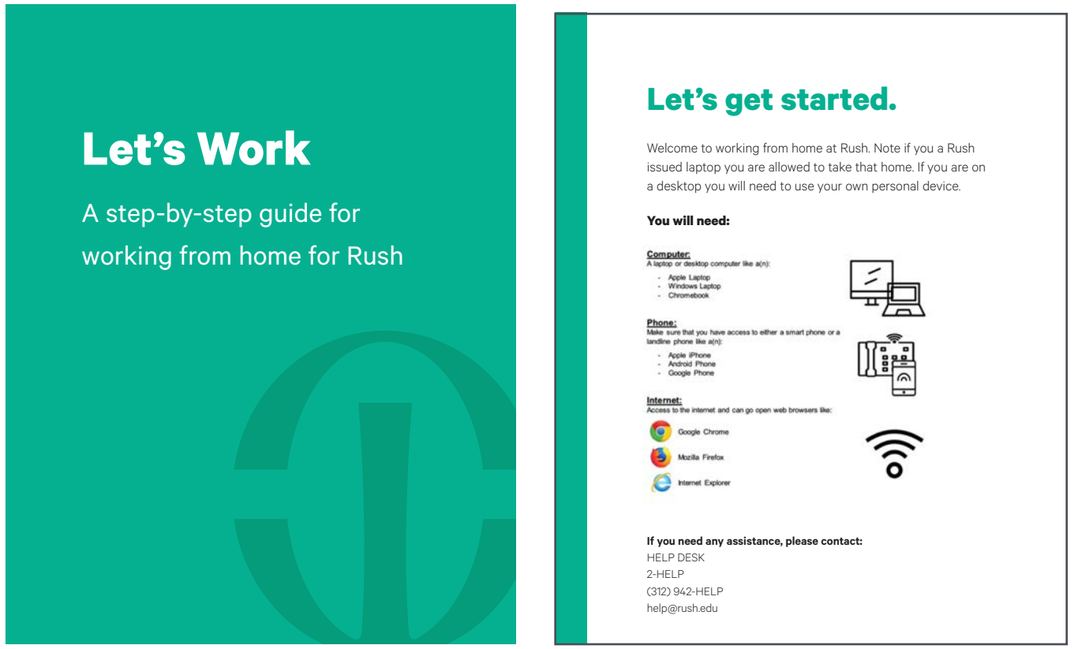
Employee Safety Overview

Working from Home

While Rush did not mandate that employees work from home, managers were encouraged to consider arrangements for those employees identified through an institution-wide survey as qualified and equipped to do so. Decisions were left to the manager's discretion and guided by Rush's existing Flexible Work Arrangement policy, in addition to patient care needs, operational needs, job requirements, prior individual performance, and equity within the department where the request arises.

Employees working from home were required to sign an attestation agreement. This increased use of work from home flexibility was regularly evaluated for appropriateness and based on leader input.

Rush's Information Services Department compiled a comprehensive document covering how to effectively set up and operate a remote work station to support those employees who had either never worked remotely or had questions.



Let's Work

A step-by-step guide for working from home for Rush

Let's get started.

Welcome to working from home at Rush. Note if you a Rush issued laptop you are allowed to take that home. If you are on a desktop you will need to use your own personal device.

You will need:

Computer:
A laptop or desktop computer like a(n):
- Apple Laptop
- Windows Laptop
- Chromebook

Phone:
Make sure that you have access to either a smart phone or a landline phone like a(n):
- Apple iPhone
- Android Phone
- Google Phone

Internet:
Access to the internet and can go open web browsers like:
- Google Chrome
- Mozilla Firefox
- Internet Explorer

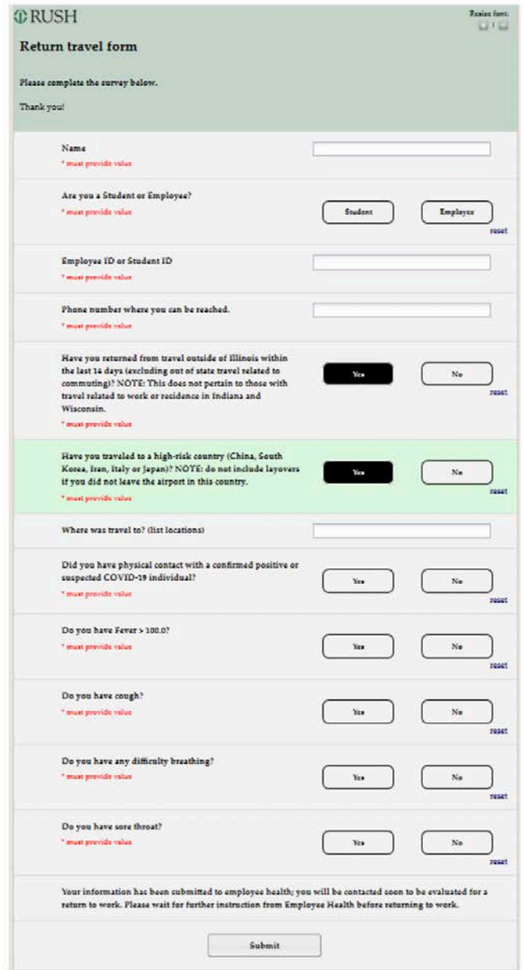
If you need any assistance, please contact:
HELP DESK
2-HELP
(312) 942-HELP
help@rush.edu

