

COVID Traffic Flow Study

Date:

Name of Study: How to Achieve Effective Social Distance Traffic Flow

Purpose: To develop a safe method for creating traffic flow in the ASC that allows for Social Distancing and separation of patients entering and exiting the ASC.

Performance Goal: Our goal is to allow for a smooth traffic flow for individuals entering and exiting the facility. The team would like to see a 95% rate of compliance in this area.

Description of Data: Data being collected for this survey will include:

- Patients arriving at the center for surgery
- Discharged patients and patients who are entering the facility, crossing paths
- Delaying the screening process at the entrance to allow for patient discharge
- Inability for Social Distance of 6 feet because of the physical space of the entrance
- Patient pick up for discharge

Evidence of Data Collection: Data was collected from *****.

The team looked:

- **** patient encounters for discharge per day
- Volume was low because the center was not doing elective surgery just emergent cases
- Delay at the entrance because of Social Distancing practices

Data Analysis: Upon analysis of the data, the team did determine there was a problem with the traffic flow and Social Distancing Practices:

- Patients were crossing paths
- The admission process had to stop for every patient discharge
- Entryway is too small to accommodate 2-way traffic
- Delays in patient admission and screening
- Delays in patient discharge

Comparison to Goal: There was a 0% rate of compliance at the start of the study. The goal is to achieve a 95% rate of compliance.

Corrective Action: The center arranged for the patients to:

- Enter the facility through the front entrance
- Patients were screened and temps scanned

- When patients are discharged from PACU, the orderlies will bring the patients to the secondary exit
- Family were instructed to pick up the patient at the designated doorway
- There is a handicap ramp

Re-measurement: After remeasurement, it was found that bringing the patients to a separate exit was too hectic. The hallway that leads to the secondary exit is also the hallway that leads to the lunchroom. Due to Social Distancing protocols, less staff are allowed in the lunchroom at one time. This practice has made the breaks more ongoing and occurring throughout the day.

Corrective Action: A change was made, and the female staff and physicians were asked to enter and exit the lunchroom hallway via the nurse's changing room. The male staff and physicians did not have this capability. Hoping this would cut down of traffic flow.

Re-measurement: Once again, the flow was too hectic and with the surgical volume building the practice was not feasible.

Corrective Action:

- Patients will be scheduled to enter the facility in intervals
- Before a patient is charged from the center the PACU nurse will check with the admissions desk
- Once all patients are admitted for the day, the flow will be more effective

Re-measurement: The changes were sustainable.

Reporting Structure: Findings communicated in Governing Body Board meeting; Clinical and Office Staff

Reported by:

**ABC SURGERY CENTER:
COVID-19 Exposure**

DRILL REPORT FORM

Date:

Drill Conducted by:

COVID-19 Emergency Response Drill (This is an actual situation)

Scenario: The community have been hit hard with the COVID-19 outbreak. The majority of patients we treat are over 65 years of age and the most susceptible to COVID. The center was informed that 2 of the staff had tested positive with one PUI.

After an emergency meeting with the Board the decision was made to close the center immediately. The last patients were in the Operating Room and the cases were completed.

The staff closed the center. Assignments were given to all staff for the following:

- All staff to wear PPE
- Count and secure all narcotics
- Develop and initiate the phone chain for any physicians, staff, and patients scheduled for future surgical dates
- Wipe down all surfaces with an EPA registered disinfectant
- Remove all trash
- Have physicians complete all patient medical records
- Secure all Medical Records
- Inform cleaning service of the exposure and cleaning protocols, have PPE available for their staff
- Everyone will go home to self-isolate for 2 weeks if required
- Contact individual PCPs for further guidance
- Make arrangements for regular equipment service and testing to continue when safe to re-enter the center
- Plan activated and center closed until further notice
- Contact local or state authorities as needed

Critique: Everyone was understandably anxious re: the incident. The staff all performed well in their assigned roles. A phone chain was initiated, and everyone was successfully contacted regarding the exposure and the center closing.

The staff will report any symptoms or other positive test results to the Administrator/DON.

Participants:

ABC SURGERY CENTER:

DRILL REPORT FORM

Date:

Drill Conducted by:

COVID-19 Emergency Response Drill (This is an actual situation)

Scenario: The community and the country have been hit hard with the COVID-19 outbreak. The patients we treat are mostly over 65 years of age and of the highest risk category. The Governor of the state has issued directives that include ceasing any elective surgical procedures and limited emergent cases to be performed.

After an emergency meeting with the Board the decision was made to close the center and only perform urgent cases.

The staff closed the center. Assignments were given to all staff for the following:

- All staff to wear PPE
- Count and secure all narcotics
- Develop and initiate the phone chain for any physicians, staff, and patients scheduled for future surgical dates
- Wipe down all surfaces with an EPA registered disinfectant
- Remove all trash
- Have physicians complete all patient medical records
- Inform cleaning service of the new schedule and cleaning protocols
- Make arrangements for regular service and test to continue when staff are scheduled to be in the building
- Plan activated and new center hours and protocols have begun
- The managers will schedule skeleton staff to work certain days and limited hours
- Contact local or state authorities as needed

Critique: Everyone was understandably anxious re: the crisis. The staff all performed well in their assigned roles. A phone chain was initiated, and everyone was successfully contacted regarding the limited hours and the center closing.

