

## **Straith Hospital for Special Surgery COVID-19 Preparedness and Response Plan**

In accordance with Executive Order 2020-97, Straith Hospital for Special Surgery (“Company”) institutes this COVID-19 Preparedness and Response Plan (“Plan”).

Company aims to protect its workforce by enacting all appropriate prevention efforts. Company is continually monitoring guidance from local, state, and federal health officials and implementing workplace and Plan modifications where appropriate.

Employees with questions are encouraged to contact Human Resources via phone at 248-357-3360 ext. 191 and/or email at [lspicuzzi@straith.org](mailto:lspicuzzi@straith.org).

Employees may report unsafe work conditions to MIOSHA Compliant Hotline:

1-800-866-4674

Company designates the following worksite supervisors/employees to implement, monitor, and report on this Plan: Javar Jackson, Infection Control Advisor. Janet Rys, CEO, Department Managers and Charge Nurse on Duty. Company will designate additional individuals as needed.

This Plan is maintained and posted on the Employee Rights Bulletin Board, near time clock, on the lower level. The Plan can be accessed in the Hospital Policy and Procedure Manual on the shared drive.

Employees will receive a copy of the Straith Hospital COVID-19 Preparedness and Response Plan to review and are required to complete an educational module on COVID-19. In addition, the Infection Control advisor is available for phone calls and to conduct unit rounds 2-3 times weekly. A periodic visual audit is conducted during unit rounds to review of Infection Control mitigation practice compliance and identify opportunities for improvements through “on the spot” education:

Content of education by the various modes of delivery include:

- **Prevention Efforts and Workplace Infection-controls Practices**
- **Cleanliness and Social Distancing**
- **Proper use of personal protective equipment**

- **Steps Employees must take to notify the facility of any symptoms of COVID-19 or confirmed diagnosis of COVID-19.**
- **Notification of increased facility cleaning and disinfection to limit exposure especially on high touch surfaces**
- **How to report unsafe working conditions**

Company limits the number of employees present on premises and the movement of employees between work sites to no more than is strictly necessary. Employees who are able to perform their essential duties remotely may be permitted to work from home in accordance with approved arrangements.

Only critical infrastructure workers performing necessary work, or workers permitted by Executive Order to resume duties, are directed to report on-site. For such workers, Company abides by the recommended social distancing and other safety measures and establishes the following:

- Gatherings where social distancing cannot be maintained are prohibited;
- Staff meetings are postponed, cancelled or held remotely, if social distancing cannot be maintained;
- Employees are encouraged to maintain physical distance even when on break, as well as before and after working hours;
- Employees are required to maintain physical distance when reporting to work, clocking in at time clock temporarily suspended;
- Company utilizes ground markings, signs, and physical barriers, as appropriate, to further facilitate social distancing;
- Employees' work stations are no fewer than six feet apart;
- Company assigns employees to dedicated entry points to reduce congestion at the main entrance;
- Company provides visual indicators of appropriate spacing for employees throughout the premises and outside of the dedicated entry points in case of congestion;
- Company restricts usage of non-essential common space;
- Company utilizes physical barriers, where possible and appropriate, chairs removed from cafeteria tables to ensure social distancing;
- Company posts this Plan to emphasize the importance of its content;
- Employees' interactions with the general public and delivery personnel are modified to allow for social distancing and additional physical space between parties; and

- Business and Domestic travel for Straith Hospital staff and physicians have been temporarily restricted.

Company provides employees with, non-medical or medical grade face coverings as applicable, as well as appropriate personal protective equipment (“PPE”) (e.g., gloves, goggles, face shields, face masks, gowns). Masks must be worn by employees when in shared spaces (e.g., in-person meetings, restrooms, hallways), and if they consistently maintain fewer than six feet of separation; face shields must be worn by employees if they consistently maintain fewer than three feet of separation. PPE is available at designated entry points and must be changed at a minimum daily, between patients, if applicable, and/or when soiled. PPE must be disposed of in an appropriate trash receptacle.

