

RESPONSIBLE RESTART OHIO

A GUIDE FOR HEALTH CARE



Responsible RestartOhio - A Guide for Health Care

As Ohio moves forward to responsibly restart Ohio's economy during the ongoing COVID-19 pandemic, our citizens are relying on state leaders and Ohio's health care providers to develop actionable, clinically based plans for the equitable delivery of health care services. Governor DeWine's plan for restarting health care services balances the need to ensure the health and safety of all Ohioans – including those working in health care and those who need to access health care services – and the unpredictability inherent in managing the COVID-19 pandemic. It also considers the underlying social determinants of health and the disproportionate impact of COVID-19 on minority populations.

The Responsible RestartOhio Guide for Health Care is designed to provide insight and best practices to resume non-urgent health care services across the state through a stepwise approach. This guide is intended to be a resource for patients, providers, health systems and Ohio's COVID-19 Three Zone response infrastructure as the state begins to resume typical standards of health care.

Table of Contents

Introduction	2
Framing Ohio's Responsible Restart for Health Care	4
Zone/Region Hospital Infrastructure	4
Personal Protective Equipment	6
Testing: Components, Priorities and Assuring Statewide Access	7
Contact Tracing	9
Guiding Principles	10
Environmental Considerations for Responsibly Restarting Health Care Services	11
Ohio's Stepwise Approach to Responsibly Restart Health Care Services	12
Step 1: Reassessment Reassess Delayed Surgeries and Procedures - Actions Underway	12
Step 2: Restart All Medically Necessary Procedures That Do Not Require an Overnight Stay or an Inpatient Hospital Admission	12
Step 3: Restart Remaining Non-Urgent Inpatient Hospital and Other Services	13
Appendix A: Provider Guide fo Environmental Considerations	15

Introduction

In early March, Ohio Governor Mike DeWine declared a state of emergency in response to the COVID-19 pandemic and its potential to threaten the lives of Ohioans and overwhelm the state's health care system. On March 17, Ohio Department of Health (ODH) Director Amy Acton, MD, MPH issued an order to suspend all non-essential surgeries and procedures.

As Ohio prepared for a significant surge in COVID-19 cases across our communities and health systems, Dr. Acton's order enabled the state to address the crisis in accordance with three goals:

1. to preserve personal protective equipment (PPE);
2. to preserve critical hospital capacity; and
3. to promote social distancing in order to reduce the spread of the virus.

Since then, the state of Ohio has taken significant steps to strengthen its ability to manage the COVID-19 crisis. Ohioans across the state – from citizens, to health care leaders, first responders to state agencies and local governments – are to be recognized for complying with the state's directives to mitigate the risks of the pandemic. Ohio has successfully avoided a large surge that would stress health care capacity. The state's disciplined approach has "flattened the curve" to the point where new consideration must be given to easing restriction on health care services that Ohioans and their providers have delayed since the mid-March order was issued.

Governor DeWine and Ohio's health care leaders now anticipate a more prolonged, though less intense period of COVID-19 infection in our state that can be accommodated by the existing health care infrastructure. Although periodic and unpredictable "hot spots" are expected to occurring across the state over the next several months, the state recognizes the unique risks facing Ohioans residing in congregate living environments, such as nursing homes, assisted living facilities, residential treatment facilities, prisons, and assorted state and community group living environments. We know that individuals living in these environments are particularly susceptible to outbreaks at any moment. Accordingly, we are asking all communities in Ohio to remain vigilant in practicing COVID-19 health safeguards as we continue to combat the virus.

On April 27, Governor DeWine announced Responsible RestartOhio – Ohio's plan to responsibly restart Ohio's economy during the ongoing COVID-19 pandemic. The guiding principles of the Responsible RestartOhio plan are protecting the health of employees, customers, and their families, supporting community efforts to control the spread of COVID-19, and responsibly getting Ohio back to work.