Participants:

Emerging infectious diseases (Zika Virus, Flu, Ebola, Measles, COVID-19)

Emerging infectious diseases that are infections that have recently appeared within a population or those whose incidence or geographic range is rapidly increasing or threaten to increase in the near future. Emerging infections can be caused by a number of situations.

Risk Assessment:

- 1) The center will conduct a Risk Assessment
- 2) Probability of the virus
- 3) Cost to the facility
- 4) Preparedness
- 5) All CDC guidelines and recommendations will be followed

Once the determination has been made, through the Risk Assessment, the center management will make the decision regarding the next appropriate steps to take at the facility.

COVID-19 PROTOCOL:

All patients will be pre-screened during the preoperative phone call.

- 1) Patients are called prior to the day of surgery
- 2) Have they traveled outside of the country within the past 14 days
- 3) Does the patient have a cold, cough, or flulike symptoms
- 4) Does the patient has a fever over 100.4, if yes, call physician for guidance
- 5) Keep a list of each patient's disposition at the facility or if they were sent home

Once the patient arrives at the center the following will occur:

- 1) Check-in station will be located at the entrance of the facility
- 2) All staff, patients, visitors, and delivery personnel will have their temperatures taken with a no touch ThermoScan unit
- 3) After temperatures are taken, hand sanitizers are offered, patient is allowed to enter the waiting area
- 4) Patient proceeds to the Admitting Desk and is admitted to the center
- 5) Once admitted, the patient will Don a mask, change, and proceed to the pre-op area

Staff responsibilities:

- 1) All staff will wash hands with soap and water or use hand sanitizers when appropriate and frequently
- 2) Staff will wear masks and face shields, when indicated
- 3) Staff members will be assigned the duty of wiping all surfaces in the facility with an EPA registered COVID-19 disinfectant, every 2 hours, to include high touch surfaces
- 4) No staff will come to work if they have a cold, cough, fever, or experiencing flu like symptoms

- 5) Staff will not touch their face, mouth, or nose
- 6) Gloves will be worn by all staff, according to center policy
- 7) After each patient encounter, the staff will wipe all surfaces with a COVID-19 disinfectant
- 8) Any staff member who suspects a COVID-19 exposure, has a fever, cough, or both, will go home, self-monitor, and contact their physician and the local department of health

Center Closure Due to COVID-19:

- 1) In the event that the facility closes due to governmental mandates the center will:
- 2) Work with the Medical Director, Board, Infection Control Committee and QAPI Committee regarding closure.
 - a) Notify staff and all physicians of the closure
 - b) Contact all patients that have scheduled procedures and notify them of the closure
 - c) Take inventory of narcotics and secure drugs
 - d) Secure all equipment
 - e) Contact cleaning service
 - f) Plan for any urgent cases, if applicable
 - g) Delegate a skeleton staff to maintain certain and regulatory checks, if allowable
 - h) Take inventory of all supplies
 - i) Change phone message to inform callers of the closure
 - j) Plan meetings with key staff and Medical Director to discuss procedure for return

COVID-19 Focused Infection Control Survey: Acute and Continuing Care

General guidance: This survey tool provides a focused review of the critical elements associated with the transmission of COVID-19, will help surveyors to prioritize survey activities while onsite, and identify those survey activities which can be accomplished offsite. These efficiencies will decrease the potential for transmission of COVID-19, as well as lessen disruptions to the facility and minimize exposure of the surveyor. Surveyors should be mindful to ensure their activities do not interfere with the active treatment or prevention of transmission of COVID-19. Entry and screening procedures as well as patient care guidance has varied over the progression of COVID-19 transmission in facilities. Facilities are expected to be in compliance with CMS guidance that is in effect at the time of the survey. Refer to QSO memos released at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions>.

Content within this tool may be generally applied to any setting. However, CMS recognizes that not all acute and continuing care providers have the same acuity or capacity and therefore, depending upon the setting, not all information will be applicable on every survey (e.g.; aerosol generating procedures section). If citing for noncompliance related to COVID-19, the surveyor(s) must include the following language at the beginning of the Deficient Practice Statement or other place determined appropriate on the Form CMS-2567: “Based on [observations/interviews/record review], the facility failed to [properly prevent and/or contain – or other appropriate statement] **COVID-19.**”

If surveyors see concerns related to compliance with other requirements, they should investigate them in accordance with guidance in the appropriate provider/supplier appendix of the State Operations Manual and related survey instructions. Surveyors may also need to consider investigating concerns related to Emergency Preparedness in accordance with the guidance in Appendix Z of the State Operations Manual (e.g., for emergency staffing).

For purposes of this document, “staff” includes employees, consultants, contractors, volunteers, and others who provide care and services to patients on behalf of the facility. Additionally, the general term “facility” means inpatient, congregate settings, hospitals, intermediate care facilities for individuals with intellectual disabilities, dialysis facilities, and clinics, and “home” refers to settings such as hospice and home health where care is provided in the home.