In addition, Company is instituting the following cleanliness measures:

- Where possible, increasing ventilation rates and circulation throughout worksites, filter changes as applicable;
- Implementing a cleanliness plan and infection-control measures in accordance with EPA Guidance for Cleaning and Disinfecting, performing routine environmental cleaning and disinfection with an EPA-approved disinfectant, especially of common areas and frequently touched surfaces;
  - Identifying what needs to be cleaned with soap and water, including visibly dirty surfaces;
  - Identifying what needs to be disinfected with an EPA-approved disinfectant or EPA-approved alternative. Routine and terminal cleaning procedures updated and appropriate staff educated;
- Hand-washing and/or hand-sanitizing stations are readily available in all areas to enable easy access by employees.

Company identifies the following locations as high-risk areas: COVID positive patient rooms, hallways, break rooms, bathrooms, nursing station. Employees must maintain social distancing when occupying and/or passing through these areas. The COVID patient rooms are separated from the rest of the hospital by closed doors. COVID patient room doors are to remain closed. Donning and Doffing rooms are to remain set up at entry point to COVID area. Staff caring for patients in the area are issued hospital scrubs upon entry which are to be removed at end of shift and placed in the appropriate dirty linen receptacle.

Company provides cleaning and disinfecting supplies to each unit for use by the employees, replenishment is available from Materials Management

Employees are expected to minimize COVID-19 exposure by:

- Cleaning work stations at the beginning and end of each shift;
- Avoiding, when possible, the use of other employees' phones, desks, offices, or other work tools and equipment;
- Frequently cleaning and disinfecting tools and equipment;
- Frequently washing hands with soap and water for at least 20 seconds;
- Utilizing hand sanitizer when soap and water are unavailable;
- Avoiding touching their faces with unwashed hands;
- Avoiding handshakes or other physical contact;
- Avoiding close contact with sick people;
- Practicing respiratory etiquette, including covering coughs and sneezes;
- Immediately reporting unsafe or unsanitary conditions on Company premises to designated Plan supervisors and/or Human Resources;
- Complying with Company's daily screening processes;
- Seeking medical attention and/or following medical advice if experiencing COVID-19 symptoms;
- Complying with self-isolation or quarantine orders; and
- Utilizing personal protective equipment and hand sanitizer on site and if public transportation.

Employees are trained on the information contained within this Plan, and have access to the following:

- [Centers for Disease Control and Prevention](#)
- [Michigan Department of Health and Human Services](#)
- [Occupational Health and Safety Administration](#)
- [World Health Organization](#)

Employees were sent a copy of this document within the communication function of the Paycor system. Human Resources, confirms the receipt of the plan information. Documentation of COVID-19 Training maintained by Human Resources.

## **Supplemental Measures Upon Notification of Employee's COVID-19 Diagnosis and/or Symptoms**

An employee with a COVID-19 diagnosis or who displays symptoms consistent with COVID-19 must be immediately removed from the worksite.

In response to a confirmed diagnosis or display of COVID-19 symptoms, as defined by the Daily Screening process, by any individual who worked at or visited the worksite, Company:

- Informs all employees, owners, contractors, or suppliers who may have come into unprotected contact with the diagnosed/symptomatic individual in the 48 hours preceding the onset of symptoms of a potential exposure;
- Keeps confidential the identity of the diagnosed/symptomatic individual; and
- Implements its response plan and cleaning and disinfecting protocols, including shutting down appropriate areas of the premises, increasing ventilation, and conducting a deep cleaning of both the diagnosed/symptomatic individual's workstation and those common areas potentially infected by the individual.

Company's Human Resources Department confidentially maintains a central log of diagnosed/symptomatic employees and reports to OSHA as required. If applicable, Company notifies Company leadership, contractors or owners of confirmed COVID-19 diagnoses among workers on premises.

Within 24 hours of a confirmed COVID-19 diagnosis, Company notifies the [Oakland County Department of Health and Human services](#).

Company's Human Resources Department maintains documentation related to exposure notifications.

Company completes an OSHA Form 300, as well as a Form 301, "if it is more likely than not that a factor or exposure in the workplace caused or contributed to the illness." If an employee infects a coworker, the coworker has suffered a work-related illness if one of the recording criteria (e.g., medical treatment or days away from work) is met.

### **a. Worker Exposure Classification**

Employees' "worker exposure" is classified as very high risk by the Occupational Safety and Health Administration's guidance because they have a high potential for exposure to known or suspected sources of COVID-19 during specific medical care provided in the Inpatient, Outpatient and Clinic setting.

