Since its first publication in May 2020, the Guidebook for Emerging Services has been a stand-alone document with information about safe resumption of services in health ministries. It is now time to integrate the Guidebook into the COVID-19 Resources page, which is in the process of a comprehensive audit and update. This integration will enable health ministries to continue to ensure safe, high-quality care for all members.

Following are the Guidebook sections that will be integrated into the Resources page.

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II (a) Inpatient Surgeries

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II (a) 1. Inpatient Surgeries – Selecting Procedures

Resumption of Non-Urgent Surgery/Procedures During the COVID-19 Pandemic

In response to the COVID-19 pandemic, the Centers for Disease Control and Prevention (CDC), the U.S. Surgeon General and many medical specialties such as the American College of Surgeons and the American Society of Anesthesiologists recommended interim cancellation of non-urgent surgical procedures. Physicians and health care organizations have responded appropriately and canceled non-essential cases across the country.

Current Surgery/Procedure Guidance

Despite the COVID-19 pandemic, some patient disease processes cannot be indefinitely postponed. While the majority of the guidance that follows is intended to assist HM's in resuming non-urgent surgeries/procedures, it is important to review what most hospitals are providing currently, during the pandemic.

Table 1 (in the Appendix) is a CMS adaption of the American College of Surgeon's guidance on how to prioritize surgery/procedures during the COVID-19 surge. The table assumes all emergent/urgent procedures will be performed as prior to the COVID-19 pandemic depending on the abilities of the HM (e.g. urgent angioplasty, reduction/fixation of fractures, treatment for acute upper or lower GI hemorrhage, appendectomy, repair of acute aortic dissection) and provides guidance for non-urgent surgery or procedures during the current pandemic surge.

I. There will be variability among HMs as to the timing of non-urgent procedures based on the local incidence of COVID-19.

When HMs have decided to resume procedures, the following are requirements that need to be met:

- All patients who are scheduled for a procedure that requires an overnight stay must have a COVID-19 negative molecular test within 72 hours of the day of the procedure. Patients must self-quarantine between the testing time and day of surgery.
- Resuming non-urgent surgery/procedures must be aligned with municipal, county and state health authority regulations and executive orders.
- HM facilities in the immediate area are safely able to treat all patients requiring hospitalization without resorting to crisis standards of care before resuming non-urgent surgery/procedures.
- The HM must have the appropriate number of ICU and non-ICU beds, PPE, ventilators, medications, anesthetics and all medical surgical supplies required for patients undergoing non-urgent procedures in addition to adequate resources to care for anticipated patients with COVID-19.
- The HM must have available numbers of trained staff appropriate to the planned procedures, patient population and facility resources. (Given the known evidence supporting health care worker fatigue and the impact of stress, the HM should ensure it can perform planned procedures without compromising patient safety or staff safety and well-being).
- Prior to implementing the start-up of any procedures, all areas should be cleaned according to evidence-based information and CDC guidelines.
• HMs resuming non-urgent surgery/procedures must be able to cohort patients suspected or confirmed to have COVID-19 separately from the general population of the treatment facility in all phases of their care.
• HMs should have and implement a social distancing policy for staff and patients in non-restricted areas in the facility that meets the current local and national recommendations for community isolation practices.
• HMs should not resume elective surgical procedures until they have adequate PPE and medical surgical supplies appropriate to the number and type of procedures to be performed in addition to the PPE required for the care of patients with COVID-19. This should be done in coordination with the HM incident command logistics section.
• HMs should establish a prioritization policy committee consisting of surgery, anesthesia and nursing leadership to develop a prioritization strategy appropriate to the immediate patient needs and capabilities of that HM.
• All patients and colleagues must be masked at all times (except patient during time in private rooms).

II. COVID-19 Testing within a Health Ministry

HMs should develop a protocol addressing requirements and frequency for patients using the testing available locally to protect staff and patients.
• All patients who are scheduled for a procedure that requires an overnight stay must have a COVID-19 negative molecular test within 72 hours of the day of the procedure. Patients must self-quarantine between the testing time and day of surgery.
• An assessment of the availability of COVID-19 tests, including turnaround time for test results, should be performed by each HM with the intention of developing a patient testing protocol for non-urgent surgery/procedure patients.
  o Patient testing policy should include accuracy and timing considerations to provide useful preoperative information as to the COVID-19 status of patients undergoing procedures. The method of testing may differ depending on the type of procedure and the resources available to the HM.
  o Health care worker testing must be available for those who are symptomatic.
• Conduct any pre-procedure COVID-19 testing outside of designated COVID-Free Zone(s) and consistent with Trinity Health and CDC guidance.

III. Personal Protective Equipment

HMs should not resume elective surgical procedures until they have adequate and indicated PPE and medical surgical supplies appropriate to the number and type of procedures to be performed.

Facility policies for PPE should account for the following:
• Adequacy of available PPE, including supplies required for a potential second wave of COVID-19 cases.
• All policies and training should remain consistent with CDC and Trinity Health guidance.

IV. COVID-19 Pandemic Issues for the Five Stages of Surgical Care: Use existing ministry guidance.
V. Case Prioritization and Scheduling

HMs should establish a prioritization policy committee consisting of surgery, anesthesia and nursing leadership to develop a prioritization strategy appropriate to the immediate patient needs and capabilities of that HM. Prioritization should include service line priorities as well as cases within each service line.

The prioritization of service lines and procedures will be determined by multiple local factors. These include the facilities available during the pandemic (e.g., ASC, outpatient surgery, traditional operating room, GI and cath labs), services offered before the COVID-19 pandemic with waitlists (e.g., transplant, cardiac surgery, orthopedic surgery, etc.) and availability of resources/supplies for each type of case.

Objective priority scoring

Factors for the prioritization policy committee to consider when prioritizing cases:

- Availability of timely testing capacity.
- Testing capacity is a significant consideration.
- Review the list of previously cancelled and postponed cases.
- Create a strategy for allotting OR/procedural time.
- Identification of essential health care professionals and medical device representatives per procedure.
- Ensure primary personnel availability commensurate with increased volume and hours (e.g., surgery, anesthesia, nursing, housekeeping, engineering, sterile processing, etc.).
- Ensure adjunct personnel availability (e.g., pathology, radiology, etc.).
- Ensure procedure specific supply availability for planned procedures (e.g., anesthesia drugs, procedure-related medications, sutures, disposable and non-disposable surgical instruments).
- Ensure availability of blood products.
- Chaplaincy resource for patients/families when excluded or delayed from priority scheduling.
- Chaplaincy resource for colleagues with moral distress regarding patient selection, exclusion or delay.

VI. Ongoing evaluation

Facilities should reevaluate and reassess policies and procedures frequently, based on COVID-19 related data, resources, testing and other clinical information.

Frequently Asked Questions

Can you provide a list of specific procedures our HM should reinstitute?

It is difficult to provide a list of procedures and surgeries that should or should not be performed. This will vary by resources, COVID-19 incidence and facility capabilities. Instead, once the required elements are fulfilled, procedures can be identified based on what is appropriate for the
site(s) of care available. Resuming procedures in an ambulatory surgery center may be the most rapid way to resume non-urgent surgery/procedures for most locations.

Similarly, surgery/procedures performed in an outpatient status require fewer resources than procedures requiring an inpatient postoperative stay. This category would include procedural areas such as endoscopy, interventional radiology, and cardiac cath/EP lab. Non-urgent surgery and procedures requiring an ICU stay postoperatively are the most resource intense and should be scheduled in a collaborative manner with the clinical leadership team so as not to exhaust resources or staff.

The American College of Surgeons has provided guidance for performing non-urgent (i.e. elective) cases by surgical specialty and case type within each specialty segregated by the pandemic phases. This is a useful reference for triage teams to review as we move in reverse order through the phases. (https://www.facs.org/COVID-19/clinical-guidance/elective-case0

How to safely resume care delivery?

The required elements of this Guidebook seek to ensure that our patients, colleagues and community will not be put at risk during this process. Providing these non-urgent surgeries and procedures are important. We know from other countries ahead of the United States in the COVID-19 pandemic that patients with chronic conditions and patients awaiting non-urgent procedures, are at risk for complications and death if their access to healthcare is delayed.

II (a) 2. Inpatient Surgeries – Regulations for Visitors

Visitation Phase 1: COVID-19 Visitor Restrictions
Inpatient Visitation Guidelines

As a result of the COVID-19 pandemic and updated guidance from CDC and CMS, facilities should severely restrict visitation of ALL visitors. Facilities are expected to notify potential visitors whenever possible to defer visitation until further notice through signage, calls, letters, etc.*

1. Certain compassionate care situations should be decided on a case-by-case basis as follows:
   - Children (minor) admitted to the hospital
   - Maternity units
   - Patients receiving end-of-life (EOL) care – see Section Visitor(s) for PUI or patient with COVID-19 at End of Life (EOL) below for additional guidance

   For approved exceptions, only one visitor per patient will be allowed. All visitors must be 18 or older.

2. EVERY visitor must be screened at the entrance.

Those with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat) should not be permitted to enter the facility at any time (even in end-of-life situations). Those visitors that are permitted, must wear a facemask while in the building and restrict their visit to the patient’s room or other location designated by the facility.
Visitors should be reminded, while visiting, to perform frequent hand hygiene:
- Wash their hands with soap and water frequently.
- Use of alcohol-based hand sanitizer when washing their hands is not an option.
- Use a tissue to cover any coughs and sneezes; and discard the tissue in a sealed trash can/container. Perform hand hygiene immediately afterward.

When visitation is necessary or allowable (e.g., in end-of-life scenarios), facilities should make efforts to allow for safe visitation for patients and loved ones. For example: **Suggest refraining from physical contact (hugging/handshaking) with patients and others while in the building.**

* In lieu of visits, facilities should consider: a) Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.), b) Creating/increasing listserv communication to update families, such as advising to not visit, c) Assigning staff as primary contact to families for inbound calls and conduct regular outbound calls to keep families up to date and d) Offering a phone line with a voice recording updated at set times (e.g., daily) with the facility’s general operating status, such as when it is safe to resume visits.

**Visitation Phase 2: Relaxing Visitor Restrictions**

In recognition that patient support from a family member or friend contributes to patient experience, safety and healing, we desire to balance these important elements with the need to protect patients and colleagues from unnecessary exposure to COVID-19. We also recognize that different regions of the country experience the pandemic differently at any given point of time. This guideline is intended to offer a more relaxed restriction of visitors during periods of time when the virus is less active in a state or region.

**Key Considerations for Ministry Leadership Team:**
- The ministry will determine visiting hours.
- The visitor to any patients should be encouraged to limit their visit to a certain number of hours, e.g. no more than two hours per day, depending on the patient’s status and condition.
- The visitor will be encouraged to perform hand hygiene and must wear their mask throughout the visit.
  - Visitors who fail to agree to wear a mask will be asked to leave.
- The visitor to PUI or those with COVID-19 must be in a single patient room or be the only patient in a multi-occupancy room.
- The visitor to PUI, confirmed COVID-19, or other patient in isolation precautions, will be encouraged to use hand hygiene just after entering the room and upon exit. Because conservation of PPE is ongoing, emphasize use of hand hygiene instead of providing gown or gloves.
  - If the visitor can contact the patient's care team prior to the visit they can be instructed to bring any personally owned PPE, e.g. disposable glove and a gown or other protective cover to use while in the patient's room.
- A facility may suspend visitation at any time when it deems warranted (medical necessity; PPE availability, etc.).
• **Trinity Health COVID-19 Dashboard**: click on "Trinity COVID-19 Model Projections – System View" then "Social Distancing Report".

**Threshold for trigger to move to Visitation Phase 2:**
- Must have less than 100 active cases/100K in the county in which the ministry is located on daily county-specific dashboard.
- If exceed threshold must go back to full visitor restrictions, as outlined in “Visitation Restriction & Process: Inpatient, Ambulatory and End of Life”.

**Guidance by type of Care Setting:**

**Emergency Department**  

**End of Life, Obstetrics, and Pediatric**  

**Visitor to any inpatient in acute care**
- One visitor, of at least 18 years of age, per patient, per day.  
- Visitor must undergo screening at entrance to ministry for fever, symptoms of possible COVID-19 and then be masked at all times after clearing entrance screening.  
- Visitor will be instructed to bring their own cloth (or other material) mask to wear after entering the ministry. If the visitor arrives without a mask, either a cloth, if available, or disposable mask will be provided.  
- The visitor may not be present during any intermittent or continuous aerosol generating procedures (AGPs) during the visitation.  
- Visitors only allowed in the patient room or other area in which the patient they are visiting is located; no use of waiting rooms or the cafeteria.  
- Limit visitors accompanying the pregnant women to no more than one essential support person for women in labor (i.e. spouse or partner).

**Outpatient procedures, surgery**
- One visitor, of at least 18 years of age, is allowed to accompany the patient up until the patient goes for their procedure. The visitor will only be allowed in the patient room or care area; no waiting area or cafeteria until they exit the facility.  
- Visitors must undergo screening at the point of entrance and be masked at all times.  
- The visitor may not be present during any intermittent or continuous aerosol generating procedures (AGPs) during the visitation.  
- After the patient is taken back for their procedures, the visitor will exit the facility and wait for a call from the facility to come and pick up the patient.  
- Visitor will be instructed to bring their own cloth (other materials are acceptable too, e.g. visitor may have their own disposable, or a mask made of other material) mask to wear after entering the ministry. If the visitor arrives without a mask a cloth mask, if available – otherwise a disposable mask, will be provided.

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II (a) 3. Inpatient Surgeries – Facilities

Reference SECTION III for Facilities Readiness Guidance.

Frequently Asked Questions

How to safely resume care delivery?

Coordinate with the CFZ guidelines to determine the space adjustments needed to create the required circulation and department separations, screening requirements, and social distancing protocols.

Reactivate or restore the building infrastructure systems in alignment with AHJ regulatory requirements and Trinity Health facilities guidance (water safety management).

Coordinate with Clinical Engineering and Trinity Information Systems to return equipment that has been redeployed to other locations for patients who are suspected or confirmed as having COVID-19 and calibrate to original department requirements.

Coordinate with EVS, Materials Management, and Food and Nutrition Services to define the operational protocols required to meet cleanability requirements / perceptions, supply inventory requirements, and dietary resources required for surgery / procedure services, including reactivating furloughed Dietary Consultation for Bariatric Patients.

If the hospital surgery / procedure areas will provide care to patients that are COVID positive and COVID negative, a multi-disciplinary team needs to be assembled to complete a risk-assessment to ensure the appropriate COVID-Free Zone (CFZ) environment of care, traffic patterns and staffing can be maintained.

What facility needs / clean-up are required?

All building infrastructure systems need to be evaluated for functional integrity, preventative maintenance work needs to be completed, and a life safety / environment of care testing needs to be completed prior to occupancy.

Environmental services need to conduct appropriate cleaning of all spaces decommissioned for an extended period-of-time or utilized for patients who are suspected or confirmed as having COVID-19.

Social distancing factors need to be applied in waiting areas, limited furniture 6 feet apart, plexiglass barriers for registration staff, floor tape indicators 6 feet apart, and potential of utilizing only single restroom facilities or limiting to every other stall.

What wayfinding / triage required? Ingress and Egress

Following is required:

- External and internal signage needs to align with the COVID-Free Zone and communication plans.
• Vehicle and pedestrian circulation routes need to align with screening and security protocols.
• Internal building circulation routes need to align with the COVID-Free Zone plan, including signage, wayfinding methods, and review of life safety egress requirements.
• Consideration also needs to be given to patient drop-off, escort/transport to point of care, and discharge pick-up.

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II (a) 4. Inpatient Surgeries – COVID-Free Zones

To reduce the risk of spread of COVID-19, CMS recommends the creation of separate areas for non-COVID-related care. COVID-Free Zones are areas where we provide care only for people not known to have COVID-19 or COVID symptoms. Staff are assigned exclusively to either the COVID-Free Zone (CFZ) or the non-COVID-Free Zone (non-CFZ). Implementation of these zones will depend on the Health Ministry's (HM) ability to create a separate physical zone, availability of testing and PPE, and regulatory guidance from the HMs’ respective state.

Only COVID-Free Zones require signage for wayfinding and related purposes. There should not be signs for “non-COVID-Free Zone” or similar designation.

Care Givers

• Create areas of CFZs that have in place steps to reduce risk of COVID-19 exposure and transmission.
• Identify a location that does not have patients who are suspected or confirmed as having COVID-19. If a location has been closed for over a week, follow the Facilities section in this Guidebook before re-opening.
• Staff working at CFZs should not rotate in non-CFZs. A staffing plan should be established for both zones with no overlap, unless in an emergency.
• Each colleague entering a CFZ will be screened at point of entry including screening questions and temperature check. All colleagues should wear an approved mask upon entering the CFZ.

Patients

• Each patient will be screened at the entrance of CFZ. A mask will be provided to each upon entry.
• All CFZ patients who are scheduled for a procedure that requires an overnight stay must have a COVID-19 negative molecular test within 72 hours of the day of the procedure. Patients must self-quarantine between the testing time and day of surgery.
• Each HM should create a process based on availability of testing supplies and risk factors for procedure.
• Patients to be advised upon entry of appropriate social distancing guidelines.
  o Remaining out of “congregate settings” as much as possible.
  o Avoiding mass gatherings.
  o Maintaining distance of about 6 feet from others when possible.

Patient/Staff Safety

- Evaluate Pre-op/procedure process for appropriate use of Telehealth, phone screening and other non-face-to-face communication methods.
- Conduct any pre-procedure COVID-19 testing outside of designated COVD-Free Zone(s).
- Create CFZ staffing plans to restrict/limit colleagues working in CFZs and non-CFZs. Ensure inclusion of ancillary depts. (e.g., radiology, EVS) in this plan.
- Create safe patient drop-off and entry points to the CFZs.
- Develop discharge plan to include delivery and receipt of discharge instructions to responsible caregiver without compromising a CFZ.

Visitors

- Visitation limitations will remain in effect in all CFZs (Refer to Regulations for Visitors).
- In the event of an approved exception, visitors must follow social distancing guidelines.

Facility

- Have appropriate signage highlighting CFZ as created by the HM or TH marketing and communications teams.
- Identify a separate entrance for CFZs and the ability to implement single entry. Non-CFZ colleagues, supplies, patients and visitors should not be using this entrance.
- Ensure the ability to secure all connecting entrances to units/sections/zones with patients suspected or confirmed to have COVID-19.
- Designate elevators for non-CFZ sections so they do not have to be shared in CFZs.
- Ensure emergency exits, stairs, and egresses are not shared between CFZs and non-CFZs.
- Establish facility, administrative, and engineering controls to facilitate social distancing, such as:
  - Eliminate all waiting in designated waiting areas through triage process adjustment.
  - Adjust physical space such as spacing of chairs in waiting room, etc.
  - Ensure appointments volume is low.
  - Where possible, adjust air circulation so air from non-CFZs does not circulate into CFZ zone. Follow appropriate air circulation guidelines listed in the facilities section.
- Reconfigure all public areas to allow for social distancing.
- In partnership with marketing, post signage to identify CFZs at entrances, elevators, and within the zone.
- Any closed doors leading to a non-CFZ should be secured and have appropriate signage.
**Frequently Asked Questions**

**How to safely resume care delivery?**

CFZs provide confidence to colleagues and patients that our ministries are taking the necessary steps to protect all the people we serve. We are caring for all patients in the environment that works best for them. This is a best practice among health systems, and Trinity Health will be a leading system in this area.

**Which patient safety precautions are required?**

Non-CFZs need to be physically separate from any CFZs to reduce the risk of exposure and transmission. HMs should ensure staff, supplies, medical equipment, PPE, etc. are not shared between the two zones. Appropriate PPE should be available and appropriate inventory and stocking processes in place before opening a CFZ to ensure business continuation.

**II (a) 5. Inpatient Surgeries – Pre-Procedure Testing**

To reduce the chance of spread of COVID-19, all patients who are scheduled for a procedure that requires an overnight stay must have a COVID-19 negative molecular test within 72 hours of the day of the procedure. Patients must self-quarantine between the testing time and day of surgery. Health Ministries (HM) should identify an outpatient location that can conduct pre-procedure testing and have negative results prior to a patient entering a CFZ for a procedure.

Each HM should create a process based on availability of testing supplies and risk factors for procedure.

All patients scheduled for inpatient elective procedures and are staying overnight will receive a COVID-19 test prior to the surgery/procedure. If the patient tests positive, the procedure will be postponed until clinically appropriate. At the time of a negative test result, the procedure will continue as planned in the COVID-Free Zone. The clinical team needs to evaluate the urgency of the underlying clinical condition against the risk of proceeding with COVID-19 infection.
Care Givers

- To ensure safety, all patients should be assumed to be COVID-19 (+) during the pre-procedure testing process.
- Schedule a pre-procedure screening, as applicable for the procedure, through telehealth or through an in-person visit.
- Wear appropriate PPE during the in-person pre-procedure testing.
- Schedule the testing to occur on the day of or the day before the procedure.
- Collect appropriate documentation and registration information during the pre-procedure testing to eliminate wait times during the actual procedure visit.
- Review sterile products inventory and pick lists at least one day prior to scheduled surgery/procedure.

Patients

- Must be aware that procedure could be canceled or rescheduled depending on timing and results of COVID-19 test results.

Visitors

- Visitation limitations will remain in effect in all testing locations.
- In the event of an approved exception, visitors must follow social distancing guidelines.

II (a) 6. Inpatient Surgeries – Medication and Blood Products

Identifying and daily reporting of needed quantities to your local Incident Command Center is a requirement. This will ensure adequate communication and allow for safely resumption of elective procedures. Interdisciplinary review of case needs and resources available are also necessary to ensure continual team readiness for scheduled and urgent cases/procedures or are paused if shortages are identified.

Develop Dyads/Tripods/Work teams for case and resource review:

- Review surgery/procedure schedule, at least 24-48 hours prior to the procedure, to identify blood/blood products, pack/supplies and medication needs.
- Review Pharmacy COVID-19 medication list daily.
- Define the "stop the line" process if critical shortages are identified that prevent the surgery/procedure to be completed.
II (a) 7. Inpatient Surgeries – PPE and Thermometry

Identifying and daily reporting of needed quantities to your local Incident Command Center is a requirement. It is incumbent upon the leadership team to have a clear understanding of not only supply chain elements related to the COVID-19 crisis, but also that the adequacy of supplies related to the specific surgeries is being considered. Many manufacturers have shifted production away from products used among various surgical specialties. Consult the OBI dashboard and local supply chain representatives before commencing surgery to make sure there are adequate resources, including a 24-hour look-ahead and ongoing evolution of adequate resources.

Proposed algorithm

With local supply chain leadership and coordination with your Incident Command Center, this algorithm will need to assessed daily as to the capability and capacity of each ministry’s ability to perform surgery. The use of PPE and thermometry can only be considered once the current run rate and reserve allocations are completely understood. An assessment of the remaining PPE then needs to be compared to the expected daily OR needs to conduct procedures safely for patients and colleagues alike. Therefore, the algorithm will be as follows:

\[(\text{Existing PPE category}) - (\text{COVID-19 current usage}) - (\text{Reserve}) = \text{Remaining PPE for ramp-up}\]

Thermometry allocations: Each local ministry must evaluate whether its algorithm requires the use of a thermometer in the preoperative and operative evaluations.

- Given the highly contagious nature of COVID-19, some ministries are employing "no touch/contact" thermometry.
- If patients are tested or other criteria have been instituted, thermometers may not be indicated or necessary above current standards. However, it is a requirement that all patients who enter a Trinity Health facility (e.g., physician office) have thermometry completed (e.g. temporal) where vital signs are otherwise not measured.

PPE allocations: The current run rate of PPE being used in the care of patients under investigation and patients suspected or confirmed to have COVID-19 must be calculated as a first step – and reevaluated daily over time.

- A percentage of usage of all PPE categories compared to totals on hand must be calculated and reported daily to the local Incident Command Center.
- The COVID-19 census must be assessed and reported daily to the local Incident Command Center.
- The projected curve for estimates of flattening, spikes or inflection points must be assessed daily.

The expected/projected run rate of PPE use in the operating room must be calculated to ensure there is enough to proceed with the ramp-up. Multifactorial calculations are needed at the local ministry level. Variables to consider include, but are not limited to:

- The number of operating rooms being utilized.
- The case-mix being planned and its impact on PPE need close assessment. Some obvious considerations are as follows:
  - High risk cases can increase PPE burn rate substantially. (See Table 2 in the Appendix)
Low risk cases would theoretically only require anesthesia to have full PPE while remaining colleagues would use standard PPE.

Screening protocols must be taken into account to create COVID-Free Zones which may reduce the amount of PPE needed.

- Based on the capacity, case choice, required staffing and resources, the number of cases per day that can be safely performed needs to be calculated.
- The number of staff in each room that will need to use PPE and what type of PPE should be given the case to be performed, needs to be calculated. Within in that calculation, PPE burn rate should be taken into account.
- The following cases may still need additional PPE even in a COVID-Free Zones. Refer to CDC guidelines for specific guidance.
  - Anesthesia for intubation
  - ENT cases
  - Airway cases (tracheostomy/bronchoscopy)

- Review sterile products inventory and pick lists at least one day prior to scheduled surgery/procedure.
- Given that manufacturers have shifted their production to PPE, the number of surgical packs and the ability to restock to par level may need to be investigated.

Reserve: PPE reserve that would be necessary for daily increases above the current run rate for current COVID-19 care should be held aside.

- A minimum requirement for a first or second surge or second inflection in the COVID-19 curve should be set depending on ministry’s forecasting.

### PPE Essentials

- Gowns
- Masks (Wear surgical masks only for operative procedures. Wear procedure masks for all other patient-facing, non-operative care. See appendix.)
- Face shields
- Anesthesia circuits
- Nasal cannulas
- Other essential items for intubated patients
  - Glide scope
  - Stylets
  - ET tubes

### Other concomitant considerations

- Lab media and swabs
- Medications currently being used (e.g., sedation meds, inhalers)
- Adequate staff in ramp-up
- Adequate staff if resurgence
- Adequate equipment to divert if a surge was to occur

### Frequently Asked Questions

**How to safely resume up care delivery?**

The guidance in this document allows ministries to assess and secure adequate supplies of personal protection equipment. Trinity Health’s commitment to the safety of our patients and
their caregivers will be demonstrated through the obvious implementation of the PPE guidelines outlined above.

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### II (a) 8. Inpatient Surgeries – Staffing and Regulatory

**Staffing and Return to Work Considerations**

Adequate staffing is a key component to be able to resume operative/procedural services. With the ramp-down of elective surgery, diagnostics and other procedures, staff have been furloughed or re-trained and deployed to other departments to support the COVID-19 efforts. A thorough analysis of procedural volumes and staffing needs should occur as part of ramp-up activities.

Questions to consider for Staffing Review

- What is the anticipated case/procedure volumes that are part of the ramp-up projections daily, weekly, monthly?
- Are department staff currently available to support the volume projections- if so; how much of the volume and are additional resources needed?
- Have staff been re-deployed to other departments/roles to support the COVID-19 patient volumes (i.e., Team Nursing, screening, etc.) that will need to be returned to their home department?
- What gaps exist if assigned staff are removed from their current assignment and returned to support ramp-up activities?
- Is the labor pool, local or broader, able to backfill gaps and ensure ramp-up does not compromise other depts?
- Have you engaged HR prior to bringing back furloughed colleagues or colleagues on reduced schedules?

**Continuous Regulatory Readiness**

The COVID-19 pandemic is a public health emergency initially necessitating the suspension of non-urgent/emergent surgery and procedures to meet COVID-19 patient care needs. There are patients with ongoing healthcare needs that have been deferred and postponed including procedural care, chronic disease care and preventative care. Gate criteria (symptoms, cases and hospitals) have been developed to allow facilities to provide Non-emergent Non-COVID-19 healthcare.

Planning Considerations

- Adherence to state-specific regulatory and other guidance for non-emergent non-COVID-19 health care.
- Adequate workforce across all phases of care.
- Expansion of existing facility Infection Prevention and Control Plans to include COVID-Free Zone procedures.
- Review and revision of policies and procedures to include COVID-19 considerations (e.g., pre-op checklist documentation, time-out scripts, etc.).
- Daily leader and IP regulatory observational rounding in the COVID-Free Zones - observe and coach.
• Continued review of regulatory guidance and recommendations from professional societies and organizations to ensure policies, plans and care delivery is meeting current requirements.

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II (a) 9. Inpatient Surgeries – Infection Prevention and Control

Screening for procedural areas:
• All colleagues, patients and visitors will be screened before entering the facility, including symptom screening and temperature checks
  o Establish a procedure for screening
  o CDC recommendations on screening of patients over the phone when calling to seek an appointment are available from this link; https://www.cdc.gov/coronavirus/2019-ncov/phone-guide/phone-guide-H.pdf
• All colleagues, patients, and visitors will be masked as appropriate for their designated Zone. (Wear surgical masks only for operative procedures. Wear procedure masks for all other patient-facing, non-operative care. See appendix.)
• Post signs at entrance(s) instructing everyone to wear a face covering when inside. Face coverings are only to be removed as necessary for identification or to facilitate an examination or procedure.
• Appointment reminder phone calls will remind patient to bring their own mask
  o If they do not have their own mask, a cloth mask will be provided to them.
• Visitor guidelines for the region will be adhered to. See Visitor Guidance on the Trinity Health Resource Page.
• If the patient has symptoms/temperature consistent with COVID-19, they should return to their car and call the ordering physician’s office for further instruction.

Screening for ED:
• Follow current ED protocol.
• See Visitor Guidance on the Trinity Health Pulse site.

Aerosol-Generating Procedures:
Colleagues present before, during or after* an Aerosol Generating Procedure must wear: N95 respirator + face shield or PAPR. Refer to the document links below for additional PPE Guidelines.

Aerosol-Generating Procedure definition:
Procedures performed on patient with known or suspected COVID-19 could generate infectious aerosols. *
• Cardio-pulmonary resuscitation
• Sputum induction-not recommended
• Open deep oral suctioning
- Tracheal intubation/extubation
- High flow nasal cannula/Airvo
  - An oxygen supply system capable of delivering up to 100% humidified and heated oxygen at a flow rate of up to 60 liters per minute.
- Bipap/CPAP
- Nebulizer treatments
- Chest physiotherapy
- Tracheostomy
- Bronchoscopy
  - Lab, in support of procedure, can wait outside of room for specimen handoff
- NG Tube placement
- ENT Procedures involving nasopharyngeal/oral areas-nasotracheal endoscope
- Procedures with a high chance of aerosolization of virions (ie sphenopalatine ganglion block, intraoral injections)

*System Guidance does not support N95 for upper/lower GI endoscopy

**Waiting area**
- Enable contactless sign-in (e.g., sign in on phone app), if available.
- Whenever possible, eliminate waiting rooms for patients and/or allowed visitors
- Maintain social distancing of at least 6 feet. This likely will require scheduling of appointments to limit the number of people in the waiting area. This likely will require blocking or removing chairs from the waiting area to facilitate spatial distancing between those seated in this area.
- Limit number of people to no more than 10 in the waiting area at any single point in time in larger waiting rooms while maintaining 6 feet special separation
- Remove shared items from the waiting rooms (i.e.- magazines, toys)
- All high touch services will need to be disinfected by colleagues assigned to that area every 2 hours or more frequently when needed with an EPA-approved disinfectant.
  - Counter tops, doorknobs, light switches, handles, desks, phones, keyboards, chairs
  - Waiting room restrooms toilets, faucets, sinks, etc.
- If the area is visibly soiled or dirty, staff are to clean prior to disinfecting
- Colleagues will perform hand hygiene before and after disinfecting high touch objects
- Colleagues are to don appropriate PPE (gloves – colleagues are already masked) prior to beginning disinfection of high frequency touch surfaces and patient care equipment and follow the instructions for use for the disinfectant
- **Contact / Dwell Time**: Keep the surface being disinfected wet for the contact time stated in the disinfectant's instructions for use, usually on the label.
- If a person under investigation (PUI) for COVID-19 presents without pre-visit, remote screening, assure the patient is wearing a mask, ask the patient to wait in a designated area separate from others to maintain proper social distancing & then disinfect surfaces or areas the patient touched or near this person after they depart.

