**Example Surgery Center**

**COVID-19 Protocol – Updated 3/12/2020**

CDC Guidance:

<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>

State DOH Guidance:

\*\*insert you state department of health COVID-19 webpage here\*\*

Local DOH Guidance:

\*\*insert you local department of health COVID-19 webpage here\*\* (Lookup website here: <https://www.naccho.org/membership/lhd-directory>)

**Pre-Op Phone Calls:**

All patients will be asked the following questions during the pre-op phone call:

* Do you are anyone in your household have symptoms such as fever, cough, sore throat, and/or shortness of breath (flu-like symptoms)?
* Have you or anyone in your household travelled internationally or travelled on cruise ships within the past 2 weeks. If yes, where?
* Have you had close or proximate contact with a suspected or laboratory-confirmed COVID-19 patient in the past 2 weeks?
  + Close contact is defined as “being within 6 ft of a person displaying symptoms of COVID-19 or someone who has tested positive of COVID-19”
  + Proximate contact is defined as “being in the same enclosed environment such as a classroom, office, or gatherings but greater than 6 ft from a person displaying symptoms of COVID-19 or someone who has tested positive for COVID-19”

The following patients will be cancelled/rescheduled:

* Patients with flu-like symptoms (or if household members have flu-like symptoms)
* Patients who have had close or proximate contact with a suspected or laboratory-confirmed COVID-19 patient
* Patients under precautionary or mandatory quarantine orders
* Patients who have visited countries with a Level 2 or Level 3 Travel Health Notice in the past 2 weeks

https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html

* Patients who have returned from a cruise in the past 2 weeks
* \*\*\*\*ANY OTHER CENTER SPECIFIC PROTOCOLS\*\*\*\*

Consult the Infection Preventionist/ Nurse Manager/Administrator/Medical Director for any questions.

NOTIFY ALL PATIENTS that the person that accompanies them on their day of surgery needs to be in good health. Only one HEALTHY adult (>18) may accompany patient on day of surgery.

**On Admission**

* Do you and/or anyone accompanying you today currently having symptoms such as fever, cough, sore throat, and/or shortness of breath (flu-like symptoms)?
* Have you and/or anyone accompanying you today travelled internationally or traveled on cruise ships within the past 2 weeks. If yes, where?
* Have you had close or proximate contact with a suspected or laboratory-confirmed COVID-19 patient in the past 2 weeks?
  + Close contact is defined as “being within 6 ft of a person displaying symptoms of COVID-19 or someone who has tested positive of COVID-19”
  + Proximate contact is defined as “being in the same enclosed environment such as a classroom, office, or gatherings but greater than 6 ft from a person displaying symptoms of COVID-19 or someone who has tested positive for COVID-19”

\*\*See attached Decision Tree based on patients’ responses to the questions listed above.

**Suspected Cases of COVID-19 –**

***NOTIFY INFECTION PREVENTIONIST/NURSE MANAGER/ADMINISTRATOR/MEDICAL DIRECTOR IMMEDIATELY.***

Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

Isolation:

* Put patient in designated isolation room and keep door closed
* Post Isolation sign on door and ensure appropriate PPE is readily available
* Ensure a garbage can with biohazard bag is put inside of Isolation Room near the door for removal of PPE.
* Limit number of staff coming in to contact with the patient.
* Healthcare Personnel who comes in contact with the patient initially will care for the patient throughout the entire process to reduce the number of persons exposed.

Assessment/Care:

* Take patient’s temperature/vital signs
* Assess patient’s symptoms
* Call the local Department of Health and report symptoms.
  + \*\*\*CONTACT INFORMATION\*\*\*

<https://www.naccho.org/membership/lhd-directory>

* Follow Local Department of Health’s instructions

PPE for Suspected Cases of COVID-19

* Mask
  + Put on a respirator or facemask (if a respirator is not available) before entry into the patient room or care area.
* Eye Protection
  + Put on goggles or a disposable face shield that covers the front and sides of the face upon entry to the patient room or care area.
  + Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
* Gloves
  + Put on clean, non-sterile gloves upon entry into the patient room or care area.
  + Change gloves if they become torn or heavily contaminated.
  + Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene.
* Gown
  + Put on a clean isolation gown upon entry into the patient room or area.
  + Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use.

Hand Hygiene:

* Ensure that hand hygiene supplies are readily available to all personnel entering and exiting the isolation room.
* Perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves.
  + Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.
* Perform hand hygiene by using ABHR with 60-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHR.

Environmental Infection Control

* Dedicated medical equipment should be used when caring for patients with known or suspected COVID-19.
* All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer’s instructions and facility policies.
* Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly.
* Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product’s label) are appropriate for COVID-19 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.
  + Refer to EPA website (<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>) for EPA-registered disinfectants that have qualified under EPA’s emerging viral pathogens program for use against SARS-CoV-2.
* Management of laundry and medical waste should also be performed in accordance with routine procedures.
* Terminally clean room after patient has been discharged/transferred.

Healthcare Personnel (Employees & Medical Staff)

* Maintain log of all people who have contact with patient with suspected COVID-19
* Include documentation of type of exposure:
  + No PPE
  + Not wearing a facemask or respirator
  + Not wearing eye protection
  + Not wearing gown or gloves
  + Wearing all recommended PPE
* Follow CDC guidelines regarding Management of HCP with Potential Exposure

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>