Given this classification, Company provides the following controls in addition to the above-summarized prevention efforts: offering appropriate personal protective equipment and complying with all infectious-disease requirements for healthcare facilities.

## **2. Identification and Isolation of Sick and/or Exposed Employees**

Risk and exposure determinations are made without regard to employees' protected characteristics, as defined by local, state, and federal law.

Any health-related information and documentation gathered from employees is maintained confidentially and in compliance with state and federal law. Specifically, medical documentation is stored separate from employees' personnel documentation.

### **a. Employees' Self-Monitoring**

The following employees should **not** report to work and, upon timely notification to their supervisor and Human Resources, will be removed from the regular work schedule:

- Employees who display COVID-19 symptoms, such as fever of 100.4 degrees or greater, cough, shortness of breath or difficulty breathing, chills, muscle pain, sore throat, new loss of smell or taste, and/or gastrointestinal problems, including nausea, diarrhea, and vomiting, whether or not accompanied by a formal COVID-19 diagnosis;

Such employees may only resume in-person work upon meeting all return-to-work requirements, defined below.

### **b. Daily Screenings**

To prevent the spread of COVID-19 and reduce the potential risk of exposure, Company screens employees' visitors, contractors on a daily basis at dedicated entry

points; the employee, physician, and contractor entrance designation is the back door lower level. Patients/family members enter through the front door during business hours, Monday thru Friday. After hour and weekend entry for patients is the front ambulance entrance. All doors are locked after hours and on weekends. Entry and screening during this time (after hours) is controlled by the Inpatient Department (IPD) nursing staff. Company ensures that employees and visitors utilize these entry points by barring entry via other egresses.

Employees are asked to do temperature screening and report any “yes” answers to the following questions to their supervisor/manager before entering the worksite:

1. Are you currently suffering from any of the following symptoms – fever of 100.4 degrees or greater, cough, shortness of breath or difficulty breathing, sore throat, symptoms related to a COVID -19 infection?
  - a. When a touchless thermometer is available, it is the instrument of choice, temperature checks are performed prior to entry into the main building. (Temperatures 100.4 or greater are to be reported).
  - b. If yes, to any question above, until employee is permitted to return to work as defined below. (See section c)
2. Employees who develop symptoms during their shift must immediately report to their supervisor and/or Human Resources.
3. Documentation related to daily screenings is reviewed daily for Quality purposes and then discarded. Out of range temperatures recorded, if any, are investigated.

Patients/Visitors are screened using the COVID screening tool, at a staffed station, at the designated front main entry doors.

**Reference: Screening tool**

### c. Return-to-Work Requirements

Employees who were themselves diagnosed with COVID-19 may only return to work upon confirmation of the cessation of symptoms and contagiousness, proof of which may be acquired via the test-based strategy or the symptom-based strategy.

The **test-based strategy** is preferred but relies upon the availability of testing supplies and laboratory capacity. Under this strategy, employees may discontinue isolation and return to work upon achieving the following conditions:

- Resolution of fever without the use of fever-reducing medications;
- Improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**
- Two consecutive negative results from COVID-19 tests conducted at least 24 hours apart and in accordance with the current FDA/CDC-recommended procedure.
- Under the **symptom-based strategy**, employees may discontinue isolation and return to work upon achieving the following conditions:
  - At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications;
  - Improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**
  - At least 10 days have passed since symptoms first appeared.

Reference: [Employee Health Protocol](#)

#### 1. Workplace Flexibilities and Potential Benefits for Employees Affected by COVID-19

Company is temporarily suspending the assessment of all attendance. Employees may be asked to stay home, or be given a “low census” day depending on patient census.

In addition, employees may be eligible for paid and unpaid leaves of absence.

Employees may be permitted to utilize available paid-time off provided under Company policy concurrently with or to supplement any approved leave.

#### a. Executive Order 2020-36

Company follows Executive Order 2020-36, and any executive orders that follow it, that prohibit discharging, disciplining, or otherwise retaliating against employees

who stay home or who leave work when they are at particular risk of infecting others with COVID-19.