**Registration/Check in/Check out areas**
- Enable contactless sign-in (e.g., sign in on phone app) as soon as practical.
- All high touch services will need to be disinfected by colleagues assigned to that area every 2 hours or when needed with an EPA-approved disinfectant.
- Wherever possible, install plexiglass barriers (“sneeze guards”) between the colleague at the desk and the patient. Trinity Health has established a number of relationships with providers of these items. Contact Trinity Health Facilities Management for assistance with locating these vendors.
- Do not block fire extinguishers with barriers.
- Consider requesting that a local Infection Prevention Specialist walk through the area to identify potential exposure points and mitigation strategies.
- Work with facilities management to determine whether changes such as high efficiency air filters or increased ventilation rates are possible.
- If you’re unsure whether your facility or a mitigation strategy is OSHA-compliant, contact your local environment of care representative for guidance.

Cleaning Treatment/Exam Rooms & Waiting Room:
- **Establish procedures for building cleaning and disinfection in accordance with CDC guidance.** With the exception of removal of bulk waste, cleaning and disinfection occur at the same time.
  - Cleaning refers to the removal of germs, dirt, and impurities from surfaces. It does not kill germs but removes them by friction and action of products used for cleaning.
  - Disinfecting refers to using chemicals, for example, EPA-registered disinfectants, to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning. Most disinfectants used in ambulatory care are pre-saturated, disposable wipes that provide both cleaning and disinfection with a single product.
- Terminal cleans performed daily by Environmental Services (EVS) /third party contractors, usually after clinic / practice hours.
- Between case/patient room cleans and common patient care equipment is performed by colleagues and clinicians providing patient care.
- See the PPE Guidebook for Airborne Contaminate Removal Time Factors for AGPs

Personal Protective Equipment
- See the PPE Guidebook for guidelines on the appropriate PPE for all activities

<table>
<thead>
<tr>
<th>Environmental Cleaning Patient Care Areas</th>
<th>Time lapse after patient vacates before entering to clean room</th>
<th>PPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Patient Care areas</td>
<td>Not applicable to AGP as these are performed in exam or procedure room. No wait time needed.</td>
<td>Mask, gloves – based on standard precautions depending on type of task, e.g. handling or working with clinical specimens</td>
</tr>
<tr>
<td><strong>Fever and/or Upper Respiratory Infection (FURI) Sites</strong></td>
<td>If no AGP performed, disinfect surfaces onto which patient was placed, directly touched or in immediate surrounding area following routine procedures that are done for non-COVID19, e.g. disinfect exam/imaging table. No wait time needed. If AGP is performed apply wait time from CDC or wear PPE in PPE column.</td>
<td>Mask (or, if high patient volume – N95 respirator, if available), eye protection, and gloves; if no AGP During and after AGP – e.g. for disinfection after the procedure during AGP wait time If cleaning during AGP wait time: • N95 respirator (or equivalent), eye protection, gown and gloves.</td>
</tr>
<tr>
<td><strong>Treatment/Imaging room or area</strong></td>
<td><strong>Pulmonary</strong> <strong>ENT</strong> <strong>Cath Lab</strong> <strong>EP Lab</strong> <strong>Sleep Lab</strong></td>
<td>If no AGP performed, disinfect surfaces onto which patient was placed, directly touched or in immediate surrounding area following routine procedures that are done routinely for all patients, e.g. non-COVID-19, e.g. disinfect exam/imaging table. No wait time needed. If AGP is performed apply wait time from CDC or wear PPE in PPE column.</td>
</tr>
<tr>
<td><strong>Breast Imaging</strong> <strong>Cancer Care Centers</strong> <strong>Cardiac Testing</strong> <strong>Examination room</strong> <strong>Infusion Centers</strong> <strong>Medical Imaging</strong> <strong>Pediatrics</strong> <strong>Phlebotomy/Lab</strong> <strong>Rehab (PT/OT)</strong> <strong>Wound/Hyperbaric Other ambulatory clinics</strong></td>
<td>Disinfect surfaces onto which patient was placed (exam/patient care table), directly touched or in immediate surrounding area following routine procedures that are done for all patients, e.g. non-COVID-19, No wait time needed.</td>
<td>Mask, gloves – based on standard precautions, e.g. need for direct contact with non-intact skin area on patient.</td>
</tr>
<tr>
<td><strong>Perioperative services Inpatient areas</strong></td>
<td>Disinfect all areas per current COVID-19/AHE protocols. Increase frequency of high touch items.</td>
<td>Mask, gloves – based on standard precautions; if no AGP During and after AGP – e.g. for disinfection after the procedure during AGP wait time If cleaning during AGP wait time: • N95 respirator mask (or equivalent), eye protection, gown and gloves.</td>
</tr>
</tbody>
</table>

**Standard Precautions:**
Perform hand hygiene

Use personal protective equipment (PPE) whenever there is an expectation of possible exposure to infectious material

Follow respiratory hygiene/cough etiquette principles

Ensure appropriate patient placement

Properly handle and properly clean and disinfect patient care equipment and instruments/devices

Clean and disinfects the environment appropriately

Handle textiles and laundry carefully

Follow safe injection practices

Wear a surgical mask when performing lumbar punctures

Ensure healthcare worker safety including proper handling of needles and other sharps

Source: [https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html](https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html)

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**II (a) 10. Inpatient Surgeries – Appendix**

**Selecting Procedures**

References

1. Elective Surgery Acuity Scale (ESAS); Reprinted with permission: Sameer Siddiqui MD, FACS, St Louis University. [https://www.facs.org/COVID-19/clinical-guidance/triage](https://www.facs.org/COVID-19/clinical-guidance/triage)
Table 1 – Current Guidance for Non-urgent Surgery/Procedures during the COVID-19 Pandemic Surge

<table>
<thead>
<tr>
<th>Tiers/Description</th>
<th>Definition</th>
<th>Locations</th>
<th>Examples</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1a</td>
<td>Low acuity surgery/healthy patient</td>
<td>HOPD, ASC, Hospital with low/no COVID-19 census</td>
<td>Carpal tunnel release, Penile prosthesis, Diagnostic EGD/Colonoscopy</td>
<td>Postpone surgery or perform at ASC</td>
</tr>
<tr>
<td>Tier 1b</td>
<td>Low acuity surgery/unhealthy patient</td>
<td>HOPD, ASC, Hospital with low/no COVID-19 census</td>
<td>Carpal tunnel release, Penile prosthesis, Diagnostic EGD/Colonoscopy</td>
<td>Postpone surgery or perform at ASC</td>
</tr>
<tr>
<td>Tier 2a</td>
<td>Intermediate acuity surgery/healthy patient</td>
<td>HOPD, ASC, Hospital with low/no COVID-19 census</td>
<td>Low risk cancer, Non urgent spine, Ureteral colic</td>
<td>Postpone surgery if possible or consider ASC</td>
</tr>
<tr>
<td>Tier 2b</td>
<td>Intermediate acuity surgery/unhealthy patient</td>
<td>HOPD, ASC, Hospital with low/no COVID-19 census</td>
<td>Low risk cancer, Non urgent spine, Ureteral colic</td>
<td>Postpone surgery if possible or consider ASC</td>
</tr>
<tr>
<td>Tier 3a</td>
<td>High acuity surgery/healthy patient</td>
<td>Hospital, Most cancers</td>
<td>Highly symptomatic patients</td>
<td>Do not postpone</td>
</tr>
<tr>
<td>Tier 3b</td>
<td>High acuity surgery/unhealthy patient</td>
<td>Hospital, Most cancers</td>
<td>Highly symptomatic patients</td>
<td>Do not postpone</td>
</tr>
</tbody>
</table>

Table 2 – High Risk Procedures During the COVID-19 Pandemic

*High-aerosolization risk procedures are the following:
- Bronchoscopy
- Eye – Globe Rupture/Globe Surgeries/Sinus Involvement
- Head and Neck Surgery - Cancer Surgeries and Sinus Surgeries only
- Interventional Radiology – Endobronchial, Thoracic Cavity and Upper GI Procedures transiting the Pharynx and Esophagus
• Labor, 2nd Stage
• Laryngoscopy
• Oral-Maxillofacial Surgery – All procedures
• Tracheostomy
• Thoracic Surgery
• Transesophageal Echocardiography
• Therapeutic Upper Endoscopy (EGD), ERCP and EUS - does not require pre-procedure testing due to operational considerations

Low aerosolization risk procedures are any procedures not included on the high-risk list, including procedures such as:
• Cardiac catheterization
• Electrophysiology procedures
• Interventional radiology procedures
• Lower Endoscopy / Colonoscopy
• Diagnostic Upper Endoscopy (EGD)

*Important Note: the fact that intubation is required for a procedure does not define the entire procedure as a high-aerosolization risk. Anesthesia has procedures in place to address intubation risks. Testing choices must reflect whether the procedure is on the high or low aerosolization risk

Back to Table of Contents
COVID-Free Zones

Approved for non-emergent care re-start
- State & Local Health Alignment
- Trinity Health Approval

Identified facility for NCC
- Separate building/entrance
- Physical separation from COVID-19 areas

Protocols in place
- Visitation
- PPE
- Testing
- Social Distancing

Colleagues working specifically in COVID-Free Zone

Patients entering a CFZ should have been tested for COVID-19 the day before or the day of having a procedure if staying overnight*

Visitors accompanying patients under special circumstances as approved in the HM visitation policy

Entrance to COVID-Free Zone
Screening including:
- temp check
- screening questions
- appropriate mask provided

Maintain Social Distance and wear PPE in CFZ

Guidebook for Resuming Services
Are you wearing the right mask for the task?

* Surgical Mask Conservation Strategy, 5/28/2020

Wear surgical masks for operative procedures. Surgical masks generally have ties in order to create a tighter seal around the face.

“...The surgical mask should cover the mouth and nose and be secured in a manner that prevents venting at the sides of the mask [1:Strong Evidence].

Masks with earloops may not provide a secure facial fit that prevents venting at the sides of the mask. A mask that conforms to the perioperative team members face decreases the risk that health care workers will transmit nasopharyngeal and respiratory micro-organism to patients or the sterile field. Infectious materials can reach the wearers nose and mouth by passing through leaks at the mask-face seal.”

2018 AORN, Perioperative Standards and Recommended Practices

Wear procedure masks for all other patient-facing, non-operative care. Procedural masks generally have ear loops and produce a slightly looser fit.

Note: The Infection Prevention Control work group is confirming with AORN a possible contingency on whether procedure masks (with face shield) can be used in operative procedures should surgical mask not be available.
Criteria for Resuming Services

II (b). Outpatient Surgeries
(Ambulatory and Hospital)

Table of Contents for Outpatient Surgeries

1. Selecting Procedures
2. Regulations for Visitors
3. Facilities
4. COVID-Free Zones
5. Pre-Procedure Testing
6. Medication and Blood Products
7. PPE and Thermometry
8. Staffing and Regulatory
9. Infection Prevention and Control
10. Appendix
II (b) 1. Outpatient Surgeries – Selecting Procedures

Resumption of Non-Urgent Surgery/Procedures During the COVID-19 Pandemic

In response to the COVID-19 pandemic, the Centers for Disease Control and Prevention (CDC), the U.S. Surgeon General and many medical specialties such as the American College of Surgeons and the American Society of Anesthesiologists recommended interim cancellation of non-urgent surgical procedures. Physicians and health care organizations have responded appropriately and canceled non-essential cases across the country.

Current Surgery/Procedure Guidance

Despite the COVID-19 pandemic, some patient disease processes cannot be indefinitely postponed. While the majority of the guidance that follows is intended to assist HM's in resuming non-urgent surgeries/procedures, it is important to review what most hospitals are providing currently, during the pandemic.

Table 1 (in the Appendix) is a CMS adaption of the American College of Surgeon's guidance on how to prioritize surgery/procedures during the COVID-19 surge. The table assumes all emergent/urgent procedures will be performed as prior to the COVID-19 pandemic depending on the abilities of the HM (e.g. urgent angioplasty, reduction/fixation of fractures, treatment for acute upper or lower GI hemorrhage, appendectomy, repair of acute aortic dissection) and provides guidance for non-urgent surgery or procedures during the current pandemic surge.

I. There will be variability among HMs as to the timing of non-urgent procedures based on the local incidence of COVID-19.

When HMs have decided to resume procedures, the following are requirements that need to be met:

- All patients who are scheduled for a procedure that requires an overnight stay must have a COVID-19 negative molecular test within 72 hours of the day of the procedure. Patients must self-quarantine between the testing time and day of surgery.
- Resuming non-urgent surgery/procedures must be aligned with municipal, county and state health authority regulations and executive orders.
- HF facilities in the immediate area are safely able to treat all patients requiring hospitalization without resorting to crisis standards of care before resuming non-urgent surgery/procedures.
- The HM must have the appropriate number of ICU and non-ICU beds, PPE, ventilators, medications, anesthetics and all medical surgical supplies required for patients undergoing non-urgent procedures in addition to adequate resources to care for anticipated patients with COVID-19.
- The HM must have available numbers of trained staff appropriate to the planned procedures, patient population and facility resources. (Given the known evidence supporting health care worker fatigue and the impact of stress, the HM should ensure it can perform planned procedures without compromising patient safety or staff safety and well-being).
- Prior to implementing the start-up of any procedures, all areas should be cleaned according to evidence-based information and CDC guidelines.
• HMs resuming non-urgent surgery/procedures must be able to cohort patients suspected or confirmed to have COVID-19 separately from the general population of the treatment facility in all phases of their care.
• HMs should have and implement a social distancing policy for staff and patients in non-restricted areas in the facility that meets the current local and national recommendations for community isolation practices.
• HMs should not resume elective surgical procedures until they have adequate PPE and medical surgical supplies appropriate to the number and type of procedures to be performed in addition to the PPE required for the care of patients with COVID-19. This should be done in coordination with the HM incident command logistics section
• HMs should establish a prioritization policy committee consisting of surgery, anesthesia and nursing leadership to develop a prioritization strategy appropriate to the immediate patient needs and capabilities of that HM.
• All patients and colleagues must be masked at all times (except patient during time in private rooms). Wear surgical masks only for operative procedures. Wear procedure masks for all other patient-facing, non-operative care. See appendix.

II. COVID-19 Testing within a Health Ministry

HMs should develop a protocol addressing requirements and frequency for patients using the testing available locally to protect staff and patients.

• All patients who are scheduled for a procedure that requires an overnight stay must have a COVID-19 negative molecular test within 72 hours of the day of the procedure. Patients must self-quarantine between the testing time and day of surgery
• An assessment of the availability of COVID-19 tests, including turnaround time for test results, should be performed by each HM with the intention of developing a patient testing protocol for non-urgent surgery/procedure patients.
  o Patient testing policy should include accuracy and timing considerations to provide useful preoperative information as to the COVID-19 status of patients undergoing procedures. The method of testing may differ depending on the type of procedure and the resources available to the HM.
  o Health care worker testing must be available for those who are symptomatic.
• Conduct any pre-procedure COVID-19 testing outside of designated COVID-Free Zone(s) and consistent with Trinity Health and CDC guidance.

III. Personal Protective Equipment

HMs should not resume elective surgical procedures until they have adequate and indicated PPE and medical surgical supplies appropriate to the number and type of procedures to be performed.

Facility policies for PPE should account for the following:
• Adequacy of available PPE, including supplies required for a potential second wave of COVID-19 cases.
• All policies and training should remain consistent with CDC and Trinity Health guidance

IV. COVID-19 Pandemic Issues for the Five Stages of Surgical Care: Use existing ministry guidance.
V. Case Prioritization and Scheduling

HMs should establish a prioritization policy committee consisting of surgery, anesthesia and nursing leadership to develop a prioritization strategy appropriate to the immediate patient needs and capabilities of that HM. Prioritization should include service line priorities as well as cases within each service line.

The prioritization of service lines and procedures will be determined by multiple local factors. These include the facilities available during the pandemic (e.g., ASC, outpatient surgery, traditional operating room, GI and cath labs), services offered before the COVID-19 pandemic with waitlists and availability of resources/supplies for each type of case.

Objective priority scoring

Factors for the prioritization policy committee to consider when prioritizing cases:

- Availability of timely testing capacity
- Testing capacity is a significant consideration.
- Review the list of previously cancelled and postponed cases.
- Create a strategy for allotting OR/procedural time.
- Identification of essential health care professionals and medical device representatives per procedure.
- Ensure primary personnel availability commensurate with increased volume and hours (e.g., surgery, anesthesia, nursing, housekeeping, engineering, sterile processing, etc.).
- Ensure adjunct personnel availability (e.g., pathology, radiology, etc.).
- Ensure procedure specific supply availability for planned procedures (e.g., anesthesia drugs, procedure-related medications, sutures, disposable and non-disposable surgical instruments).
- Ensure availability of blood products.
- Chaplaincy resource for patients/family when excluded or delayed from priority scheduling.
- Chaplaincy resource for colleagues with moral distress regarding patient selection, exclusion or delay.

VI. Ongoing evaluation

Facilities should reevaluate and reassess policies and procedures frequently, based on COVID-19 related data, resources, testing and other clinical information.

Frequently Asked Questions

Can you provide a list of specific procedures our HM should reinstitute?

It is difficult to provide a list of procedures and surgeries that should or should not be performed. This will vary by resources, COVID-19 incidence and facility capabilities. Instead, once the required elements are fulfilled, procedures can be identified based on what is appropriate for the site(s) of care available. Resuming procedures in an ambulatory surgery center may be the most rapid way to resume non-urgent surgery/procedures for most locations.
Similarly, surgery/procedures performed in an outpatient status require fewer resources than procedures requiring an inpatient postoperative stay. This category would include procedural areas such as endoscopy, interventional radiology, and cardiac cath/EP lab. Non-urgent surgery and procedures requiring an ICU stay postoperatively are the most resource intense and should be scheduled in a collaborative manner with the clinical leadership team so as not to exhaust resources or staff.

The American College of Surgeons has provided guidance for performing non-urgent (i.e. elective) cases by surgical specialty and case type within each specialty segregated by the pandemic phases. This is a useful reference for triage teams to review as we move in reverse order through the phases.  (https://www.facs.org/COVID-19/clinical-guidance/elective-case

How to safely resume care delivery?

The required elements of this Guidebook seek to ensure that our patients, colleagues and community will not be put at risk during this process. Providing these non-urgent surgeries and procedures are important. We know from other countries ahead of the United States in the COVID-19 pandemic that patients with chronic conditions and patients awaiting non-urgent procedures, are at risk for complications and death if their access to healthcare is delayed.

II (b) 2. Outpatient Surgeries – Regulations for Visitors

Visitation Phase 1: COVID-19 Visitor Restrictions
Inpatient Visitation Guidelines

As a result of the COVID-19 pandemic and updated guidance from CDC and CMS, facilities should severely restrict visitation of ALL visitors. Facilities are expected to notify potential visitors whenever possible to defer visitation until further notice through signage, calls, letters, etc.*

3. Certain compassionate care situations should be decided on a case-by-case basis as follows:
   - Children (minor) admitted to the hospital
   - Maternity units
   - Patients receiving end-of-life (EOL) care – see Section III visitor(s) for PUI or patient with COVID-19 at End of Life (EOL) below for additional guidance

   For approved exceptions, only one visitor per patient will be allowed. All visitors must be 18 or older.

4. EVERY visitor must be screened at the entrance.

   Those with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat) should not be permitted to enter the facility at any time (even in end-of-life situations). Those visitors that are permitted, must wear a facemask while in the building and restrict their visit to the patient’s room or other location designated by the facility.

   Visitors should be reminded, while visiting, to perform frequent hand hygiene:
• Wash their hands with soap and water frequently.
• Use of alcohol-based hand sanitizer when washing their hands is not an option.
• Use a tissue to cover any coughs and sneezes; and discard the tissue in a sealed trash can / container. Perform hand hygiene immediately afterward.

When visitation is necessary or allowable (e.g., in end-of-life scenarios), facilities should make efforts to allow for safe visitation for patients and loved ones. For example: **Suggest refraining from physical contact (hugging/handshaking) with patients and others while in the building.**

* In lieu of visits, facilities should consider: a) Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.), b) Creating/increasing listserv communication to update families, such as advising to not visit, c) Assigning staff as primary contact to families for inbound calls and conduct regular outbound calls to keep families up to date and d) Offering a phone line with a voice recording updated at set times (e.g., daily) with the facility’s general operating status, such as when it is safe to resume visits.

**Visitation Phase 2: Relaxing Visitor Restrictions**

In recognition that patient support from a family member or friend contributes to patient experience, safety and healing, we desire to balance these important elements with the need to protect patients and colleagues from unnecessary exposure to COVID-19. We also recognize that different regions of the country experience the pandemic differently at any given point of time. This guideline is intended to offer a more relaxed restriction of visitors during periods of time when the virus is less active in a state or region.

**Key Considerations for Ministry Leadership Team:**
• The ministry will determine visiting hours.
• The visitor to any patients should be encouraged to limit their visit to a certain number of hours, e.g. no more than two hours per day, depending on the patient’s status and condition.
• The visitor will be encouraged to perform hand hygiene and must wear their mask throughout the visit.
  o Visitors who fail to agree to wear a mask will be asked to leave.
• The visitor to PUI or those with COVID-19 must be in a single patient room or be the only patient in a multi-occupancy room.
• The visitor to PUI, confirmed COVID-19, or other patient in isolation precautions, will be encouraged to use hand hygiene just after entering the room and upon exit. Because conservation of PPE is ongoing, emphasize use of hand hygiene instead of providing gown or gloves.
  o If the visitor can contact the patient’s care team prior to the visit they can be instructed to bring any personally owned PPE, e.g. disposable glove and a gown or other protective cover to use while in the patient’s room.
• A facility may suspend visitation at any time when it deems warranted (medical necessity; PPE availability, etc.).
• **Trinity Health COVID-19 Dashboard**: click on "Trinity COVID-19 Model Projections – System View” then "Social Distancing Report".
**Threshold for trigger to move to Visitation Phase 2:**
- Must have less than 100 active cases/100K in the county in which the ministry is located on daily county-specific dashboard.
- If exceed threshold must go back to full visitor restrictions, as outlined in “Visitation Restriction & Process: Inpatient, Ambulatory and End of Life”.

**Guidance by type of Care Setting:**

**Emergency Department**

**End of Life, Obstetrics, and Pediatric**

**Visitor to any inpatient in acute care**
- One visitor, of at least 18 years of age, per patient, per day.
- Visitor must undergo screening at entrance to ministry for fever, symptoms of possible COVID-19 and then be masked at all times after clearing entrance screening.
- Visitor will be instructed to bring their own cloth (or other material) mask to wear after entering the ministry. If the visitor arrives without a mask, either a cloth, if available, or disposable mask will be provided.
- The visitor may not be present during any intermittent or continuous aerosol generating procedures (AGPs) during the visitation.
- Visitors only allowed in the patient room or other area in which the patient they are visiting is located; no use of waiting rooms or the cafeteria.
- Limit visitors accompanying the pregnant women to no more than one essential support person for women in labor (i.e. spouse or partner).

**Outpatient procedures, surgery**
- One visitor, of at least 18 years of age, is allowed to accompany the patient up until the patient goes for their procedure. The visitor will only be allowed in the patient room or care area; no waiting area or cafeteria until they exit the facility.
- Visitors must undergo screening at the point of entrance and be masked at all times.
- The visitor may not be present during any intermittent or continuous aerosol generating procedures (AGPs) during the visitation.
- After the patient is taken back for their procedures, the visitor will exit the facility and wait for a call from the facility to come and pick up the patient.
- Visitor will be instructed to bring their own cloth (other materials are acceptable too, e.g. visitor may have their own disposable, or a mask made of other material) mask to wear after entering the ministry. If the visitor arrives without a mask a cloth mask, if available – otherwise a disposable mask, will be provided.
II (b) 3. Outpatient Surgeries – Facilities

Reference SECTION III for Facilities Readiness Guidance.

**Frequently Asked Questions**

How to safely resume care delivery?

Coordinate with the CFZ guidelines to determine the space adjustments needed to create the required circulation and department separations, screening requirements, and social distancing protocols.

Reactivate or restore the building infrastructure systems in alignment with AHJ regulatory requirements and Trinity Health facilities guidance (water safety management).

Coordinate with Clinical Engineering and Trinity Information Systems to return equipment that has been redeployed to other locations for patients who are suspected or confirmed as having COVID-19 and calibrate to original department requirements.

Coordinate with EVS, Materials Management, and Food and Nutrition Services to define the operational protocols required to meet cleanability requirements / perceptions, supply inventory requirements, and dietary resources required for surgery / procedure services, including reactivating furloughed Dietary Consultation for Bariatric Patients.

If the hospital surgery / procedure areas will provide care to patients that are COVID positive and COVID negative, a multi-disciplinary team needs to be assembled to complete a risk assessment to ensure the appropriate COVID-Free Zone (CFZ) environment of care, traffic patterns and staffing can be maintained.

What facility needs / clean-up are required?

All building infrastructure systems need to be evaluated for functional integrity, preventative maintenance work needs to be completed, and a life safety / environment of care testing needs to be completed prior to occupancy.

Environmental services need to conduct appropriate cleaning of all spaces decommissioned for an extended period-of-time or utilized for patients who are suspected or confirmed as having COVID-19.

Social distancing factors need to be applied in waiting areas, limited furniture 6 feet apart, plexiglass barriers for registration staff, floor tape indicators 6 feet apart, and potential of utilizing only single restroom facilities or limiting to every other stall.

**What wayfinding / triage required? Ingress and Egress**

Following is required:

- External and internal signage needs to align with the COVID-Free Zone and communication plans.
- Vehicle and pedestrian circulation routes need to align with screening and security protocols.
- Internal building circulation routes need to align with the COVID-Free Zone plan, including signage, wayfinding methods, and review of life safety egress requirements.
- Consideration also needs to be given to patient drop-off, escort/transport to point of care, and discharge pick-up.

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II (b) 4. Outpatient Surgeries – COVID-Free Zones

To reduce the risk of spread of COVID-19, CMS recommends the creation of separate areas for non-COVID-related care. **COVID-Free Zones are areas where we provide care only for people not known to have COVID-19 or COVID symptoms.** Staff are assigned exclusively to either the COVID-Free Zone (CFZ) or the non-COVID-Free Zone (non-CFZ). Implementation of these zones will depend on the Health Ministry’s (HM) ability to create a separate physical zone, availability of testing and PPE, and regulatory guidance from the HMs’ respective state.

Only COVID-Free Zones require signage for wayfinding and related purposes. There should not be signs for “non-COVID-Free Zone” or similar designation.

**Care Givers**

- Create areas of CFZs that have in place steps to reduce risk of COVID-19 exposure and transmission.
- Identify a location that does not have patients who are suspected or confirmed as having COVID-19. If a location has been closed for over a week, follow the *Facilities* section in this Guidebook before re-opening.
- Staff working at CFZs should not rotate in non-CFZs. A staffing plan should be established for both zones with no overlap, unless in an emergency.
- Each colleague entering a CFZ will be screened at point of entry including screening questions and temperature check. All colleagues should wear an approved mask upon entering the CFZ.

**Patients**

- Each patient will be screened at the entrance of CFZ. A mask will be provided to each upon entry.
- All patients who are scheduled for a procedure that requires an overnight stay must have a COVID-19 negative molecular test on the day before or the day of the procedure.
- Each HM should create a process based on availability of testing supplies and risk factors for procedure.
- Patients to be advised upon entry of appropriate social distancing guidelines.
  - Remaining out of “congregate settings” as much as possible.
  - Avoiding mass gatherings.
  - Maintaining distance of about 6 feet from others when possible.

Patient/Staff Safety

- Evaluate Pre-op/procedure process for appropriate use of Telehealth, phone screening and other non-face-to-face communication methods.
- Conduct any pre-procedure COVID-19 testing outside of designated COVID-Free Zone(s).
- Create CFZ staffing plans to restrict/limit colleagues working in CFZs and non-CFZs. Ensure inclusion of ancillary depts. (e.g., radiology) in this plan.
- Create safe patient drop-off and entry points to the CFZs.
- Develop discharge plan to include delivery and receipt of discharge instructions to responsible caregiver without compromising a CFZ.

Visitors

- Visitation limitations will remain in effect in all CFZs (Refer to Regulations for Visitors).
- In the event of an approved exception, visitors must follow social distancing guidelines.

Facility

- Have appropriate signage highlighting CFZ as created by the HM or TH marketing and communications teams.
- Identify a separate entrance for CFZs and the ability to implement single entry. Non-CFZ colleagues, supplies, patients and visitors should not be using this entrance.
- Ensure the ability to secure all connecting entrances to units/sections/zones with patients suspected or confirmed to have COVID-19.
- Designate elevators for non-CFZ sections so they do not have to be shared in CFZs.
- Ensure emergency exits, stairs, and egresses are not shared between CFZs and non-CFZs.
- Establish facility, administrative, and engineering controls to facilitate social distancing, such as:
  - Eliminate all waiting in designated waiting areas through triage process adjustment.
  - Adjust physical space such as spacing of chairs in waiting room, etc.
  - Ensure appointments volume is low.
  - Where possible, adjust air circulation so air from non-CFZs does not circulate into CFZ zone. Follow appropriate air circulation guidelines listed in the facilities section.
- Reconfigure all public areas to allow for social distancing.
- In partnership with marketing, post signage to identify CFZs at entrances, elevators, and within the zone.
- Any closed doors leading to a non-CFZ should be secured and have appropriate signage.

Frequently Asked Questions
How to safely resume care delivery?

CFZs provide confidence to colleagues and patients that our ministries are taking the necessary steps to protect all the people we serve. We are caring for all patients in the environment that works best for them. This is a best practice among health systems, and Trinity Health will be a leading system in this area.

Which patient safety precautions are required?

Non-CFZs need to be physically separate from any CFZs to reduce the risk of exposure and transmission. HMs should ensure staff, supplies, medical equipment, PPE, etc. are not shared between the two zones. Appropriate PPE should be available and appropriate inventory and stocking processes in place before opening a CFZ to ensure business continuation.

How does this apply to outpatient surgeries?

In all non-acute settings (e.g. physician offices) where patient pre-testing is not expected, the following requirements should be adhered to:

- At door/entry thermometry and masking
- No patients or visitors are permitted in designated waiting areas. A new way of bringing patients into rooms to be seen should be used (e.g. call cell number, use text messaging)

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II (b) 5. Outpatient Surgeries – Pre-Procedure Testing

To reduce the chance of spread of COVID-19, all patients who are scheduled for a procedure that requires an overnight stay must have a COVID-19 negative molecular test within 72 hours of the day of the procedure. Patients must self-quarantine between the testing time and day of surgery. Health Ministries (HM) should identify an outpatient location that can conduct pre-procedure testing and have negative results prior to a patient entering a CFZ for a procedure.