Beginning May 1, 2020, all medically necessary procedures that do not require an overnight stay in a healthcare facility or do not require inpatient hospital admission and minimize use of personal protective equipment may move forward. This includes non-urgent doctor visits, well-care checks, well-baby visits, outpatient surgeries, imaging procedures, and diagnostic tests. Dental services and veterinary services may also proceed if a safe environment can be established. At a later date yet to be determined, other health care services, including those that require an overnight stay in a healthcare facility or require inpatient hospital admission, will also proceed.

Responsibly Restarting Ohio's Health Care system is vital to the health of Ohioans and is part of Governor DeWine's plan to get Ohioans back to work.

"While we are facing an unprecedented virus, we are also seeing amazing innovation, incredible compassion and an unstoppable community grit that is driving us forward. We are better for it."

- Dr. Amy Acton

Healthcare providers and facilities that plan to resume providing these services must adhere to infection control practices, have sufficient PPE, and talk with patients about the risk of contracting COVID-19. Surgeries and procedures that, if not performed, would cause a threat to a patient's life, a threat of the spread of cancer or the permanent dysfunction of a limb or organ, the presence of severe symptoms causing an inability to perform activities of daily living, and/or the risk of rapidly worsening symptoms have always been permitted even if an overnight stay is necessary.

As the Responsible RestartOhio for health care proceeds, it will be critical for health care organizations to develop an actionable plan for communication, outreach, and equitable delivery of services. This plan should recognize the underlying social determinants of health and the disproportionate impact of COVID-19 on minority populations. As non-urgent surgeries, procedures, and other health care services resume, providers should aim to decrease, rather than exacerbate, existing health care disparities.

The Responsible RestartOhio Guide for Health Care is designed to provide insight and best practices to resume non-urgent health care services across the state through a stepwise approach. This guide is intended to be a resource for patients, providers, health systems and Ohio's COVID-19 response three-zone infrastructure as the state begins to resume typical standards of health care.



Framing Ohio’s Responsible Restart for Health Care

Zone/Region Hospital Infrastructure

From the outset of this crisis, Governor DeWine envisioned a response that would ensure equal access to quality care for all Ohioans. To achieve that, his administration introduced a new emergency structure organized through three zones and supported by ODH’s eight health preparedness hospital regions. Zone 1 includes regions 1, 2, and 5. Zone 2 includes regions 4, 7, and 8. Zone 3 includes regions 3, and 6. This structure will remain in place throughout the state’s response to the COVID-19 crisis.