### **b. Unemployment Compensation Benefits**

Under Executive Order 2020-76, and the federal CARES Act, unemployment compensation benefits are expanded in terms of eligibility, amount, and duration.

Employees who are unable to report to work for reasons related to COVID-19 are referred to Human Resources for information on unemployment compensation benefits. Such reasons include the following:

1. Being under self-isolation or self-quarantine in response to elevated risk from COVID-19 due to being immunocompromised;
2. Displaying at least one of the principal symptoms of COVID-19;
3. Having close contact in the last 14 days with a confirmed COVID-19 diagnosis;
  - a. Contact for the purposes of healthcare exposures is defined as: a) being within approximately 6 feet of a person with COVID-19 for a prolonged period of time without appropriate PPE; or b) having unprotected direct contact with infectious secretions or excretions of a patient;
4. Needing to care for someone with a confirmed COVID-19 diagnosis; and
5. Fulfilling a family care responsibility as a result of a government directive (e.g., caring for a child whose school or childcare provider is closed or otherwise unavailable due to COVID-19).

### **d. FMLA and ADA**

Employees may be entitled to unpaid leave under the Family and Medical Leave Act (“FMLA”) if their absence is related to their own serious health condition or that of a family member. COVID-19 may constitute a serious health condition where “complications arise.”

Company is also mindful of its obligations under the Americans with Disabilities Act (“ADA”). Specifically, if an employee requests an accommodation because of a condition that may be complicated by COVID-19 (e.g., cystic fibrosis, emphysema, COPD), then Company engages in the interactive process to provide a reasonable accommodation. This may mean allowing the employee to work remotely (if reasonable) or work an alternative schedule.

## **Roadmap for Resuming Elective Surgery after COVID-19 Pandemic**

Straith Hospital for Special Surgery recognizes the importance of post pandemic planning for continued operations and provision of quality services to our patients. This guideline has been developed in partnership with the Hospital Administration, Infection Control, the State Health Department and the recommendations of the following organizations to guide physicians, nurses and all staff in their resumption of care for operating rooms and all procedural areas:

- American College of Surgeons
- American Society of Anesthesiologists
- Association of Peri Operative Registered Nurses
- American Hospital Association

The goal of this document is to minimize risks and provide necessary processes which will allow us to resume normal operations at Straith Hospital.

### **Reopening timelines and considerations:**

The reopening of medically necessary services at Straith is dependent on the following

- A sustained reduction in rate of new COVID-19 cases in the geographic area for 14 days
- Any resumption should be authorized by the appropriate municipal, county and state health authorities.
- Able to safely treat all patients requiring hospitalization without resorting to crisis standards of care
- Appropriate PPE, medications, anesthetics, and medical supplies available
- Appropriate staffing levels

### **Timelines:**

- Monday, May 4<sup>th</sup> we will open for limited clinic visits with Orthopedics. Other services will continue to provide patients an encounter through telehealth platform, if medically able. If possible, please attempt to limit these to outpatient status for our first week of operation, unless symptoms do not allow further postponement.

- In-patient department will start to accept standard rehabilitation patients with limited acceptance of COVID-19 patient. These patients will be housed in separate areas of the nursing unit
- Monday, May 18<sup>th</sup> we plan to make a max of 4 operating rooms open and available due to the anticipation of a greater number of non-elective surgeries that can no longer be postponed.

Currently, we must continue to enforce social distancing and minimize use of physical therapy in a common area until pandemic activity shows consistent reduction in activity in our county.

### **COVID-Screening, Patients and Visitors**

Straith Hospital has a COVID-19 screening policy is in effect that addresses evidence-based infection prevention techniques, access control, workflow and distancing processes to create a safe environment in which elective surgery can occur. Due to the general uncertainty about patients' COVID-19 status whether symptomatic or asymptomatic, PPE appropriate for the clinical tasks will be provided for physicians and nurses.

### **Entry to facility**

Upon entry to Straith Hospital all patients, staff and visitors are required to undergo a series of screening questions and a temperature check prior to gaining access to the building.