All patients scheduled for outpatient procedures will receive a COVID-19 test prior to the surgery/procedure only if an overnight stay is planned. If the patient tests positive, the procedure will be postponed until clinically appropriate. At the time of a negative test result, the procedure will continue as planned in the COVID-Free Zone. The clinical team needs to evaluate the urgency of the underlying clinical condition against the risk of proceeding with COVID-19 infection.

Care Givers
• To ensure safety, all patients should be assumed to be COVID-19 (+) during the pre-procedure testing process.
• Schedule a pre-procedure screening, as applicable for the procedure, through telehealth or through an in-person visit.
• Wear appropriate PPE during the in-person pre-procedure testing.
• If an overnight stay is planned, schedule the testing within on the day of or the day before the procedure.
• Collect appropriate documentation and registration information during the pre-procedure testing to eliminate wait times during the actual procedure visit.
• Review sterile products inventory and pick lists at least one day prior to scheduled surgery/procedure.

Patients

• Must be aware that procedure could be canceled or rescheduled depending on timing and results of COVID-19 test results.

Visitors

• Visitation limitations will remain in effect in all testing locations.
• In the event of an approved exception, visitors must follow social distancing guidelines.

II (b) 6. Outpatient Surgeries – Medication and Blood Products

Identifying and daily reporting of needed quantities to your local Incident Command Center is a requirement. This will ensure adequate communication and allow for safely resumption of elective procedures. Interdisciplinary review of case needs and resources available are also necessary to ensure continual team readiness for scheduled and urgent cases/procedures or are paused if shortages are identified.

Develop Dyads/Tripods/Work teams for case and resource review

• Review surgery/procedure schedule, at least 24-48 hours prior to the procedure, to identify blood/blood products, pack/supplies and medication needs.
• Review Pharmacy COVID-19 medication list daily.
• Review Blood/Blood Product in-house list daily.
• Define the "stop the line" process if critical shortages are identified that prevent the surgery/procedure to be completed.

II (b) 7. Outpatient Surgeries – PPE and Thermometry
Identifying and daily reporting of needed quantities to your local Incident Command Center is a requirement. It is incumbent upon the leadership team to have a clear understanding of not only supply chain elements related to the COVID-19 crisis, but also that the adequacy of supplies related to the specific surgeries is being considered. Many manufacturers have shifted production away from products used among various surgical specialties. Consult the OBI dashboard and local supply chain representatives before commencing surgery to make sure there are adequate resources, including a 24-hour look-ahead and ongoing evolution of adequate resources.

Proposed algorithm

With local supply chain leadership and coordination with your Incident Command Center, this algorithm will need to assessed daily as to the capability and capacity of each ministry’s ability to perform surgery. The use of PPE and thermometry can only be considered once the current run rate and reserve allocations are completely understood. An assessment of the remaining PPE then needs to be compared to the expected daily OR needs to conduct procedures safely for patients and colleagues alike. Therefore, the algorithm will be as follows:

\[(\text{Existing PPE category}) - (\text{COVID-19 current usage}) - (\text{Reserve}) = \text{Remaining PPE for ramp-up}\]

Thermometry allocations: Each local ministry must evaluate whether its algorithm requires the use of a thermometer in the preoperative and operative evaluations.
- Given the highly contagious nature of COVID-19, some ministries are employing “no touch/contact” thermometry.
- If patients are tested or other criteria have been instituted, thermometers may not be indicated or necessary above current standards. However, it is a requirement that all patients that enter a Trinity Health facility (e.g., physician office) have thermometry completed (e.g. temporal) where vital signs are otherwise not measured.

PPE allocations: The current run rate of PPE being used in the care of patients under investigation and patients suspected or confirmed to have COVID-19 must be calculated as a first step – and reevaluated daily over time.
- A percentage of usage of all PPE categories compared to totals on hand must be calculated and reported daily to the local Incident Command Center.
- The COVID-19 census must be assessed and reported daily to the local Incident Command Center.
- The projected curve for estimates of flattening, spikes or inflection points must be assessed daily.

The expected/projected run rate of PPE use in the operating room must be calculated to ensure there is enough to proceed with the ramp-up. Multifactorial calculations are needed at the local ministry level. Variables to consider include, but are not limited to:
- The number of operating rooms being utilized.
- The case-mix being planned and its impact on PPE need close assessment. Some obvious considerations are as follows:
  - High risk cases can increase PPE burn rate substantially. (See Table 2 in the Appendix)
  - Low risk cases would theoretically only require anesthesia to have full PPE while remaining colleagues would use standard PPE
Screening protocols must be taken into account to create COVID-Free Zones which may reduce the amount of PPE needed.

- Based on the capacity, case choice, required staffing and resources, the number of cases per day that can be safely performed needs to be calculated.
- The number of staff in each room that will need to use PPE and what type of PPE should be given the case to be performed, needs to be calculated. Within in that calculation, PPE burn rate should be taken into account.
- The following cases may still need additional PPE even in a COVID-Free Zones. Refer to CDC guidelines for specific guidance.
  - Anesthesia for intubation
  - ENT cases
  - Airway cases (trachestomy/bronchoscopy)
- Review sterile products inventory and pick lists at least one day prior to scheduled surgery/procedure.
- Given that manufacturers have shifted their production to PPE, the number of surgical packs and the ability to restock to par level may need to be investigated.

**Reserve: PPE reserve that would be necessary for daily increases above the current run rate for current COVID-19 care should be held aside.**

- A minimum requirement for a first or second surge or second inflection in the COVID-19 curve should be set depending on ministry’s forecasting.

**PPE Essentials**
- Gowns
- Masks (Wear surgical masks only for operative procedures. Wear procedure masks for all other patient-facing, non-operative care. See appendix.)
- Face shields
- Anesthesia circuits
- Nasal cannulas
- Other essential items for intubated patients
  - Glide scope
  - Stylets
  - ET tubes

**Other concomitant considerations**
- Lab media and swabs
- Medications currently being used (e.g., sedation meds, inhalers)
- Adequate staff in ramp-up
- Adequate staff if resurgence
- Adequate equipment to divert if a surge was to occur

**Frequently Asked Questions**

**How to safely ramp up care delivery?**
The guidance in this document allows ministries to assess and secure adequate supplies of personal protection equipment. Trinity Health’s commitment to the safety of our patients and their caregivers will be demonstrated through the obvious implementation of the PPE guidelines outlined above.
II (b) 7. Outpatient Surgeries – Staffing and Regulatory

Staffing and Return to Work Considerations
Adequate staffing is a key component to be able to resume operative/procedural services. With the ramp-down of elective surgery, diagnostics and other procedures, staff have been furloughed or re-trained and deployed to other departments to support the COVID-19 efforts. A thorough analysis of procedural volumes and staffing needs should occur as part of ramp-up activities.

Questions to consider for Staffing Review
- What is the anticipated case/procedure volumes that are part of the ramp-up projections daily, weekly, monthly?
- Are department staff currently available to support the volume projections- if so; how much of the volume and are additional resources needed?
- Have staff been re-deployed to other departments/roles to support the COVID-19 patient volumes (i.e., Team Nursing, screening, etc.) that will need to be returned to their home department?
- What gaps exist if assigned staff are removed from their current assignment and returned to support ramp-up activities?
- Is the labor pool, local or broader, able to backfill gaps and ensure ramp-up does not compromise other depts?
- Have you engaged HR prior to bringing back furloughed colleagues or colleagues on reduced schedules?

Continuous Regulatory Readiness
The COVID-19 pandemic is a public health emergency initially necessitating the suspension of non-urgent/emergent surgery and procedures to meet COVID-19 patient care needs. There are patients with ongoing healthcare needs that have been deferred and postponed including procedural care, chronic disease care and preventative care. Gate criteria (symptoms, cases and hospitals) have been developed to allow facilities to provide Non-emergent Non-COVID-19 healthcare.

Planning Considerations
- Adherence to state-specific regulatory and other guidance for non-emergent non-COVID-19 health care.
- Adequate workforce across all phases of care.
- Expansion of existing facility Infection Prevention and Control Plans to include COVID-Free Zone procedures.
- Review and revision of policies and procedures to include COVID-19 considerations (e.g., pre-op checklist documentation, time-out scripts, etc.).
- Daily leader and IP regulatory observational rounding in the COVID-Free Zones - observe and coach.
- Continued review of regulatory guidance and recommendations from professional societies and organizations to ensure policies, plans and care delivery is meeting current requirements.
II (b) 8. Outpatient Surgeries – Infection Prevention and Control

Screening
- All colleagues, patients and visitors will be screened before entering the facility, including symptom screening and temperature checks.
  - Establish a procedure for screening
- All colleagues, patients, and visitors will be masked as appropriate for their designated Zone. (Wear surgical masks only for operative procedures. Wear procedure masks for all other patient-facing, non-operative care. See appendix.)
- Appointment reminder phone calls will remind patient to bring their own mask
  - If they do not have their own mask, a cloth mask will be provided to them.
- If the patient has symptoms consistent with COVID-19 - return to their car and call the physician’s office for further instruction.

Aerosol-Generating Procedures
Colleagues present before, during or after* an Aerosol Generating Procedure must wear: N95 respirator + face shield or PAPR. Refer to the document links below for additional PPE Guidelines.

Aerosol-Generating Procedure definition:

Procedures performed on patient with known or suspected COVID-19 could generate infectious aerosols. *
- Cardio-pulmonary resuscitation
- Sputum induction-not recommended
- Open deep oral suctioning
- Tracheal intubation/extubation
- High flow nasal cannula/Airvo
  - An oxygen supply system capable of delivering up to 100% humidified and heated oxygen at a flow rate of up to 60 liters per minute.
- Bipap/CPAP
- Nebulizer treatments
- Chest physiotherapy
- Tracheostomy
- Bronchoscopy
  - Lab, in support of procedure, can wait outside of room for specimen handoff
- NG Tube placement
- ENT Procedures involving nasopharyngeal/oral areas-nasotracheal endoscope
- Procedures with a high chance of aerosolization of virions (ie sphenopalatine ganglion block, intraoral injections)

*System Guidance does not support N95 respirators for upper/lower GI endoscopy
Waiting area

- Whenever possible, eliminate waiting rooms for patients and/or allowed visitors.
- Maintain social distancing of at least 6 feet. This likely will require scheduling of appointments to limit the number of people in the waiting area. This likely will require blocking or removing chairs from the waiting area to facilitate spatial distancing between those seated in this area.
- Limit number of people to no more than 10 in the waiting area at any single point in time, while maintaining 6 foot social distancing.
- Remove shared items from the waiting rooms (i.e. magazines, toys)
- All high touch services will need to be disinfected by colleagues assigned to that area every 2 hours or when needed with an EPA-approved disinfectant.
  - Counter tops, doorknobs, light switches, handles, desks, phones, keyboards, chairs
  - Waiting room restrooms toilets, faucets, sinks, etc.
- If the area is visibly soiled or dirty, staff are to clean prior to disinfecting
- Colleagues will perform hand hygiene before and after disinfecting high touch objects
- Colleagues are to don appropriate PPE (gloves – colleagues are already masked) prior to beginning disinfection of high frequency touch surfaces and patient care equipment and follow the instructions for use for the disinfectant, e.g. disposable disinfectant wipes.
- **Contact / Dwell Time:** Keeping the surface being disinfected wet for the contact time stated in the disinfectant's instructions for use.
- If a person under investigation (PUI) for COVID-19 presents without pre-visit, remote screening, assure the patient is wearing a mask, ask the patient to wait in a designated area separate from others to maintain proper social distancing & then disinfect surfaces or areas the patient touched or near this person after they depart.

Registration/Check in/Check out areas

- Enable contactless sign-in (e.g., sign in on phone app) as soon as practical.
- All high touch services will need to be disinfected by colleagues assigned to that area every 2 hours or when needed with an EPA-approved disinfectant.
- Wherever possible, install plexiglass barriers (“sneeze guards”) between the colleague at the desk and the patient. Trinity Health has established a number of relationships with providers of these items. Contact Trinity Health Facilities Management for assistance with locating these vendors.
- Do not block fire extinguishers with barriers.
- Consider requesting that a local Infection Prevention Specialist walk through the area to identify potential exposure points and mitigation strategies.
- Work with facilities management to determine whether changes such as high efficiency air filters or increased ventilation rates are possible.
- If you’re unsure whether your facility or a mitigation strategy is OSHA-compliant, contact your local environment of care representative for guidance.
Cleaning Treatment/Exam Rooms & Waiting Room

- **Establish procedures for building cleaning and disinfection in accordance with CDC guidance.** With the exception of removal of bulk waste, cleaning and disinfection occur at the same time.
  - Cleaning refers to the removal of germs, dirt, and impurities from surfaces. It does not kill germs but removes them by friction and action of products used for cleaning.
  - Disinfecting refers to using chemicals, for example, EPA-registered disinfectants, to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning. Most disinfectants used in ambulatory care are pre-saturated, disposable wipes that provide both cleaning and disinfection with a single product.

- **Terminal cleans performed daily by Environmental Services (EVS) /third party contractors, usually after clinic / practice hours.**

- **Between case/patient room cleans and common patient care equipment is performed by colleagues and clinicians providing patient care.**

- See the [PPE Guidebook](#) for Airborne Contaminate Removal Time Factors for AGPs

### Table 1. Summary of PPE by Type of Area and Time Factors for AGPs.

In accordance with CDC guidelines, N95 respirators are to be reserved for Aerosol Generating Procedures (AGPS) performed on COVID-positive patients or PUIs.

Table 1. Summary of PPE by Type of Area and Time Factors for AGPs, below.

<table>
<thead>
<tr>
<th>Environmental Cleaning Patient Care Areas</th>
<th>Time lapse after patient vacates before entering to clean room</th>
<th>PPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Patient Care areas</td>
<td>Not applicable to AGP as these are performed in exam or procedure room. No wait time needed.</td>
<td>Mask, gloves – based on standard precautions depending on type of task, e.g. handling or working with clinical specimens</td>
</tr>
<tr>
<td>Fever and/or Upper Respiratory Infection (FURI) Sites</td>
<td>If no AGP performed, disinfect surfaces onto which patient was placed, directly touched or in immediate surrounding area following routine procedures that are done for non-COVID19, e.g. disinfect exam/imaging table. No wait time needed.</td>
<td>Mask (or, if high patient volume – N95 respirator, if available), eye protection, and gloves; if no AGP</td>
</tr>
<tr>
<td></td>
<td>If AGP is performed apply wait time from CDC or wear PPE in PPE column</td>
<td>During and after AGP – e.g. for disinfection after the procedure during AGP wait time If cleaning during AGP wait time:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• N95 respirator (or equivalent), eye protection, gown and gloves</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Treatment or Imaging room</th>
<th>Pulmonary ENT Sleep Lab</th>
</tr>
</thead>
<tbody>
<tr>
<td>If no AGP performed, disinfect surfaces onto which patient was placed, directly touched or in immediate surrounding area following routine procedures that are done routinely for all patients, e.g. non-COVID-19 e.g. disinfect exam/imaging table. No wait time needed.</td>
<td>Mask, gloves – based on care (e.g. insertion of catheter); if no AGP performed</td>
</tr>
</tbody>
</table>
| If AGP is performed apply wait time from CDC or wear PPE in PPE column | During and after AGP – e.g. for disinfection after the procedure during AGP wait time:  
  • N95 respirator (or equivalent), eye protection, gown and gloves. |

| Breast Imaging Cancer Care Center Cardiac Testing Examination room Infusion Clinics Medical Imaging Pediatrics Phlebotomy/Lab Rehab (PT/OT) Wound/Hyperbaric Other ambulatory clinics |
|---------------------------|-------------------------|
| Disinfect surfaces onto which patient was placed (exam/patient care table), directly touched or in immediate surrounding area following routine procedures that are done for all patients, e.g. non-COVID-19, No wait time needed. | Mask, gloves – based on standard precautions, e.g. need for direct contact with non-intact skin area on patient |

*Disinfection throughout the day is the responsibility of the clinic staff. Terminal/end of day cleaning will be performed by EVS/Contract cleaning company.

**Standard Precautions:**

- Perform hand hygiene
- Use personal protective equipment (PPE) whenever there is an expectation of possible exposure to infectious material
- Follow respiratory hygiene/cough etiquette principles
- Ensure appropriate patient placement
- Properly handle and properly clean and disinfect patient care equipment and instruments/devices
- Clean and disinfects the environment appropriately
- Handle textiles and laundry carefully
- Follow safe injection practices
- Wear a surgical mask when performing lumbar punctures
- Ensure healthcare worker safety including proper handling of needles and other sharps

**Source:** [https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html](https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html)
II (b) 8. Outpatient Surgeries – Appendix

Selecting Procedures

References
1. Elective Surgery Acuity Scale (ESAS); Reprinted with permission: Sameer Siddiqui MD, FACS, St Louis University. https://www.facs.org/COVID-19/clinical-guidance/triage

Table 1 – Current Guidance for Non-urgent Surgery/Procedures during the COVID-19 Pandemic Surge

<table>
<thead>
<tr>
<th>Tiers/Description</th>
<th>Definition</th>
<th>Locations</th>
<th>Examples</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1a</td>
<td>Low acuity surgery/healthy patient</td>
<td>HOPD ASC Hospital with low/no COVID-9 census</td>
<td>Carpal tunnel release Penile prosthesis Diagnostic EGD/Colonoscopy</td>
<td>Postpone surgery or perform at ASC</td>
</tr>
<tr>
<td></td>
<td>Outpatient surgery Not life threatening illness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1b</td>
<td>Low acuity surgery/unhealthy patient</td>
<td>HOPD ASC Hospital with low/no COVID-19 census</td>
<td>Carpal tunnel release Penile prosthesis Diagnostic EGD/Colonoscopy</td>
<td>Postpone surgery or perform at ASC</td>
</tr>
<tr>
<td>Tier 2a</td>
<td>Intermediate acuity surgery/healthy patient</td>
<td>HOPD ASC Hospital with low/no COVID-19 census</td>
<td>Carpal tunnel release Penile prosthesis Diagnostic EGD/Colonoscopy</td>
<td>Postpone surgery if necessary</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 2b</td>
<td>Intermediate acuity surgery/unhealthy patient</td>
<td>HOPD ASC Hospital with low/no COVID-19 census</td>
<td>Low risk cancer Non urgent spine Ureteral colic</td>
<td>Postpone surgery if possible or consider ASC</td>
</tr>
<tr>
<td>Tier 3a</td>
<td>High acuity surgery/healthy patient</td>
<td>Hospital</td>
<td>Most cancers Highly symptomatic patients</td>
<td>Do not postpone</td>
</tr>
<tr>
<td>Tier 3b</td>
<td>High acuity surgery/unhealthy patient</td>
<td>Hospital</td>
<td>Most cancers Highly symptomatic patients</td>
<td>Do not postpone</td>
</tr>
</tbody>
</table>

Table 2  High Risk Procedures During the COVID-19 Pandemic

*High-aerosolization risk procedures are the following:
  - Bronchoscopy
  - Eye – Globe Rupture/Globe Surgeries/Sinus Involvement
  - Head and Neck Surgery - Cancer Surgeries and Sinus Surgeries only
  - Interventional Radiology – Endobronchial, Thoracic Cavity and Upper GI Procedures transiting the Pharynx and Esophagus
  - Labor, 2nd Stage
  - Laryngoscopy
  - Oral-Maxillofacial Surgery – All procedures
  - Tracheostomy
  - Thoracic Surgery
  - Transesophageal Echocardiography
  - Therapeutic Upper Endoscopy (EGD), ERCP and EUS - does not require pre-procedure testing due to operational considerations

Low aerosolization risk procedures are any procedures not included on the high-risk list, including procedures such as:
  - Cardiac catheterization
  - Electrophysiology procedures
  - Interventional radiology procedures
  - Lower Endoscopy / Colonoscopy
  - Diagnostic Upper Endoscopy (EGD)

*Important Note: the fact that intubation is required for a procedure does not define the entire procedure as a high-aerosolization risk. Anesthesia has procedures in place to address intubation risks. Testing choices must reflect whether the procedure is on the high or low aerosolization risk
COVID-Free Zones

Approved for non-emergent care re-start

Identified facility for NCC

Protocols in place

- State & Local Health Alignment
- Trinity Health Approval
- Separate building/entrance
- Physical separation from COVID-19 areas
- Visitation
- PPE
- Testing
- Social Distancing

Colleagues working specifically in COVID-Free Zone

Patients entering a CFZ should have been tested for COVID-19 on the day before or the day of a procedure of staying overnight*

Visitors accompanying patients under special circumstances as approved in the HM visitation policy

Screening including:
- temp check
- screening questions
- appropriate mask provided

Entrance to COVID-Free Zone

Maintain Social Distance and wear PPE in CFZ

*= Please follow the pre-procedure testing guidelines
Are you wearing the right mask for the task?
Surgical Mask Conservation Strategy, 5/28/2020

Wear surgical masks for operative procedures. Surgical masks generally have ties in order to create a tighter seal around the face.

"...The surgical mask should cover the mouth and nose and be secured in a manner that prevents venting at the sides of the mask [1:Strong Evidence]
Masks with earloops may not provide a secure facial fit that prevents venting at the sides of the mask. A mask that conforms to the perioperative team members face decreases the risk that health care workers will transmit nasopharyngeal and respiratory micro-organism to patients or the sterile field. Infectious materials can reach the wearers nose and mouth by passing through leaks at the mask-face seal."

2018 AORN, Perioperative Standards and Recommended Practices

Wear procedure masks for all other patient-facing, non-operative care. Procedural masks generally have ear loops and produce a slightly looser fit.

Note: The Infection Prevention Control work group is confirming with AORN a possible contingency on whether procedure masks (with face shield) can be used in operative procedures should surgical mask not be available.

References:


Criteria for Resuming Services

II (c). Medical Groups and Provider Services (MGPS)

Table of Contents for MGPS

1. Ambulatory Office Visits and Procedures
2. Regulations for Persons Accompanying Patients
3. Office and Ambulatory Clinic Operations
4. Non-COVID Free Zones (Sick/FURI Clinics) and COVID-Free Zones (Well Clinics)
5. Pre-Procedure Testing
6. Medication and Therapeutic procedures
7. Staffing and Regulatory Guidance
II (c) 1. MGPS – Ambulatory Office Visits and Procedures

Telehealth Visits, Ambulatory In-Office Visits, and Non-Urgent Surgery/Procedures

As part of our plan to resume services, we will continue to provide telehealth visits in addition to resuming in-office visits and in-office procedures.

Telehealth Overview

Telehealth is the use of electronic information and telecommunication technologies to extend care when the provider and patient are not in the same place at the same time. In most cases, a phone or a device with internet connection is everything needed for the patient to participate in a telehealth visit. A telehealth visit enables the patient to do the following:

- Talk with the provider or care team member live over the phone or video chat
- Send and receive messages from the provider or care team member using chat messaging, email, secure messaging, and secure file exchange
- Use remote patient monitoring so the provider or care team member can check vital signs and other test results to stay informed on your progress and adjust a treatment plan.

For more information on telehealth resources for patients and providers, please visit: https://telehealth.hhs.gov/

Telehealth Visits

Telehealth remains a preferred platform for Trinity Health, and we have included guidance for consideration. Independent affiliates/private community providers should seek guidance appropriate for their practices.

Conducting telehealth visits should be through secure platforms. During the initial phases of the COVID-19 pandemic, practices and providers were not required to use secure platforms. In the recovery phase; however, Trinity Health has advised employed providers and practices to transition to secure platforms.

Trinity Health System Office has developed a standard for all employed physician groups to use Zipnosis for asynchronous telehealth visits with a phone step-up. QliqSoft is now the Trinity Health standard for video visits, allowing for real-time (synchronous) telehealth visits between...
patients and providers. Please refer to the CMS telehealth site for a list of approved telehealth vendors. Please refer to the HHS site on guidance on implementing telehealth in your practice.

Telehealth visits remain our preferred method for seeing patients who do not require or prefer an in-person visit. Care should be provided at a safe distance and use telehealth as appropriate per the CDC COVID-19 telehealth guidance. Delivery of telehealth services should comply with Trinity Health’s Integrity and Compliance privacy and legal requirements.

Please click here for MGPS Telehealth resources and guidance on when to conduct in-office and video visit.

- Upon initial contact with the office, patient portal registration is offered and encouraged for bidirectional communication.
- Communication through text, email and video technology should be through secure platforms.
- During the COVID-19 pandemic, MGPS practices and providers were not required to use secure platforms. In the recovery phase, MGPS practices and providers are transitioning to secure platforms, which are now required.

In-Person Visits

We remain open for all patients who would like to have an in-person appointment or for whom an in-person appointment is more appropriate. In-office primary care and specialty care visits are available.

- Immunizations:
  - Encourage all well children, adolescents and adults to have an in-person visit for immunization catch-up and to stay current on CDC vaccination recommendations
  - Influenza: all eligible persons should receive an influenza immunization per CDC recommended season
- For all services, patients can contact the office, and we will ensure they receive the appropriate appointment in the appropriate care setting. Additionally, the use of in-home support is available in place of In-Person clinic visits. This includes: remote monitoring equipment (BP cuff, thermometer, scale, glucometer)
- Outreach for social influencers of health (SIOH)
- Video dialogue with care team members including: RN, Social worker, pharmacist, community health worker and other non-provider care team members
- Home visits are available to those requiring in-home care services such as home health, palliative care, and hospice care.

Outreach to Patients

Across Trinity Health, our Health Ministries (HMs) are asked to conduct routine patient outreach to ensure appropriate delivery and coordination of care. Prioritized Population Health Outreach
guidance is available for HMs to use for assistance in prioritizing outreach efforts. System Office, in collaboration with each HM, is able to provide guidance on how to procure the patient data files. [https://mytrinityhealth.sharepoint.com/:f:/r/sites/Non-AcuteServicesTHO365/Ambulatory%20Quality/Population%20Outreach%20Prioritization?csf=1&web=1&e=vRhvaH](https://mytrinityhealth.sharepoint.com/:f:/r/sites/Non-AcuteServicesTHO365/Ambulatory%20Quality/Population%20Outreach%20Prioritization?csf=1&web=1&e=vRhvaH)

It is important to conduct routine outreach to patients to ensure their care needs are met. The outreach is being conducted by MGPS providers and care teams. Marketing and Communications may serve as a partner for coordinating outreach.

Consider the following outreach strategy:

- Urgent requests
- Reschedule canceled appointments for procedures
- Outreach for overdue services
  - Patients for chronic condition management
    - Appropriate lab testing (e.g. HgbA1c for diabetes)
  - Patients for preventative health visits, including:
    - Adult, pediatric, and adolescent visits – well checks, anticipatory guidance, immunizations, and preventive health screening (e.g., breast cancer screening mammograms, colorectal cancer testing, cervical testing, etc.).
    - Medicare Annual Wellness visits.
  - Patients who had been advised to schedule a follow-up appointment with their Primary Care Provider (PCP) or Specialty Care Provider (SCP) and did not
  - Patients who were in the process of being seen by a SCP for ongoing treatment and appointments were canceled (e.g., patient with a mass needing evaluation by a surgeon, positive PAP smear)
  - Patients who have outstanding diagnostic tests or procedures (e.g., echocardiograms, colonoscopy, MOHS surgery, elective surgeries, and discipline-specific)
- Vulnerable population outreach
- Reestablishment of patients to practice
- Proactive annual outreach campaigns

**In-Office Surgery/Procedures and Procedures at Trinity Health Facilities Guidance**

Despite the COVID-19 pandemic, treatment for some patient disease processes cannot be postponed indefinitely. The guidance that follows is intended to assist providers in resuming surgeries/procedures as guided by local and state policy. It is important to be aware that performing certain procedures are dependent on the availability of staffing, supplies and COVID-Free Zones (CFZ) (well clinics). COVID-Free Zones are areas where we provide care only for people not known to have COVID-19 or COVID symptoms.

There will be variability among providers as to the timing of procedures that can be performed based on the local incidence of COVID-19. HMs and providers should follow local and state
guidance when resuming services for non-urgent procedures. Surgery/procedures must be aligned with municipal, county, and state health authority regulations and executive orders.

Trinity Health offers the following guidance for in-office procedures:

- Ensure facilities in the immediate area can receive and accommodate patients safely.
- Prior to implementing any procedures, all areas will be cleaned according to CDC guidelines.
- All in office procedures for well patients must be performed in a COVID-Free Zone (Well Clinic)
- All in office procedures for patients with known COVID19 or Persons Under Investigation (PUIs), please coordinate with your local HM with appropriate location for service.
- Adequate PPE and medical surgical supplies must be available. Coordinate with your supply vendor and/or Trinity Health facility.
  - All patients and colleagues must always be masked. Refer to Trinity Health's PPE Guidebook

When HMs are experiencing a spike in COVID-19 cases, the following requirements must be met:

- Resuming non-urgent surgery/procedures must be aligned with municipal, county and state health authority regulations and executive orders.
- HM facilities in the immediate area must be able to treat all patients safely if it is possible that the patients will be transferred from the ambulatory setting to a hospital facility.
- The HM MGPS practice must have available numbers of trained staff appropriate to the planned procedures.
- Prior to implementing the start-up of any procedures, all areas will be cleaned according to CDC guidelines.
- All in office procedures must be done in a COVID Free Zone (well clinic) except for services delivered to known COVID-19 patients or persons under investigation for COVID-19 (PUI). Services for patients with infectious symptoms should be delivered in a non-COVID Free Zone(non-CFZ) (Sick/FURI clinics).
- HMs must not resume elective surgical procedures until they have adequate PPE and medical surgical supplies appropriate to the number and type of procedures to be performed in addition to the PPE required for the care of patients with COVID-19. This determination must be made in advance in coordination with the HM incident command or designated departments.
- All patients and colleagues must wear appropriate PPE

Testing Laboratory and Radiology

In the event of a COVID-19 spike, resuming routine diagnostic testing must be aligned with municipal, county and state health authority regulations and executive orders as well as all applicable payor and accreditation requirements and federal law. Please check with your local Trinity Health laboratory and radiology locations regarding testing and requirements.

COVID-19 testing

HMs must follow Trinity Health guidance on COVID-19 testing.
Personal Protective Equipment (PPE)
See the following resources for guidelines on the appropriate PPE:
- COVID-Free Clinics
- Sick/FURI Clinics
- All other settings, please see the PPE Guidebook

II (c) 2. MGPS – Regulations for Persons Accompanying Patients

As a result of the COVID-19 pandemic and updated guidance from the CDC and CMS, it is required, and Trinity Health policy provides that Trinity Health facilities restrict persons accompanying patients. Ambulatory clinics will notify patients of the policy. Persons accompanying patients will be screened at the entry of the facility in the same way as colleagues, providers and patients.

Trinity Health remains steadfast in its commitment to safety as a Core Value and we are working diligently to protect our colleagues and communities from exposure to COVID-19. We are following Centers for Disease Control and Prevention (CDC) and other public health authority guidance to ensure that our clinical and community care is consistent with the latest recommendations and research. Clear communication of this policy should be given at the time of booking the appointment and appointment reminder. You may adopt this guidance for your practice.

