PLANT OPERATIONS/ENVIRONMENT OF CARE

The following represents a number of considerations when evaluating the condition of the facility to provide non-COVID-19 services:

RESTORE FACILITY TO NON-SURGE USE CONDITION

- Remove temporary airborne infection isolation partitions and all extensions of utilities into COVID-cohorted units, including medical gas and vacuum, electrical power, distribution water fixtures, and nurse call and communication systems.

- Ensure contaminant removal per CDC airborne contamination table. Remove all negative pressure devices and ensure room pressure and air changes per hour are returned to normal for that unit. Reverse all temporary security measures, such as access control to unit or room, video surveillance cameras, elopement and abduction alarm systems. Purge digital temporary access privileges for temporary/surge health care workers into sensitive areas, refresh access control codes and badge access. Reopen all closed or rerouted emergency egress pathways.

- Perform terminal cleaning of all surgical suite and procedure rooms. Clean and disinfect all COVID-cohorted units including ICU, CCU, ED, waiting/triage areas, and fixed and portable equipment including patient transport devices and lifts. Consider usage of UV disinfection or H2O2 fogger and equipment.

- Implement social distancing requirements in public areas such as waiting/triage areas throughout the facility through signage, flow and furniture arrangement. Consider any and all procedures and/or policy updates to minimize the use of waiting areas and to separate various at-risk populations; establish capacity notices.

- Evaluate public areas, including food services spaces, and establish flow patterns that enhance social distancing.

- Conduct an inspection tour of the areas serving COVID-19 patients and support areas by Environment of Care team, including the chief operating officer and section leaders from risk management, infection prevention, facilities management, safety, security, nursing and medical staff.

- Conduct physical inspection and engineering assessment of any leased buildings; ensure these have been terminally cleaned prior to reoccupying.

- Evaluate any work spaces which have used cubicles or open seating to identify infection control and prevention enhancements. Refer to the Workforce section of this document for considerations of work-at-home as well as other work practices and procedures.

- Evaluate patient flow through the facility (e.g., from ED to inpatient unit, from inpatient unit to diagnostics, etc.) for both COVID-19-positive patients and non-COVID-19-positive patients to identify infection control and prevention enhancements. Expedite COVID-19 positive and suspected positive patients through public spaces.

- Make necessary changes to wayfinding, including print materials and signage.

- Recognize that public perception will be influenced by the physical facility as well as by messaging. Work to minimize dissonance between continuing certain infection control and prevention practices, e.g., social distancing, testing "tents," and the assurance that it is safe to come to hospitals and clinics for care.

CRITICAL INFRASTRUCTURE RESTORATION AND REPAIR

- Inspect and verify operational capabilities of all key utility systems including medical gas, clinical air and vacuum, potable water, HVAC, normal and essential electrical power supplies, communication systems (wired and wireless networks), smoke detection, fire alarm and suppression, and vertical transportation systems.

- Inspect filters on all air-handling units that supplied areas serving COVID-19 patients, and replace filters that were negatively impacted from the mitigation efforts. Consider deep cleaning coils if necessary. Return the building automation system to normal seasonal settings by clearing any lockouts or system programing work-around. Flush any water systems that may have been left dormant during the surge. Assess any stress or accelerated wear on vacuum pumps, medical air compressors, and bulk oxygen systems due to heavy usage during the surge.

REESTABLISH NORMALIZED OPERATIONAL STANDARDS ON:

- Temperature and humidity control, patient comfort and patient transport.

- Environmental hygiene, supplies, waste streams and linen.

- Security procedures for visitor screening.

FACILITY COMPLIANCE ASSESSMENT

- Evaluate suspended inspection, testing and maintenance to establish priority, timeline and resource requirements needed to restore equipment and systems to TJC/DNV standards, CMS Conditions of Participation, and state and local codes.

- Contact authorities having jurisdiction to proactively review these plans and timelines for achieving compliance and document those contacts.

- Arrange a facility walk-through by local authority and/or state authority and property insurance underwriter to objectively assess the facility's environmental safety; include your risk management, workers compensation and infection control professionals in these walk-throughs.

FACILITY MODIFICATIONS MADE FOR COVID-19 CARE

- Document all facility modifications made in planning for and during the care of COVID-19 patients; conduct an assessment of those changes as to effectiveness.

- Prepare a staged plan for returning the facility to surge status should that be necessary.

- If licensure requirements were modified in any way, such as additional beds added, consider post-COVID-19 licensure states and coordinate with the state and/or CMS appropriately.

The American Society for Healthcare Engineering also has released a resource to aid in recovery planning and execution.