- All patients are to be provided a mask, if not contraindicated by underlying health status.
- All staff and physicians should wear masks when performing direct patient care or in common spaces during the pandemic
- Patients should be afebrile 72 hours prior to procedures and clinic visits

At this time, we still must limit patients to one visitor, if needed. Visitors accompanying the patient must remain in Waiting area or their vehicle until procedure is complete. All visitors must wear a mask while on campus and be symptom free.

## **Reference: Straith screening Questionnaire; Surgical Pre-Op Instructions**

As we progress thru this journey together, should conditions around the hospital warrant, Operating Room operations may be altered, or closed, on short notice. We sincerely hope this will not be the case and will keep everyone apprised in real time.

### **Common Area Configuration:**

In preparation for continued operations, Straith has reconfigured common spaces to be social distance friendly. These areas include the waiting lobbies and the cafeteria.

### **Patients and visitors**

In the event that a person is positive for signs and symptoms upon arrival to the facility, they will be instructed to go back to their vehicle and reschedule procedure or clinic visit.

### **Staff, Physicians and Contractors**

All employees are required to have temperature checks and are interviewed with appropriate screening questions at the building entrance. In the event that a staff member shows signs and symptoms identified with COVID-19 infection (fever, dry cough, body aches, shortness of breath), they are not allowed entry. Staff should self-check temperatures every 4 hours on shift. If temperatures over 100.4 and signs and symptoms identified with COVID-19 infection are identified during shift, the employee is removed from the patient care area immediately, provided a mask and sent home by immediate supervisor. Staff ability to perform high risk tasks will also be considered.

In following CDC guidelines and documentation from MDHHS, staff members who are directly exposed to COVID-19 positive persons and are **asymptomatic** (MDHHS,1), are still eligible to report to work. In the event that there is a known high risk exposure (high risk exposure as defined by MDHHS is prolonged contact

of  $\leq 6$  feet apart with someone who has tested positive for Covid-19), staff are still eligible to report to work but are to take extra precautions to monitor themselves for Covid-19 symptoms for the next 14 days.

Our infection control department conducts daily surveillance of staff changes both while at work, or if a call in occurs due to symptomology. In the event symptoms are conclusive of COVID-19 or positive testing is reported, source exposure surveillance is conducted, appropriate notification is provided to staff with potential exposure and appropriate guidelines are followed for the employee with Covid-19 including ensuring mask is donned, immediate removal from the Hospital and quarantine.

Reference: [Employee Health Protocol](#)

### Screening and Testing

All patients should be screen prior to acceptance to facility. The screening protocol is the safeguard that aids our facility in reducing the spread of the SARS-CoV2 virus to other patient and staff.

Surgery patients **are not** at increased risk for becoming infected with COVID-19; however, there are some procedures that have greater risk of exposure in the event a patient is a carrier of the virus. Some of the factors to consider in identifying risk of spread and exposure are the following:

- Symptomatic at time of procedure or office visit
- Previous encounter with someone infected with the SARS-CoV-2 virus
- Procedures that have prolonged duration of exposure to mucous membranes, wet procedures, significant bodily fluid exposure and respiratory generating procedures
- Rate of community transmission in the catchment area

To mitigate risk of exposure based on the previous factors and data from preferred sources, Straith Hospital has placed surgical services in tiers of risk.

Tier One: High Risk	Tier Two: Moderate Risk	Tier Three: Mild to Low Risk
Orthopedics	Retina Cataracts Podiatry	Pain Management*

\*Risk in this category is dependent of severity of procedure

Risk category determining factors:

- Duration of procedure
- Anesthetic type (General or localized)
- Aerosol generation

Patients that are in **Tier One-High Risk** category are suggested to have a negative PCR test for SARS-CoV2 (the virus that causes COVID-19) 48-72 hours prior to procedure. If the result is negative, patient can proceed with procedure. If the test comes back positive, procedure should be rescheduled after the suggested quarantine time.

Patients in **Tier Two-Moderate Risk** category are not required to have COVID-19 testing if asymptomatic; however, personnel should ensure that appropriate Personal Protective Equipment (PPE) specific to procedure is follow to ensure standard/universal precautions are followed. Individual patient risk factors are also considered when determining need for COVID testing prior to procedure

Patients in **Tier Three-Mild to Low Risk** category have very minimal risk of spread of virus if asymptomatic. Many of the procedures in the Mild to low risk category should qualify for local anesthesia and have limited contact time during procedure.