Visitor Guidance PDF

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II (c) 3. MGPS – Office and Ambulatory Clinic Operations

COVID-19
Below are the Trinity Health actions and tasks required and recommended to safely care for patients. Independent affiliate and community providers are welcome to adopt this guidance.

Cleaning: Enforce the standard process for cleaning rooms
Note: Ensure staff are trained and focused on high touch surfaces for cleaning:
- Exam tables
- Doorknobs
- Light switches
- Coffee pots – and reusable dishware
- Elevator buttons – if office practice or clinic is in multi-story facility
- Countertops
- Handles used to operate handwashing sinks,
- Workstations / desks, e.g., reception areas and common use horizontal work areas
- Phones
• Keyboards
• Toilets
• Touch screens
• ATM machines
• Clipboards used for patient registration
• Soap, sanitizer and paper towel or tissue dispensers
• Sinks and faucets

Always follow the directions on the label of any disinfectant to ensure safe and effective use of the product. Many product labels recommend keeping the surface wet for a specific amount of time. The label will also list precautions such as wearing gloves and making sure you have good ventilation during use of the product. Keep all disinfectants out of the reach of children.

• Consult with your Trinity Health hospital infection prevention team for additional guidance.

Supplies: Recommendations based on Trinity Health and CDC guidance and OSHA’s standards (29 CFR 1910).

• Boxes of disposable tissues.
• Single-use towels for use throughout the office.
• No-touch waste baskets and disposable liners
• Alcohol-based hand rub for entrance, reception, waiting, patient care and restroom areas.
• Personal protective equipment (see above)
• Appropriate disinfectant for environmental cleaning.

Please see the Disinfectant Wipe Alternative- Ambulatory guideline for more information. Alternate Substitute Disinfectant Wipes for Disinfection of Inanimate Surfaces (Including Disinfectant Grid)

Business Operations Processes
• Consider new procedures for registration – e.g., paperless/online prior to arrival
  o Protocols for paperless and online registration prior to arrival
  o Protocols for patients waiting in their car until called for their appointment
  o If a waiting room must be used, install controls to reduce or eliminate exposures by shielding staff and other patients from infected individuals. Examples, plexiglass on registration desk, exam room accommodations for sick patients, marks on floor where patients should stand, one-way lines to promote social distancing, removing furniture, magazines, toys in a pediatric office, etc.
• Consider extended hours/days:
  o to catch up on patient visits or
  o to accommodate patient needs or preferences
  o to encourage social distancing
**Communication**

Communication with patients is critical in order to keep them updated with practice processes and prepare them to come into the office. Key messages can be most effectively shared by using multiple means of communication: email, website, letters, phone calls, etc.

- Include the message to patients that they should call the office prior to arrival if they have any respiratory symptoms or fever.
- Below are examples of Trinity Health communication documents that may be adopted to fit the needs of your practice. Feel free to use your own letterhead, logo, etc.

  - Call Center Script
  - Front Desk and Registration Script
  - Letter to Patient Balance Seeker
  - Letter to Patient Willful Endurer
  - On Hold Message Script
  - Robocall Script
  - Recovery Intranet Message
  - Direct Mailer
  - Handout to Patients

- Signage:
  - All colleagues, patients, and persons accompanying patients will be screened for respiratory symptoms and fever prior to entry into the clinic.
  - Educational materials will be displayed regarding correct respiratory hygiene and cough etiquette.
  - Educational materials will be displayed regarding handwashing (e.g., in restrooms; staff areas).
  - Links to signs for doors, point of entry, etc.: COVID-19 Resources. (See Restrictions and Signage section.)

**Entry to Point of Service**

**Clinic Arrival & Entry**

To ensure we are not introducing known COVID-19 into the waiting room and to enforce social distancing, it is strongly recommended to have a colleague whose function is to greet patients at entry, take patient temperature and ask screening questions, and then to direct patient to ensure they are at the appropriate location.

- Mask all patients upon arrival.
- Colleagues must also wear masks.
- Patient drop-off and escort must meet colleague at the designated entry area.
  - This is specific to each office and the office staff is responsible for communicating this location/area with patients while scheduling the appointment.
- Patients arriving via public transportation are escorted immediately to the exam room after COVID-19 screening and masking.
• Patient is instructed to wait in vehicle until called/texted* to be roomed; if parking lot waiting is not applicable, the patient is escorted to clinic waiting area where social distancing is enforced. *If patient does not have a mobile device, a staff member will notify them.
• After visit, patient escorted to exit.
• Considerations also need to be in place for pick-up of patients.

Screening
• Follow the guidance provided: [Screening at Facility Entrances](#)
• If screening is positive for the patient or person accompanying patient, provider must be notified immediately to direct patient to the most appropriate site of care (e.g., tele visit, FURI site, testing site, ED) Colleagues identify patient and provide masks if necessary
• The colleague screening set-up must include adequate PPE for all persons designated to use the CFZ entry, as well as signage that aligns with the Ministry Communications Plan.
• Anyone presenting with the following symptoms, the practice should call 911 immediately:
  o Trouble breathing
  o Persistent pain or pressure in the chest
  o New confusion or inability to arouse
  o Bluish lips or face
  o *This list is not all-inclusive.
• If screening is positive for the patient or person accompanying patient, provider must be notified immediately to direct patient to the most appropriate site of care.

Circulation Routes (Ambulatory or Medical Office Buildings (MOB))
To continue to promote social distancing, Trinity Health has designated "circulation routes" to minimize and manage the flow of people traversing the building. Please work with your building manager to implement appropriate protocols. The following are provided for your consideration:
• Single point of entry for all buildings for screening.
• Colleague screens and directs patient flow to all clinical services.
• Directional signage.
• Wayfinding guides, including stanchions with ropes and taped routes on floors.
• Social distancing markers on the floors.
• Ideally, banks of elevators will be dedicated for patient use.

Reception, Waiting & Restrooms
• We recommend having a hand sanitizer/dispenser in the waiting room.
• Every effort should be made to eliminate or minimize waiting. The quantity of furniture is to be reduced and spaced at least 6 feet apart in alignment with social distancing requirements.
• Discontinue the use of toys, magazines and other shared items in waiting room areas.
• Every effort should be made for verbal or virtual check-in and check-out. When this is not possible, shared items such as pens, clipboards, phones, etc. must be wiped down with approved disinfectant between each use.
• Consider installing plexiglass barriers between patients and staff at check-in / registration desks.

**COVID Free Zones (Well Clinics) and non-COVID Free Zones (Sick/FURI Clinics):**
• We will not knowingly mix well patients with symptomatic patients. When possible, the preference is for an entirely separate location and staff. Where this is not possible, clinic operations should incorporate appropriate, feasible means to separate well and sick patients. Please reference defined workflow for COVID-Free Zones (Well Clinics) and non-COVID Free Zones (Sick/FURI Clinics)
  o Design a COVID-19 office management plan that includes patient flow, triage and treatment.
  o Determine screening process and location (consider car-side for certain patients)
• FURI Clinics should follow CDC guidelines on cleaning and PPEs
• No-touch methods should be used to dispose of waste materials with respiratory secretions.
• Cleaning must be conducted throughout the day, after each patient (or persons accompanying patient) use, and at the end of each day
• Operations Processes
  o Staffing: Ensure adequate staffing including office and clinical staff considering illness, absences, and/or quarantine. Reinforce that staff should stay home if they are ill
  o Business operations
    ▪ Consider new procedures for registration – e.g., paperless/online prior to arrival
      • Install controls to reduce or eliminate exposures by shielding staff and other patients from infected individuals. Examples include: plexiglass on registration desk, exam room accommodations for sick patients, marks on floor where patients should stand, one-way lines to promote social distancing, etc.
    ▪ Consider extended hours/days to catch up on patient visits or to accommodate patient needs or preferences
    ▪ Review and change appointment management:
      • Develop/update pre-visit instructions that incorporate new processes.
      • Implement online scheduling to minimize time/touches on phones.
        o Ensure triage of patients to direct them to the appropriate clinic locations based on their medical needs.

**Staff Work, Meeting and Respite Areas**
• Staff work areas (desks) are to be configured to avoid a face-to-face orientation, using plexiglass barriers, every other seat assignment, or rearranging work surfaces to ensure all staff are seated in the same direction.
• Meetings that need to occur in person are to align with corporate guidance that limits the number of people in the conference room. Additional space adjustments should also be
considered including closing larger conference rooms, removing a percentage of chairs, or encourage standing meetings in open spaces.

- Staff locker and break rooms should be modified to reduce the number of permitted staff at one time.
- The following supplement documents have been created to support the Ministry with social distancing requirements:
  - Staff Work, Meeting and Respite Areas

**Building Infrastructure Systems**

[Reference SECTION III for Facilities Readiness Guidance.](#)

**CLINICAL and SUPPORT SERVICES**

**Portable medical equipment**
Numerous pieces of clinical medical equipment may have been relocated and repurposed to support patients suspected or confirmed to have COVID-19. If this applies to the MGPS location, follow the following steps to ensure equipment functions properly and is safe for use:

- Clinical Engineering must be part of the recovery planning to ensure full consideration of available resources and current workloads, so as not to delay activation timelines.
- Disinfect equipment based on the equipment manufacturer instructions for use before beginning to put it back in use for patient care. This needs to be done by the MGPS office or clinic colleagues. Use a disinfectant the is EPA registered. Consult with infection prevention and control personnel to verify product in use is effective for the types of microorganisms that may be encountered in the practice.
- Preventative Maintenance (PM) and Verification of Performance (VOP) will need to be performed to ensure proper operations prior to returning to service.

**Technology**
Computer equipment was also relocated and repurposed for care for patients with COVID. The following should be evaluated and addressed to ensure IT network and system performance:

- TIS must be part of the recovery planning to ensure full modifications to IT network, hardware equipment, software applications, and EMR programming are restored.
- Determine if additional low-voltage and/or telehealth technologies need to be installed to support new operational protocols.

**Environmental Services:**

If the office practice or clinic has been unoccupied for more than 7 days, use normal cleaning procedures to reopen the area. This is because the virus that causes COVID-19 has not been shown to survive on surfaces longer than this time.

If the office practice has been unoccupied for less than 7 days, focus cleaning and disinfection on surfaces and areas with visible soil, accumulation of dust, and frequently touched surfaces and objects using a product registered by the EPA [see link](#). If possible, use a product that is
included on the EPA's list of approved products that are effective against SARS-CoV-2, the virus that causes COVID-19. If the disinfectant in use is not on the EPA List N – contact the facility's infection preventionist to review the product in use for effectiveness against the virus that causes COVID-19.

Examples of frequently touched surfaces and objects that will need initial disinfection prior to reopening and routinely thereafter include but are not limited to:

- exam tables,
- doorknobs,
- light switches,
- coffee pots – and reusable dishware
- elevator buttons – if office practice or clinic is in multi-story facility
- countertops,
- handles used to operate handwashing sinks,
- work stations / desks, e.g., reception areas and common use horizontal work areas
- phones,
- keyboards – especially work stations on wheels,
- toilets,
- touch screens, and
- ATM machines
- clipboards used for patient registration
- soap, sanitizer and paper towel or tissue dispensers
- faucets

Always follow the directions on the label of any disinfectant to ensure safe and effective use of the product. Many product labels recommend keeping the surface wet for a specific amount of time. The label will also list precautions such as wearing gloves and making sure you have good ventilation during use of the product. Keep all disinfectants out of the reach of children.

MAINTENANCE & SERVICE VENDORS
A variety of maintenance and service vendors support day-to-day facilities management, clinical engineering, and waste management. Depending on the type of service, vendor support is either routine (e.g., sharps disposal), scheduled (e.g., maintenance) or reactive (e.g., repair) and access varies at the campus, building or department level. Pharmaceutical and Durable Medical Equipment (DME) representatives are also subject to the vendor partner limitations. Until further notice, all vendors are to comply with the Vendor Partner Visit Limitations memos issued on 3/10/2020 and 4/20/2020.

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II (c) 4. MGPS – COVID Free Zones (Well Clinics) and non-COVID Free Zones (Sick/FURI Clinics)
To reduce the risk of spread of COVID-19, CMS recommends the creation of separate areas for non-COVID-related care. Trinity Health has adopted the CMS recommendation. COVID-Free Zones (CVZs) are areas where we provide care only for people not known to have COVID-19 or COVID symptoms. Implementation of these zones will depend on the ability to create a separate physical zone, availability of testing and PPE, and regulatory guidance from the local regional and state policy.
To reduce the risk of spread of COVID-19, CMS recommends the creation of separate areas for non-COVID-related care. **COVID-Free Zones are areas where we provide care only for people not known to have COVID-19 or COVID symptoms.** Staff are assigned exclusively to either the COVID-Free Zone (CFZ) or the non-COVID-Free Zone (non-CFZ). Implementation of these zones will depend on the Health Ministry's (HM) ability to create a separate physical zone, availability of testing and PPE, and regulatory guidance from the HMs’ respective state.

**Care Givers**

- Create areas of CFZs that have in place steps to reduce risk of COVID-19 exposure and transmission.
- Identify a location that does not have patients who are suspected or confirmed as having COVID-19. If a location has been closed for over a week, follow the **Facilities** section in this Guidebook before re-opening.
- Staff working in CFZs should not rotate in non-CFZs. A staffing plan should be established for both zones with no overlap, unless in an emergency.
- Each colleague and provider entering a CFZ will be screened at point of entry including screening questions and temperature check. All colleagues and providers should wear an approved mask upon entering the CFZ.
- In the ambulatory setting, PUIs and COVID-19 infected patients should receive care in separate locations from non-infectious patients. The Trinity Health Fever and Upper Respiratory Infection (FURI) clinics are ideal locations.

**Patients**

- Each patient will be screened at the entrance of CFZ. A mask will be provided to each upon entry.
- Patients to be advised upon entry of appropriate social distancing guidelines.

**Facility**

- Have appropriate signage highlighting CFZ as created by the HM or TH marketing and communications teams.
- Identify a separate entrance for CFZs and the ability to implement single entry. Non-CFZ colleagues, supplies, patients and visitors should not use this entrance.
- Ensure the ability to secure all connecting entrances to units/sections/zones with patients suspected or confirmed to have COVID-19.
- Designate elevators for non-CFZ sections so they do not have to be shared in CFZs.
- Ensure emergency exits, stairs, and egresses are not shared between CFZs and non-CFZs.
- Establish facility, administrative, and engineering controls to facilitate social distancing, such as:
o Eliminate all waiting in designated waiting areas through triage process adjustment.
  o Adjust physical space such as spacing of chairs in waiting room, etc.
  o Ensure appointment volume is low.
• Reconfigure all public areas to allow for social distancing.
• In partnership with marketing, post signage to identify CFZs at entrances, elevators, and within the zone.
• Any closed doors leading to a non-CFZ should be secured and have appropriate signage.

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II (c) 5. MGPS – Pre-Procedure Testing
There are no pre-testing requirements for in-office procedures. Pre-operative testing needs to be aligned with hospital requirements.

Care Givers

• Schedule a pre-procedure screening, as applicable for the procedure, through telehealth or through an in-person visit.
• Wear appropriate PPE during the in-person pre-procedure testing.
• Schedule COVID-19 testing to occur on the day before or day of the procedure.
• Collect appropriate documentation and registration information during the pre-procedure testing to eliminate wait times during the actual procedure visit.
• Review sterile products inventory and pick lists at least one day prior to scheduled surgery/procedure.

Patients

• Must be aware that procedure could be canceled or rescheduled depending on timing and results of COVID-19 test results.

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II (c) 6. MGPS – Medications, Blood Products and Therapeutic Agents
Medications, blood products, and therapeutic agents will continue to be administered. If there are restrictions on availability, we will address those per our usual protocol.

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II (c) 7. MGPS – Regulatory Guidance
Continuous Regulatory Readiness
The COVID-19 pandemic is a public health emergency initially necessitating the suspension of non-urgent/emergent surgery and procedures to meet COVID-19 patient care needs. There are patients with ongoing healthcare needs that have been deferred and postponed including procedural care, chronic disease care and preventative care.

Planning Considerations

- Adherence to state-specific regulatory and other guidance for non-emergent non-COVID-19 health care.
- Adequate workforce across all phases of care.
- Expansion of existing facility Infection Prevention and Control Plans to include COVID-Free Zone procedures.
- Review and revision of policies and procedures to include COVID-19 considerations (e.g., pre-op checklist documentation, time-out scripts, etc.).
- Leader observational rounding in the COVID-Free Zones - observe and coach.
- Continued review of regulatory guidance and recommendations from professional societies and organizations and from payors and governmental entities to ensure policies, plans and care delivery are meeting current requirements.

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Criteria for Resuming Services

II (d). Independent Affiliates/Private Community Providers

Table of Contents for Independent Affiliates/Private Community Providers

1. Ambulatory Office Visits and Procedures
2. Office and Ambulatory Clinic Operations
3. FURI Clinics and Well Clinics
4. Staffing and Regulatory Guidance
5. Regulations for Persons Accompanying Patients
6. Building and Infrastructure Systems
Resuming Services for Independent Affiliated/Private Community Providers in Ambulatory Clinics

Disclaimer:
Trinity Health is providing you with the information in this Section II d to inform you of decisions made and guidance provided by Trinity Health related to its hospitals and practices and may be of value to you in the decisions you must make as you resume or reopen your practice. These resources do not, and are not intended to, provide legal advice, or to eliminate the need for you to consult your own advisors or to make your own decisions regarding what is best for you and your practice.

Trinity Health and your local Trinity Health hospital/clinically integrated network ("Trinity Health Hospital") want to make resources available to you that may help you make decisions to ensure a safe environment for the care of your patients and you. This guidance is provided by Trinity Health and your local Trinity Health Hospital for physicians and clinicians who are in independent practices in the communities we serve.

This guidance represents the best thinking of Trinity Health's clinical leadership and incorporates external resources and recommendations. It is offered to support physicians and practice managers as you consider how to provide patient care in your offices safely during the COVID-19 pandemic and going forward. Separately, information is shared regarding your Trinity Health Hospital's resumption of service process and, specifically, how we are ensuring a safe environment for you and your patients. As a reminder, all physicians and practices can access the Trinity Health COVID-19 resources website, which is updated regularly.

II (d) 1. Independent Affiliated/Private Community Providers in Ambulatory Clinics– Ambulatory Office Visits and Procedures

Telehealth Visits, Ambulatory In-Office Visits, and Non-Urgent Surgery/Procedures

As part of our plan to resume services, we will continue to provide telehealth visits in addition to resuming in-office visits and in-office procedures. Reference CDC and local/state guidance on resuming operations.

Telehealth Overview

Telehealth is the use of electronic information and telecommunication technologies to extend care when the provider and patient are not in the same place at the same time. In most cases, a phone or a device with internet connection is everything needed for the patient to participate in a telehealth visit. A telehealth visit enables the patient to do the following:

- Talk with the provider or care team member live over the phone or video chat
- Send and receive messages from the provider or care team member using chat messaging, email, secure messaging, and secure file exchange
- Use remote patient monitoring so the provider or care team member can check vital signs and other test results to stay informed on your progress and adjust a treatment plan.
For more information on telehealth resources for patients and providers, please visit: https://telehealth.hhs.gov/

Telehealth Visits

Telehealth remains a preferred platform for Trinity Health, and we have included guidance for your consideration. Independent affiliates/private community providers should seek guidance appropriate for their practices.

Conducting telehealth visits should be through secure platforms. During the initial phases of the COVID-19 pandemic, practices and providers were not required to use secure platforms. In the recovery phase, Trinity Health has advised employed practices and providers to transition to secure platforms.

Trinity Health System Office has developed a standard for all employed physician groups to use Zipnosis for asynchronous telehealth visits with a phone step-up. QliqSoft is now the Trinity Health standard for video visits, allowing for real-time (synchronous) telehealth visits between patients and providers. Please refer to the CMS telehealth site for a list of approved telehealth vendors. Please refer to the HHS site on guidance on implementing telehealth in your practice.

Telehealth visits remain our preferred method for seeing patients who do not require or prefer an in-person visit. Care should be provided at a safe distance and use telehealth as appropriate per the CDC COVID-19 telehealth guidance.

- Upon initial contact with the office, patient portal registration is offered and encouraged for bidirectional communication.
- Communication through text, email and video technology should be through secure platforms.
- During the COVID-19 pandemic, MGPS practices and providers were not required to use secure platforms. In the recovery phase, MGPS practices and providers are transitioning to secure platforms which are required.

Please click here for MGPS Telehealth resources and guidance on when to conduct in-office and video visit.

In-Person Visits

We remain open for all patients who would like to have an in-person appointment or for whom an in-person appointment is more appropriate. In-office primary care and specialty care visits are available.

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  - Encourage all well children, adolescents and adults to have an in-person visit for immunization catch-up and to stay current on CDC vaccination recommendations
  - Influenza: all eligible persons should receive an influenza immunization per CDC recommended season
For all services, patients can contact the office, and we will ensure they receive the appropriate appointment in the appropriate care setting. Additionally, the use of in-home support is available in place of In-Person clinic visits. This includes: remote monitoring equipment (BP cuff, thermometer, scale, glucometer)

- Outreach for social influencers of health (SIOH)
- Video dialogue with care team members including: RN, Social worker, pharmacist, community health worker and other non-provider care team members
- Home visits are available to those requiring in home care services such as home health, palliative care, and hospice care.

Outreach to Patients

Across Trinity Health, our Health Ministries (HMs) are asked to conduct routine patient outreach to ensure appropriate delivery and coordination of care. Prioritized Population Health Outreach guidance is available for HMs to use for assistance in prioritizing outreach efforts. System Office, in collaboration with each HM, is able to provide guidance on how to procure the patient data files. https://mytrinityhealth.sharepoint.com/:f:/r/sites/Non-AcuteServicesTHO365/Ambulatory%20Quality/Population%20Outreach%20Prioritization?csf=1&web=1&e=vRhvaH

It is important to conduct routine outreach to patients to ensure their care needs are met. The outreach is being conducted by MGPS providers and care teams. Marketing and Communications may serve as a partner for coordinating outreach.

Consider the following outreach strategy:

- Urgent requests
- Reschedule canceled appointments for procedures
- Outreach for overdue services
  - Patients for chronic condition management
    - Appropriate lab testing (e.g. HgbA1c for diabetes)
  - Patients for preventative health visits, including:
    - Adult, pediatric, and adolescent visits – well checks, anticipatory guidance, immunizations, and preventive health screening (e.g., breast cancer screening mammograms, colorectal cancer testing, cervical testing, etc.).
    - Medicare Annual Wellness visits.
  - Patients who had been advised to schedule a follow-up appointment with their Primary Care Provider (PCP) or Specialty Care Provider (SCP) and did not
  - Patients who were in the process of being seen by a SCP for ongoing treatment and appointments were canceled (e.g., patient with a mass needing evaluation by a surgeon, positive PAP smear)
  - Patients who have outstanding diagnostic tests or procedures (e.g., echocardiograms, colonoscopy, MOHS surgery, elective surgeries, and discipline-specific)
    - Vulnerable population outreach
    - Reestablishment of patients to practice
    - Proactive annual outreach campaigns
In-Office Surgery/Procedures and Procedures at Trinity Health Facilities Guidance

Despite the COVID-19 pandemic, treatment for some patient disease processes cannot be postponed indefinitely. The guidance that follows is intended to assist providers in resuming surgeries/procedures as guided by local and state policy. It is important to be aware that performing certain procedures are dependent on the availability of staffing, supplies and COVID-Free Zones (CFZ) (well clinics). COVID-Free Zones are areas where we provide care only for people not known to have COVID-19 or COVID symptoms.

There will be variability among providers as to the timing of procedures that can be performed based on the local incidence of COVID-19. HMs and providers should follow local and state guidance when resuming services for non-urgent procedures. Surgery/procedures must be aligned with municipal, county, and state health authority regulations and executive orders.

Trinity Health offers the following guidance for in-office procedures:

- Ensure facilities in the immediate area can receive and accommodate patients safely.
- Prior to implementing any procedures, all areas will be cleaned according to CDC guidelines.
- All in office procedures for well patients must be performed in a COVID-Free Zone (Well Clinic).
- All in office procedures for patients with known COVID19 or Persons Under Investigation (PUIs), please coordinate with your local HM with appropriate location for service.
- Adequate PPE and medical surgical supplies must be available. Coordinate with your supply vendor and/or Trinity Health facility.
  - All patients and colleagues must always be masked. Refer to Trinity Health's PPE Guidebook.

When HMs are experiencing a spike in COVID-19 cases, the following requirements must be met:

- Resuming non-urgent surgery/procedures must be aligned with municipal, county and state health authority regulations and executive orders.
- HM facilities in the immediate area must be able to treat all patients safely if it is possible that the patients will be transferred from the ambulatory setting to a hospital facility.
- The HM MGPS practice must have available numbers of trained staff appropriate to the planned procedures.
- Prior to implementing the start-up of any procedures, all areas will be cleaned according to CDC guidelines.
- All in office procedures must be done in a COVID Free Zone (well clinic) except for services delivered to known COVID-19 patients or persons under investigation for COVID-19 (PUI). Services for patients with infectious symptoms should be delivered in a non-COVID Free Zone(non-CFZ) (Sick/FURI clinics).
- HMs must not resume elective surgical procedures until they have adequate PPE and medical surgical supplies appropriate to the number and type of procedures to be performed in addition to the PPE required for the care of patients with COVID-19. This determination must be made in advance in coordination with the HM incident command or designated departments.
- All patients and colleagues must wear appropriate PPE Guidebook.
Testing Laboratory and Radiology

In the event of a COVID-19 spike, resuming routine diagnostic testing must be aligned with municipal, county and state health authority regulations and executive orders as well as all applicable payor and accreditation requirements and federal law. Please check with your local Trinity Health laboratory and radiology locations regarding testing and requirements.

COVID-19 testing
Providers should develop a protocol addressing testing requirements and frequency for testing patients based on local guidance and availability of testing. This protocol should be reviewed and updated as CDC and local guidance is updated.

Personal Protective Equipment (PPE)
See the following resources for guidelines on the appropriate PPE:
- COVID-Free Clinics
- Sick/FURI Clinics
- All other settings, please see the PPE Guidebook

II (d) 2. Independent Affiliated/Private Community Providers in Ambulatory Clinics– Office and Ambulatory Clinic Operations

COVID-19
Below are the Trinity Health actions and tasks required and recommended to safely care for patients. Independent affiliate and community providers are welcome to adopt this guidance.

For group purchasing information of supplies or PPE please access this link: Group Purchasing Link

Cleaning: Enforce the standard process for cleaning rooms
Note: Ensure staff are trained and focused on high touch surfaces for cleaning:
- Exam tables
- Doorknobs
- Light switches
- Coffee pots – and reusable dishware
- Elevator buttons – if office practice or clinic is in multi-story facility
- Countertops
- Handles used to operate handwashing sinks,
- Workstations / desks, e.g., reception areas and common use horizontal work areas
- Phones
- Keyboards
- Toilets
- Touch screens
- ATM machines
- Clipboards used for patient registration
- Soap, sanitizer and paper towel or tissue dispensers
- Sinks and faucets

Always follow the directions on the label of any disinfectant to ensure safe and effective use of the product. Many product labels recommend keeping the surface wet for a specific amount of time. The label will also list precautions such as wearing gloves and making sure you have good ventilation during use of the product. Keep all disinfectants out of the reach of children.

- Consult with your Trinity Health hospital infection prevention team for additional guidance

Supplies: Recommendations based on Trinity Health and CDC guidance and OSHA’s standards (29 CFR 1910).

- Boxes of disposable tissues.
- Single-use towels for use throughout the office.
- No-touch waste baskets and disposable liners
- Alcohol-based hand rub for entrance, reception, waiting, patient care and restroom areas.
- Personal protective equipment (see above)
- Appropriate disinfectant for environmental cleaning.

Please see the Disinfectant Wipe Alternative- Ambulatory guideline for more information. [Alternate Substitute Disinfectant Wipes for Disinfection of Inanimate Surfaces (Including Disinfectant Grid)]

Business Operations Processes

- Consider new procedures for registration – e.g., paperless/online prior to arrival
  - Protocols for paperless and online registration prior to arrival
  - Protocols for patients waiting in their cars until called for their appointment
  - If a waiting room must be used, install controls to reduce or eliminate exposures by shielding staff and other patients from infected individuals. Examples, plexiglass on registration desk, exam room accommodations for sick patients, marks on floor where patients should stand, one-way lines to promote social distancing, removing furniture, magazines, toys in a pediatric office, etc.

- Consider extended hours/days:
  - to catch up on patient visits or
  - to accommodate patient needs or preferences
  - to encourage social distancing
Communication with patients is critical in order to keep them updated with new practice processes and prepare them to come into the office. Key messages can be most effectively shared by using multiple means of communication: email, website, letters, phone calls, etc.

- Include the message to patients that they should call the office prior to arrival if they have any respiratory symptoms or fever.

Below are examples of Trinity Health communication documents that may be adopted to fit the needs of your practice. Feel free to use your own letterhead, logo, etc.

- Call Center Script
- Front Desk and Registration Script
- Letter to Patient Balance Seeker
- Letter to Patient Willful Endurer
- On Hold Message Script
- Robocall Script
- Recovery Intranet Message
- Direct Mailer
- Handout to Patients

- Signage:
  - All colleagues, patients, and persons accompanying patients will be screened for respiratory symptoms and fever prior to entry into the clinic.
  - Educational materials will be displayed regarding correct respiratory hygiene and cough etiquette.
  - Educational materials will be displayed regarding handwashing (e.g., in restrooms; staff areas).
  - Links to signs for doors, point of entry, etc.: COVID-19 Resources. (See Restrictions and Signage section.)

Entry to Point of Service

Clinic Arrival & Entry

To ensure we are not introducing known COVID-19 into the waiting room and to enforce social distancing, it is strongly recommended to have a colleague whose function is to greet patients at entry, take patient temperature and ask screening questions, and then to direct patient to ensure they are at the appropriate location.

- Mask all patients upon arrival.
- Colleagues must also wear masks.
- Patient drop-off and escort must meet colleague at the designated entry area.
  - This is specific to each office and the office staff is responsible for communicating this location/area with patients while scheduling the appointment.
- Patients arriving via public transportation are escorted immediately to the exam room after COVID-19 screening and masking.
• Patient is instructed to wait in vehicle until called/texted* to be roomed; if parking lot waiting is not applicable, the patient is escorted to clinic waiting area where social distancing is enforced. *If patient does not have a mobile device, a staff member will notify them.
• After visit, patient escorted to exit.
• Considerations also need to be in place for pick-up of patients.

Screening
• Consider following the guidance provided: Screening at Facility Entrances
• If screening is positive for the patient or person accompanying patient, provider must be notified immediately to direct patient to the most appropriate site of care (e.g., tele visit, FURI site, testing site, ED) Colleagues identify patient and provide masks if necessary
• The colleague screening set-up must include adequate PPE for all persons designated to use the CFZ entry, as well as signage the aligns with the Ministry Communications Plan.
• Anyone presenting with the following symptoms, the practice should call 911 immediately:
  ▪ Trouble breathing
  ▪ Persistent pain or pressure in the chest
  ▪ New confusion or inability to arouse
  ▪ Bluish lips or face
  ▪ *This list is not all-inclusive.
• If screening is positive for the patient or person accompanying patient, provider must be notified immediately to direct patient to the most appropriate site of care.