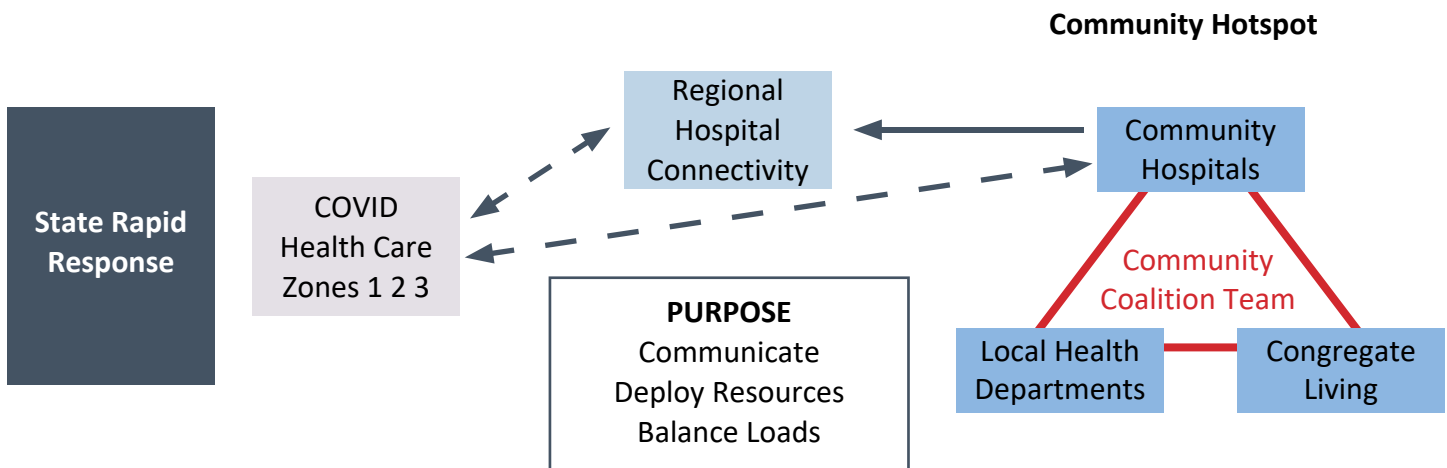


The zone/region framework enables hospitals, congregate care settings, and local public health departments to coordinate and collaborate on patient care, availability of resources, and management of regional surges.

Community coalitions involving hospitals, local health districts, and congregate living facilities are reporting into the zone/region structure and are often being built upon existing incident command systems. They are being leveraged to communicate, allocate resources, and balance needs across care settings. Coalitions are also:

- Developing locally coordinated clinical support that builds upon, complements, and extends existing efforts to ensure better care for the entire community.
- Streamlining real-time sharing of information and communication to alert coalition partners to early signs of surges or supply shortages.
- Standardizing processes to improve clinical efficiency and effectiveness while also meeting the unique characteristics of each community. Consistent and ongoing collaboration with local public health, and other infectious disease experts is critical.
- Maximizing allocation and use of resources based on broader areas of needs, with an emphasis on PPE, testing, personnel, and transportation.
- Swiftly conveying information about local situations, including resource allocation, to the region and zone levels.
- Organizing for local or community surges, enabling the coalition to systemically and predictably coordinate responses.
- Integrating efforts with state-level monitoring and rapid response for COVID-19 to coordinate equitable and transparent access to in-demand PPE and testing supplies across Ohio’s many communities.

This structure operates as depicted in the following diagram:



The pathway from local coalitions, to zone/region leaders, to the State Rapid Response is critical to prepare for and manage ongoing COVID-19 health-related needs for the duration of the public health emergency.

To manage local surges and minimize strains on local health care resources as non-urgent surgeries, procedures, and other services resume across Ohio, the three-zone structure will:

- Provide clinical and PPE support for both hospital and non-state-operated congregate living environments in responses related to COVID outbreaks. Those environments include nursing homes, assisted living centers, and intermediate care facilities (ICF).
- Work in partnership with the state to co-manage the clinical and PPE needs of state-operated congregate living environments such as prisons. The state recognizes that broader PPE strategies may be needed for these settings.
- Coordinate with local emergency management agencies (EMAs), Local Health Departments, and other community entities to prepare for and respond to surges in COVID-19 cases across other settings. These settings may include other residential, group home, waiver and homeless shelters. The state recognizes that broader PPE strategies may be needed for these settings.

Personal Protective Equipment

In recent weeks, the state's focus on PPE procurement, innovative production, newly adopted re-sterilization techniques, and supply conservation efforts have stabilized PPE supplies in some settings. However, the availability of PPE continues to vary by zone/region and type of setting. While the supply chain remains uncertain, tracking systems have been deployed to monitor inventory levels, condition and availability across hospitals and many congregate care facilities.

It is vitally important all parties continue to work together to ensure appropriate PPE is available as needed within each care setting

to prevent unprotected exposure that may escalate the spread of COVID-19.

Provider best practices that will guide their restart of non-urgent surgeries, procedures, and other health care services will emphasize patient safety, staff wellbeing, and community protection. Optimal preparation means they must have the following available:

- Adequate inventories of PPE, supplies, equipment, and medicine in their facility.
- A supply conservation and monitoring plan that includes decontamination and reuse protocols to preserve PPE, supplies, equipment, and medicine.
- Access to a reliable supply chain to support continued operations for non-COVID-19 cases, and to respond to an unexpected surge in COVID-19 cases in a timely manner.
- Frequent PPE inventory counts for all providers. For hospitals, this information will continue to be reported to the state's COVID-19 resource management system on a daily basis.