Entering the Facility/Triage/Registration/Visitor Handling

Prior to entering the facility:

- Is signage posted at facility entrances with visitation restrictions and screening procedures?
- Are signs posted at entrances with instructions to individuals seeking medical care with symptoms of respiratory infection to immediately put on a mask and keep it on during their assessment, cover their mouth/nose when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after contact with respiratory secretions?

Upon entering the facility:

- Are staff trained on appropriate processes (e.g., questions to ask and actions to take) to rapidly identify and isolate suspect COVID-19 cases?
- Is there a process that occurs after a suspected case is identified to include immediate notification of facility leadership/infection control?

COVID-19 Focused Infection Control Survey: Acute and Continuing Care

Visitation

- Facilities should limit visitation.
- Are facilities actively screening visitors (CDC currently recommends staff are checking for fever and signs and/or symptoms of respiratory infection, and other criteria such as travel or exposure to COVID-19)?
- What is your current screening criteria?
- For permitted visitors are they instructed to frequently perform hand hygiene; limit their interactions with others in the facility; restrict their visit to the patient's room or other location designated by the facility; and offered personal protective equipment (PPE) as supply allows?

Did the facility perform appropriate screening of visitors? Yes No (see appropriate IPC tags for the provider/supplier type)

Standard and Transmission-Based Precautions (TBPs)

CMS is aware that there is a scarcity of some supplies in certain areas of the country. State and Federal surveyors should not cite facilities for not having certain supplies (e.g., PPE such as gowns, N95 respirators, surgical masks) if they are having difficulty obtaining these supplies for reasons outside of their control. However, CMS does expect facilities to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility should contact their healthcare coalition for assistance (<https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx>), follow national and/or local guidelines for optimizing their current supply or identify the next best option to care for patients. Among other practices, optimizing their current supply may mean prioritizing use of gowns based on risk of exposure to infectious organisms, blood or body fluids, splashes or sprays, high contact procedures, or aerosol generating procedures (AGPs), as well as possibly extending use of PPE (follow national and/or local guidelines). Current CDC guidance for healthcare professionals is located at: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html> and healthcare facilities is located at: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>. Guidance on strategies for optimizing PPE supply is located at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>. If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the State Agency should contact the CMS Regional Location.

General Standard Precautions

Are staff performing the following appropriately:

- Respiratory hygiene/cough etiquette,
- Environmental cleaning and disinfection, and
- Reprocessing of reusable patient medical equipment (i.e., cleaning and disinfection per device and disinfectant manufacturer's instructions for use)?

COVID-19 Focused Infection Control Survey: Acute and Continuing Care

Hand Hygiene

- Are staff performing hand hygiene when indicated?
- If alcohol-based hand rub (ABHR) is available, is it readily accessible and preferentially used by staff for hand hygiene?
- Staff wash hands with soap and water when their hands are visibly soiled (e.g., blood, body fluids), If there are shortages of ABHR, hand hygiene using soap and water is used instead?
- Do staff perform hand hygiene (even if gloves are used) in the following situations:
 - Before and after contact with patients;
 - After contact with blood, body fluids, or visibly contaminated surfaces or other objects and surfaces in the care environment;
 - After removing personal protective equipment (e.g., gloves, gown, facemask); and
 - Before performing a procedure such as an aseptic task (e.g., insertion of an invasive device such as a urinary catheter, manipulation of a central venous catheter, medication preparation, and/or dressing care).
- Interview appropriate staff to determine if hand hygiene supplies are readily available and who they contact for replacement supplies.

Did staff implement appropriate hand hygiene? Yes No (see appropriate IPC tags for the provider/supplier type)

Personal Protective Equipment (PPE)

- Determine if staff appropriately use PPE including, but not limited to, the following:
 - Gloves are worn if potential contact with blood or body fluid, mucous membranes, or non-intact skin;
 - Gloves are removed after contact with blood or body fluids, mucous membranes, or non-intact skin;
 - Gloves are changed and hand hygiene is performed before moving from a contaminated site to a clean site during care (body, equipment, etc);
 - An isolation gown is worn for direct patient contact if the patient has uncontained secretions or excretions;
 - A facemask, gloves, isolation gown, and eye protection are worn when caring for a patient with new acute cough or symptoms of an undiagnosed respiratory infection unless the suspected diagnosis requires airborne precautions (e.g., tuberculosis)
- If PPE use is extended/reused, is it done according to national and/or local guidelines? If it is reused, is it cleaned/decontaminated/maintained after and/or between uses?
- Interview appropriate staff to determine if PPE is available, accessible and used by staff.
 - Are there sufficient PPE supplies available to follow infection prevention and control guidelines? In the event of PPE shortages, what procedures is the facility taking to address this issue?
 - Do staff know how to obtain PPE supplies before providing care?
 - Do they know who to contact for replacement supplies?