Circulation Routes (Ambulatory or Medical Office Buildings (MOB))
To continue to promote social distancing, Trinity Health has designated "circulation routes" to minimize and manage the flow of people traversing the building. Please work with your building manager to implement appropriate protocols. The following are provided for your consideration:
• Single point of entry for all buildings for screening.
• Colleague screens and directs patient flow to all clinical services.
• Directional signage.
• Wayfinding guides, including stanchions with ropes and taped routes on floors.
• Social distancing markers on the floors.
• Ideally, banks of elevators will be dedicated for patient use.

Reception, Waiting & Restrooms
• We recommend a hand sanitizer/dispenser in the waiting room.
• Every effort should be made to eliminate or minimize waiting. The quantity of furniture is to be reduced and spaced at least 6 feet apart in alignment with social distancing requirements.
• Discontinue the use of toys, magazines and other shared items in waiting room areas.
• Every effort should be made for verbal or virtual check-in and check-out. When this is not possible, shared items such as pens, clipboards, phones, etc. must be wiped down with approved disinfectant between each use.
- Consider installing plexiglass barriers between patients and staff at check-in / registration desks

**II (d) 3. Independent Affiliated/Private Community Providers in Ambulatory Clinics– COVID-Free Zone and Non-COVID Free Zone**

To reduce the risk of spread of COVID-19, CMS recommends the creation of separate areas for non-COVID-related care. Trinity Health has adopted the CMS recommendation. **COVID-Free Zones are areas where we provide care only for people not known to have COVID-19 or COVID symptoms.** Implementation of these zones will depend on the ability to create a separate physical zone, availability of testing and PPE, and regulatory guidance from the local regional and state policy.

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**II (d) 4. Independent Affiliated/Private Community Providers in Ambulatory Clinics– Regulatory Guidance**

We recommend everyone to stay up-to-date with local, state, and federal regulations.

**Continuous Regulatory Readiness**

The COVID-19 pandemic is a public health emergency initially necessitating the suspension of non-urgent/emergent surgery and procedures to meet COVID-19 patient care needs. There are patients with ongoing healthcare needs that have been deferred and postponed including procedural care, chronic disease care and preventative care.

**Planning Considerations**

- Adherence to state-specific regulatory and other guidance for non-emergent non-COVID-19 health care.
- Adequate workforce across all phases of care.
- Expansion of existing facility Infection Prevention and Control Plans to include COVID-Free Zone procedures.
- Review and revision of policies and procedures to include COVID-19 considerations (e.g., pre-op checklist documentation, time-out scripts, etc.).
- Leader observational rounding in the COVID-Free Zones - observe and coach.
- Continued review of regulatory guidance and recommendations from professional societies and organizations and from payors and governmental entities to ensure policies, plans and care delivery are meeting current requirements.

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**II (d) 5. Independent Affiliated/Private Community Providers in Ambulatory Clinics– Regulations for Persons Accompanying Patients**
As a result of the COVID-19 pandemic and updated guidance from the CDC and CMS, it is required, and Trinity Health policy provides that Trinity Health facilities restrict persons accompanying patients. Ambulatory clinics will notify patients of the policy. Persons accompanying patients will be screened at the entry of the facility in the same way as colleagues, providers and patients.

Trinity Health remains steadfast in its commitment to safety as a Core Value and we are working diligently to protect our colleagues and communities from exposure to COVID-19. We are following Centers for Disease Control and Prevention (CDC) and other public health authority guidance to ensure that our clinical and community care is consistent with the latest recommendations and research. Clear communication of this policy should be given at the time of booking the appointment and appointment reminder. You may adopt this guidance for your practice.

Visitor Guidance PDF

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II (d) 6. Independent Affiliated/Private Community Providers in Ambulatory Clinics—Building Infrastructure Systems

Reference SECTION III for Facilities Readiness Guidance.

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Criteria for Resuming Services

II (e). Ancillary Services

Table of Contents for Ancillary Services

1. Regulations for Visitors
2. Facilities
3. COVID-Free Zones
4. Medication and Blood Products
5. PPE and Thermometry
6. Staffing and Regulatory
7. Appendix
II (e) 1. Ancillary Services – Regulations for Visitors

Visitation Phase 1: COVID-19 Visitor Restrictions
Inpatient Visitation Guidelines

As a result of the COVID-19 pandemic and updated guidance from CDC and CMS, facilities should severely restrict visitation of ALL visitors. Facilities are expected to notify potential visitors whenever possible to defer visitation until further notice through signage, calls, letters, etc.*

5. Certain compassionate care situations should be decided on a case-by-case basis as follows:
   - Children (minor) admitted to the hospital
   - Maternity units
   - Patients receiving end-of-life (EOL) care – see Section III (visitor(s) for PUI or patient with COVID-19 at End of Life (EOL) below for additional guidance

   For approved exceptions, only one visitor per patient will be allowed. All visitors must be 18 or older.

6. EVERY visitor must be screened at the entrance.

   Those with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat) should not be permitted to enter the facility at any time (even in end-of-life situations). Those visitors that are permitted, must wear a facemask while in the building and restrict their visit to the patient’s room or other location designated by the facility.

Visitors should be reminded, while visiting, to perform frequent hand hygiene:
   - Wash their hands with soap and water frequently.
   - Use of alcohol-based hand sanitizer when washing their hands is not an option.
   - Use a tissue to cover any coughs and sneezes; and discard the tissue in a sealed trash can / container. Perform hand hygiene immediately afterward.

When visitation is necessary or allowable (e.g., in end-of-life scenarios), facilities should make efforts to allow for safe visitation for patients and loved ones. For example: Suggest refraining from physical contact (hugging/handshaking) with patients and others while in the building.

* In lieu of visits, facilities should consider: a) Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.), b) Creating/increasing listserv communication to update families, such as advising to not visit, c) Assigning staff as primary contact to families for inbound calls and conduct regular outbound calls to keep families up to date and d) Offering a phone line with a voice recording updated at set times (e.g., daily) with the facility’s general operating status, such as when it is safe to resume visits.
Visitation Phase 2: Relaxing Visitor Restrictions

In recognition that patient support from a family member or friend contributes to patient experience, safety and healing, we desire to balance these important elements with the need to protect patients and colleagues from unnecessary exposure to COVID-19. We also recognize that different regions of the country experience the pandemic differently at any given point of time. This guideline is intended to offer a more relaxed restriction of visitors during periods of time when the virus is less active in a state or region.

Key Considerations for Ministry Leadership Team:

- The ministry will determine visiting hours.
- The visitor to any patients should be encouraged to limit their visit to a certain number of hours, e.g. no more than two hours per day, depending on the patient’s status and condition.
- The visitor will be encouraged to perform hand hygiene and must wear their mask throughout the visit.
  - Visitors who fail to agree to wear a mask will be asked to leave.
- The visitor to PUI or those with COVID-19 must be in a single patient room or be the only patient in a multi-occupancy room.
- The visitor to PUI, confirmed COVID-19, or other patient in isolation precautions, will be encouraged to use hand hygiene just after entering the room and upon exit. Because conservation of PPE is ongoing, emphasize use of hand hygiene instead of providing gown or gloves.
  - If the visitor can contact the patient's care team prior to the visit they can be instructed to bring any personally owned PPE, e.g. disposable glove and a gown or other protective cover to use while in the patient's room.
- A facility may suspend visitation at any time when it deems warranted (medical necessity; PPE availability, etc.).
- **Trinity Health COVID-19 Dashboard**: click on "Trinity COVID-19 Model Projections – System View" then "Social Distancing Report".

Threshold for trigger to move to Visitation Phase 2:

- Must have less than 100 active cases/100K in the county in which the ministry is located on daily county-specific dashboard.
- If exceed threshold must go back to full visitor restrictions, as outlined in “Visitation Restriction & Process: Inpatient, Ambulatory and End of Life”.

Guidance by type of Care Setting:

**Emergency Department**


**End of Life, Obstetrics, and Pediatric**

Visitor to any inpatient in acute care

- One visitor, of at least 18 years of age, per patient, per day.
- Visitor must undergo screening at entrance to ministry for fever, symptoms of possible COVID-19 and then be masked at all times after clearing entrance screening.
- Visitor will be instructed to bring their own cloth (or other material) mask to wear after entering the ministry. If the visitor arrives without a mask, either a cloth, if available, or disposable mask will be provided.
- The visitor may not be present during any intermittent or continuous aerosol generating procedures (AGPs) during the visitation.
- Visitors only allowed in the patient room or other area in which the patient they are visiting is located; no use of waiting rooms or the cafeteria.
- Limit visitors accompanying the pregnant women to no more than one essential support person for women in labor (i.e. spouse or partner).

Outpatient procedures, surgery

- One visitor, of at least 18 years of age, is allowed to accompany the patient up until the patient goes for their procedure. The visitor will only be allowed in the patient room or care area; no waiting area or cafeteria until they exit the facility.
- Visitors must undergo screening at the point of entrance and be masked at all times.
- The visitor may not be present during any intermittent or continuous aerosol generating procedures (AGPs) during the visitation.
- After the patient is taken back for their procedures, the visitor will exit the facility and wait for a call from the facility to come and pick up the patient.
- Visitor will be instructed to bring their own cloth (other materials are acceptable too, e.g. visitor may have their own disposable, or a mask made of other material) mask to wear after entering the ministry. If the visitor arrives without a mask a cloth mask, if available – otherwise a disposable mask, will be provided.

Frequently Asked Questions

How to safely resume care delivery?

Coordinate with the CFZ guidelines to determine the space adjustments needed to create the required circulation and department separations, screening requirements, and social distancing protocols.

Reactivate or restore the building infrastructure systems in alignment with AHJ regulatory requirements and Trinity Health facilities guidance (water safety management).
Coordinate with Clinical Engineering and Trinity Information Systems to return equipment that has been redeployed to other locations for patients who are suspected or confirmed as having COVID-19 and calibrate to original department requirements.

Coordinate with EVS, Materials Management, and Food and Nutrition Services to define the operational protocols required to meet cleanability requirements / perceptions, supply inventory requirements, and dietary resources required for surgery / procedure services, including reactivating furloughed Dietary Consultation for Bariatric Patients.

If the hospital surgery / procedure areas will provide care to patients that are COVID positive and COVID negative, a multi-disciplinary team needs to be assembled to complete a risk-assessment to ensure the appropriate COVID-Free Zone (CFZ) environment of care, traffic patterns and staffing can be maintained.

**What facility needs / clean-up are required?**

All building infrastructure systems need to be evaluated for functional integrity, preventative maintenance work needs to be completed, and a life safety / environment of care testing needs to be completed prior to occupancy.

Environmental services need to conduct appropriate cleaning of all spaces decommissioned for an extended period-of-time or utilized for patients who are suspected or confirmed as having COVID-19.

Social distancing factors need to be applied in waiting areas, limited furniture 6 feet apart, plexiglass barriers for registration staff, floor tape indicators 6 feet apart, and potential of utilizing only single restroom facilities or limiting to every other stall.

**What wayfinding / triage required? Ingress and Egress**

Following is required:

- External and internal signage needs to align with the COVID-Free Zone and communication plans.
- Vehicle and pedestrian circulation routes need to align with screening and security protocols.
- Internal building circulation routes need to align with the COVID-Free Zone plan, including signage, wayfinding methods, and review of life safety egress requirements.
- Consideration also needs to be given to patient drop-off, escort/transport to point of care, and discharge pick-up.

**II (e) 4. Ancillary Services – COVID-Free Zones**

To reduce the risk of spread of COVID-19, CMS recommends the creation of separate areas for non-COVID-related care. **COVID-Free Zones are areas where we provide care only for people not known to have COVID-19 or COVID symptoms.** Staff are assigned exclusively to either the COVID-Free Zone (CFZ) or the non-COVID-Free Zone (non-CFZ). Implementation of
these zones will depend on the Health Ministry’s (HM) ability to create a separate physical zone, availability of testing and PPE, and regulatory guidance from the HMs’ respective state.

Only COVID-Free Zones require signage for wayfinding and related purposes. There should not be signs for “non-COVID-Free Zone” or similar designation.

Care Givers

- Create areas of CFZs that have in place steps to reduce risk of COVID-19 exposure and transmission.
- Identify a location that does not have patients who are suspected or confirmed as having COVID-19. If a location has been closed for over a week, follow the Facilities section in this Guidebook before re-opening.
- To the extent possible, staff working at CFZs should not rotate in non-CFZs. A staffing plan should be established for both zones with no overlap if possible, unless in an emergency.
- Each colleague entering a CFZ will be screened at point of entry including screening questions and temperature check. All colleagues should wear an approved mask upon entering the CFZ.
- In the ambulatory and medical group settings, PUIs and COVID-19 infected patients should receive care in separate locations from non-infectious patients. The Trinity Health Fever and Upper Respiratory Infection (FURI) clinics are ideal locations.

Patients

- Each patient will be screened at the entrance of CFZ. A mask will be provided to each upon entry.
- Patients to be advised upon entry of appropriate social distancing guidelines.
  - Remaining out of “congregate settings” as much as possible.
  - Avoiding mass gatherings.
  - Maintaining distance of about 6 feet from others when possible.

Patient/Staff Safety

- Evaluate Pre-op/procedure process for appropriate use of Telehealth, phone screening and other non-face-to-face communication methods.
- Conduct any pre-procedure COVID-19 testing outside of designated COVID-Free Zone(s).
- Create CFZ staffing plans to restrict/limit colleagues working in CFZs and non-CFZs. Ensure inclusion of ancillary depts. (e.g., radiology, EVS) in this plan.
- Create safe patient drop-off and entry points to the CFZs.
- Develop discharge plan to include delivery and receipt of discharge instructions to responsible caregiver without compromising a CFZ.

Visitors
- Visitation limitations will remain in effect in all CFZs (Refer to *Regulations for Visitors*).
- In the event of an approved exception, visitors must follow social distancing guidelines.

**Facility**

- Have appropriate signage highlighting CFZ as created by the HM or TH marketing and communications teams.
- Identify a separate entrance for CFZs and the ability to implement single entry. Non-CFZ colleagues, supplies, patients and visitors should not be using this entrance.
- Ensure the ability to secure all connecting entrances to units/sections/zones with patients suspected or confirmed to have COVID-19.
- Designate elevators for non-CFZ sections so they do not have to be shared in CFZs.
- Ensure emergency exits, stairs, and egresses are not shared between CFZs and non-CFZs.
- Establish facility, administrative, and engineering controls to facilitate social distancing, such as:
  - Eliminate all waiting in designated waiting areas through triage process adjustment.
  - Adjust physical space such as spacing of chairs in waiting room, etc.
  - Ensure appointments volume is low.
  - Where possible, adjust air circulation so air from non-CFZs does not circulate into CFZ zone. Follow appropriate air circulation guidelines listed in the facilities section.
- Reconfigure all public areas to allow for social distancing.
- In partnership with marketing, post signage to identify CFZs at entrances, elevators, and within the zone.
- Any closed doors leading to a non-CFZ should be secured and have appropriate signage.

**Frequently Asked Questions**

**How to safely resume care delivery?**

CFZs provide confidence to colleagues and patients that our ministries are taking the necessary steps to protect all the people we serve. We are caring for all patients in the environment that works best for them. This is a best practice among health systems, and Trinity Health will be a leading system in this area.

**Which patient safety precautions are required?**

Non-CFZs need to be physically separate from any CFZs to reduce the risk of exposure and transmission. HMs should ensure staff, supplies, medical equipment, PPE, etc. are not shared between the two zones. Appropriate PPE should be available and appropriate inventory and stocking processes in place before opening a CFZ to ensure business continuation.

**How does this apply to ambulatory settings?**

In all non-acute settings (e.g. physician offices) where patient pre-testing is not expected, the following requirements should be adhered to:
At door/entry thermometry and masking.
No patients or visitors are permitted in designated waiting areas. A new way of bringing patients into rooms to be seen should be used (e.g. call cell number, use text messaging).

II (e) 4. Ancillary Services – Medication and Blood Products

Identifying and daily reporting of needed quantities to your local Incident Command Center is a requirement. This will ensure adequate communication and allow for safely resumption of elective procedures. Interdisciplinary review of case needs and resources available are also necessary to ensure continual team readiness for scheduled and urgent cases/procedures or are paused if shortages are identified.

Develop Dyads/Tripods/Work teams for case and resource review

- Review surgery/procedure schedule, at least 24-48 hours prior to the procedure, to identify blood/blood products, pack/supplies and medication needs.
- Review Pharmacy COVID-19 medication list daily.
- Define the "stop the line" process if critical shortages are identified that prevent the surgery/procedure to be completed.

II (e) 5. Ancillary Services – PPE and Thermometry

Identifying and daily reporting of needed quantities to your local Incident Command Center is a requirement. It is incumbent upon the leadership team to have a clear understanding of not only supply chain elements related to the COVID-19 crisis, but also that the adequacy of supplies related to the specific surgeries is being considered. Many manufacturers have shifted production away from products used among various surgical specialties. Consult the OBI dashboard and local supply chain representatives before commencing surgery to make sure there are adequate resources, including a 24-hour look-ahead and ongoing evolution of adequate resources.

Proposed algorithm

With local supply chain leadership and coordination with your Incident Command Center, this algorithm will need to assessed daily as to the capability and capacity of each ministry’s ability to perform surgery. The use of PPE and thermometry can only be considered once the current run rate and reserve allocations are completely understood. An assessment of the remaining PPE then needs to be compared to the expected daily OR needs to conduct procedures safely for patients and colleagues alike. Therefore, the algorithm will be as follows:
Thermometry allocations: Each local ministry must evaluate whether its algorithm requires the use of a thermometer in the preoperative and operative evaluations.

- Given the highly contagious nature of COVID-19, some ministries are employing “no touch/contact” thermometry.
- If patients are tested or other criteria have been instituted, thermometers may not be indicated or necessary above current standards. However, it is a requirement that all patients that enter a Trinity Health facility (e.g., physician office) have thermometry completed (e.g., temporal) where vital signs are otherwise not measured.

PPE allocations: The current run rate of PPE being used in the care of patients under investigation and patients suspected or confirmed to have COVID-19 must be calculated as a first step – and reevaluated daily over time.

- A percentage of usage of all PPE categories compared to totals on hand must be calculated and reported daily to the local Incident Command Center.
- The COVID-19 census must be assessed and reported daily to the local Incident Command Center.
- The projected curve for estimates of flattening, spikes or inflection points must be assessed daily.

The expected/projected run rate of PPE use in the operating room must be calculated to ensure there is enough to proceed with the ramp-up. Multifactorial calculations are needed at the local ministry level. Variables to consider include, but are not limited to:

- The number of operating rooms being utilized.
- The case-mix being planned and its impact on PPE need close assessment. Some obvious considerations are as follows:
  - High risk cases can increase PPE burn rate substantially. (See Table 2 in the Appendix)
  - Low risk cases would theoretically only require anesthesia to have full PPE while remaining colleagues would use standard PPE
  - Screening protocols must be taken into account to create COVID-Free Zones which may reduce the amount of PPE needed.
- Based on the capacity, case choice, required staffing and resources, the number of cases per day that can be safely performed needs to be calculated.
- The number of staff in each room that will need to use PPE and what type of PPE should be given the case to be performed, needs to be calculated. Within in that calculation, PPE burn rate should be taken into account.
- The following cases may still need additional PPE even in a COVID-Free Zones. Refer to CDC guidelines for specific guidance.
  - Anesthesia for intubation
  - ENT cases
  - Airway cases (tracheostomy/bronchoscopy)
- Review sterile products inventory and pick lists at least one day prior to scheduled surgery/procedure.
- Given that manufacturers have shifted their production to PPE, the number of surgical packs and the ability to restock to par level may need to be investigated.
Reserve: PPE reserve that would be necessary for daily increases above the current run rate for current COVID-19 care should be held aside.

- A minimum requirement for a first or second surge or second inflection in the COVID-19 curve should be set depending on ministry’s forecasting.

**PPE Essentials**

- Gowns
- Masks
- Face shields
- Anesthesia circuits
- Nasal cannulas
- Other essential items for intubated patients
  - Glide scope
  - Stylets
  - ET tubes

**Other concomitant considerations**

- Lab media and swabs
- Medications currently being used (e.g., sedation meds, inhalers)
- Adequate staff in ramp-up
- Adequate staff if resurgence
- Adequate equipment to divert if a surge was to occur

**Frequently Asked Questions**

**How to safely resume care delivery?**

The guidance in this document allows ministries to assess and secure adequate supplies of personal protection equipment. Trinity Health’s commitment to the safety of our patients and their caregivers will be demonstrated through the obvious implementation of the PPE guidelines outlined above.

**Il (a) 6. Ancillary Services – Staffing and Regulatory**

**Staffing and Return to Work Considerations**

Adequate staffing is a key component to be able to resume ancillary services. With the ramp-down of elective surgery, diagnostics and other procedures, staff have been furloughed or re-trained and deployed to other departments to support the COVID-19 efforts. When ramp-up/recovery is occurring in tandem with COVID-19 activities, staffing needs may be increased and change frequently. A thorough analysis of volumes and staffing needs should occur as part of recovery activities.

Questions to consider for Staffing Review

- What is the anticipated case/procedure volumes that are part of the ramp-up projections daily, weekly, monthly?
- Are department staff currently available to support the volume projections- if so; how much of the volume and are additional resources needed?
• Have staff been re-deployed to other departments/roles to support the COVID-19 patient volumes (i.e., Team Nursing, screening, etc.) that will need to be returned to their home department?
• What gaps exist if assigned staff are removed from their current assignment and returned to support ramp-up activities?
• Is the labor pool, local or broader, able to backfill gaps and ensure ramp-up does not compromise other depts?
• Have you engaged HR to bringing back furloughed colleagues or colleagues on reduced schedules?
• Are alternative staffing models i.e team, tiered staffing plans developed for all areas with triggers for implementation.

Continuous Regulatory Readiness
The COVID-19 pandemic is a public health emergency initially necessitating the suspension of non-urgent/emergent surgery and procedures to meet COVID-19 patient care needs. There are patients with ongoing healthcare needs that have been deferred and postponed including procedural care, chronic disease care and preventative care. Gate criteria (symptoms, cases and hospitals) have been developed to allow facilities to provide Non-emergent Non-COVID-19 healthcare.

Planning Considerations
• Review and awareness of location-specific guidance for healthcare facilities on an ongoing basis as these can change frequently
• Adherence to state-specific regulatory and other guidance for non-emergent non-COVID-19 health care.
• Adequate workforce across all phases of care.
• Expansion of existing facility Infection Prevention and Control Plans to include COVID-Free Zone procedures.
• Review and revision of policies and procedures to include COVID-19 considerations (e.g., pre-op checklist documentation, time-out scripts, etc.).
• Daily leader and IP regulatory observational rounding in the COVID-Free Zones - observe and coach.
• Continued review of regulatory guidance and recommendations from professional societies and organizations to ensure policies, plans and care delivery is meeting current requirements.

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II (e) 7. Ancillary Services – Appendix

COVID-Free Zones

- Approved for non-emergent care re-start
  - State & Local Health Alignment
  - Trinity Health Approval

- Identified facility for NCC
  - Separated building/entrance
  - Physical separation from COVID-19 areas

- Protocols in place
  - Visitation
  - PPE
  - Testing
  - Social Distancing
* Please follow the pre-procedure testing guidelines

References:


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Criteria for Resuming Services

II (f). Continuing Care

II (f) 3. Continuing Care – Facilities

Reference SECTION V for Facilities Readiness Guidance.

Frequently Asked Questions

How to safely resume care delivery?

Coordinate with the CFZ guidelines to determine the space adjustments needed to create the required circulation and department separations, screening requirements, and social distancing protocols.

Reactivate or restore the building infrastructure systems in alignment with AHJ regulatory requirements and Trinity Health facilities guidance (water safety management).

Coordinate with Clinical Engineering and Trinity Information Systems to return equipment that has been redeployed to other locations for patients who are suspected or confirmed as having COVID-19 and calibrate to original department requirements.

Coordinate with EVS, Materials Management, and Food and Nutrition Services to define the operational protocols required to meet cleanability requirements / perceptions, supply inventory requirements, and dietary resources required for surgery / procedure services, including reactivating furloughed Dietary Consultation for Bariatric Patients.

If the hospital surgery / procedure areas will provide care to patients that are COVID positive and COVID negative, a multi-disciplinary team needs to be assembled to complete a risk-assessment to ensure the appropriate COVID-Free Zone (CFZ) environment of care, traffic patterns and staffing can be maintained.

What facility needs / clean-up are required?

All building infrastructure systems need to be evaluated for functional integrity, preventative maintenance work needs to be completed, and a life safety / environment of care testing needs to be completed prior to occupancy.

Environmental services need to conduct appropriate cleaning of all spaces decommissioned for an extended period-of-time or utilized for patients who are suspected or confirmed as having COVID-19.
Social distancing factors need to be applied in waiting areas, limited furniture 6 feet apart, plexiglass barriers for registration staff, floor tape indicators 6 feet apart, and potential of utilizing only single restroom facilities or limiting to every other stall.

What wayfinding / triage required? Ingress and Egress

Following is required:

- External and internal signage needs to align with the COVID-Free Zone and communication plans.
- Vehicle and pedestrian circulation routes need to align with screening and security protocols.
- Internal building circulation routes need to align with the COVID-Free Zone plan, including signage, wayfinding methods, and review of life safety egress requirements.
- Consideration also needs to be given to patient drop-off, escort/transport to point of care, and discharge pick-up.

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II (f) 4. Continuing Care – COVID-Free Zones

To reduce the risk of spread of COVID-19, CMS recommends the creation of separate areas for non-COVID-related care. COVID-Free Zones are areas where we provide care only for people not known to have COVID-19 or COVID symptoms. Staff are assigned exclusively to either the COVID-Free Zone (CFZ) or the non-COVID-Free Zone (non-CFZ). Implementation of these zones will depend on the Health Ministry’s (HM) ability to create a separate physical zone, availability of testing and PPE, and regulatory guidance from the HMs' respective state.

Only COVID-Free Zones require signage for wayfinding and related purposes. There should not be signs for “non-COVID-Free Zone” or similar designation.

Care Givers

- Create areas of CFZs that have in place steps to reduce risk of COVID-19 exposure and transmission.
- Identify a location that does not have patients who are suspected or confirmed as having COVID-19. If a location has been closed for over a week, follow the Facilities section in this Guidebook before re-opening.
- Staff working at CFZs should not rotate in non-CFZs. A staffing plan should be established for both zones with no overlap, unless in an emergency.
- Each colleague entering a CFZ will be screened at point of entry including screening questions and temperature check. All colleagues should wear an approved mask upon entering the CFZ.
Patients

- Each patient will be screened at the entrance of CFZ. A mask will be provided to each upon entry.
- All patients who are scheduled for a procedure that requires an overnight stay must have a COVID-19 negative molecular test on the day before or the day of the procedure. Each HM should create a process based on availability of testing supplies and risk factors.
- Patients to be advised upon entry of appropriate social distancing guidelines.
  - Remaining out of “congregate settings” as much as possible.
  - Avoiding mass gatherings.
  - Maintaining distance of about 6 feet from others when possible.

Patient/Staff Safety

- Evaluate Pre-op/procedure process for appropriate use of Telehealth, phone screening and other non-face-to-face communication methods.
- Conduct any pre-procedure COVID-19 testing outside of designated COVD-Free Zone(s).
- Create CFZ staffing plans to restrict/limit colleagues working in CFZs and non-CFZs. Ensure inclusion of ancillary depts. (e.g., radiology, EVS) in this plan.
- Create safe patient drop-off and entry points to the CFZs.
- Develop discharge plan to include delivery and receipt of discharge instructions to responsible caregiver without compromising a CFZ.

Visitors

- Visitation limitations will remain in effect in all CFZs (Refer to Regulations for Visitors)
- In the event of an approved exception, visitors must follow social distancing guidelines.

Facility

- Have appropriate signage highlighting CFZ as created by the HM or TH marketing and communications teams.
• Identify a separate entrance for CFZs and the ability to implement single entry. Non-CFZ colleagues, supplies, patients and visitors should not be using this entrance.
• Ensure the ability to secure all connecting entrances to units/sections/zones with patients suspected or confirmed to have COVID-19.
• Designate elevators for non-CFZ sections so they do not have to be shared in CFZs.
• Ensure emergency exits, stairs, and egresses are not shared between CFZs and non-CFZs.
• Establish facility, administrative, and engineering controls to facilitate social distancing, such as:
  o Eliminate all waiting in designated waiting areas through triage process adjustment.
  o Adjust physical space such as spacing of chairs in waiting room, etc.
  o Ensure appointments volume is low.
  o Where possible, adjust air circulation so air from non-CFZs does not circulate into CFZ zone. Follow appropriate air circulation guidelines listed in the facilities section.
• Reconfigure all public areas to allow for social distancing.
• In partnership with marketing, post signage to identify CFZs at entrances, elevators, and within the zone.
• Any closed doors leading to a non-CFZ should be secured and have appropriate signage.

**Frequently Asked Questions**

**How to safely resume care delivery?**

CFZs provide confidence to colleagues and patients that our ministries are taking the necessary steps to protect all the people we serve. We are caring for all patients in the environment that works best for them. This is a best practice among health systems, and Trinity Health will be a leading system in this area.

**Which patient safety precautions are required?**

Non-CFZs need to be physically separate from any CFZs to reduce the risk of exposure and transmission. HMs should ensure staff, supplies, medical equipment, PPE, etc. are not shared between the two zones. Appropriate PPE should be available and appropriate inventory and stocking processes in place before opening a CFZ to ensure business continuation.

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**II (f) 5. Continuing Care – Medication and Blood Products**
Identifying and daily reporting of needed quantities to your local Incident Command Center is a requirement. This will ensure adequate communication and allow for safely resumption of elective procedures. Interdisciplinary review of case needs and resources available are also necessary to ensure continual team readiness for scheduled and urgent cases/procedures or are paused if shortages are identified.

Develop Dyads/Tripods/Work teams for case and resource review

- Review surgery/procedure schedule, at least 24-48 hours prior to the procedure, to identify blood/blood products, pack/supplies and medication needs.
- Review Pharmacy COVID-19 medication list daily.
- Define the "stop the line" process if critical shortages are identified that prevent the surgery/procedure to be completed.

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II (f) 6. Continuing Care – PPE and Thermometry

Identifying and daily reporting of needed quantities to your local Incident Command Center is a requirement. It is incumbent upon the leadership team to have a clear understanding of not only supply chain elements related to the COVID-19 crisis, but also that the adequacy of supplies related to the specific surgeries is being considered. Many manufacturers have shifted production away from products used among various surgical specialties. Consult the OBI dashboard and local supply chain representatives before commencing surgery to make sure there are adequate resources, including a 24-hour look-ahead and ongoing evolution of adequate resources.

Proposed algorithm

With local supply chain leadership and coordination with your Incident Command Center, this algorithm will need to assessed daily as to the capability and capacity of each ministry’s ability to perform surgery. The use of PPE and thermometry can only be considered once the current run rate and reserve allocations are completely understood. An assessment of the remaining PPE then needs to be compared to the expected daily OR needs to conduct procedures safely for patients and colleagues alike. Therefore, the algorithm will be as follows:

\[(\text{Existing PPE category}) - (\text{COVID-19 current usage}) - (\text{Reserve}) = \text{Remaining PPE for ramp-up}\]

Thermometry allocations: Each local ministry must evaluate whether its algorithm requires the use of a thermometer in the preoperative and operative evaluations.