All procedures should be evaluated on a case by case basis to determine if COVID-19 testing is warranted. The decision to proceed with any procedure during the COVID-19 pandemic should consider risk and benefits as well as informed consent from patient.

### Considerations:

1. Results of COVID-19 PCR testing may not be available in specified timeframe as it is not performed in house.
  - Alternates of sending patient to PCP or Health Department for COVID-19 testing could potentially slow the process of starting procedure if PCP does not conduct testing or if Health Department lab is processing large quantities of test
2. Serology test is meant to detect prior exposure of an individual to COVID-19 rather than current infection.
  - Patient with past medical history of COVID-19 may not developed antibodies until >24 days (or at all) post infection.
  - IgG Serology test may have false positive results due to cross reaction of other more common Coronaviruses as well as false negative due to specific test, lack of antibody response among other reasons.
  - A positive IgG or IgM test has not been determined to be protective from future infection.
3. Patients that have had recent unprotected exposure to persons with known positive COVID PCR test and/or signs and symptoms of COVID-19 should be postponed for surgery until 14 days post exposure with no symptoms developing.
4. Patients admitted to In-patient with previous positive results of COVID-19 will not be re-tested for COVID-19 by Straith Hospital
5. Patients should be notified in writing that procedures may be canceled with short notice in the event test results are positive.

### **Reference: COVID-19 Patient Access**

### **Department Specific Considerations**

#### **Clinic Patients Service line**

- Medical distancing decreases healthcare worker risks of becoming infected.
- Consider telehealth visits whenever feasible, especially for vulnerable patients.

- Patients arriving at the clinics or medical offices must wear a face mask if there is no medical contraindication. Homemade cloth masks are appropriate for patients. Patients arriving without a mask should be provided with a surgical mask. **DO NOT CANCEL THE VISIT.**
- Patients with symptoms of COVID-19 should be encouraged to contact the office prior to arriving. (COVID Screening tool is used in call center when appointments are made. Patients are again instructed to reschedule visit if
- experiencing any symptoms of COVID infection in a pre-appointment reminder (sent by text, email or phone call per patient preference)
- If the patient cannot be treated via telehealth options, refer suspected or confirmed COVID-19 patients to their PCP, an Urgent Care, or Emergency Department (Call first) that is better equipped to manage isolation precautions.
  - Reschedule appointment after 14-day isolation has passed without development of symptoms.

### **Inpatient Service Line**

Straith Hospital in partnership with Infection Prevention and Control has designated space for housing COVID-19 patients during their admission. As the facility works towards normal operations, we have ensured that standard patient admissions will not comingle with patients that are COVID-19 positive:

1. Dedicated nursing staff to standard admission patients and COVID-19 Patients
  - a. In the event of staffing shortage and nursing staff must be shared between two areas, Nursing staff are to don and doff new PPE and perform thorough hand hygiene prior to entry of non-COVID patient areas.
2. Dedicated equipment to COVID-19 patients
  - a. In the event of equipment must be shared, equipment must be wiped with hospital approved disinfectant
3. Closed unit for COVID-19 admissions

## **Case Prioritization and Scheduling:**

### **Prioritization of medically necessary cases and admissions**

When applicable, Providers should consider the following for prioritizing medically necessary cases and admissions

- Previously cancelled and postponed cases should be considered first for scheduling
- Strategy for “OR/procedural time” (e.g., block time, prioritization of case type).

### **Considerations:**

The Administration continues to review efficacy of operations during and post the pandemic. Factors include: Identification of essential health care professionals and medical device representatives per procedure.

- Strategy for phased opening of operating rooms, identify capacity goal prior to resuming 25% vs. 50%
- Number of operating rooms opening simultaneously
- Strategy for increasing “OR/procedural time” availability, as needed
- Issues associated with increased OR/procedural volume.
- Ensure primary personnel availability commensurate with increased volume and hours (e.g., surgery, anesthesia, nursing, EVS, sterile processing)
- Ensure supply availability for planned procedures (e.g., anesthesia drugs, procedure related medications, sutures, disposable and non-disposable surgical instruments).
- Staff training and competency

### **Personal Protective Equipment**

Resuming medically necessary surgical procedures and increasing admissions requires consideration of adequate PPE and med/surg supplies appropriate to the number and type of procedures to be performed.

