

COVID-19 Plan for Elective Surgery

Last Updated 3.2022 JC

The North Memorial Ambulatory Surgery Center ("ASC") is governed by a Board of Directors comprised of:

- Dr. S. Kern, M.D. - SIGS
- Dr. P. Cammack, M.D. – TCO
- Dr. R. Hess, M.D. - TCO
- Andy Cochrane, CEO of Maple Grove Hospital – Serves as Incident Command
- Carolyn Ogland, M.D., Chief Medical Officer of North Memorial Health – Serves as Incident Command
- Briar Andresen, Attorney of North Memorial Health

This Board of Directors is responsible for oversight and direction of COVID-19 planning and operations. In addition, the North Memorial Ambulatory Surgery Center also falls under the guidance and direction of the Incident Command Center through North Memorial Health. All protocols must be reviewed and approved by this group.

The ASC leadership, in partnership with the Medical Director, Dr. Steven Kern, keeps the board apprised of all activity and continually monitors state and local pandemic efforts to assure the ASC is in compliance with all standards.

The below outlined plan and protocols can be provided to MDH or another state licensing board upon request. This plan is continually updated as new information is learned and new protocols are adopted.

Community Considerations

- **Community Wide Approach:** The ASC works in partnership with North Memorial Health System to facilitate a community-wide approach and maintain capacity for a potential surge with COVID-19 patients. Specifically, the ASC has been designated as a possible alternate location in the event North Memorial Hospital and Maple Grove Hospital need additional capacity due to a surge.
- **Plan to Reduce or Stop Elective Procedures:** The North Memorial Incident Command structure will keep our ASC informed as COVID-19 cases increase within their hospitals and/or if the system is reaching PPE levels that require additional conservation efforts. As those COVID numbers increase or as PPE levels become depleted, the ASC will begin to reduce the number of scheduled elective surgeries per the direction of Incident Command. Medical staff will be notified of this reduction. In the event we must stop performing all elective surgery, we have individuals and communication plans in place to notify medical staff and patients. The ASC will also be available and ready to serve as an alternate location if the hospital(s) reach their surge capacity.

- **PPE Levels:** The ASC has adequate PPE levels to resume elective surgery. In addition, the ASC does not access publicly available reserves from state inventories. All PPE is sourced through our traditional supply procurement chain.
- **Safe Treatment of Patients:** The ASC has protocols and policies in place to provide safe care that does not compromise any standards of care. All the protocols are reviewed by the ASC Medical Director and then reviewed by the Board of Directors. The Board has final authority on operations of the ASC.
- **Case Prioritization:** Our priority will be to schedule those procedures that were cancelled due to the COVID-19 outbreak and the executive order to discontinue all elective surgeries. Our second priority will be any time-sensitive or essential procedures. Finally, all other cases.

Visitor Policy

Two healthy, masked visitors will be allowed with patients having surgery or a procedure.

Screening of Staff, Patients and Visitors

- **Screening of Staff:** All employees must complete a COVID-19 symptom screen attestation when they punch in to work. This can be completed at the timeclock or by using the HCMtogo Application. Medical staff members **MUST** complete the screening protocol daily upon arrival. There are screening stations located at the PACU nurses' station and the OR control desk. All staff are asked to complete the following:

Sample Screenshot of timeclock attestation:

By punching in, I attest that I do not have a fever of 100.04, or greater, or two or more other common COVID-19 symptoms. Other common symptoms include a cough, shortness of breath, or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea/vomiting or diarrhea. If you are experiencing a fever or two or more of these symptoms and you are onsite, please ensure you are wearing your mask, notify your leader, and leave the premises. Once you have left, please call Jen Cornelius at 763.581.9035.

Sample Screenshot of Medical Staff Screening Sheet:

Date	Employee Name	Temperature >100.4 must go home	Symptoms
			<input type="checkbox"/> cough <input type="checkbox"/> sore throat <input type="checkbox"/> fever <input type="checkbox"/> exposure to COVID-19 <input type="checkbox"/> loss of taste or smell <input type="checkbox"/> Chills <input type="checkbox"/> Muscle Pain

- **Staff Not Working While Sick:** Staff is not allowed to work when sick and per the above screening protocol, will be asked to go home if showing symptoms of COVID-19.