- Given the highly contagious nature of COVID-19, some ministries are employing “no touch/contact” thermometry.
- If patients are tested or other criteria have been instituted, thermometers may not be indicated or necessary above current standards. However, it is a requirement that all
patients that enter a Trinity Health facility (e.g., physician office) have thermometry completed (e.g., temporal) where vital signs are otherwise not measured.

PPE allocations: The current run rate of PPE being used in the care of patients under investigation and patients suspected or confirmed to have COVID-19 must be calculated as a first step – and reevaluated daily over time.

- A percentage of usage of all PPE categories compared to totals on hand must be calculated and reported daily to the local Incident Command Center.
- The COVID-19 census must be assessed and reported daily to the local Incident Command Center.
- The projected curve for estimates of flattening, spikes or inflection points must be assessed daily.

The expected/projected run rate of PPE use in the operating room must be calculated to ensure there is enough to proceed with the ramp-up. Multifactorial calculations are needed at the local ministry level. Variables to consider include, but are not limited to:

- The number of operating rooms being utilized.
- The case-mix being planned and its impact on PPE need close assessment. Some obvious considerations are as follows:
  - High risk cases can increase PPE burn rate substantially. (See Table 2 in the Appendix)
  - Low risk cases would theoretically only require anesthesia to have full PPE while remaining colleagues would use standard PPE
  - Screening protocols must be taken into account to create COVID-Free Zones which may reduce the amount of PPE needed.
- Based on the capacity, case choice, required staffing and resources, the number of cases per day that can be safely performed needs to be calculated.
- The number of staff in each room that will need to use PPE and what type of PPE should be given the case to be performed, needs to be calculated. Within in that calculation, PPE burn rate should be taken into account.
- The following cases may still need additional PPE even in a COVID-Free Zones. Refer to CDC guidelines for specific guidance.
  - Anesthesia for intubation
  - ENT cases
  - Airway cases (tracheostomy/bronchoscopy)
- Review sterile products inventory and pick lists at least one day prior to scheduled surgery/procedure.
- Given that manufacturers have shifted their production to PPE, the number of surgical packs and the ability to restock to par level may need to be investigated.

Reserve: PPE reserve that would be necessary for daily increases above the current run rate for current COVID-19 care should be held aside.

- A minimum requirement for a first or second surge or second inflection in the COVID-19 curve should be set depending on ministry’s forecasting.

PPE Essentials
- Gowns
- Masks
- Face shields
- Anesthesia circuits
- Nasal cannulas
- Other essential items for intubated patients
  - Glide scope
  - Stylets
  - ET tubes

Other concomitant considerations
- Lab media and swabs
- Medications currently being used (e.g., sedation meds, inhalers)
- Adequate staff in ramp-up
- Adequate staff if resurgence
- Adequate equipment to divert if a surge was to occur

**Frequently Asked Questions**

**How to safely resume care delivery?**
The guidance in this document allows ministries to assess and secure adequate supplies of personal protection equipment. Trinity Health’s commitment to the safety of our patients and their caregivers will be demonstrated through the obvious implementation of the PPE guidelines outlined above.

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**II (a) 7. Continuing Care – Staffing and Regulatory**

**Staffing and Return to Work Considerations**
Adequate staffing is a key component to be able to resume operative/procedural services. With the ramp-down of elective surgery, diagnostics and other procedures, staff have been furloughed or re-trained and deployed to other departments to support the COVID-19 efforts. A thorough analysis of procedural volumes and staffing needs should occur as part of ramp-up activities.

Questions to consider for Staffing Review
- What is the anticipated case/procedure volumes that are part of the ramp-up projections daily, weekly, monthly?
- Are department staff currently available to support the volume projections- if so; how much of the volume and are additional resources needed?
- Have staff been re-deployed to other departments/roles to support the COVID-19 patient volumes (i.e., Team Nursing, screening, etc.) that will need to be returned to their home department?
- What gaps exist if assigned staff are removed from their current assignment and returned to support ramp-up activities?
- Is the labor pool, local or broader, able to backfill gaps and ensure ramp-up does not compromise other depts?
- Have you engaged HR prior to bringing back furloughed colleagues or colleagues on reduced schedules?

**Continuous Regulatory Readiness**

The COVID-19 pandemic is a public health emergency initially necessitating the suspension of non-urgent/emergent surgery and procedures to meet COVID-19 patient care needs. There are patients with ongoing healthcare needs that have been deferred and postponed including procedural care, chronic disease care and preventative care. Gate criteria (symptoms, cases and hospitals) have been developed to allow facilities to provide Non-emergent Non-COVID-19 healthcare.

**Planning Considerations**

- Adherence to state-specific regulatory and other guidance for non-emergent non-COVID-19 health care.
- Adequate workforce across all phases of care.
- Expansion of existing facility Infection Prevention and Control Plans to include COVID-Free Zone procedures.
- Review and revision of policies and procedures to include COVID-19 considerations (e.g., pre-op checklist documentation, time-out scripts, etc.).
- Daily leader and IP regulatory observational rounding in the COVID-Free Zones - observe and coach.
- Continued review of regulatory guidance and recommendations from professional societies and organizations to ensure policies, plans and care delivery is meeting current requirements.

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**II (f) 8. Continuing Care – Appendix**

**Continuing Care Readiness and Virtual Integration**

Many Continuing Care affiliates rapidly adopted new technologies to limit service disruptions for their patients during the COVID-19 pandemic by expanding virtual visit access in a safe and efficient manner. These virtual solutions are available throughout Trinity Health MGPS and Continuing Care (QliqSoft, Zynpnosis, Eko Health and Remote Patient Monitoring).

The adoption of virtual visit technology was customized for different departments within Continuing Care, to ensure the appropriate, safe delivery of care and access for patients to their providers. While the adoption was rapid out of necessity, its potential to expand access and yield new growth is evident. The adoption of virtual technology across Continuing Care locations is optional and should be evaluated by the NHM or HM Leadership. The benefits of virtual visit with a provider:
• Expanded and timely access for existing patients to providers and specialists.
• Growth potential by expanding access into new geographic areas that were previously unavailable.
• Awareness of individuals vital signs with remote patient monitoring to allow for urgent virtual visit between provider and patient in the home.
• Expanded integration of skilled nursing, home-based, ambulatory and acute care delivery with virtual connections.

Some Continuing Care affiliates have adopted virtual care technologies and prove promising use cases.

**Skilled Nursing Facilities**
- Currently, telemetry is in place and being utilized in some SNFs. It is expected to continue beyond the COVID pandemic.
- A Bluetooth enabled stethoscope with embedded video software (Eko Health) has been introduced and is ramping up.
- QliqSoft for virtual visits is adopted by some home based providers.

**Home Based Primary Care**
- QliqSoft for virtual visits is adopted by some home based providers.
- The technology has enabled home care providers to work remotely while ensuring limited gaps in care during "shelter-in-place" guidance.

**Palliative Care**
- QliqSoft is currently being used by inpatient providers, RNs and SWs.
- Some Palliative Care teams are integrating with MGPS cancer treatment centers, cardiology and pulmonology specialists to increase palliative care access through virtual visits.

**PACE**
- QliqSoft is used by some PACE providers to complete virtual primary and urgent visits in home and clinic settings.
- QliqSoft is used for virtual participant encounters between staff and participant.

**Examples of testimonials:**
- Senior Living: https://vimeo.com/283521617
- Physical Therapy: https://vimeo.com/285657297
- Senior Housing: https://vimeo.com/283819615
- Senior Housing: https://vimeo.com/285027478
- Physical Therapy: https://vimeo.com/335008065
- PACE: https://vimeo.com/379644906
- Senior Living: https://vimeo.com/361703133
Continuing Care Readiness – PACE

The following criteria identifies actions and tasks that are recommended to safely re-open the PACE center, enhance use of virtual provider visits in PACE primary care and approaches to safely resume sales / enrollment cycle for volume recovery.

Refer to section II (f) 1-7 for the guidelines and requirements for the safe resumption of services, regulations for visitors, facilities, COVID-Free Zones, Medication and Blood Products, PPE Thermometry, Staffing and Regulatory subject matter.
Refer to Appendix A (f) PACE Emergence Plan Progress by Program Checklist

OBTAIN REGULATORY APPROVAL TO RE-OPEN PACE CENTER
Review CMS, state and county re-opening criteria and guidance.
- All TH guidance to be followed unless state/county re-opening requirements are more stringent.

Develop a plan to comply with specific CMS, state and county re-opening requirements and guidance.
- Ensure all re-opening plans are consistent with and in compliance with CMS and state regulations and guidance.

Monitor CMS re-opening guidance on an ongoing basis and revise plans and operations to maintain compliance.

IMPLEMENT COMMUNICATION PLAN TARGETING KEY STAKEHOLDERS
Communications lead will direct creation and dissemination of communication and collateral information

Participant and caregiver communication strategies.
- Letter to be sent to participants and caregivers as applicable.
  - Phase 1 Messaging: Center is still closed, provide reassurance and guidance for participants.
  - Phase 3 Messaging: Center will open soon, share relevant operational information with participants.
- Distribute flyer in activity packets sent home to participants.
  - Phase 1 Messaging: Center is still closed, provide reassurance and guidance for participants.
  - Phase 3 Messaging: Center will open soon, share relevant operational information with participants.
- Record Voice Friend script.
  - Phase 1 Messaging: Center is still closed, provide reassurance and guidance for participants.
  - Phase 3 Messaging: Center will open soon, share relevant operational information with participants.
- Post signage at PACE center entries and throughout PACE center.
  - Messaging: signs/symptoms/social distancing reminder.
Colleague communication strategies.
- Issue email message.
  - Phase 1 Messaging: center is still closed, update on operational changes and how re-opening date will be determined.
  - Phase 3 Messaging: center will open soon, update on operational changes during transition, version for colleagues and a letter for the Board of Directors.
  - Support other departments to communicate changes - most likely HR and Clinical Operations.

Community communication strategies.
- Issue email blast.
  - Phase 1 Messaging: Center is closed, reassure care for participants - audience will be community partners & referral sources.
  - Phase 3 Messaging: center will open soon, visitors will still be restricted, audience will be community partners & referral sources.
- Post signage.
  - Center is open, visitors are still restricted - point of entry sign.

RE-ENERGIZE MARKETING, SALES AND ENROLLMENT
Sales and Enrollment Manager will create remote work plans centered on pipeline building/engagement, new referral source hunting and CRM education; implement measurables in planning
- Marketing will develop and launch a social media tool to include a thank you video tribute to our LIFE colleagues for their work during this pandemic.
- Distribute flyers
  - Center will open soon, hard push for referrals, flyer distributed by community liaisons.
- Paid advertising.
  - Normal advertising messaging should resume, programs can remove any COVID-19 references in ad copy. If campaigns were paused or delayed, resume.

Reengage Community and referral sources.
- Review and build pipeline through check-in calls with hot/warm leads and re-engagement with closed leads. Add activity to CRM.
- Reengage "pended" contacts to maintain interest in PACE enrollment for Applicants whose IDT assessment/approval process was pended due to COVID-19. Add activity to CRM.

Generate New Leads.
- Community Liaisons will actively seek referrals using remote outreach approaches. Ensure that all outreach complies with CMS prohibited marketing regulations.
- Schedule weekly email/phone call to hospital referral sources and continue to seek/receive hospital referrals. Add activity to CRM.
- Continue regular check-in calls with senior housing Building Manager to offer resident wellness check-in calls, virtual presentations via Skype if available. Add activity to CRM.
- Maintain weekly call with ACO contact. Add activity to CRM.
- Maintain contact with faith-based organizations and offer parishioner wellness check-in phone calls. Add activity to CRM.
- Using Google Hunting, daily/weekly generation of a set number of new referral sources in specified zip codes. Add activity to CRM.
- Engage community using remote technology resources.
- Communications lead will provide messaging support and digital collateral to engage referral sources.

**Process PACE Enrollments.**
- Re-engage local Medicaid agencies.
- Perform required COVID-19 phone screening (applicant and any residents in home) if negative, schedule a home intake visit or perform visit using remote technology.
- Perform home intake assessment for qualified COVID-19 screened negative applicant. Obtain intake document signatures to initiate financial/medical document releases of information. If home appointment is not feasible, continue to use remote technology to complete home and other assessments.
- As appropriate, continue to perform pre-enrollment assessment either in person at the PACE center or virtually using remote technology.

**DETERMINE PACE CENTER CAPACITY**
Determine the number of participants and colleagues that can attend the center based on square footage and social distancing requirements in effect at each recovery phase.
- Per state and county re-opening requirements, determine PACE center occupancy capacity at each stage of recovery including colleagues and participants; ensure that state/county-specific guidance is used to make the determination.
  - Consider re-purposing areas of the PACE center as applicable to maintain social distancing for participants and colleagues.

**PARTICIPANT TRANSPORTATION REACTIVATION**
Ensure that transportation services comply with CMS, state and county requirements and guidance.

**In-House Transportation Services.**
- Determine number of vehicles necessary to meet scheduled transportation to/from the PACE center. Ensure that prescribed social distancing is maintained in the vehicles.
- Determine number of vehicles necessary to meet scheduled transportation to/from outside appointments.
• Ensure that all vehicles in operation are thoroughly cleaned and disinfected according to infection control guidelines including but not limited to the wheelchair ramp, inside and outside of door, steering wheel, handles and seats prior to re-opening.
• Ensure that cleaning supplies are on the van (in a locked box) for continued cleaning per infection control guidelines.
• Ensure that operating vehicles are thoroughly cleaned and disinfected per infection control guidelines each morning before the first run and between runs throughout the day.
• As indicated by infection control guidelines, ensure adequate supplies of PPE are available in each operating vehicle. PPE should be used during transport according to applicable guidance.
• Prior to returning to service, educate transportation colleagues on vehicle cleaning and disinfection, proper use and deployment of PPE and the safe transport of participants per TH guidance; document evidence of training in colleague files.
• Post signs/symptoms and cover your cough posters in vehicles.

Outsourced Transportation Services.
• Issue notice of intent to re-open to transportation vendor.
• In conjunction with the transportation vendor, develop a written re-opening plan that addresses at a minimum the following issues as applicable and in compliance with Trinity Health requirements and guidelines: cleaning and disinfecting, driver/aide screening and/or testing, PPE storage and deployment and transportation colleague training as applicable.
  o Ensure that prescribed social distancing is maintained in the vehicles.
• Monitor transportation vendor for adherence to expectations and standards.

DEVELOP PARTICIPANT ATTENDANCE PLAN
Determine participants that need to be served at the PACE center.
• Once PACE center occupancy capacity is determined, stratify participants based on individual care plans, their needs and risk; schedule center attendance based on medical necessity and in compliance with state/county guidelines.
  o Draft PACE center attendance criteria and center attendance letter as appropriate.
• Continually re-evaluate center attendance frequency for each participant based on individual care plans, needs, risk, medical necessity and other stratifying factors.
  o Engage interim CMS guidance and compliance resources for guidance on procedures for reduction or elimination of Grievance and Appeals related to scheduled participant attendance.
  o Communications lead to provide messaging/scripting for communicating change in attendance days with participants and caregivers.
Continue to provide virtual visit platform and protocol as well as in-home visits for participants not scheduled to attend the PACE center.

- Virtual wellness checks.
- Virtual activities.
- Virtual appointments with PACE disciplines.

DEVELOP COLLEAGUE STAFFING PLAN

Refer to section II (f) 1-7 for the guidelines and requirements for the safe resumption of services, regulations for visitors, facilities, COVID-Free Zones, Medication and Blood Products, PPE Thermometry, Staffing and Regulatory subject matter.

Identify disciplines and number of colleagues needed to meet participant needs at the PACE center.

- Within acceptable occupancy limits and in compliance with state/county guidelines and CMS requirements, determine the disciplines and number of colleagues that need to be present at the PACE center to meet participant needs and CMS requirements.
  - Ensure that social distancing is maintained in colleague work spaces; allow colleagues to continue to work from home as needed to ensure social distancing in the PACE center.
- Develop a staffing plan consistent with participant services and needs; see HR plan for return to work guidance for colleagues who are working reduced schedules or who are furloughed.
- Engage System Office HR communications team for guidance on furloughed colleagues and return to work.

Re-engage workforce as applicable.

- Colleagues who are working from Home.
- Colleagues with reduced schedules.
- Colleagues who have been re-deployed to other ministries.
- Colleagues who have been furloughed.
- Colleague training and education.

PACE CENTER FACILITY READINESS

Deep clean and disinfect PACE center prior to re-opening.

- Ensure adequate quantities of approved cleaning supplies are available for colleague use.
- Re-educate colleagues on proper cleaning and disinfection techniques based on infection control guidelines.
- Schedule and complete PACE center vendor cleaning and disinfection to be completed prior to re-opening.
- Ensure that participant manipulatives and activity supplies are thoroughly disinfected prior to re-opening and on an ongoing basis.
- Colleagues will clean personal spaces using infection control guidelines.
• Develop, implement and maintain cleaning logs.

Develop a plan for ongoing cleaning and disinfection according to infection control guidelines after re-opening.
• Establish cleaning turnaround expectations for EVS colleagues and adjust cleaning schedules to assure high touch areas are adequately cleaned and made available quickly for use.
• Thoroughly clean exam rooms following every participant visit including but not limited to exam table, chair and equipment that was used.
• As needed assign colleagues to clean specified areas such as outlined below.
  o Assign staff to clean common areas including but not limited to conduct rounding every two hours should be conducted to clean doorknobs, drawer handles, telephones and high touch spaces (tables, shelves, chairs).
  o Assign staff to clean clinic area including but not limited to BP cuffs, stethoscopes, otoscope, pulse ox, INR/glucose machines, blood draw area, etc.
  o Ensure that participant manipulatives and activity supplies are thoroughly disinfected per infection control guidelines.
• Maintain cleaning logs.

Ensure that PPE supplies are stocked and available to meet colleague and participant needs.
• Personal Protective Equipment.
  o Ensure adequate PPE supplies are securely stored at each PACE center. Develop and maintain PAR levels for each PPE item.
  o Re-evaluate PPE usage and determine if present system should continue or if changes should be made to the PPE to be used for each circumstance.
  o Consider assigning one colleague (with a back-up) to be responsible for monitoring and distribution of PPE.
    ▪ Colleague assigned will be responsible for inventory at the end of each day and order supplies as necessary.
  o Communications to work with clinical operations to develop PPE visual aids (posters) in colleague areas.

ENTRY TO POINT OF SERVICE

Review and implement Facility Entrance Screening Guidance for PACE.
Confirm that touchless thermometers available for use at each entrance.
Masking
• Validate available supplies.
  o Identify if all participants have cloth masks available to them for use when attending Center/Clinic.
  o Ensure adequate surgical masks for daily use by all participant facing colleagues.
Prior to Returning to full function in Primary Care Clinic.

- Align with Clinical Pre-Screening and Communications criteria.
  - Identify guidance for routine screening and/or testing of participants (when/where/who).
  - Test and recovery tracking.
- Evaluate building capacity for assigning a separate entrance/exit for clinic appointments.
- Resume clinic operations.
  - Evaluate and triage urgent treatments or sick visit assessments that require in-person and cannot be completed in the home.
  - Identify clinic room to be dedicated to COVID type S/S only. Ensure ability to appropriately clean between patients.
  - Continue to evaluate for telehealth visits (see following section).
  - Determine equipment and PPE in place in Clinics.
  - Confirm waiting area able to accommodate socially distanced patients.
  - Set up screens for clinic reception staff.
  - Schedule face to face assessments that were delayed.
- Specialist appointments.
  - Identify if external provider offices are open for appointments and precautions in place.
  - Schedule delayed external specialist appointments that have continued appropriateness.
  - Identify availability for onsite clinic sessions and review required precautions.
- Enhance use of telehealth technology for those with access to technology resources.
  - Continue to utilize audio-visual technology for telehealth visits for primary care consults as allowed based on CMS guidance.
  - Participant and Colleague Preparation:
    - Identify participants and caregivers regarding smart phones, Ipads, laptops available in the participant's home.
    - Input from PACE Rehab Team regarding each participant's cognitive and physical ability to utilize a smart phone, Ipads or laptop independently.
    - Plan for PACE colleagues to assist participants with telehealth encounters during home visits requires colleague training to use PACE owned smart phones for telehealth.
  - PACE Provider Prep:
    - Qliqsoft access: application is in Zen Works. Submitted each provider to IT for access. Each provider receives an email invitation to register.
    - Providers received Qliqsoft job aid instructions. Providers may connect with their MGPS program IT Team for additional provider support and training.
    - Inventory provider laptops and obtain external cameras.
Follow PACE guidance on documentation of virtual visits.

Scheduled Appointments:
- Participants are scheduled for in-person evaluations. If participant declines to attend in the clinic or the PACE provider determines a telehealth encounter is preferred, a telehealth encounter may be conducted in one of the following ways, based on technology available:
  A) independently if the participant has the physical and cognitive ability and a device is available in the home.
  B) a PACE colleague goes to the participant's home with audio-visual device and facilitates a telehealth encounter.
  C) PACE provider conducts phone-based encounter and utilizes in combination with Remote Patient Monitoring for vital sign data. (NOTE: THAH utilizes Home Care Connect and other HMs may utilize other remote patient monitoring platforms – ex: Mercy SEPA uses Philips, SPHP uses Connect America, etc. PACE programs may obtain this technology through their affiliated TH home health agency.)

- Enhance telehealth visits for specialist consults.
  - Option A: Bring participant to PACE primary care clinic for a scheduled telehealth visit with the PACE provider, participant and specialist using telehealth.
  - Option B: PACE RN brings a device (smart phone or iPad) to the participant's home and facilitates a scheduled specialist encounter. PACE RN updates the PACE primary care provider following the encounter.

- Enhance telehealth visits for emergency provider consults.
  - Acute Appointments -a real time encounter with the PACE provider is completed:
    A) independently if the participant has the physical and cognitive ability and a device is available in the home.
    B) a PACE RN goes to the participant's home with smart phone and facilitates a telehealth encounter.
    C) PACE provider conducts phone-based encounter and utilizes in combination with Remote Patient Monitoring for vital sign data.
    D) Home Care

- Identify any change in participants needs for in-home services and adjust care plans, e.g., family members still sheltering in place or returned to work.

Reopening Addendum: Primary Care Clinic
Guidebook for Resuming Services

General masking and facility entrance screening procedures will be followed as per PACE Recovery Plan. This Addendum provides more specifics for Clinic and Therapy Gym

<table>
<thead>
<tr>
<th>Phase 1:</th>
<th>Primarily continue use of virtual technology for face to face encounters, with very limited scheduled appointments</th>
</tr>
</thead>
</table>
| Phase 2: | Slow ramping up of limited Clinic visits with continued use of virtual technology as available for face to face encounters (until CMS declare end of Emergency)  
1. Scheduled visits for in-person management of chronic diseases  
2. In person assessments for new enrollees  
3. In person 6 monthly PCP and Nurse assessments not able to have been completed during closure. Outside specialist appointment rescheduling can commence as appropriate (see below) |
| Phase 3: | Continued scheduling of in-person clinic visits and assessments based on capacity limitations. Use virtual technology as available for face to face encounters until CMS declare end of emergency. Limited onsite specialist services may be rescheduled as appropriate (see below) |

- All colleagues working in the Clinic will wear a surgical mask for their entire shift.
- Provide plexiglass screen/window at reception desk within the Clinic and at main facility entrance.
- Post social distancing signage at the entrance to the Clinic.
- Set chairs in waiting areas at least 6 feet apart and include space for wheelchairs.
- Post respiratory etiquette and hand hygiene signage at the entrance to and throughout the Clinic.
- Examination rooms will undergo cleaning in between each participant:  
  - Using approved disinfectants, surface cleaning and, per manufacture instructions, cleaning of all equipment that has come into contact with the participant.
- Screening and Testing:  
  - All participants attending for a routine scheduled appointment or assessment will have been screened prior to arrival (temp ≤ 99F, no new shortness of
breath or new cough) and will be required to wear a cloth mask or surgical mask as available.

- Participants who have recovered from a confirmed diagnosis of COVID-19 will have documentation in the medical record.
- Reliability of routine testing, such as serology, will continue to be evaluated and will be utilized as and when recommended by CDC/CMS/TH and available locally.

- During phase 1 and phase 2 Day Center rooms may be appropriate for use as waiting areas pre-appointment and pre-transportation to home, in order to optimize physical distancing.

- Participants discharged from a hospital setting for any reasons, those with confirmed COVID-19 tests, or those in PUI status may be excluded from attending the Clinic or Day Center for a prescribed duration by the Medical Director/designee, following current PACE/TH guidance documents.
  - During any exclusion period, post hospital evaluation/assessment/medication reconciliation will be done in the home setting and/or using available visual virtual technology.

- Any participant needing to be assessed by the PCP for respiratory symptoms will be required to wear a surgical mask, will not be placed in the clinic waiting area, but will be taken immediately to a pre-identified Clinic room for this purpose with the door closed.
  - Clinicians interacting with, assessing, and treating these participants will wear full appropriate PPE as per PPE guide book.

- Review outpatient procedures that have been postponed.
  - If remain relevant, begin to schedule accordingly.

- Review existing external specialist consult orders for continued relevance.
  - If consult remains relevant.
    - Identify if external specialist office is open and begin to schedule accordingly.

- In order to maintain mitigation of risk of exposure from attendance at external specialist offices:
  - Consider internal consultation with PACE physicians.
  - Evaluate options for enhancing onsite specialist services.

- Contact any specialists who provided services onsite in PACE clinic.
o Determine if a dedicated room can be provided in the clinic at this time.

o Communicate current COVID-19 screening procedures.

o Evaluate for and confirm appropriate practices for disinfection between patients.

- Tele-monitoring strategies will continue to be explored and implemented per recovery plan.

**Skilled Nursing Facility and Long-Term Care participants**

Providers and other colleagues will monitor guidance from partner facilities regarding their re-opening strategies and ability to/precautions to take during onsite visits to PACE participants in those settings. Limit onsite visits from these locations through phase 1,2,3.

Continue to work with local skilled and LTC to facilitate virtual visits if possible.

**IDT**

- Review and revise Care Plan based on ‘new’ needs.

- Develop schedule of continued routine check in calls.
  - Implement risk stratification to determine frequency of calls.

- Rec therapy to determine continuation of alternative activities for engagement at home.

- Review center attendance needs.

**Therapy Department**

- Post social distancing signage at the entrance to the Therapy room(s).

- Place markers on the floor or walls indicating safe physical distancing.

- Post mask requirements, and respiratory and hand hygiene signage at the entrance to and throughout the Therapy room(s).

- Determine participant capacity based on square footage and ability to maintain 6 feet distancing.

- Post capacity signage at the entrance to the Therapy room(s).

- All equipment, including stethoscope and pulse oximetry, will be cleaned with approved disinfectant between participant use.

**Comparison of PACE Emergence Plan Progress by Program Checklist**

<table>
<thead>
<tr>
<th>Tasks</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Building Infrastructure Systems II (f) 3</strong></td>
<td></td>
</tr>
<tr>
<td>Reactivate all water systems, if necessary.</td>
<td></td>
</tr>
<tr>
<td>Test and balance the air ventilation systems to meet regulatory air exchange and humidity requirements. Review opportunity to allow for open air ventilation for a period of time daily.</td>
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<tr>
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<tr>
<td>Conduct environment of care, life safety inspection on all systems. Perform any regulatory or routine facility testing as required.</td>
<td></td>
</tr>
<tr>
<td>Calibrate nurse call and code blue systems to original system programming.</td>
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</tr>
</tbody>
</table>

### Center Facilities Readiness II (f) 3, II (f) 8

| Schedule and complete PACE center vendor cleaning and disinfection to be completed prior to re-opening |
| Develop, implement, and maintain cleaning logs, specifying by who and identify where they will be stored. |
| Re-educate colleagues on proper cleaning and disinfection techniques based on infection control guidelines. |
| Ensure that participant manipulatives and activity supplies are thoroughly disinfected prior to re-opening and on an ongoing basis. |
| Colleagues will clean personal spaces using infection control guidelines. |
| Review current clinic room and rehab gym cleaning practices and revise processes as necessary, including the wiping down of return air grills in rooms occupied by patients who are suspected or confirmed as having COVID-19. |
| Develop a plan for ongoing cleaning and disinfection according to infection control guidelines after re-opening. |
| Assign staff to clean common areas including but not limited to conduct rounding every two hours should be conducted to clean doorknobs, drawer handles, telephones and high touch spaces (tables, shelves, chairs). |
| Assign staff to clean clinic area including but not limited to BP cuffs, stethoscopes, otoscope, pulse ox, INR/glucose machines, blood draw area, etc. |
| Implement a process to ensure soap and sanitizer dispensers are filled daily and confirm touch free dispense if possible. |
| Determine if dining will be dispersed to day rooms and develop logistical processes for serving meals. |
| Identify needed dietary/food service requirements required to reopen. |

### Colleague Staffing Plan II (f) 4, II (f) 8
Conduct staffing review and develop plan based on participant numbers in the center, participant needs, and CMS requirements.

Draft and implement staffing plan to work in COVID Free zones and non-COVID Free Zone as referenced in Emergence Plan.

Incorporate COVID-19 topics in daily huddles and leader rounding.

Engage System Office HR communications team for guidance on furloughed colleagues and return to work.

### Communication Plan Targeting Key Stakeholders 110

**Draft and send phase 1 messaging letter to participant and caregivers.**

**Distribute Phase 1 messaging flyer that center is still closed in activity packets sent to participants' homes.**

**Record Phase 1 Voice Friend messaging script.**

**Post signage at PACE center entries and throughout PACE center with signs/symptoms/social distancing reminder messaging for participants.**

**Send Phase 1 colleague email message that center is still closed, update on operational changes and how re-opening date will be determined.**

**Send Phase 1 community email blast that center is still closed, update on operational changes and how re-opening date will be determined.**

**Post signage at PACE center that the center is still open and visitors are restricted- point of entry sign.**

**Draft and send Phase 3 messaging to participants that the center will open soon, sharing relevant operational information**

**Distribute Phase 3 messaging flyer that center will open soon in activity packets sent to participants' homes**

**Record Phase 3 Voice Friend messaging script**

**Send Phase 3 colleague email message that center will open soon, update on operational changes during transition, version for colleagues and a letter for the Board of Directors.**

**Send Phase 3 community email blast that center will open soon, visitors will still be restricted, audience will be community partners and referral sources.**

**Draft and consistent communication for individual participants' changes to day center attendance.**
<table>
<thead>
<tr>
<th>Develop PPE visual aids (posters) and post in colleague areas.</th>
</tr>
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</table>

**Entry to Points of Service II (f) 3**

<table>
<thead>
<tr>
<th>Identify COVID-Free Zone point of entry and post appropriate signage.</th>
</tr>
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<table>
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<tr>
<th>Identify participant drop off area and post appropriate signage.</th>
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<table>
<thead>
<tr>
<th>Implement screening set up for all persons designated to use Covid Free Zone entry with utilization of proper PPE and distribution of masks.</th>
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<tr>
<th>Implement floor tape indicators 6 feet apart.</th>
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<table>
<thead>
<tr>
<th>Install plexiglass barriers between participants and staff at check-in desks, clinic reception desks, and between receptionists.</th>
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<table>
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<tr>
<th>Adjust conference rooms to adhere to social distancing guidelines</th>
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</table>

<table>
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<tr>
<th>Configure colleague work areas (desks) to avoid a face-to-face orientation, using plexiglass barriers, every other seat assignment, or rearranging work surfaces to ensure all colleagues are seated in the same direction.</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Limit restrooms to single use facilities or utilizing every other stall.</th>
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</table>

**IDT II (f) 8**

<table>
<thead>
<tr>
<th>Draft participant attendance plan based on participant needs and capacity allowed according to square footage and social distancing requirements.</th>
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<table>
<thead>
<tr>
<th>Develop and implement process to review and revise Care Plan based on ‘new’ needs of participants.</th>
</tr>
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<table>
<thead>
<tr>
<th>Develop schedule of continued routine check in calls and implement risk stratification to determine frequency of calls.</th>
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<table>
<thead>
<tr>
<th>Determine continuation of alternative rec therapy activities for engagement at home.</th>
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</table>

**Marketing, Sales, and Enrollment II (f) 8**

<table>
<thead>
<tr>
<th>Develop and launch a social media tool to include a thank you video tribute to our LIFE colleagues for their work during this pandemic.</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Distribute flyers: Center will open soon, hard push for referrals, flyer distributed by community liaisons.</th>
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<table>
<thead>
<tr>
<th>Review and build pipeline through check-in calls with hot/warm leads and re-engagement with closed leads. Add activity to CRM.</th>
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</thead>
</table>
Reengage "pended" contacts to maintain interest in PACE enrollment for Applicants whose IDT assessment/approval process was pended due to COVID-19. Add activity to CRM.