Travel Restrictions

As precautions to prevent the potential spread of COVID-19 continued to escalate, employees were asked to reschedule or cancel travel plans to heed advisories issued by the Centers for Disease Control. During the first week of the outbreak, Rush suspended all international and domestic business travel, including attendance at any local professional conferences in addition to discouraging personal travel.

At the same time and prior to the confirmation of community spread, Rush employees, faculty, providers, volunteers and students who had travelled out of the state of Illinois (or current state of residence) were asked to complete a mandatory survey prior to returning to work. Traveling outside of the state was defined as either flying or driving across state lines.

Additionally, employees, faculty, providers, volunteers and students returning from a Level 2 or Level 3 country (as defined by the CDC) were prohibited from returning to campus and placed on a furlough for a minimum of a 14-day period from the time of re-entry into the United States by Employee and Corporate Health Services.



RUSH

Return travel form

Please complete the survey below.

Thank you!

Name
* must provide value

Are you a Student or Employee?
* must provide value
Student | Employee
reset

Employee ID or Student ID
* must provide value

Phone number where you can be reached.
* must provide value

Have you returned from travel outside of Illinois within the last 14 days (excluding out of state travel related to commuting)? NOTE: This does not pertain to those with travel related to work or residence in Indiana and Wisconsin.
* must provide value
Yes | No
reset

Have you traveled to a high-risk country (China, South Korea, Iran, Italy or Japan)? NOTE: do not include layovers if you did not leave the airport in this country.
* must provide value
Yes | No
reset

Where was travel to? (list locations)

Did you have physical contact with a confirmed positive or suspected COVID-19 individual?
* must provide value
Yes | No
reset

Do you have Fever > 100.0?
* must provide value
Yes | No
reset

Do you have cough?
* must provide value
Yes | No
reset

Do you have any difficulty breathing?
* must provide value
Yes | No
reset

Do you have sore throat?
* must provide value
Yes | No
reset

Your information has been submitted to employee health; you will be contacted soon to be evaluated for a return to work. Please wait for further instruction from Employee Health before returning to work.

Submit

Large Group Gatherings

In an effort to keep the community as safe as possible, Rush also requested that all on-campus, large group gatherings of 50 people or more, particularly those involving visitors and all non-essential business, be canceled. Essential core business meetings like grand rounds continued but were evaluated for virtual options and moved online whenever possible.

Staff Exposure

As confusion and anxiety increased, it was important to provide consistent and clear information for employees about their risk of exposure. The COVID Risk Table below was developed and distributed to health care personnel to meet this need.

Epidemiologic risk factors	Exposure category	Recommended Monitoring for COVID-19 (until 14 days after last potential exposure)	Work Restrictions for Asymptomatic HCP
Prolonged close contact with a COVID-19 patient who **was** wearing a face mask (i.e., source control)			
HCP PPE: None	Medium	Active	May work with a mask and be monitored for signs and symptoms
HCP PPE: Not wearing a face mask or respirator	Medium	Active	May work with a mask and be monitored for signs and symptoms
HCP PPE: Not wearing eye protection	Low	Self with delegated supervision	None
HCP PPE: Not wearing gown or gloves	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a face mask instead of a respirator)	Low	Self with delegated supervision	None
Prolonged close contact with a COVID-19 patient who **was not** wearing a face mask (i.e., source control)			
HCP PPE: None	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing face mask or respirator	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection	Medium	Active	May work with a mask and be monitored for signs and symptoms
HCP PPE: Not wearing gown or gloves	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a face mask instead of a respirator)	Low	Self with delegated supervision	None

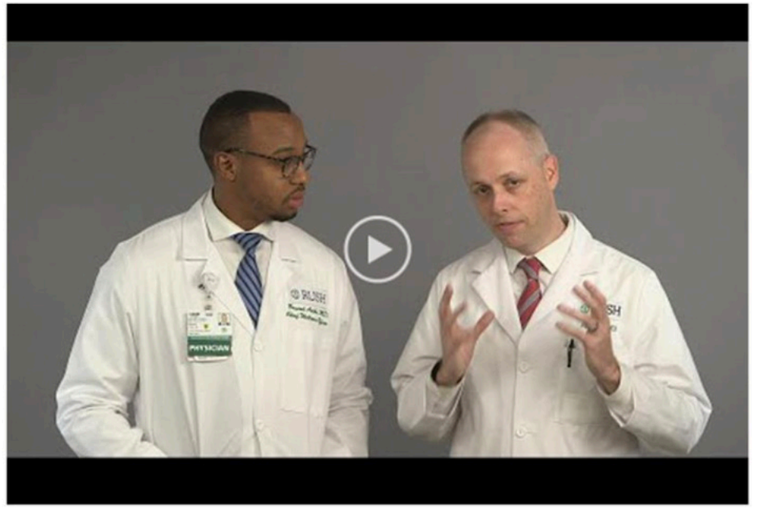
The risk category for these rows would be elevated by one level if health care personnel had extensive body contact with the patients (e.g., rolling the patient); or if they performed or were present for a procedure likely to generate higher concentrations of respiratory secretions or aerosols (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction). For example, personnel wearing a gown, gloves, eye protection and a face mask (instead of a respirator) during an aerosol-generating procedure would be considered to have a medium-risk exposure.