Updated 5.15.2020/6.23.2020/7.20.2020/9.9.2020/9.15.2020/11.2020/2.2021/5.10.2021/6.17.2021/7.12.2021
JC/9.29.2021JC; 03_2022 JC

- **Staff Vaccination:** All staff have been offered the vaccine by NM Health. Staff can choose to receive the vaccination or decline. Records will be kept confidentially in the employee health files.
- **Provider and Staff Travel:** Asymptomatic team members can return to work. We will follow the CDC and local travel guideline recommendations.
- **Screening all patients and/or their accompanying visitor:** During the pre-operative phone call, patients will have a thorough health history review. Upon arrival on the day of surgery/procedure, the front desk staff will complete the following screening information shown below. Visitor's screening will be documented too in the EMR. Any patient or visitor who tests or screens positive for signs/symptoms of COVID-19 will be asked to leave the facility and their surgery or procedure will be postponed.

Travel Screening

Travel Screening

Question

In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus / COVID-19?

Do you have any of the following symptoms?

Have you traveled internationally in the last month?

Response

No / Unsure

None of these

No

Travel History

No documented travel since 03/21/20

Communicable Disease Screening

In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus / COVID-19?

Yes

No / Unsure

Unable to assess

Do you have any of the following symptoms?

☐ None of these

☐ Chills

☐ Joint pain

☐ Rash

☐ Sore throat

☐ Unable to assess

☐ Cough

☐ Loss of smell

☐ Red eye

☐ Vomiting

☐ Abdominal pain

☐ Diarrhea

☐ Loss of taste

☐ Severe headache

☐ Weakness

☐ Bruising or bleeding

☐ Fever

☐ Muscle pain

☐ Shortness of breath

Travel History

Have you traveled internationally in the last month?

Yes

No

Unable to assess

Enter a location

+ Add Travel

No Documented Travel

You can use the box to the upper left to add a trip to the list

No more travel to load

Patient Information

Patients are provided information prior to their procedure from the ASC. *A sample of the patient communication is attached to this document.*

COVID-19 PCR Testing Protocols

See attached Essential Workflow for guidance on testing and approved lab testing sites.

Universal Masking and Eye Protection

See Policy: Respiratory Program During Pandemic (COVID-19) # 2015

The health of our team members while caring for patients remains a top priority.

For **UNVACCINATED** team members:

- Universal use of an N95 mask is required except while eating and drinking. Eye protection is required when doing direct patient care activities.

For **FULLY VACCINATED** team members:

Fully vaccinated is defined as at least two weeks after your final dose

- Non-customer facing spaces: Mask free zone
- Customer facing common spaces: Mask zone
- Direct patient care: Mask zone

Fully vaccinated team members will wear a red tag on their name badge as proof of vaccination.

All patients and visitors will be required to wear a mask while in our facility. If they do not have one, one will be provided to them.

**This process is subject to change based on community prevalence.*

Universal masking and eye protection use requires that we carefully follow two practices to manage our PPE supply: Uninterrupted use and Careful Reuse.

Uninterrupted Use: Uninterrupted use is the practice of wearing the same face mask or N95 for an extended period and for repeated close contact encounters with several different patients, without removing the face mask or N95 between patients. The expectation is that team members will wear the same face mask or N95 for their full shift. If the face mask or N95 respirator needs to be removed, team members should follow the careful reuse steps. Once you put a mask on, keep it for the entire shift unless soiled, damaged or hard to breathe through.

- Do not wear your mask around your chin or neck. You may contaminate on the OUTSIDE of your mask.

- For patients in droplet/contact or full barrier isolation, uninterrupted use and careful reuse of facemasks and N95 respirators is only acceptable if a barrier is present to shield from droplets.
- Please refer to PPE conservation guide for details.

Careful Use: Careful reuse involves removing your face mask or N95 as needed, placing it in a paper bag or hanging it from a command hook, and then donning again. Examples of when you would practice careful reuse:

- Team member moving between 2 patients, 1 requiring droplet/contact isolation (standard procedural mask), and another requiring full barrier isolation (N95 mask).
- Team member break requiring access to the nose or mouth.