COVID-19 Focused Infection Control Survey: Acute and Continuing Care

Aerosol – Generating Procedures

- Appropriate mouth, nose, clothing, gloves, and eye protection (e.g., N95 or higher-level respirator, if available; face shield, gowns) is worn for performing aerosol-generating and/or procedures that are likely to generate splashes or sprays of blood or body fluids and COVID-19 is suspected;
- Some procedures performed on patient with known or suspected COVID-19 could generate infectious aerosols. In particular, procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways) should be performed cautiously. If performed, the following should occur:
 - Staff in the room should wear an N95 or higher-level respirator, eye protection, gloves, and a gown.
 - The number of staff present during the procedure should be limited to only those essential for care and procedure support.
 - AGPs should ideally take place in an airborne infection isolation room (AIIR). If an AIIR is not available and the procedure is medically necessary, then it should take place in a private room with the door closed.
 - Clean and disinfect procedure room surfaces promptly as and with appropriate disinfectant. Use disinfectants on List N of the EPA website for EPA-registered disinfectants that have qualified under EPA’s emerging viral pathogens program for use against SARS-COV-2 or other national recommendations;

Did staff implement appropriate use of PPE? Yes No (see appropriate IPC tags for the provider/supplier type)

Transmission-Based Precautions

- Determine if appropriate transmission-based precautions are implemented, including but not limited to:
- Signage on the patient’s room regarding need for transmission-based precautions.
 - PPE use by staff (i.e., don gloves and gowns before contact with the patient and their care environment while on contact precautions; don facemask within three feet of a patient on droplet precautions; for facilities that use/have N-95 masks - don an fit-tested N95 or higher level respirator prior to room entry of a patient on airborne precautions);
 - Dedicated or disposable noncritical patient-care equipment (e.g., blood pressure cuffs, blood glucose monitor equipment) are used, or if not available, then equipment is cleaned and disinfected according to manufacturers’ instructions using an EPA-registered disinfectant prior to use on another patient or before being returned to a common clean storage area;
 - When transport or movement is medically-necessary outside of the patient room, does the patient wear a facemask?
 - Contaminated surfaces, objects and environmental surfaces that are touched frequently and in close proximity to the patient (e.g., bed rails, over-bed table, bathrooms) are cleaned and disinfected with an EPA-registered disinfectant for healthcare use (effective against the organism identified if known) at least daily and when visibly soiled.
- Interview appropriate staff to determine if they are aware of processes/protocols for transmission-based precautions and how staff is monitored for compliance.
- For providers of care in the home, has the provider, educated patients and family members regarding transmission of infectious diseases and specifically mitigating transmission of COVID-19.

COVID-19 Focused Infection Control Survey: Acute and Continuing Care

- Interview appropriate staff to determine if they are aware of processes/protocols for transmission-based precautions and how staff is monitored for compliance.
- If concerns are identified, expand the sample to include more patients with transmission-based precautions.

Did the staff implement appropriate transmission-based precautions? Yes No (see appropriate IPC tags for the provider/supplier type)

Standards, Policies and Procedures

- Did the facility establish a facility-wide IPCP including written standards, policies, and procedures that are current and based on national standards for undiagnosed respiratory illness and COVID-19?
- Does the facility's policies or procedures include when to notify local/state public health officials if there are clusters of respiratory illness or cases of COVID-19 that are identified or suspected?
- Concerns must be corroborated as applicable including the review of pertinent policies/procedures as necessary.

Did the facility develop and implement an overall IPCP including policies and procedures for for undiagnosed respiratory illness and COVID-19? Yes No (see appropriate IPC tags for the provider/supplier type)

Infection Surveillance

- Does the facility know how many patients in the facility have been diagnosed with COVID-19 (suspected and confirmed)?
- The facility has established/implemented a surveillance plan, based on a facility assessment, for identifying, tracking, monitoring and/or reporting of fever, respiratory illness, or other signs/symptoms of COVID-19.
- The plan includes early detection, management of a potentially infectious, symptomatic patient and the implementation of appropriate transmission-based precautions/PPE.
- The facility has a process for communicating the diagnosis, treatment, and laboratory test results when transferring patients to an acute care hospital or other healthcare provider.
- Can appropriate staff (e.g., nursing and leadership) identify/describe the communication protocol with local/state public health officials?
- Interview appropriate staff to determine if infection control concerns are identified, reported, and acted upon.

Did the facility provide appropriate infection surveillance? Yes No (see appropriate IPC tags for the provider/supplier type)

Education, Monitoring, and Screening of Staff

- Is there evidence the provider has educated staff on COVID-19 (e.g., symptoms, how it is transmitted, screening criteria, work exclusions)?

COVID-19 Focused Infection Control Survey: Acute and Continuing Care

- How does the provider convey updates on COVID-19 to all staff?
- Is the facility screening all staff at the beginning of their shift for fever and signs/symptoms of illness? Is the facility actively taking their temperature and documenting absence of illness (or signs/symptoms of COVID-19 as more information becomes available)?
- If staff develop symptoms at work (as stated above), does the facility:
 - have a process for staff to report their illness or developing symptoms;
 - place them in a facemask and have them return home for appropriate medical evaluation;
 - inform the facility's infection preventionist and include information on individuals, equipment, and locations the person came in contact with; and
 - Follow current guidance about returning to work (e.g., local health department, CDC: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>).

Did the facility provide appropriate education, monitoring, and screening of staff? Yes No (see appropriate IPC tags for the provider/supplier type)

Emergency Preparedness - Staffing in Emergencies

- Policy development: Does the facility have a policy and procedure for ensuring staffing to meet the needs of the patients when needed during an emergency, such as a COVID-19 outbreak?
- Policy implementation: In an emergency, did the facility implement its planned strategy for ensuring staffing to meet the needs of the patient? (N/A if a emergency staff was not needed)

Did the facility develop and implement policies and procedures for staffing strategies during an emergency?