- All staff must be N-95 fit tested prior to performing clinical procedures and patient care
- Appropriate procedure specific equipment sterilizations practices must be in place
- Staff will continue to follow Bloodborne protection protocols

**Reference:** [Cloth Face Coverings](#)

### **Environmental cleaning**

Prior to implementing the start-up of any invasive procedure, all areas should be terminally cleaned according to evidence-based information.

- In all areas along five phases of care (e.g. clinic, preoperative and OR/procedural areas, workrooms, recovery room, patient areas, Anesthesia machines, scopes, sterile processing, etc.
- Operating/procedural rooms must meet engineering and Facility Guideline Institute standards for air exchanges
- Consider wait time between cases to allow clearing of air by filtering system
- Environment staff to use Straith Hospital approved disinfectants and solutions

**Reference:** [COVID-19 Cleaning Policy](#)

### **Intraoperative Care**

Straith Hospital aims to minimize staff exposure when procedures both during and after the COVID-19 Pandemic. In order to facilitate minimal risk of exposure:

- Only required staff should be in room when performing procedure
  - If intubation is required- only required staff should be in theater (i.e. Anesthesia, Nurse) during the procedure itself.
  - Once the patient is intubated, the other staff may enter the room and begin positioning and prepare for surgery.
- Maintain social distancing when performing time outs
- Keep theater door closed during procedure

**Reference:** [Intubation Policy](#)

## **Postoperative**

1. Adhere to standardized care protocols
2. Standardized protocols optimize length of stay efficiency and decrease complications (e.g., ERAS).

## **Operating Room Turnover**

Operating room cleaning procedures should be standardized and applied universally:

- Turnover of rooms will require time to clear virus from the air. The amount of time depends on the number of room air changes per hour (<https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb1>). Use hospital approved cleaning products. All hospital approved cleaning products will kill SARS-CoV-2, the virus that causes COVID-19.
- The time needed to clear the virus from the air will slow down turnover in no matter if 1 or more rooms are used per surgeon.

**Reference: air exchange table**

## **Post Discharge Care Planning**

Given the nature of procedures completed at Straith Hospital, patients should be discharged home. The outliers to this are those that have been admitted directly to the inpatient unit for rehabilitation medicine.

## **Collection and Management of Data**

As the pandemic continues to pose new challenges, Straith Hospital desires to be ahead of the curve in planning for operation continuity. We will continue to reevaluate and reassess policies and procedures frequently, based on COVID-19 related data, resources, testing and other clinical information.

1. COVID-19 numbers (testing, positives, availability of inpatient and ICU beds, intubated, OR/procedural cases, new cases, deaths, health care worker positives, location, tracking, isolation and quarantine policy).
2. Facility bed, PPE and staffing.

3. Quality of care metrics (mortality, complications, readmission, errors, near misses, other – especially in context of increased volume).

**Reference: MDHHS Data – updated daily**

#### **Ongoing COVID-19 Related Issues**

1. Healthcare worker well-being: post-traumatic stress, work hours, including trainees and students if applicable.
2. Patient access and communication.
3. Case scheduling process
4. Facility and OR/procedural safety for patients.
5. Preoperative testing process. (for recent COVID-19-positive patients; for non-COVID-19-positive patients).

**Reference – Post-traumatic handout – crisis number**

**Reference – [Screening tool](#)**

**Reference – Hazard Communication Plan (general guidance)**

**Reference – Preoperative testing process**

#### **Post COVID-19 Issues: Second Wave**

In the event that there is a second wave of cases surround COVID-19 that affects our ability to continue operations. The Hospital will consider current location and national recommendations related to COVID-19 phase 2. Our policies will reflect changes that will ensure continued safety for our patients and staff.

**Reference: Social Distancing Policy, Employee Health Protocol**

#### **4. Plan Updates and Expirations**

Both Plans contain Straith Hospital for Special Surgery’s response to the COVID-19 outbreak. As this pandemic progresses and or changes, Company will update this Plan and its corresponding processes.

This Plan will expire upon conclusion of its need, as determined by Company and in accordance with guidance from local, state, and federal health officials.