Team Wellness

As more information regarding COVID-19 became available, employees expressed a wide range of thoughts, feelings and reactions. With a sharply increased sense of anxiety, it was important to pay close attention to employees' well-being and address questions and concerns as soon as they arose.
To monitor and maintain that connection, a number of tools were put in place, including:

- Distribution of a Rush Wellness newsletter immediately offering reassurance and resources for those feeling anxious
- Compilation of a wellness guide with resources, contact numbers and information sent via email, linked in the Wellness Newsletter and distributed in hard copy
- Chief Wellness Officer emphasized importance of wellness checks and daily contact with employees to assess situation in real time
- Impromptu town halls conducted virtually to address a heightened sense of anxiety evident by information collected on rounds, submitted questions and/or absenteeism

Paul Casey, MD, acting chief medical officer, and Bryant Adibe, MD, chief wellness officer, share how to stay safe and maintain your well-being during this stressful time.



Temperature Screening

Starting March 23rd, Employees will be screened for temperature upon entry to the Medical Center.

A no-touch thermometer, which uses a laser to take temperatures, will be used. Employees with temperatures greater than or equal to 100 degrees will be masked, sent home, and required to notify their manager and call Employee and Corporate Health Services. If asked to return home, employees are required to stay home from work until you are three days symptom-free.

Day Care

When the Governor of Illinois announced that all public schools would be closed for two weeks, Rush sent an institution-wide survey to gather needs and interest in day care options via multiple communications channels. As a result, Rush organized a pop-up child day camp for employees' children aged 5 – 12, at no cost to the employee. Using an existing school space on campus, the camp was established to support employees' childcare needs from the hours of 7 am to 5 pm, Monday through Friday.

Chapter 6

Rush University

University Overview

Rush University is a health sciences university comprised of four colleges: Rush Medical College, the College of Nursing, the College of Health Sciences and the Graduate College. With almost 2,700 students enrolled in the spring 2020 semester, there were 325 active classes, clinical rotations and labs in progress when the coronavirus pandemic hit Illinois.

University Command Center

On Friday, March 6, 2020, Rush University leaders formed a University Command Center (UCC) to respond quickly and specifically to the needs and concerns of students, faculty and staff while working in close collaboration with RUSH's HICS. The UCC was comprised of the President, Provost, Vice Provosts, Deans, IT leaders, the online teaching center, student affairs, communications, legal, marketing, finance, facilities, environmental services, security and other essential units. The primary goal of the UCC was to develop a comprehensive plan to assure the continuation of course delivery and uncompromised quality of education, as well as critical clinical and basic research obligations during this crisis, while protecting the safety and well-being of the faculty, staff and students. University leadership was fully engaged and worked as a team to solve problems, provide change management, quell concerns and provide transparency related to the evolving situation.

Online Instruction (Assessment for readiness and flipping the switch)

On Tuesday, March 10, 2020, the UCC made the decision to migrate all in-person classes to a remote platform beginning Friday, March 13, 2020, and extending approximately 10 weeks when the situation would be re-evaluated based on community spread of the virus and the safety of students to return to campus. Several courses were already being taught online, and these continued unaltered.

Faculty readiness for migrating onsite courses to a synchronous or asynchronous platform was assessed by a "teaching remotely survey" to determine how many courses were: ready to teach remotely (green), could be taught remotely but needed more time/support to transition (yellow), or could not be taught remotely because they were clinical rotations or labs (red). Information Services (IS) initiated a support command center in the university, where faculty could work with IS support one-on-one to transition curriculum to remote instruction.

The center was designed to remain available for the duration of remote instruction.The university created a resource center within Blackboard and published it on the university webpage to assist faculty with migration of their courses. A comprehensive guide for online learning was also provided to students. The Online curriculum was designed to mirror face-to-face class curriculum to ensure continuation of course delivery and uncompromised quality of education. Where possible, synchronous teaching was encouraged to provide instruction via WebEx or Zoom to be delivered in the same timeframes as the onsite courses. Student services were all made available remotely, including mentoring, IS support, clinical skills and simulation center activities, student affairs and library services (which are always accessible remotely).