Yes No (see appropriate Emergency Preparedness tag for the provider/supplier type)

The following sections are specific nuances to consider and assess when on survey.

Considerations Specifically for Surveys of Hospitals and Critical Access Hospitals

Patient Care

- Is the facility restricting patients (to the extent possible) to their rooms except for medically necessary purposes? If patients have to leave their room, are they wearing a facemask, performing hand hygiene, limiting their movement in the facility, and performing social distancing (stay at least 6 feet away from others). If PPE shortage is an issue, facemasks should be limited to patients diagnosed with COVID-19 or has signs/symptoms of respiratory illness or COVID-19.

COVID-19 Focused Infection Control Survey: Acute and Continuing Care

- Has the facility isolated residents with known or suspected COVID-19 in a private room (if available), or taken other actions based on national (e.g., CDC), state, or local public health authority recommendations?

Did staff provide appropriate care for patients with known or suspected COVID-19? Yes No (Hospital Tag A-0747, CAH Tag C-0278)

Environmental Cleaning

- During environmental cleaning procedures, personnel wear appropriate PPE to prevent exposure to infectious agents or chemicals (PPE can include gloves, gowns, masks, and eye protection)?
- Environmental surfaces in patient care areas are cleaned and disinfected, using an EPA-registered disinfectant on a regular basis (e.g., daily), when spills occur and when surfaces are visibly contaminated? Use disinfectants on List N of the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-COV-2 or other national recommendations;
- Cleaners and disinfectants, including disposable wipes, are used in accordance with manufacturer's instructions (e.g., dilution, storage, shelf-life, contact time).
- The hospital decontaminates spills of blood or other body fluids according to its policies and procedures, using appropriate EPA-registered hospital disinfectants?

Did staff provide appropriate environmental cleaning for facilities with known or suspected COVID-19? Yes No (Hospital Tag A-0747, CAH Tag C-0278)

Additional Considerations Specifically for Dialysis Facility Surveys

Hand Hygiene Considerations

- Perform handwashing with soap and water at dedicated handwashing sinks if hands are visibly soiled (see § 494.30(a)(1)(i))
- Remove gloves and perform hand hygiene between each patient or dialysis station

Cleaning and Disinfection Considerations

- Items taken to the dialysis station must be either disposed of, dedicated for use on a single patient or cleaned and disinfected before being taken to a common clean area or used on another patient
- Use proper aseptic technique during vascular access care, medication preparation and administration
- Proper cleaning and disinfection of the dialysis station including the dialysis machine, chair, prime waste receptacle, reuseable acid and bicarbonate containers after the previous patient fully vacates the station.

COVID-19 Focused Infection Control Survey: Acute and Continuing Care

- Clean areas should be clearly designated for the preparation, handling and storage of medications and unused supplies and equipment.
- Clean areas should be clearly separated from contaminated areas where used supplies and equipment are handled.
- Proper disposal of bio-hazard waste

Isolation Considerations

- Ensure dedicated machines, equipment, instruments, supplies, and medications that will not be used to care for non-isolation patients.

Did staff implement appropriate hand hygiene, cleaning/disinfection and isolation considerations? Yes No (see Condition 42 CFR 494.30 and Tags V110-V148)

Section 3087 of the 21st Century Cures Act, signed into law in December 2016, added subsection (f) to section 319 of the Public Health Service Act. This new subsection gives the HHS Secretary the authority to waive Paperwork Reduction Act (PRA) (44 USC 3501 et seq.) requirements with respect to voluntary collection of information during a public health emergency (PHE), as declared by the Secretary, or when a disease or disorder is significantly likely to become a public health emergency (SLPHE). Under this new authority, the HHS Secretary may waive PRA requirements for the voluntary collection of information if the Secretary determines that: (1) a PHE exists according to section 319(a) of the PHS Act or determines that a disease or disorder, including a novel and emerging public health threat, is a SLPHE under section 319(f) of the PHS Act; and (2) the PHE/SLPHE, including the specific preparation for and response to it, necessitates a waiver of the PRA requirements. The Office of the Assistant Secretary for Planning and Evaluation (ASPE) has been designated as the office that will coordinate the process for the Secretary to approve or reject each request.

The information collection requirements contained in this information collection request have been submitted and approved under a PRA Waiver granted by the Secretary of Health and Human Services. The waiver can be viewed at <https://aspe.hhs.gov/public-health-emergency-declaration-pra-waivers>.