Statewide PPE StockPile

The Department of Health in partnership with Ohio's hospitals and other providers, will establish a virtual stockpile of PPE for use with COVID-19 patients and health care workers to ensure a reliable PPE supply in the event of a surge of COVID-19 patients. This stockpile will be created through a rigorous accounting of available PPE throughout Ohio and IS NOT intended to replace each provider's responsibility to procure PPE and other supplies for their organizations for non-urgent diagnostic services or procedures. Instead, it is intended to augment COVID-19-related supply shortages where needs are greatest. Ohio's hospital leaders have already agreed to participate in and contribute to the virtual statewide stockpile, as reasonably necessary.

Throughout the duration of the pandemic, congregate living facilities will continue to acquire and manage PPE based on their residents' needs. Due to the continuing potential scarcity of, they are urged to take all reasonable efforts to both conserve and responsibly procure and manage their PPE supplies. Should a facility fall short of needed supplies due to an unexpected increase in infections, distribution from the virtual stockpile will be overseen by the state and regional public health structure. This virtual stockpile will ensure a reliable PPE supply in the event of a surge of COVID-19 patients that may overwhelm a hospital or nursing home.

Providers in specialties or practice settings that may not experience COVID-19 patient surges must be situationally aware of statewide PPE, supplies, equipment, and medicine needs and be prepared to contribute as necessary. Details regarding the statewide stockpile will be forthcoming.

Testing: Components, Priorities and Assuring Statewide Access

Adequate testing for COVID-19 requires attention to all the components for testing and the ability of the supply chain to respond to the increased demand. The state's priority testing guideline for all providers continues to emphasize testing of patients who are most severely ill, patients who are moderately ill with a high risk of complications — such as those who are elderly and those with serious medical issues — and individuals who are critical to providing care and service to those who are ill. COVID-19 testing requires the following: testing machines, reagent or chemicals specific to the type of testing machine, nasopharyngeal swabs, and a container with medium to transport the specimen to the lab.

Adequate access to COVID-19 testing is necessary to responsibly restart additional health care services. In recent days, Governor DeWine announced he reached an agreement with Thermo Fisher, a company that makes reagent and testing machines, that will substantially expand COVID-19 testing capacity in Ohio. Further, as a result of collaborative efforts through the Ohio Manufacturing Alliance to Fight COVID-19, Governor DeWine announced that ROE Dental Laboratory in Cleveland will manufacture up to 1 million testing swabs to support Ohio's testing efforts. In recent weeks, additional machines have been secured to expand testing capacity statewide and innovation has led to an increase in the availability of the transport medium.

Given these accomplishments, state leaders and health care experts believe there is appropriate access to COVID-19 testing to responsibly restart non-urgent health care services.

Testing Capacity Plan

Help prevent the spread of COVID-19

	April 29 Start Expansion	May 6 Week 2 Expansion	May 13 Week 3 Expansion	May 20 Week 4 Expansion	May 27 Week 5 Final Expansion
Daily Testing Totals	7,228	14,275	18,200	20,275	22,275
Est. Weekly Testing Totals	43,368	85,650	109,200	121,650	133,650

ODH’s testing guidelines set priorities based on a review of Centers for Disease Control and Prevention (CDC) guidelines and receive input from clinicians, scientists and experts in epidemiology. In the past, ODH guidance was primarily focused on priorities for the testing provided by the state ODH lab. Given the unusual circumstances associated with pandemic, ODH’s testing priorities are being developed to establish a consistent set of testing expectations for a much broader group of all labs doing COVID-19 testing throughout Ohio. The ODH guidelines will change over time as the pandemic evolves and our understanding of the disease increases, as businesses begin to open, and as the supply chain expands to meet the state’s need.

