**[Company]** **Policy for Increasing Case Volume During COVID-19 Public Health Emergency**

**Purpose:** To prepare for the increase in case volume as surgical restrictions are lifted during the COVID-19 public health emergency.

**Policy:** [Company] will follow a consistent approach and best practice guidelines to increasing surgical case volumes during the COVID-19 public health emergency. Recognizing that local, state, and federal requirements will differ, and that the COVID-19 pandemic has evolved differently across the region, [Company] will follow the most stringent guidelines and recommendations available that are validated and pertain to surgical facility operations.

1. State and the Centers for Medicare & Medicaid Services (CMS) regulations and recommendations, as well as accrediting body standards will be adhered to at every operational level.
2. [Company] will determine and verify that local acute care hospital facilities have capacity to treat patients requiring transfer and/or hospitalization should the need arise.
3. Prior to each scheduled case day, [Company] will:
   1. Ensure and document there are appropriate numbers of trained staff required to perform the planned surgical procedures of the day;
   2. Determine and document that appropriate medications and equipment, including remote access to equipment representatives are available to perform the day’s procedures; and
   3. Determine and document that there is access to services such as equipment repair, waste management, and pathology/laboratory services.
4. [Company] will adhere to the following evidence-based infection prevention techniques, access control, workflow and distancing processes:
   1. Screening patients before visits and monitoring their health prior to starting surgery as part of the pre-operative procedure and will include, at a minimum, patient screening to occur 48 hours prior to the planned procedure and on admission;
   2. Screening of all physicians, nursing and ancillary staff must occur prior to entrance to the surgery facility;
   3. All staff will self-monitor and screen for viral symptoms daily;
   4. Personal Protective Equipment (PPE) use and PPE conservation techniques, per the latest Centers for Disease Control and Prevention (CDC) recommendations will be followed for all procedures;
   5. All waiting room spacing guidelines, social distancing, face masking, and other recommended procedures for patients and visitors prior to entering the facility will be followed;
   6. A heightened disinfection routine (e.g., doorknobs, waiting areas, restrooms, etc.) to prevent and mitigate risk of COVID-19 spread will be implemented and documented;
   7. Patients will be medically cleared by their primary care physician where applicable;
   8. Patient testing before elective procedures will be conducted where feasible and available, if it would change the clinical decision to proceed with the procedure;
   9. All patients will be considered a potential carrier of the Coronavirus; and
   10. Access by vendors to the surgery facility will be limited to an urgent basis only.
5. [Company] will not perform surgical procedures until they have adequate PPE and medical/surgical supplies appropriate to the number and type of procedures to be performed. Facility PPE policies will be updated to account for the following:
   1. Adequacy of available PPE, including supplies required for potential second wave of COVID-19 cases.
   2. Staff training on and proper use of PPE according to evidence-based standards of care.
   3. Policies for the conservation of PPE should be present and adhered to as well as policies for any extended use or reuse of PPE per CDC and FDA guidance.
   4. Special consideration will be given to aerosolizing procedures including airway management, GI, pulmonary, and ENT procedures with enhanced PPE, OR/procedure room disinfection and delayed room entry procedures.
6. [Company] will establish a prioritization policy committee consisting of surgery, anesthesia and nursing leadership to develop a strategy appropriate to the immediate patient needs.
7. [Company] will avoid performing procedures on those patients of highest risk of morbidity, should they contract COVID-19.
8. [Company] will develop strategies to allow for OR/procedural time use, recognizing that special consideration be given to maintain maximum social distancing with the facility and minimize any cross-exposure. (This may result in a fewer number of OR/Procedure rooms utilized on a given day while possibly increasing the number of days and/or extended hours for a given caseload.)
9. [Company] will assess, on a daily basis, the availability of anesthesia services. Case scheduling will be performed in conjunction with the director of anesthesia and medical director, ensuring appropriate anesthesia provider coverage during operating hours. Special attention will be given to anesthesia processing and adequacy of PPE and assistance.
10. Appropriate viral filters will be used on anesthesia machine circuits for each general anesthesia case.