COVID-19 Risk Assessment

Program Components	Probability of Occurrence				Impact (Clinical/Financial/Resources)			Monitoring Prevention Systems				Score	Goal
	High	Med	Low	Never	High	Moderate	Minimal	Poor	Fair	Good	Excellent		
Potential Risks/Problems	High	Med	Low	Never	High	Moderate	Minimal	Poor	Fair	Good	Excellent	≥7	
	3	2	1	0	3	2	1	3	2	1	0		
Procedures													
Surgical volume of surgeon													
Patients screened prior to admittance													
Pre-op phone calls/assessment													
Temperatures taken before entrance to the ASC													
Anyone with a temp 100.4 and above leave													
Log sheet of patient/staff disposition if have a temp over 100.4													
Family drops off the patient at the door													
Prevention Activities													
Check-in point for taking temps of all entering the ASC													
Hand sanitizer at the entrance													
All patients don masks													
All staff don masks													
Anesthesia dons N95 masks													
Environment													
Decontamination of all surfaces q2hr													
Removal of magazines from waiting area													
Cleaning/disinfecting doorknobs, high touch areas													
Equipment cleaning after patient use													

COVID-19 Risk Assessment

Program Components	Probability of Performance-				Impact (Clinical/Financial/Resources)			Infection Prevention Systems				Score	Goal
Potential Risks/Problems	High	Med	Low	Never	High	Moderate	Minimal	Poor	Fair	Good	Excellent	≥7	
	3	2	1	0	3	2	1	3	2	1	0		
Policy Procedures													
Current policies or procedures revised for COVID-19 protocols													
Emergency preparedness revised for COVID-19 drills													
Medication Safety													
Wear gloves when administering eye drops													

The Risk Assessment grid is a visual tool to develop program priorities and stratify risks based on our center. The annual Plan is developed based on these risks. The Risk Assessment is an ongoing, continual process. If an outbreak should occur, it will take precedence over the IC Plan.

Zero- Process has been going well **Low or 1-** Processes are initiated and being followed **Med or 2-** The processes in place are working well and the outcomes are improving and sustaining **High or 3-** Training or education sessions may need to be scheduled

Risk Assessment Completed on: Date _____ Name _____

STAFFING PROTOCOL

DONE	Comments
	ALL STAFF OR VISITORS ENTERING THE ASC WILL HAVE THEIR TEMPERATURE SCANNED AND HANDS SANITIZED BEFORE ENTERING
	ANYONE 100/100.4 OR ABOVE, COUGH OR FLU LIKE SYMPTOMS, WILL NOT BE ALLOWED INTO THE FACILITY
	ALL STAFF WILL WEAR MASKS AT ALL TIMES WHILE IN THE FACILITY
	MASKS WILL BE CHANGED IF SOILED
	STAFF WILL LIMIT PERSONAL ITEMS THAT ARE BROUGHT INTO THE CENTER
	HAND SANITIZING BEFORE AND AFTER HAND SCANNER FOR TIME CLOCK
	STAFF WILL BE VIGILANT TO NOT TOUCH THEIR FACE
	STAFF WILL BE INSTRUCTED TO STAY HOME IF EXHIBITING FLU LIKE SYMPTOMS, 100.4 OR ABOVE TEMP, COUGH OR SOB
	IF AND WHEN AVAILABLE, COVID TESTING WILL BE PERFORMED
	WHEN AT WORK ALL STAFF WILL SANITIZE HANDS FREQUENTLY
	GLOVES WILL BE WORN BY STAFF WHENEVER POSSIBLE AND WHEN IN CONTACT WITH A PATIENT
	STAFF WILL NOT CONGREGATE IN ANY AREAS OF THE CENTER IN GROUPS
	SOCIAL DISTANCING WILL BE PRACTICED BY ALL STAFF OR VISITORS WHEN IN THE FACILITY
	SURGICAL SCRUBS WILL BE DONNED WHEN STAFF ENTER THE FACILITY
	SURGICAL SCRUBS WILL BE REMOVED AND THE STAFF WILL CHANGE INTO STREET CLOTHING WHEN LEAVING THE FACILITY
	SURGICAL SCRUBS WILL NOT LEAVE THE BUILDING UNLESS BEING REMOVED BY THE LAUNDRY SERVICE
	AT THE END OF EACH SHIFT, ALL STAFF WILL SANITIZE THEIR HANDS AND LEAVE THE ASC PROMPTLY WITHOUT ANY GATHERINGS
	STAFF WILL NOT TAKE ANY PPE FROM THE FACILITY