<table>
<thead>
<tr>
<th><strong>Obtain Regulatory Approval To Re-Open PACE Center II</strong> (f) 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review CMS, state and county re-opening criteria and guidance, adhering to Trinity Health guidance unless state/county requirements are more stringent.</td>
</tr>
<tr>
<td>Develop a plan to comply with specific CMS, state and county re-opening requirements and guidance.</td>
</tr>
<tr>
<td>Monitor CMS re-opening guidance on an ongoing basis and revise plans and operations to maintain compliance.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Participant Transportation Activation (In-house and third-party vendor)</strong> II (f) 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Determine number of vehicles necessary to meet scheduled transportation to/from the PACE center. Ensure that prescribed social distancing is maintained in the vehicles.</td>
</tr>
<tr>
<td>Determine number of vehicles necessary to meet scheduled transportation to/from outside appointments.</td>
</tr>
<tr>
<td>Ensure that all vehicles in operation are thoroughly cleaned and disinfected according to infection control guidelines including but not limited to the wheelchair ramp, inside and outside of door, steering wheel, handles and seats prior to re-opening.</td>
</tr>
<tr>
<td>Ensure that cleaning supplies are on the van (in a locked box) for continued cleaning per infection control guidelines.</td>
</tr>
<tr>
<td>Prior to returning to service, educate transportation colleagues on vehicle cleaning and disinfection, proper use and deployment of PPE and the safe transport of participants per TH guidance; document evidence of training in colleague files.</td>
</tr>
<tr>
<td>Post signs/symptoms and cover your cough posters in vehicles</td>
</tr>
<tr>
<td>Ensure vehicle cleaning logs are maintained, specifying by who and identify where they will be stored.</td>
</tr>
<tr>
<td>If using a vendor, issue notice of intent to re-open to transportation vendor.</td>
</tr>
<tr>
<td>If using vendor, develop a written re-opening plan that addresses at a minimum the following issues as applicable and in compliance with Trinity Health requirements and guidelines: cleaning and disinfecting, driver/aide screening and/or testing, PPE storage and</td>
</tr>
</tbody>
</table>
deployment and transportation colleague training as applicable.

<table>
<thead>
<tr>
<th>PPE and Thermometry II (f) 6, II (f) 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure adequate PPE supplies are securely stored at each PACE center.</td>
</tr>
<tr>
<td>Utilize algorithm for weekly reporting of PPE quantities and thermometry to local incident command center.</td>
</tr>
<tr>
<td>Re-evaluate PPE usage and determine if present system should continue or if changes should be made to the PPE to be used for each circumstance.</td>
</tr>
<tr>
<td>Assign one colleague (with a back-up) to be responsible for monitoring and distribution of PPE and to conduct inventory at the end of each day, ordering supplies as necessary.</td>
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<tr>
<th>Primary Care Clinic II (f) 8</th>
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</thead>
<tbody>
<tr>
<td>Designate Covid exam room in clinic.</td>
</tr>
<tr>
<td>Utilize Day Center as waiting room during Phase 1 and 2.</td>
</tr>
<tr>
<td>Establish process to minimize participants in waiting rooms with furniture spaced 6 feet apart.</td>
</tr>
<tr>
<td>Draft and implement process to ensure that participant appointments have minimal overlap for proper social distancing.</td>
</tr>
<tr>
<td>Post respiratory etiquette and hand hygiene signage at the entrance to and throughout the Clinic.</td>
</tr>
<tr>
<td>Implement process for cleaning of exam rooms in between participant appointments.</td>
</tr>
<tr>
<td>Implement process to adhere to Phase 1-3 Primary Care Clinic operational guidelines regarding scheduling appointments (virtual and in-person).</td>
</tr>
<tr>
<td>Schedule face to face assessments that were delayed</td>
</tr>
<tr>
<td>Schedule delayed external specialist appointments that have continued appropriateness.</td>
</tr>
<tr>
<td>Identify any change in participants needs for in-home services and adjust care plans, e.g., family members still sheltering in place or returned to work</td>
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</table>

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<thead>
<tr>
<th>Skilled Nursing Facility and Long-Term Care participants II (f) 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitor guidance from partner SNF/LTC facilities regarding their re-opening strategies and ability to/precautions to take during onsite visits to PACE participants in those settings. Limit onsite visits from these locations through phase 1,2,3.</td>
</tr>
</tbody>
</table>
Implement process to work with facilitate virtual visits for SNF/LTC participants.

**Technology II (f) 3**

Evaluate IT and network performance

Determine if additional low-voltage and/or telehealth technologies need to be installed to support new operational protocols.

**Therapy Department II (f) 8**

Determine participant capacity based on square footage and ability to maintain 6 feet distancing and post at entrance.

Post social distancing signage, mask requirements, and respiratory and hand hygiene signage at the entrance to the Therapy room(s) and throughout.

Place markers on the floor or walls indicating safe physical distancing.

Draft and implement process for all equipment, including stethoscope and pulse oximetry, between each participant use.

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**Back to Table of Contents**

**Continuing Care Readiness – Physical Therapy**

The following criteria identifies actions and tasks that are recommended to safely reopen physical therapy clinics inside acute care hospitals, medical groups and outpatient retail settings.

**ENTRY TO POINT OF SERVICE**

*Refer to section II (f) 1-7 for the guidelines and requirements for the safe resumption of services, regulations for visitors, facilities, COVID-Free Zones, Medication and Blood Products, PPE Thermometry, Staffing and Regulatory subject matter.*

**Prior to Arriving to Clinic**

- Align with Clinical Pre-Screening & Communications criteria
  - Perform symptom prescreen at the time the appointment is set(phone) and explain what the patient should do if they develop symptoms before the scheduled visit. Give specific instruction for building entry point, registration, masking and companion policy limitation. Highlight what the patient needs to know prior to coming in to their appointment – site specific. Collect any pre-registration needed to minimize any onsite registration.
Reminder (phone call /email) the day before any scheduled visit with symptom recheck. Give reminders for specific instruction for building entry, registration, masking and companion policy.

Schedule in clusters (early day and or late day). Schedule from the end of the cluster forward to minimize the productivity impact of cancelations or no-shows. Schedule staff based on each schedule cluster. Space schedule appointments based on modified waiting capacity and social distancing requirements.

- Patient Support (Family/Guest) Policy
  - No patient companion allowed in building unless physical or cognitive disability necessitates companion. Limited to one if needed/approved. Single parent/guardian with one dependent child allowed if no alternatives are available.

- Use virtual technology to schedule recover visit volume raise member awareness, trust and use of our services.
  - Contact all patients that have canceled a visit and recommend a telehealth evaluation or re-check based on insurance coverage. If appropriate contact referring physician for re-authorization.

- Patient visit schedule aligned with social distancing capacity in the clinic.

- Social Media Campaign – raise member awareness, trust and use of our services
  - Develop a list of top 10-15 referral sources and prepare appropriate out reach script informing them of evolving hours of operations and safety precautions in place.
  - Develop a complete list of any cancelled patients or any interrupted treatments and contact everyone directly. Inform of safety precautions in place and offer virtual evaluation to determine current condition if appropriate.
  - Develop social media and update website with information regarding safety steps taken and availability of virtual visit capability – continue to update our hourly rates to ensure communication with public (daily/weekly per needs of change).

Clinic Arrival & Parking
- Directional signage to designated entry - dependent on-site specific needs
- Sit specific wayfinding signage as necessary

Building Entry
- Patient Drop-Off (Valet?)
  - At designated entry point per way finding signage – site specific
- Security
  - Site specific
- Limit walk in visits and encourage pre-set appointment

- Signage requirements
  - Site specific

- Screening Setup
  - Immediately upon entry symptom checking and temperature checking or outside site specific
  - Plexiglass Barrier
    - Install barriers between registration/reception staff and customers
  - PPE for Staff
    - Per CDC and state/local/Trinity guidelines
    - Consider additional PPE pending clinical or non-clinical engagement for example face shield for TMJ manual therapy
  - PPE for Visitor
    - Per CDC and state/local/Trinity guidelines
  - Vendors-Patient facing Vendors: Wheelchair etc. screened like staff.
  - Vendors-off hours- no screening.
  - Vendors-Patient facing Vendors: Wheelchair etc. screened like staff. Use of virtual/phone calling for throughput

Circulation to Point of Service
- Directional signage or wayfinding guides (tape on floor)
  - Per facility recommendation

- Partitioned off areas/corridors
  - Life Safety/Egress Code Requirements
    - Per facility recommendation

- Public Restrooms
  - Per facility recommendation
  - Limited Stalls and identify those in use
  - Cleaning Frequency - Contact external resources in advance to resume cleaning schedule and highlight new policies for cleaning (frequency and chemicals to use). Refer to individual sites updated policies and procedures for standardized cleaning post COVID. SPHP Sunnyview Policy and Procedure labeled “2-18 Equipment Cleaning and Disinfection- Patient Care Supplies.doc updated 12-20-18”
- Public Water Fountains
  - Consider closing
  - Cleaning Frequency - Contact external resources in advance to resume cleaning schedule and highlight new policies for cleaning (frequency and chemicals to use). Refer to individual sites updated policies and procedures for standardized cleaning post COVID. SPHP Sunnyview Policy and Procedure labeled “2-18 Equipment Cleaning and Disinfection- Patient Care Supplies.doc updated 12-20-18”

- Department Reception
  - Check-In/Registration
    - Plexiglass Dividers
      - Per facility recommendations
    - Copay Collection
      - Credit card/remote/Apple pay/pay my doctor preferred
  - Patient - Keep a list of persons who cancelled during COVID and obtain new script (if appropriate), re-verify insurance, check for current or obtain new authorization. Limit patient walk-ins to known referral sources as much as possible.

- Reception, Waiting & Restrooms
  - Consider installing plexiglass barriers between patients and staff at check-in / registration desks.
  - Waiting is to be eliminated or minimized. The quantity of furniture is to be reduced and spaced 6 feet apart in alignment with social distancing requirements.
  - Consider limiting public restroom to single use facilities or every other stall.

- Cleaning Frequency - Contact external resources in advance to resume cleaning schedule and highlight new policies for cleaning (frequency and chemicals to use). Refer to individual sites updated policies and procedures for standardized cleaning post COVID. SPHP Sunnyview Policy and Procedure labeled “2-18 Equipment Cleaning and Disinfection- Patient Care Supplies.doc updated 12-20-18”
Staff Work, Meeting and Respite Areas
- Staff work areas (desks) are to be configured to avoid a face-to-face orientation, through the use of plexiglass barriers, every other seat assignment, or rearranging work surfaces to ensure all staff are seated in the same direction.
- Meetings that need to occur in person are to align with corporate guidance that limits the number of people in the conference room. Additional space adjusts should also be considered including closing larger conference rooms, removing a percentage of chairs, or encourage standing meetings in open spaces.
- Staff locker and break rooms also need to take steps to reduce the number of staff at one time.
- The following supplement documents have been created to support the Ministry with social distancing requirements:
  - Staff Work, Meeting and Respite Areas

BUILDING INFRASTRUCTURE SYSTEMS

REACTIVATION SUPPORT SERVICES AND OPERATIONS

Getting the Building Ready
- Electrical-Biomed and Facilities and IT to check equipment and Power
- Environmental – Thorough cleaning of the site and facility check
  - 2 days before opening - have facilities and biomed review:
    - Staged re-opening - 2 days prior to opening have facilities and biomed team coming through to check operational safety and equipment.
  - Cleaning Frequency - Contact external resources in advance to resume cleaning schedule and highlight new policies for cleaning (frequency and chemicals to use). Refer to individual sites updated policies and procedures for standardized cleaning post COVID. SPHP Sunnyview Policy and Procedure labeled “2-18 Equipment Cleaning and Disinfection- Patient Care Supplies.doc updated 12-20-18”
- Supply Stocking
  - Will need increased PPE/ Cleaning supplies due to COVID-19
  - Correspond with Infection control for available cleaning supplies*
  - Calculate burn rate for office PPE / cleaning supplies (thermometers/masks/ Sani-wipes)
- Equipment Inventory
  - Special consideration for aquatic facilities per local DOH guidelines
• Electrical biomed and facilities prior to opening specific to aquatics

Department Daily
• Pre-screening / b. Patient Safety
  o Persons identified as recovering from Covid (newly negative) would wear mask and be treated in private room screened when scheduling prior to all visits, patients are called to ensure they are feeling well and not having any new symptoms-requested to post pone visit if so.

• Staff Safety
  o Staff Screened daily temp and symptom check list. Staff to wear masks per regional mask mandate for health care providers. Staff will wash hands pre/post treatment session with each patient. Glove use for any procedures near face

• Room Turn overs
  o Staff to whip down room/equipment between each session with patient. Sanit-wipes and dwell time per infection control and CDC. All linens to be placed in clearly marked container with top marked DIRTY use of gloves for cleaning/ turning room over per standard procedures.

• Daily Cleaning
  o AM/PM daily cleaning of all touch points by therapy staff. Deep cleaning 1x an evening from external cleaner (re-allocated staff or company?)
  o Cleaning Frequency - Contact external resources in advance to resume cleaning schedule and highlight new policies for cleaning (frequency and chemicals to use). Refer to individual sites updated policies and procedures for standardized cleaning post COVID. SPHP Sunnyview Policy and Procedure labeled “2-18 Equipment Cleaning and Disinfection- Patient Care Supplies.doc updated 12-20-18”

• Stocking
  o Stocking supplies using gloves to unpack- boxes to be taken down and recycled immediately. Re-stocking and burn rates for PPE to be pre calculated in anticipation of staff needs and volume weekly. Weekly staff stocking check list.

Patient Discharge
• Social awareness education for COVID safety in the community- preferred webpages and resource pamphlet / referral to support groups in community and social media support (Rob)

• Per facilities

Staffing Model Projection
• Staff to Schedule and volume as noted in prior to arrival to clinic
**CLINICAL & SUPPORT SERVICES**

- Attend to all daily cleaning tasks i.e., hydrocollator prior to opening
- Public Area Decontamination/Cleaning
- Fit up locations with standard supplies take into consideration additional PPE stock and security

Clinic and equipment sterilization:
- Electrical-Biomed and Facilities and IT to check equipment and Power
- Environmental – Thorough cleaning of the site and facility check
  - 2 days before opening - have facilities review and have biomed review: Staged re-opening - 2 days prior to opening have facilities and biomed team coming through to check operational safety and equipment.

**Clinical Equipment – Maintenance / Repairs**

- Electrical-Biomed and Facilities and IT to check equipment and Power
- Environmental – Thorough cleaning of the site and facility check
  - 2 days before opening - have facilities review and have biomed review: Staged re-opening - 2 days prior to opening have facilities and biomed team coming through to check operational safety and equipment.

**THIRD PARTY VENDOR SERVICES**

- Define vendor access requirement at clinic
  - Contact vendors 2 weeks prior to opening to resume schedule- site specific
  - Vendors-Patient facing Vendors: Wheelchair etc. screened like staff.
  - Vendors-off hours - no screening.
  - Vendors- Patient facing Vendors: Wheelchair etc. screened like staff. Use of virtual/phone calling for throughput
  - Reactivation of scheduled deliveries - per facilities set entry locations
  - Define vendor access requirement at clinic - site specific

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**Continuing Care Readiness – SNF, AL, IL**

The following criteria identifies actions and tasks that are required or recommended to safely admit and care for Skilled Nursing Facility, Assisted Living and Independent Living residents.
ENTRY TO POINT OF SERVICE

Refer to section II (f) 1-7 for the guidelines and requirements for the safe resumption of services, regulations for visitors, facilities, COVID-Free Zones, Medication and Blood Products, PPE Thermometry, Staffing and Regulatory subject matter.

ADMISSION CRITERIA FOR SKILLED NURSING FACILITY ASSISTED LIVING AND MEMORY CARE

Requirement: Adherence to State DOH specific guidelines.

PURPOSE

To safely and strategically assign rooms to new admissions based on risk factors to mitigate potential transmission of COVID-19.

PROCEDURE

The COVID-19 admission risk stratification tool will be used on all new admissions to determine roommate assignment based on risk stratification classification. Residents, whenever possible, will be placed in a room with a resident who shares similar risk characteristics to reduce unintentional exposure to COVID-19. When placing a new admission in an already occupied room the 14-day quarantine for both parties in the room will start on the date of the second resident’s admission. Please note this may require an extension on the existing residents quarantine. Every effort should be made to minimize having to extend the 14-day quarantine by placing the admissions within three days of one another in one room. For example, If the admission has come from and/or participated in high risk factors the admission should be put into a room that has someone who has also come from and participated in the same high-risk factors. If the admission is of low risk, then their room assignment should also be with an individual who is of low risk.
ADMISSIONS
COVID-19 Risk Stratification Tool

LOCATION FACTORS
Risk based on the location that the admission is coming from as well as the mode they are being transported

HIGH RISK
Prevalence of COVID at the location the admission is coming from (hospital unit/LTC facility)
If not coming from acute care the admission was sharing a room/space with others.
Care giver/Home health aide does not wear consistent PPE guidelines.
The admission is coming from a memory care or other specialty unit.

LOW RISK
The location the admission is coming from has little to no known cases of COVID-19.
The admission was in a private room.
The caregiver of the admission wears consistent and proper PPE.

INDIVIDUAL FACTORS
Risk based on the individual themselves, their comorbidities, their family members etc.

HIGH RISK
Increased likelihood of exposure due to activities or exposure (Dialysis pt, chemo pt, outside apts.)
The admission is on standing Tylenol or other fever reducing medications that may make it hard to identify a potential onset of fever.
The admission is currently living with a healthcare worker.
Admission has been exposed to a known case from a family member or Care giver.
Admission or anyone close to them has traveled to an area on Governor Cuomo’s listed states within the last two weeks that has high prevalence of COVID-19.

LOW RISK
The admission has no underlying health conditions that put them at a higher risk for COVID-19.
The admission is not on Tylenol or other fever reducing medications.
The admission is coming from a private apartment or facility room.
Admission does not have anyone close to them who they come in contact with that is a healthcare worker or first responder.
RISK STRATIFICATION CHECKLIST FOR SCREENERS

PLEASE CHECK ALL THAT APPLY

- Prevalence of active COVID-19 at patients’ location (i.e., hospital unit/LTC facility)
- Admission currently lives in a memory care or specialty unit
- If not coming from acute care the patient shares a room with another person
- Admission lives with family or friends who are healthcare workers or first responders
- Admission is cared for by private duty caregiver, home health aide, nurse- If yes answer follow up question if not skip.
- Does the caregiver consistently wear PPE
- Admission or anyone in family/friends has had known exposure to someone with COVID-19
- Admission has an increased likelihood of exposure due to unavoidable activities (Dialysis patient/Chemotherapy patient)
- Admission is coming from an area or state with a high prevalence of COVID-19 per Governor Cuomo’s listed states.
- Admission is on a standing order of Tylenol or other fever reducing medications
- Admission's negative COVID-19 test was completed more than 7 days before admission date

INDEPENDENT LIVING (MOVE IN TO APARTMENT)

Residents will be screened and will not be allowed to move in if they have traveled to/from an affected area or had symptoms or a fever in the last 14 days. A move may be scheduled if they clear screening. Resident must shelter in apartment for 14 days upon move-in with no other resident contact. They may leave for walks outside but must maintain a 6-foot distance from all other residents during this time, and mask as required.

Note – for all move-ins:
- Family will not be allowed to enter the community for visitation at move-in.
- Furniture and new resident belongings should be brought to the entrance closest to the apartment by the family/movers, wiped down with disinfectant, and moved in by staff if able.
- If staff are not able to move items into the apartment, the fewest number of people needed to move items should be screened, and then always move items in maintaining at least a 6-foot distance from other residents.
Release restrictions in a phase approach based on CDC guidance and State and DOH regulatory requirements.

Resuming Resident Activities

The following criteria identifies actions and tasks that are recommended to safely reopen resident congregate areas and safely resume resident activities and sales tours for occupancy recovery.

Resumption of senior community services is based on State DOH guidance and prevalence of COVID+ in the surrounding senior living communities and by Trinity Health location. In addition, availability of testing, and eventually a vaccine, will further loosen restrictions for new admissions/move-ins. A phased approach will apply to resume activities:

- elimination of masking in common areas
- decrease in social distance limitations
- resident visitors allowed (with or without masking or other limitations)
- outside visitor and non-essential vendor (i.e. entertainer & prospective resident tours)

Resuming Sales & Marketing Activities

Existing sales – delayed move-ins:

- Upon request, approve delay of move-in within 30 day increments in order to satisfy the resident's concerns (if visitor restrictions, arrange for move-in when these are lifted; if concern is availability or resident funds, continue to work with resident on alternatives i.e. prom note)

- Continue unit refurbishment work on sold apartments – classify as necessary vendors
  - Screen vendors, limit numbers
  - Vendor to enter building at entrance closest to apartment being refurbished & avoid contact with residents closer than 6 feet
  - Mask in resident contact areas
  - Decide for electronic closings as needed

Phase I – Market & Utilize Virtual sales office (immediate):

- Sales staff working from home and/or office
- Train sales staff to utilize virtual methods to hold 1 on 1 appointments (WebEx or Zoom)
- Create landing pages to capture leads for virtual appointments (or adapt existing)
- Record virtual video tours of available units (utilize in-house talent if possible)
- Ensure all collateral materials are in electronic format for use in virtual appointments
- Sales staff to call leads for wellness & emotional "check-in" to refresh leads
- Schedule virtual tours as appropriate
• Monitor conversion stats of virtual tours
• Soft marketing with benefits of IL and AL in times of social isolation & support of daily needs
  o Facebook & website – resident testimonial videos
  o Email blast to adult children re: support for their loved ones

**Phase 2 - Re-open sales office for staff**

• Continue COVID-19 safety procedures and infection control training for sales staff
• Ensure staff infection control procedures and associated competencies

**Phase 3 – open the sales office/community for 1-on-1 appointments**

• Trigger for opening of sales office for appointments will be when outside visitors are allowed
• Consider current requirement for masking and/or social distancing and incorporate procedures
• Continue existing protocols for screening visitors
• Communicate through website and other marketing when sales office re-opens

**Phase 4 – restart small group luncheons/events**

• Trigger for restarting small group luncheons when small group resident activities are allowed, and masking requirement is lifted
• Hold in large room for social distancing separation
• Initially with a maximum of 10 people in the room and then growing from there
• Begin advertising to the purchased mailing list and slowly increase the size of the events

**Phase 5 – full scale sales & marketing plan**

• Trigger when all COVID restricted are lifted (likely when vaccine is available)
• Fully resume sales staff appointments and events
• Maintain availability of virtual appointments for those who feel more comfortable, or for out of Town prospects or family members

**ENTRY TO POINT OF SERVICE**

Refer to section II (f) 1-7 for the guidelines and requirements for the safe resumption of services, regulations for visitors, facilities, COVID-Free Zones, Medication and Blood Products, PPE Thermometry, Staffing and Regulatory subject matter.
A phased approach will apply to resume visitation:

- masking requirement when State (and DOH regulatory) releases public masking requirement, continue social distancing (small group activities with residents at least 6 feet apart)
- phased release of social distancing requirement consistent with State and DOH guidance
- Allow family visitation (with appropriate screening) in resident apartments and congregate areas when prevalence of COVID in surrounding community, and within the ESL community is low. Consider masking or social distancing in congregate areas initially.
- Allow outside visitors (entertainers and prospective residents and their families) in congregate areas when risk of residents contracting COVID-19 is low based on testing and/or vaccine
- Continue daily sanitizing of high touch point areas until vaccine is available & prevalent
- Update signage in congregate areas to reflect current restrictions
- Communicate weekly with residents and families as to current status of restrictions

**REACTIVATION SUPPORT SERVICES AND OPERATIONS**

Staff Model based on volume projection and align with Trinity Health Human Resource Policy.

- **Admin/Reception** - full reception coverage needed when visitor restrictions lifted, re-open reception entrances
- **Marketing** - see above sales & marketing
- **Activities** - all should be currently in place, utilized for individual activities
- **Transportation** - additional coverage needed when outside visitor and external trip restrictions lifted, and medical offices re-open
- **Facilities / EVS** - full staffing needed when congregate areas open, and all residents accepting of in-apartment services
- **Dining** - currently in place, additional hours of service needed when full-service resumes (see below)
- **Resident Services/Concierge** - return to face to face resident meetings as needed when social distancing restrictions are lifted
- **IT & other** resident support (if applicable) - return when visitor restrictions lifted

Communicate weekly with residents and families regarding current status of service offerings & restrictions.

**Activities** - A phased approach will apply to resume activities:

- Starting position of activities operations may differ by location – no group activities in common areas, or limited/restricted group activities in common areas with masking & social distancing requirements
Guidebook for Resuming Services

- Phase I - Allow small group activities with masking, social distancing
- Phase 2 - Allow small group activities with social distancing, no masking (when masking requirement in public lifted)
- Phase 3 - Allow group activities with no limitations of distancing or masking (when social distancing guidance in public lifted)
- Phase 4 - Allow external entertainers & speakers when risk of residents contracting COVID-19 is low based on testing and/or vaccine

**Dining Services** - A phased approach will apply to resume communal dining:
Starting position of dining operations may differ by location – door to door meal delivery or limited congregate dining with adequate distancing
- Phase I - Return to congregate dining – multiple seating with adequate social distancing (when masking requirement lifted, and no COVID cases in building, and low prevalence in community)
  - Consider staging areas for dining room entry to allow for social distancing
- Phase 2 - Return to regular seating when risk of residents contracting COVID-19 is low based on testing and/or vaccine

**Questions:**
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**Resident Transportation Services** - A phased approach will apply to resume transportation:
- Starting position of transportation operations may differ by location depending on standard service offered
- Phase I – Resume transportation to routine medical appointments when medical offices resume standard operations – only one resident in vehicle (two for couples) allowed
- Phase 2 – Resume transportation to routine medical appointments – multiple residents in vehicle allowed when social distancing restrictions are lifted
- Phase 3 – Resume transportation to grocery stores, pharmacies & banks when State & local guidance allows
- Phase 4 – Resume transportation to outside community events when community events are once again being held, and when risk of residents contracting COVID-19 is low based on testing and/or vaccine
- Continue daily disinfection of high touch point areas in vehicles until vaccine available and prevalent

**THIRD PARTY VENDOR SERVICES**
- Currently only essential for life safety & support vendors allowed – screened and masked
- Phase I: Allow unit refurbishment vendors with screening, temperature checking and no resident interaction
• Phase 2: Allow hairdressers, grocery deliveries, and other direct resident service providers to resume resident service with screening when similar business restrictions are lifted in the outside community.

• Phase 3: Allow entertainers and other non-essential services when similar restrictions are lifted in the outside community.

• Continue screening until vaccine is available and prevalent

**COVID-Free Zones**
*Please follow the pre-procedure testing guidelines

References:


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Criteria for Resuming Services

II (g). Medical Office Buildings

Table of Contents for Medical Office Buildings

1. Regulations for Visitors
2. Facilities
3. COVID-Free Zones
4. Medication and Blood Products
5. PPE and Thermometry
6. Staffing and Regulatory
7. Appendix
II (g) 1. Medical Office Buildings – Regulations for Visitors

As a result of the COVID-19 pandemic and updated guidance from the CDC and CMS, it is presently a requirement for Trinity Health facilities to restrict visitation of ALL visitors. Facilities should notify potential visitors whenever possible to defer visitation until further notice through signage, calls, letters, etc.* Visitors should be prohibited, but if they are necessary for an aspect of patient care they will be pre-screened in the same way as colleagues and patients.

- For Compassionate Care exceptions (e.g., pediatric admissions, maternity care/labor and delivery, COVID-19 negative end-of-life care), only one visitor per patient will be allowed.
- All visitors must be 18 or older.

In medical office buildings, the following guidelines should be followed:
- Designated waiting areas should remain empty.
- Technology should be utilized to alert patients when it is time to enter the area.
- Patients should enter the space alone and be taken immediately to an examination room.

*In lieu of visits, facilities should consider offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).

See the current visitation policy at this link.

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II (g) 2. Medical Office Buildings – Facilities

Reference SECTION III for Facilities Readiness Guidance.

Frequently Asked Questions

How to safely resume care delivery?

Coordinate with the CFZ guidelines to determine the space adjustments needed to create the required circulation and department separations, screening requirements, and social distancing protocols.

Reactivate or restore the building infrastructure systems in alignment with AHJ regulatory requirements and Trinity Health facilities guidance (water safety management).

Coordinate with Clinical Engineering and Trinity Information Systems to return equipment that has been redeployed to other locations for patients who are suspected or confirmed as having COVID-19 and calibrate to original department requirements.

Coordinate with EVS, Materials Management, and Food and Nutrition Services to define the operational protocols required to meet cleanability requirements / perceptions, supply inventory...
requirements, and dietary resources required for surgery / procedure services, including reactivating furloughed Dietary Consultation for Bariatric Patients.

If the hospital surgery / procedure areas will provide care to patients that are COVID positive and COVID negative, a multi-disciplinary team needs to be assembled to complete a risk-assessment to ensure the appropriate COVID-Free Zone (CFZ) environment of care, traffic patterns and staffing can be maintained.

What facility needs / clean-up are required?

All building infrastructure systems need to be evaluated for functional integrity, preventative maintenance work needs to be completed, and a life safety / environment of care testing needs to be completed prior to occupancy.

Environmental services need to conduct appropriate cleaning of all spaces decommissioned for an extended period-of-time or utilized for patients who are suspected or confirmed as having COVID-19.

Social distancing factors need to be applied in waiting areas, limited furniture 6 feet apart, plexiglass barriers for registration staff, floor tape indicators 6 feet apart, and potential of utilizing only single restroom facilities or limiting to every other stall.