Examples when you don't reuse:

- When the mask becomes visibly soiled, wet, or damaged.
- The mask becomes hard to breathe through.
- At the end of a 12-hour shift.
- N95/KN95 will be obtained from your supervisor and/or designated charge individual
 - A seal test must be performed by each team member upon donning their N95 mask. In the link below is a video on proper donning instructions and seal testing methods.

https://www.youtube.com/watch?v=RcI7vbTzPlk&feature=emb_logo

CRITICAL STEP: Cover the N95 externally to keep the respirator free from, contamination

Donning & Doffing

CONTACT/DROPET	FULL BARRIER
<ul style="list-style-type: none"> ✓ Procedure mask ✓ Eye protection (visor shield or goggles) ✓ Gowns ✓ Gloves ✓ Standard airflow room 	<ul style="list-style-type: none"> ✓ N95 ✓ Eye protection (visor shield or goggles) ✓ Gown ✓ Gloves ✓ Negative airflow room when possible

See attached Donning and Doffing Guidelines per CDC.

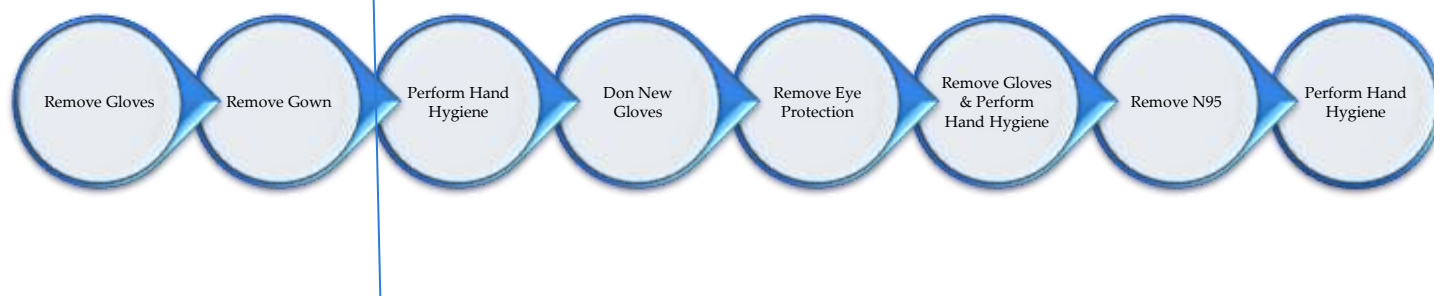
- ✓ Prior to donning, pull long hair back, remove jewelry and watches, keep cell phones and pagers in pockets.
- ✓ Donning PPE should be done in a clean space, outside of patient's care environment.
- ✓ Doffing PPE should be done at or near point-of-use. **DO NOT WEAR CONTAMINATED GOWNS IN HALLWAY/IN SHARED WORKSPACES.** General sequence should be as follows:

In Room

Out

of

Room



Other Considerations

- **Post-Operative Screening:** Patients are instructed on the discharge instructions to contact the ASC within 14 days if they experience and signs, symptoms, or exposure to COVID. The ASC will follow MDH guidance should a patient note a positive test result and/or symptom. A supervisor and/or the Clinical Director must be notified immediately should the post-operative nurse become aware of any symptoms from patients.
- **Social Distancing at Work:** In an attempt to reduce team member's exposure, we ask that everyone adhere to distancing, hand, and respiratory hygiene while on break. We encourage team members to find other spaces during break time allowing for adequate distancing.
- **Environmental Cleaning:** Strict adherence to routine environmental cleaning will be followed. Close attention to cleaning items that are used for multiple patients typically classified as non-critical items, should be adhered to (BP cuffs, pulse oximeter cords and probes, EKG cables, chairs, carts, bedside tables, etc.). Cleaning should take place in the O.R. **AFTER** the patient has left and all trash, including anesthesia trash, has been removed. See Policy: Infection Prevention: Cleaning of Patient Equipment and Environment in Response to COVID-19 Outbreak.

See Policy: Infection Prevention Cleaning of Patient Equipment and Environment in Response to the COVID-19 Outbreak #9013

- **Team Member Education:** All team members have received communications regarding updates to the NMASCMG COVID Plan and policies and protocols during the COVID-19 pandemic.

Attachments

- Essential Surgical and Procedural COVID-19 Workflow
- Pre-Procedural Testing Guidance
- Management of COVID-19 Positive Non-Essential Surgical Patients
- Personal Protective Equipment and Room Turnover Guidelines for Surgical Care – COVID-19 pandemic
- COVID-19 Community or Travel Exposure (not at work)
- How to Properly Put on and Take off a Disposable Respirator
- How to Safely Remove PPE

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Resources

- MDH
- CDC
- NMMH