COVID-19 PROTOCOL

DONE	Comments
	NO ONE WILL BE ALLOWED TO SIT IN THE WAITING AREA UNLESS ITS AN EXCEPTION
	ALL STAFF AND VISITORS WILL HAVE A THERMOSCAN TEMP TAKEN, IF 100.4 OR ABOVE THEY WILL NOT BE ALLOWED ADMITTANCE
	ALL STAFF WILL WEAR MASKS AT ALL TIMES WHILE IN THE FACILITY
	MASKS WILL BE CHANGED IF SOILED
	STAFF WILL LIMIT PERSONAL ITEMS THAT ARE BROUGHT INTO THE CENTER
	HAND SANITIZING BEFORE AND AFTER HAND SCANNER FOR TIME CLOCK
	STAFF WILL BE VIGILANT TO NOT TOUCH THEIR FACE
	STAFF WILL BE INSTRUCTED TO STAY HOME IF EXHIBITING FLU LIKE SYMPTOMS, 100.4 OR ABOVE TEMP, COUGH OR SOB
	IF AND WHEN AVAILABLE, COVID TESTING WILL BE PERFORMED
	UPON ARRIVAL AND THROUGHOUT THE DAY, ALL STAFF WILL SANITIZE HANDS FREQUENTLY
	GLOVES WILL BE WORN BY STAFF WHENEVER POSSIBLE AND WHEN IN CONTACT WITH A PATIENT
	STAFF WILL NOT CONGREGATE IN GROUPS IN ANY AREAS OF THE CENTER
	SOCIAL DISTANCING WILL BE PRACTICED BY ALL STAFF OR VISITORS WHEN IN THE FACILITY
	SURGICAL SCRUBS WILL BE DONNED WHEN STAFF ENTER THE FACILITY
	SURGICAL SCRUBS WILL BE REMOVED AND THE STAFF WILL CHANGE INTO STREET CLOTHES WHEN LEAVING THE FACILITY
	SURGICAL SCRUBS WILL NOT LEAVE THE BUILDING UNLESS BEING REMOVED BY THE LAUNDRY SERVICE
	AT THE END OF EACH SHIFT, ALL STAFF WILL SANITIZE THEIR HANDS AND LEAVE THE ASC PROMPTLY WITHOUT ANY GATHERINGS
	STAFF WILL NOT TAKE ANY PPE HOME FROM THE FACILITY

COVID-19 PROTOCOL (CONTINUED)

DONE	Comments
	LIMITED NUMBER OF PERSONS WILL BE ALLOWED IN THE CENTER THROUGHOUT THE DAY
	THE CENTER WILL HAVE 10 PATIENTS ADMITTED AT A TIME
	STAFFING SCHEDULES WILL REFLECT THE SURGICAL SCHEDULE
	THE SURGEON OFFICES WILL BE CONTACTED AND THE REVISED SCHEDULES WILL BE EXPLAINED

ALTERNATE DISCHARGE AND SOCIAL DISTANCING PROTOCOL

DONE	Comments
	LOOK FOR AN ALTERNATE ROUTE WHERE PATIENTS CAN BE DISCHARGED
	AVOID GOING BACK THROUGH THE WAITING ROOM AND MAIN ENTRANCE OF ASC
	ONCE A ROUTE IS MAPPED OUT, HAVE THE STAFF DO SEVERAL PRACTICE RUNS TO SEE IF THERE ARE ANY PROBLEMS
	CREATE A PATH FOR PATIENTS TO FOLLOW WHEN ENTERING AND LEAVING THE ASC, ROPING OFF AREAS
	IF PHYSICAL LAYOUT OF THE CENTER DOES NOT ALLOW AN ALTERNATE ROUTE, CREATE A SEPARATE PATHWAY FOR PATIENT FLOW
	USE SIGNS, DIRECTIONAL ARROWS ON THE FLOORS, ROPING, AND ANY OTHER MEANS TO PROVIDE SOCIAL
	DISTANCING AND SAFE PATHWAYS

PRE-OP ASSESSMENT PROTOCOL

DONE	Comments
	PATIENT IS BROUGHT TO THE PRE-OP CHAIR
	NURSE GREETES THE PATIENT AND CONFIRMS THE NAME, SITE, AND SURGICAL PROCEDURE
	THE NURSE CONFIRMS THE PATIENT NAME BAND
	MONITORS ARE APPLIED
	CHAIR IS RECLINED, IF APPROPRIATE
	ANESTHESIA ASSESSMENT BEGINS
	NURSING STAFF WILL BE WEARING PROPER PPE AND WILL CONTINUE TO ADMINISTER EYE DROPS AS ORDERED
	ANESTHESIA PROVIDER WILL START THE IV
	LOCAL BLOCK WILL BE ADMINISTERED, IF APPROPRIATE
	ONCE ANESTHESIA DEEMS READY, THE PATIENT WILL BE TRANSFERRED TO THE OPERATING ROOM
	THE CHAIR, MONITORS, AND EQUIPMENT WILL BE SANITIZED
	AREA READIED FOR THE NEXT PATIENT

CLINICAL ADMISSIONS PROTOCOL

DONE	Comments
	PATIENT IS BROUGHT TO THE PRE-OP CHAIR
	NURSE GREETES THE PATIENT AND CONFIRMS THE NAME, SITE, AND SURGICAL PROCEDURE
	THE NURSE APPLIES THE PATIENT NAME BAND TO THE APPROPRIATE WRIST
	MONITORS ARE APPLIED
	VSS AND TEMPERATURE ARE TAKEN AND DOCUMENTED IN THE EMR
	PATIENT ASSESSMENT BEGINS
	NURSING STAFF WILL BE WEARING PROPER PPE
	WEARING GLOVES, THE NURSE WILL ADMINISTER EYE DROPS
	ONCE ADMITTING PROTOCOL IS COMPLETE, THE PATIENT WILL BE TRANSFERRED TO THE PRE-OP CHAIR
	AFTER THE PATIENT LEAVES THE AREA, ALL FURNITURE, MONITORS, AND EQUIPMENT WILL BE SANITIZED
	AREA READIED FOR THE NEXT PATIENT