What wayfinding / triage required? Ingress and Egress

Following is required:

- External and internal signage needs to align with the COVID-Free Zone and communication plans.
- Vehicle and pedestrian circulation routes need to align with screening and security protocols.
- Internal building circulation routes need to align with the COVID-Free Zone plan, including signage, wayfinding methods, and review of life safety egress requirements.
- Consideration also needs to be given to patient drop-off, escort/transport to point of care, and discharge pick-up.

II (g) 3. Medical Office Buildings – COVID-Free Zones

To reduce the risk of spread of COVID-19, CMS recommends the creation of separate areas for non-COVID-related care. **COVID-Free Zones are areas where we provide care only for people not known to have COVID-19 or COVID symptoms.** Staff are assigned exclusively to either the COVID-Free Zone (CFZ) or the non-COVID-Free Zone (non-CFZ). Implementation of these zones will depend on the Health Ministry’s (HM) ability to create a separate physical zone, availability of testing and PPE, and regulatory guidance from the HMs’ respective state.

Only COVID-Free Zones require signage for wayfinding and related purposes. There should not be signs for “non-COVID-Free Zone” or similar designation.
Care Givers

- Create areas of CFZs that have in place steps to reduce risk of COVID-19 exposure and transmission.
- Identify a location that does not have patients who are suspected or confirmed as having COVID-19. If a location has been closed for over a week, follow the Facilities section in this Guidebook before re-opening.
- Where possible, staff working at CFZs should not rotate in non-CFZs. A staffing plan should be established for both zones with no overlap, unless in an emergency.
- Each colleague entering a CFZ will be screened at point of entry including screening questions and temperature check. All colleagues should wear an approved mask upon entering the CFZ.
- In the ambulatory setting, PUIs and COVID-19 infected patients should receive care in separate locations from non-infectious patients. The Trinity Health Fever and Upper Respiratory Infection (FURI) clinics are ideal locations.

Patients

- Each patient will be screened at the entrance of CFZ. A mask will be provided to each upon entry.
- Patients to be advised upon entry of appropriate social distancing guidelines.
  - Remaining out of “congregate settings” as much as possible.
  - Avoiding mass gatherings.
  - Maintaining distance of about 6 feet from others when possible.

Patient/Staff Safety

- Evaluate Pre-op/procedure process for appropriate use of Telehealth, phone screening and other non-face-to-face communication methods.
- Conduct any pre-procedure COVID-19 testing outside of designated COVID-Free Zone(s).
- Create CFZ staffing plans to restrict/limit colleagues working in CFZs and non-CFZs. Ensure inclusion of ancillary depts. (e.g., radiology, EVS) in this plan.
- Create safe patient drop-off and entry points to the CFZs.
- Develop discharge plan to include delivery and receipt of discharge instructions to responsible caregiver without compromising a CFZ.

Visitors

- Visitation limitations will remain in effect in all CFZs (Refer to Regulations for Visitors)
- In the event of an approved exception, visitors must follow social distancing guidelines.

Facility
• Have appropriate signage highlighting CFZ as created by the HM or TH marketing and communications teams.
• Identify a separate entrance for CFZs and the ability to implement single entry. Non-CFZ colleagues, supplies, patients and visitors should not be using this entrance.
• Ensure the ability to secure all connecting entrances to units/sections/zones with patients suspected or confirmed to have COVID-19.
• Designate elevators for non-CFZ sections so they do not have to be shared in CFZs.
• Ensure emergency exits, stairs, and egresses are not shared between CFZs and non-CFZs.
• Establish facility, administrative, and engineering controls to facilitate social distancing, such as:
  o Eliminate all waiting in designated waiting areas through triage process adjustment.
  o Adjust physical space such as spacing of chairs in waiting room, etc.
  o Ensure appointments volume is low.
  o Where possible, adjust air circulation so air from non-CFZs does not circulate into CFZ zone. Follow appropriate air circulation guidelines listed in the facilities section.
• Reconfigure all public areas to allow for social distancing.
• In partnership with marketing, post signage to identify CFZs at entrances, elevators, and within the zone.
• Any closed doors leading to a non-CFZ should be secured and have appropriate signage.

Frequently Asked Questions

How to safely resume care delivery?

CFZs provide confidence to colleagues and patients that our ministries are taking the necessary steps to protect all the people we serve. We are caring for all patients in the environment that works best for them. This is a best practice among health systems, and Trinity Health will be a leading system in this area.

Which patient safety precautions are required?

Non-CFZs need to be physically separate from any CFZs to reduce the risk of exposure and transmission. HMs should ensure staff, supplies, medical equipment, PPE, etc. are not shared between the two zones. Appropriate PPE should be available and appropriate inventory and stocking processes in place before opening a CFZ to ensure business continuation.

How does this apply to ambulatory settings?

In all non-acute settings (e.g. physician offices) where patient pre-testing is not expected, the following requirements should be adhered to:

• At door/entry thermometry and masking
• No patients or visitors are permitted in designated waiting areas. A new way of bringing patients into rooms to be seen should be used (e.g. call cell number, use text messaging)
II (g) 4. Medical Office Buildings – Medication and Blood Products

Identifying and daily reporting of needed quantities to your local Incident Command Center is a requirement. This will ensure adequate communication and allow for safely resumption of elective procedures. Interdisciplinary review of case needs and resources available are also necessary to ensure continual team readiness for scheduled and urgent cases/procedures or are paused if shortages are identified.

Develop Dyads/Tripods/Work teams for case and resource review

- Review surgery/procedure schedule, at least 24-48 hours prior to the procedure, to identify blood/blood products, pack/supplies and medication needs.
- Review Pharmacy COVID-19 medication list daily.
- Define the "stop the line" process if critical shortages are identified that prevent the surgery/procedure to be completed.

II (6) 5. Medical Office Buildings – PPE and Thermometry

Identifying and daily reporting of needed quantities to your local Incident Command Center is a requirement. It is incumbent upon the leadership team to have a clear understanding of not only supply chain elements related to the COVID-19 crisis, but also that the adequacy of supplies related to the specific surgeries is being considered. Many manufacturers have shifted production away from products used among various surgical specialties. Consult the OBI dashboard and local supply chain representatives before commencing surgery to make sure there are adequate resources, including a 24-hour look-ahead and ongoing evolution of adequate resources.

Proposed algorithm

With local supply chain leadership and coordination with your Incident Command Center, this algorithm will need to assessed daily as to the capability and capacity of each ministry’s ability to perform surgery. The use of PPE and thermometry can only be considered once the current run rate and reserve allocations are completely understood. An assessment of the remaining PPE then needs to be compared to the expected daily OR needs to conduct procedures safely for patients and colleagues alike. Therefore, the algorithm will be as follows:

\[
(\text{Existing PPE category}) - (\text{COVID-19 current usage}) - (\text{Reserve}) = \text{Remaining PPE for ramp-up}
\]

Thermometry allocations: Each local ministry must evaluate whether its algorithm requires the use of a thermometer in the preoperative and operative evaluations.
• Given the highly contagious nature of COVID-19, some ministries are employing “no touch/contact” thermometry.
• If patients are tested or other criteria have been instituted, thermometers may not be indicated or necessary above current standards. However, it is a requirement that all patients that enter a Trinity Health facility (e.g., MGPS office) have thermometry completed (e.g., Temporal) where vital signs are otherwise not measured.

PPE allocations: The current run rate of PPE being used in the care of patients under investigation and patients suspected or confirmed to have COVID-19 must be calculated as a first step – and reevaluated daily over time.
• A percentage of usage of all PPE categories compared to totals on hand must be calculated and reported daily to the local Incident Command Center.
• The COVID-19 census must be assessed and reported daily to the local Incident Command Center.
• The projected curve for estimates of flattening, spikes or inflection points must be assessed daily.

The expected/projected run rate of PPE use in the operating room must be calculated to ensure there is enough to proceed with the ramp-up. Multifactorial calculations are needed at the local ministry level. Variables to consider include, but are not limited to:
• The number of operating rooms being utilized.
• The case-mix being planned and its impact on PPE need close assessment. Some obvious considerations are as follows:
  o High risk cases can increase PPE burn rate substantially. (See Table 2 in the Appendix)
  o Low risk cases would theoretically only require anesthesia to have full PPE while remaining colleagues would use standard PPE
  o Screening protocols must be taken into account to create COVID-Free Zones which may reduce the amount of PPE needed.
• Based on the capacity, case choice, required staffing and resources, the number of cases per day that can be safely performed needs to be calculated.
• The number of staff in each room that will need to use PPE and what type of PPE should be given the case to be performed, needs to be calculated. Within in that calculation, PPE burn rate should be taken into account.
• The following cases may still need additional PPE even in a COVID-Free Zones. Refer to CDC guidelines for specific guidance.
  o Anesthesia for intubation
  o ENT cases
  o Airway cases (trachestomy/bronchoscopy)
• Review sterile products inventory and pick lists at least one day prior to scheduled surgery/procedure.
• Given that manufacturers have shifted their production to PPE, the number of surgical packs and the ability to restock to par level may need to be investigated.

Reserve: PPE reserve that would be necessary for daily increases above the current run rate for current COVID-19 care should be held aside.
• A minimum requirement for a first or second surge or second inflection in the COVID-19 curve should be set depending on ministry’s forecasting.
PPE Essentials
- Gowns
- Masks
- Face shields
- Anesthesia circuits
- Nasal cannulas
- Other essential items for intubated patients
  - Glide scope
  - Stylets
  - ET tubes

Other concomitant considerations
- Lab media and swabs
- Medications currently being used (e.g., sedation meds, inhalers)
- Adequate staff in ramp-up
- Adequate staff if resurgence
- Adequate equipment to divert if a surge was to occur

Frequently Asked Questions

How to safely ramp up care delivery?
The guidance in this document allows ministries to assess and secure adequate supplies of personal protection equipment. Trinity Health’s commitment to the safety of our patients and their caregivers will be demonstrated through the obvious implementation of the PPE guidelines outlined above.

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II (g) 6. Medical Office Buildings – Staffing and Regulatory

Staffing and Return to Work Considerations
Adequate staffing is a key component to be able to resume operative/procedural services. With the ramp-down of elective surgery, diagnostics and other procedures, staff have been furloughed or re-trained and deployed to other departments to support the COVID-19 efforts. A thorough analysis of procedural volumes and staffing needs should occur as part of ramp-up activities.

Questions to consider for Staffing Review
- What is the anticipated case/procedure volumes that are part of the ramp-up projections daily, weekly, monthly?
- Are department staff currently available to support the volume projections- if so; how much of the volume and are additional resources needed?
- Have staff been re-deployed to other departments/roles to support the COVID-19 patient volumes (i.e., Team Nursing, screening, etc.) that will need to be returned to their home department?
- What gaps exist if assigned staff are removed from their current assignment and returned to support ramp-up activities?
• Is the labor pool, local or broader, able to backfill gaps and ensure ramp-up does not compromise other depts?
• Have you engaged HR prior to bringing back furloughed colleagues or colleagues on reduced schedules?

Continuous Regulatory Readiness
The COVID-19 pandemic is a public health emergency initially necessitating the suspension of non-urgent/emergent surgery and procedures to meet COVID-19 patient care needs. There are patients with ongoing healthcare needs that have been deferred and postponed including procedural care, chronic disease care and preventative care. Gate criteria (symptoms, cases and hospitals) have been developed to allow facilities to provide Non-emergent Non-COVID-19 healthcare.

Planning Considerations
• Adherence to state-specific regulatory and other guidance for non-emergent non-COVID-19 health care.
• Adequate workforce across all phases of care.
• Expansion of existing facility Infection Prevention and Control Plans to include COVID-Free Zone procedures.
• Review and revision of policies and procedures to include COVID-19 considerations (e.g., pre-op checklist documentation, time-out scripts, etc.).
• Daily leader and IP regulatory observational rounding in the COVID-Free Zones - observe and coach.
• Continued review of regulatory guidance and recommendations from professional societies and organizations to ensure policies, plans and care delivery is meeting current requirements.

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II (a) 7. Medical Office Buildings – Appendix

COVID-Free Zones

- Approved for non-emergent care re-start
  - State & Local Health Alignment
  - Trinity Health Approval

- Identified facility for NCC
  - Separate building/entrance
  - Physical separation from COVID-19 areas

- Protocols in place
  - Visitation
  - PPE
  - Testing
  - Social Distancing
*Please follow the pre-procedure testing guidelines

**References:**

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II. Member Experiences

As a transforming healing presence, it is imperative that Trinity Health ensures the safety of our colleagues, patients and families. The COVID-19 pandemic has had an unimaginable impact on our members. It has caused an array of emotions and disruptions within our communities, which we must address using empathy and compassion.

The following is a list of principles and considerations to guide our clinicians and colleagues to ensure our patients’ safety as we restore elective services within our system. This focus is consistent with our TogetherHealth model. As we resume services, it is imperative that we do so in a manner that demonstrates that we listen, we partner in achieving health goals and we make it easy for our Members.

1. Reinforcing a Safe Environment

**Principle:** In keeping with our Core Value of Safety, “We embrace a culture that prevents harm and nurtures a healing, safe environment for all.” We know that we are safe, and our patients need to know this as well. Our efforts should focus on indicators which signal a safe environment for patients, colleagues and clinicians.

**Considerations:**
- Create a positive first impression beginning with initial messaging/marketing and related signage and other materials to support the goal.
- Utilize visual reminders that indicate safety as a top priority.
- Create processes and scripting that show our dedicated efforts to maintain a safe environment.
- Design processes that result in better throughput from intake to discharge.
- Leverage technology to its full extent and bundle outpatient care/testing to prevent multiple visits.
- Incorporate Universal Reliability Skills as identified by Press Ganey.
- Promote telehealth visits.

2. Exhibiting Empathy and Compassion

**Principle:** Through our Core Value of Reverence, “We honor the sacredness and dignity of every person.” Communication is a major component of reducing anxiety and meeting the emotional needs of patients. Even though protocols such as masking create a barrier to normal communication, colleagues and caregivers must be keenly aware of the importance of expressing that we care about and listen to our patients.

**Considerations:**
- Reinforce all Patient-Centered Care Experience strategies.
- Effectively communicate with patients using communication tools such as AIDET (Acknowledge, Introduce, Duration, Explanation and Thank You), HEART (Hear,
Empathize, Apologize, Respond, Thank) and ICARE (Introduce, Connect, Ask permission, Reduce anxiety and Exit with reverence).
- Be cognizant of how our actions may appear/be perceived by patients, particularly PUIs.
- Remember to be sensitive to how our new processes might impact those with disabilities.
- Reassure patients that social distancing does not equal disconnection.

3. Managing Expectations and Communicating at All Points of the Encounter

**Principle:** Ensure that patients and families are active participants, informed decision-makers and knowledgeable about what to expect at each point of the encounter.

**Considerations:**
- Ensure that smooth hand-offs and transitions “manage up often”.
- Proactively communicate information to help patients understand the changes in our processes and policies (e.g., visitor restrictions, COVID-19 screening, use of PPE, etc.).
- Use social media and direct patient outreach to keep patients informed about how we are actively and intentionally making it safe for them to return.
- Explore alternative methods to engage patients back into their care.
- Post-op communication with families via use of telehealth.

4. Engaging and Partnering with Patients and Families

**Principle:** To achieve an exceptional, high-quality healthcare experience, patients and families should be active partners in all aspects of their care. Patients and families also play a valuable role as advisors in improving care delivery.

**Considerations:**
- Design and implement creative, effective ways to engage patients in their care, while maintaining ongoing COVID-19 safety precautions and care settings.
- Commit to continuous improvement of various engagement methods as the COVID-19 situation evolves.
- Challenge your care teams to provide stronger, more sustainable patient and family engagement methods than previously achieved.
- Ensure effective, easily accessible interpretation methods.
- Engage our Patient Family Advisory Councils, early and often, as the voice of the consumer.
- Partner with Diversity and Inclusion resources to identify specific patient and family engagement opportunities.
- Promote telehealth visits.
- Include chaplains as resources to partner with families.

The effects of COVID-19 will create a new normal for Trinity Health. During this transition, we remain committed to providing the best care and respect for our colleagues, patients and families.

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III. Facilities Readiness

Overview
The following guide was developed with the following consideration:

1. In order to support the Trinity Health Ministries with the reactivation and on-going operations of patient facing clinical service in acute care, ambulatory care, supportive care, and senior housing buildings / departments in response to the COVID-19 pandemic. The requirements and recommendations provided in this guide will be utilized during the para-COVID stage of recovery.

2. In alignment with Centers for Disease Control and Prevention (CDC) and federal Occupational Safety and Health Administration (OSHA) enforcement guidance and will continue to evolve as new information is provided and a vaccine is developed and administered. Trinity Health System Office guidance documents are to be followed unless the resident state or county Executive Orders, Department of Health requirements, or state OSHA requirements are more specific.

3. From the perspective the Health Ministry is the owner or primary occupant of the building and has control of the building policies and procedures.

SITE CIRCULATION, VALET & PARKING

Vehicle & Pedestrian Circulation
- Evaluate and align how specific groups of people (colleagues, patients, visitors, vendors) park and navigate to the designated building entrance(s) with required screening protocol.

Signage
- Temporary closure signage needs to be removed and the new signage installed in accordance with the Para-COVID Signage Requirements and Template. [LINK – Jody Lamb / Communications]

Valet Services
- Where applicable, align valet service with the designated building entrance(s).

Drop-Off & Pick-Up
- Where applicable, consideration needs to be given to patient drop-off and pick-up of discharged patients.

BUILDING ENTRIES & SCREENING

Designated Main Entry with Screening
The main building entry / lobby will serve as the controlled entry for patients, colleagues, contracted service employees and any vendors or visitors permitted to enter the building.
• **Door Hardware**
  - Any modifications to door hardware are discouraged due to cost.
  - Where available, security should activate automated door sensors to minimize the need for building occupants to touch the door handles.

• **Screening Station**
  - Reference the [Trinity Health COVID-19 Screening Guidance](#) to determine the requirement screening protocol.
  - The screening queue layout will vary based on the available square footage and lobby layout. Reference the following supplement documents for additional resources on setting up screening facilities:
    - [Entry Screening – Outside Tent](#)
    - [Entry Screening – Inside Lobby](#)
  - The screening station must not impede the building egress requirements defined by state and local fire code.

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### Multi-Tenant Ambulatory Buildings (Building entry not controlled by Health Ministry)

When ambulatory services and physician clinics occupy lease space inside multi-tenant buildings the following protocols shall be implemented:

- All patients, colleagues and allowed visitors must follow the screening and security protocol established by the property management firm at the building entrances.
- Health Ministry controlled screening will occur at entry into the service / clinic suite(s) and will follow the Building Occupant and Building Entries guidance in this document.

### Dedicated Service Entries

Frequently acute care and ambulatory care buildings will have entries dedicated to specific services, including, but not limited to, the emergency department, day surgery center, birthing center, or cancer center. Where possible, the Health Ministry should reduce the number of entry points into the building to control the resource demand required for screening all incoming building occupants. Dedicated Service Entries that must remain open for patient access will need to follow the guidance documented above for the Designated Main Entry with Screening.

### Secondary Building Entries

Secondary building entries will be limited to exit only.

- **Door Hardware**
  - Door controls / card access must be modified to a **locked position** on the exterior of the building.
  - Door controls / card access setting **must not impede** the building egress requirements defined by the state or local fire code.

- **Security**
  - Where available, security camera and staff shall monitor compliance with posted exit only requirements.

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**Service Entries**
Service entrances will be controlled for use by property management, environmental services, food services, and materials management staff only. Service entries can only be used after service colleagues have been screened daily at the designated main entry with screening. Apply door hardware and security protocol as outlined in Secondary Building Entries.

PUBLIC & REGISTRATION AREAS

Reception / Security / Check-In / Registration
The reception / security desk configuration will vary by location. In addition to operational changes outlined in the COVID-19 Emergence Guidebook, the following physical modification should be considered.
- Plexiglass Barrier
  - Install a plexiglass barrier to provide respiratory droplet separation between staff and building occupants.

Lobby & Waiting Room Seating
Reinforce physical distancing by limiting the number of available seats.
- Furniture
  - Installation of signage or movement of furniture to preclude use (facing a wall) is preferred over the removal / storage of furniture pieces, in order to avoid potential damage and the costs associated with moving and storage.
  - COVID-19 Guidance Supplement – Reception & Waiting

Stairwells, Elevators and Corridors
- Stairs instead of Elevator
  - Install signage that directs colleagues, if physically able, to use the stairs over the elevators.
- One-Way Designation of Stairs and Corridors
  - Where possible, consider designating UP Only and DOWN Only stairwells to minimize the face-to-face cross traffic circulation of occupants.
  - Likewise, consider designating public corridors as “one-way” to minimize the face-to-face cross traffic circulation of occupants.
  - All stairwells and corridors must function as egress during building evacuation according to state and local fire code. DO NOT USE directional traffic barrier that impede the egress path.
- Elevator Capacity & Size
  - Determine the estimated number of occupants using the elevators at average and peak times of the day.
  - The size dimensions (width and depth) of the elevator cab need to be taken into consideration when determining the number of occupants in the elevator in order to maximize the distance between people.
  - All efforts should be made to maintain 6 feet distance between occupants.
  - Use floor marking and stanchions in the elevator lobby to reinforce physical distancing.
  - Use floor markings in the elevator cab to reinforce physical distancing.
Reference the COVID-19 Guidebook Supplement – Elevator Physical Distancing for additional information.
**Cafeteria / Retail Areas**
Where the Health Ministry operates or holds the contract with the cafeteria service vendor, administrative leaders will coordinate the food service options and operational flow with the provider, utilizing the following requirements and recommendations.

- **Capacity**
  - Determine the food serving and dining capacity by diving the square footage that is not occupied by fixed casework or moveable food service equipment by $6\text{ft}^2 (36\text{sf})$.
  - Consider extending hours of operations to accommodate staggered lunch times.

- **Food Service**
  - Consider reworking the menu to provide alternative food options that do not require colleagues to touch common utensils or handle pre-packaged food.
  - Consider implementing online ordering and kiosk payment to minimize person-to-person contact.
  - Consider contact-free delivery of online ordered food to minimize number of colleagues in the cafeteria.
  - Install plexiglass barriers on all food stations that do not have a manufacturer installed sneeze guard.

- **Cashier**
  - Install a plexiglass barrier at all cash registers.

- **Dining**
  - Reposition tables and chairs to maintain 6 feet of distance between people, installing signage / banners that block sets of furniture from being used.
  - Removal of furniture is discouraged due to risk of damage and cost of moving and storage.
  - Colleagues utilizing outside seating (picnic tables) will need to reenter the building through an entry with screening.

- **Vending**
  - If discontinued, restore vending service as previously contracted.
  - Vendor staff must follow screening protocols before entering each building for the first time each daily.
  - Vendor staff must follow all face covering and physical distancing protocols.
  - Vendor to clean and sanitize the key pad, payment and retrieving locations after restocking.

- **Monitor Compliance**
  - Consider staffing an attendant position in the cafeteria to monitor compliance with physical distancing requirements.

**STAFF SUPPORT AREAS**

- **Offices**
  - Administrative and departmental office settings within the acute and ambulatory buildings that provide work space for colleagues who do not directly interface with patients will follow guidance outlined in the Non-Direct Patient Care / Office Settings in Administrative Services Office Buildings or Department guidebook.
• **Meeting & Group Gatherings**
  o All meetings are to follow *Trinity Health Considerations for Resuming Meetings and Patient Programs*.
  o Define and post the maximum number of in person occupants allowed to maintain 6 feet of distance.
  o Leave existing furniture in place. Use signage on the tables and chair to identify locations that need to remain vacant to meet the 6 feet of distance requirement.

• **Lounge / Kitchenette**
  o Define and post the maximum number of occupants allowed to maintain 6 feet of distance.
  o All appliances (refrigerator, microwave, water filter, ice machine, coffee pot) are to remain in use with proper cleaning procedures in place.
  o Leave existing furniture in place. Use signage on the tables and chair to identify locations that need to remain vacant to meet the 6 feet of distance requirement.
  o Remove all shared magazines, books, or reference materials.

**REACTIVATING THE BUILDING INFRASTRUCTURE**

The following requirements and recommendation are based on the input of System Office Infection Prevention, Insurance & Risk Management, and Facilities Management subject matter experts and aligned with guidance issued by the CDC and the American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE).

**3RD Party Owned / Managed Buildings**

- Notify landlord / property manager on the date in which colleagues are expected to return to the building.
- Request the landlord / property manager provide the level of detail inspections and preventative maintenance that will be conducted prior to occupancy.
- Assign / schedule a building engineer to participate in the inspection and confirm that all regulatory, preventive maintenance, and required work orders are completed prior to occupancy.

**OTHER COVID-19 RESOURCE - FACILITIES GUIDANCE DOCUMENTS**

- Updated Guidance on Engineering Controls & Improving Indoor Air Quality (6/30/2020)
- “In Room” HVAC unit Filter (4/8/2020)

**Negative Pressure Rooms**

- **Surgery & Procedure**
  o Surgery and procedure rooms are not to be converted to negative pressure. If a surgery or procedure room is converted to negative pressure, contact Russ Olmsted, Director of Infection Prevention and Don Nasko, Director of Facilities, to review protocols required to restore positive pressure. (LINK?)

- **Inpatient Units**
  o Reference the Trinity Health COVID-19 Resource – [Cohorting Inpatient Units for PUI and COVID-19](#)
Regulatory Compliance
Buildings and departments that were used for alternative care or closed / unoccupied for an extended period-of-time will require a reactivation of all systems and equipment in alignment with the Authority Having Jurisdiction (AHJ) requirements, including but not limited to:

- **Risk Assessment**
  - Conduct a Pre-Construction Risk Assessment with infection prevention, safety manager, and the operational manager to ensure that all parties are aware of any and all changes, testing and validation to the environment of care.
  - Complete a Life Safety / Environment of Care inspection on all systems.
  - Coordinate with regulatory and accreditation to ensure appropriate notifications to regulatory and accrediting agencies.

- **Preventive Maintenance**
  - Determine if any regulatory or routine testing was deferred during the closure, if so, perform testing as required and document.

- **Training & Notifications**
  - Provide orientation training for all colleagues who are new to the building / department (coordinate with supervisor)
  - Notify FM Global or other property insurer that the building / unit is reoccupied.
  - Notify Police, Fire Department, and Security Monitoring vendor that building is reoccupied.

Ventilation System
Relationship of HVAC systems to transmission of SARS-CoV-2
There is limited information available on the risk of spreading the virus that causes COVID-19 (SARS-CoV-2) through building ventilation systems. It is likely there is a low probability based on the following reasons:

- The virus does not likely travel over large distances through a ventilation duct.
- Air that is returned to an air handler is mixed with outdoor air, thereby diluting concentration.
- The air is filtered before returned to supplied area.

In addition, investigations of outbreaks or clusters of infection in buildings have demonstrated that the virus is spread mainly from person to person who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs, sneezes, or talks and the contaminated droplets land in the mouths or noses of people who are nearby or possibly inhaled into lungs.

- **Reactivating HVAC Systems**
  - Utilizing the ASHRAE Standard 180 – 2018 for guidance in reactivating systems that were shut down or on setback for prolonged time period, e.g. > 4 weeks.
  - Conduct an assessment for mold and moisture and remediate as required prior to reoccupying building.

- **Ventilation Controls**
  - Test and balance the systems to meet regulatory air exchange and humidity requirements.
  - Utilize economizer mode, increase the percentage of outdoor air in alignment with the system capabilities based on temperature, humidity control, and air quality.
- Chilled water supply temperature can be lowered to maximize outside air ventilation during warmer weather.
- Indoor relative humidity must be closely monitored to ensure relative humidity (rH) does not exceed 60%.
- Economizer mode will not be possible as outside air dew points rise.
  - Where possible, increase total airflow supply to occupied spaces.
  - Disable demand-control ventilation (DVC) controls and maintain the airflow, even during unoccupied hours to maximize dilution ventilation.

- Filters
  - Consider changing all filters and pressure cleaning coils if the Ministry risk assessment determines the need. Otherwise, return to normal filters and coil preventative maintenance and cleaning schedules.
  - Install air filters with the highest MERV (Minimum Efficiency Reporting Value) rating that the system can accommodate without significantly diminishing airflow.
    - MERV 7 to 14 filters can be installed in return air without an appreciable decrease to CFM air flow.
  - Inspect filter housing and racks to ensure appropriate filter fit and check for ways to minimize filter bypass.
    - Ensure spacers (where used) are properly sized and installed.

- Air Vents & Returns
  - Wipe down return air grills in rooms occupied by patients who are suspected or confirmed as having COVID-19.
  - Generate clean-to-less clean air movement by re-evaluating the positioning of supply and exhaust air diffusers and/or dampers, and adjusting zone supply and exhaust flow rates to establish measurable pressure differentials.

Water System
- Water Safety Management
  - The reactivation of all engineered mechanical water systems must apply the Trinity Health Guidance on Water Safety for Facility Water System.
- Drinking Water Fixtures
  - The reactivation of all fixtures that provide potable drinking water ((drinking fountains, ice machines, filtered water, etc.) must apply the Trinity Health COVID-19 Guidance – Fixtures that Use Drinking Water (6/5/2020).

SUPPORT SERVICE DEPARTMENTS

Sterile Processing
- Reactivation of the Sterile Processing Department needs to be coordinated with Clinical Engineering for equipment testing and calibration, and Materials Management for supply inventory availability.
- If the Sterile Processing department has been / is being utilized for the reprocessing of PPE or other COVID-19 consumables, a plan needs to be developed for the segregation of sterilization of products and instruments / equipment.

Clinical Engineering
Numerous pieces of clinical equipment have been relocated and repurposed to support patients suspected or confirmed to have COVID-19.

Clinical Engineering must be part of the recovery planning to ensure full consideration of available resources and current workloads, so as not to delay activation timelines.

Disinfecting of equipment will need to be coordinated with environmental services (EVS), infection prevention and clinical staff prior to movement of asset to ensure prevention of cross contamination.

Preventative Maintenance (PM) and Verification of Performance (VOP) will need to be performed to ensure proper operations prior to returning to service.

Nurse call and code blue systems will need to be calibrated to original system programming.

Technology

Numerous pieces of technology equipment have been relocated and repurposed to support patients suspected or confirmed to have COVID-19.

TIS must be part of the recovery planning to ensure full modifications to IT network, hardware equipment, software application, and EMR programming are restored.

Determine if additional low-voltage and/or telehealth technologies need to be installed and supported.

Materials Management

Stocking for department reactivation must be aligned with Logistics to define inventory availability and anticipated volumes.

Environmental Services

All spaces in decommissioned buildings and departments will require appropriate cleaning prior to reactivation as defined by Trinity Health and authorities having jurisdiction (AHJ).

For routine maintenance, the Ministry will work with the TH EVS Regional Director to establish a Cleaning Statement of Work that aligns with the COVID-FREE ZONE (CFZ) requirements.

Maintenance & Service Vendors

A variety of maintenance and service vendors support day-to-day facilities maintenance, clinical engineering, and waste management operations. Depending on the type of service, vendor support is either routine (e.g. sharps disposal), scheduled (e.g. boiler maintenance), or reactive (e.g. system repair) and vendor access varies at the campus, building or department level.

All vendors must comply with the Vendor Partner Visit Limitations (LINK) and Screening (LINK) requirements.