COVID-19 SANITIZING PROTOCOLS

DONE	Comments
	ALL SURFACES AND HIGH TOUCH SURFACES ARE TO BE SANITIZED EVERY 2 HOURS OR MORE FREQUENTLY IF NEEDED
	PATIENT STRETCHERS/CHAIRS ARE TO BE KEPT 6 FEET APART
	MASKS AND PPE ARE TO BE REPLENISHED AND AVAILABLE FOR STAFF AND PATIENT USE
	ALL SPILLS ARE TO BE CLEANED AND SANITIZED, AS PER PROT
	GLOVES, MASKS, AND APPROPRIATE PPE TO BE WORN AT ALL TIMES
	PATIENTS ARE TO BE ESCORTED THROUGH THE ASC AND NOT LEFT TO WALK ALONE
	BATHROOM DOOR HANDLES TO BE SANITIZED EVERY 2 HOURS
	CLEAN AND SANITIZE BARRIERS, AS PER MANUFACTURER'S GUIDELINES
	TRAIN ALL HOUSEKEEPING PERSONNEL RE: COVID CLEANING AND SANITIZING PROCEDURES

OPERATING ROOM PROTOCOL

DONE	Comments
	PATIENT IS BROUGHT TO THE OPERATING ROOM
	NURSE GREETES THE PATIENT AND CONFIRMS THE NAME, SITE, AND SURGICAL PROCEDURE
	THE NURSE CONFIRMS THE PATIENT IDENTITY
	THE PATIENT IS POSITIONED ON THE OPERATING ROOM TABLE
	MONITORS ARE APPLIED
	ANESTHESIA PROVIDER ADMINISTERS SEDATION, IF REQUIRED
	PATIENT CONTINUES TO WEAR THE FACE MASK UNLESS OTHERWISE CONTRAINDICATED
	SURGEON VERIFIES PATIENT AND PERFORMS TIME OUT
	AFTER COMPLETION OF THE SURGERY, THE DRAPES ARE REMOVED AND PLACED IN THE TRASH
	THE PATIENT IS TRANSFERRED TO PACU
	THE OR TABLE (IF APPLICABLE), MONITORS, AND EQUIPMENT WILL BE SANITIZED
	AREA READIED FOR THE NEXT PATIENT
	ALL TRASH WILL BE REMOVED FROM THE ROOM

COVID-19 ADMINISTRATIVE PROTOCOLS TO RE-OPEN

DONE	Comments
	SEEK CENTER GOVERNING BODY APPROVAL FOR ALL POLICY CHANGES AND REVISIONS
	FOLLOW ALL STATE COVID TESTING MANDATES
	ENSURE THAT ALL STAFF WEAR MASKS AT ALL TIMES WHILE IN THE FACILITY
	CONTACT ALL SURGEON OFFICES WITH THE REVISED SCHEDULING PROTOCOLS
	PROCESS TO ASSIGN STAFF THE RESPONSIBILITY OF KEEPING TRACK OF THE HEAD COUNT OF PATIENTS IN THE CENTER
	PLAN FOR THE OR SCHEDULE TO BE SLOWER WITH LESS CASES, AT START
	LOOK INTO ADJUSTING STAFF SCHEDULES ACCORDING TO THE SURGICAL SCHEDULE AND VOLUME
	CREATE NEW STAFF SCHEDULES, I.E, WORK 6 HOUR SHIFTS, THERE WILL BE 2 SHIFTS PER DAY, AS NEEDED FOR THE SURGICAL VOLUME
	KEEP TABS ON INVENTORY, TRACK AND ORDER AS NECESSARY
	CREATE POLICIES INSTRUCTING THAT STAFF NOT GATHER IN GROUPS IN THE LUNCHROOM
	STAFFING LEVELS TO ALLOW BREAKS BE PROVIDED TO EVERY EMPLOYEE
	STAFF WILL NOT CONGREGATE IN GROUPS IN ANY AREAS OF THE CENTER
	SOCIAL DISTANCING WILL BE PRACTICED BY ALL STAFF OR VISITORS WHEN IN THE FACILITY
	ALL PATIENT FAMILIES WILL BE ASKED TO WAIT IN THE CAR ONCE THE PATIENT IS ADMITTED
	NO CHILDREN WILL BE ALLOWED IN THE ASC

COVID-19 ADMINISTRATIVE PROTOCOLS TO RE-OPEN (CONTINUED)

DONE	Comments
	THE HIGH TOUCH AREAS, SUCH AS DOOR KNOBS, CHAIRS IN THE WAITING, IF USED, WILL BE SANITIZED EVERY 2 HOURS
	NO MAGAZINES WILL BE KEPT IN THE WAITING ROOM
	THERE WILL BE A ONE CHAIR SEPARATION BETWEEN THE SEATS IN THE WAITING ROOM
	SIGNS WILL BE POSTED ON CHAIRS TO ALLOW FOR A SEPARATION
	THE CENTER WILL HAVE 10 PATIENTS ADMITTED AT A TIME (OPTIONAL, CENTER SPECIFIC)
	STAFFING SCHEDULES WILL REFLECT THE SURGICAL SCHEDULE
	THE SURGEON OFFICES WILL BE CONTACTED AND THE REVISED SCHEDULES WILL BE EXPLAINED
	CONTACT VENDORS FOR PPE AND ANY OTHER PRODUCTS NEEDED TO RUN THE ASC