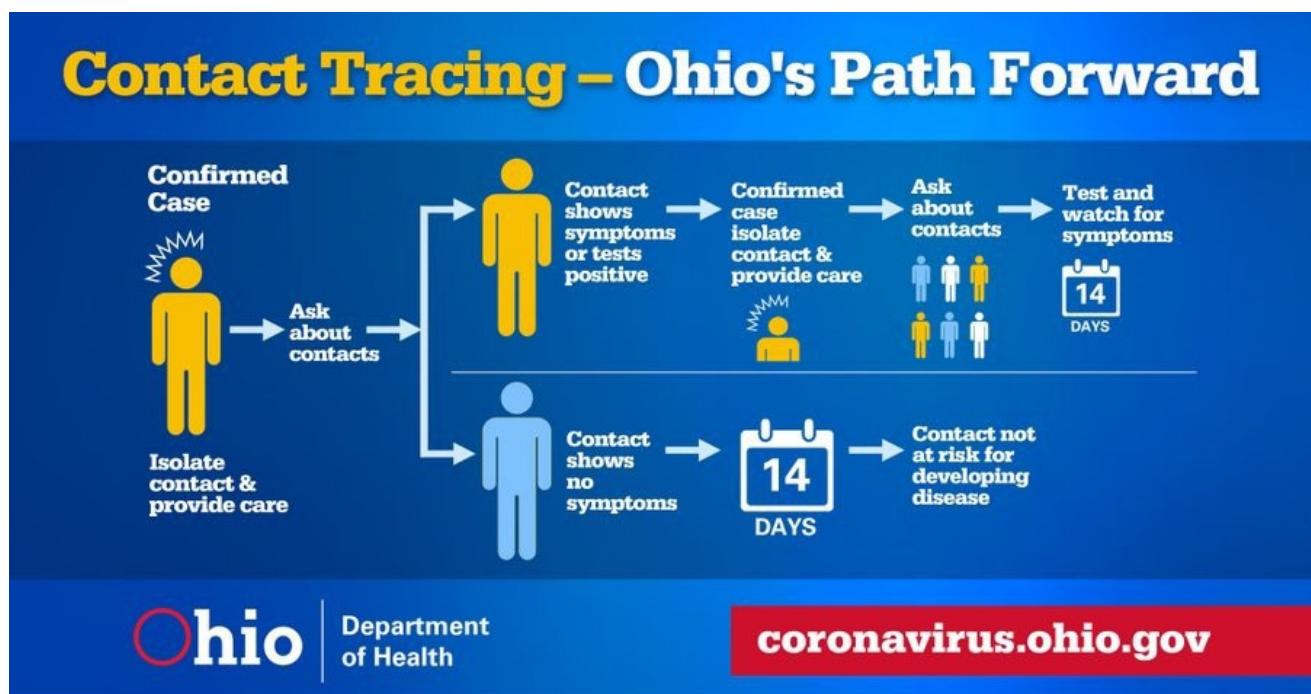
Given the constrained supply chains worldwide, Ohio is vigilantly monitoring and measuring testing capacity. Providers, hospitals, congregate care settings as well as state and local health agencies will continue to monitor resources and lab capacity, and flexibility will be required to achieve two important purposes: 1) to triage testing to address sudden and unexpected COVID-19 surges across Ohio’s zones and regions, and 2) to enable statewide equitable access to testing, consistent with the guidelines developed by the state.

As providers consider the impact of restarting non-urgent health care services, they must have a defined process for timely COVID-19 testing of patients and staff in accordance with the ODH guidelines.

Contact Tracing

Contact tracing helps public health professionals trace the virus as it moves through a community, and it is a key public health tool that is being used to prevent the spread of COVID-19. This common public health function already occurs through Ohio’s local health departments in response to many communicable diseases.

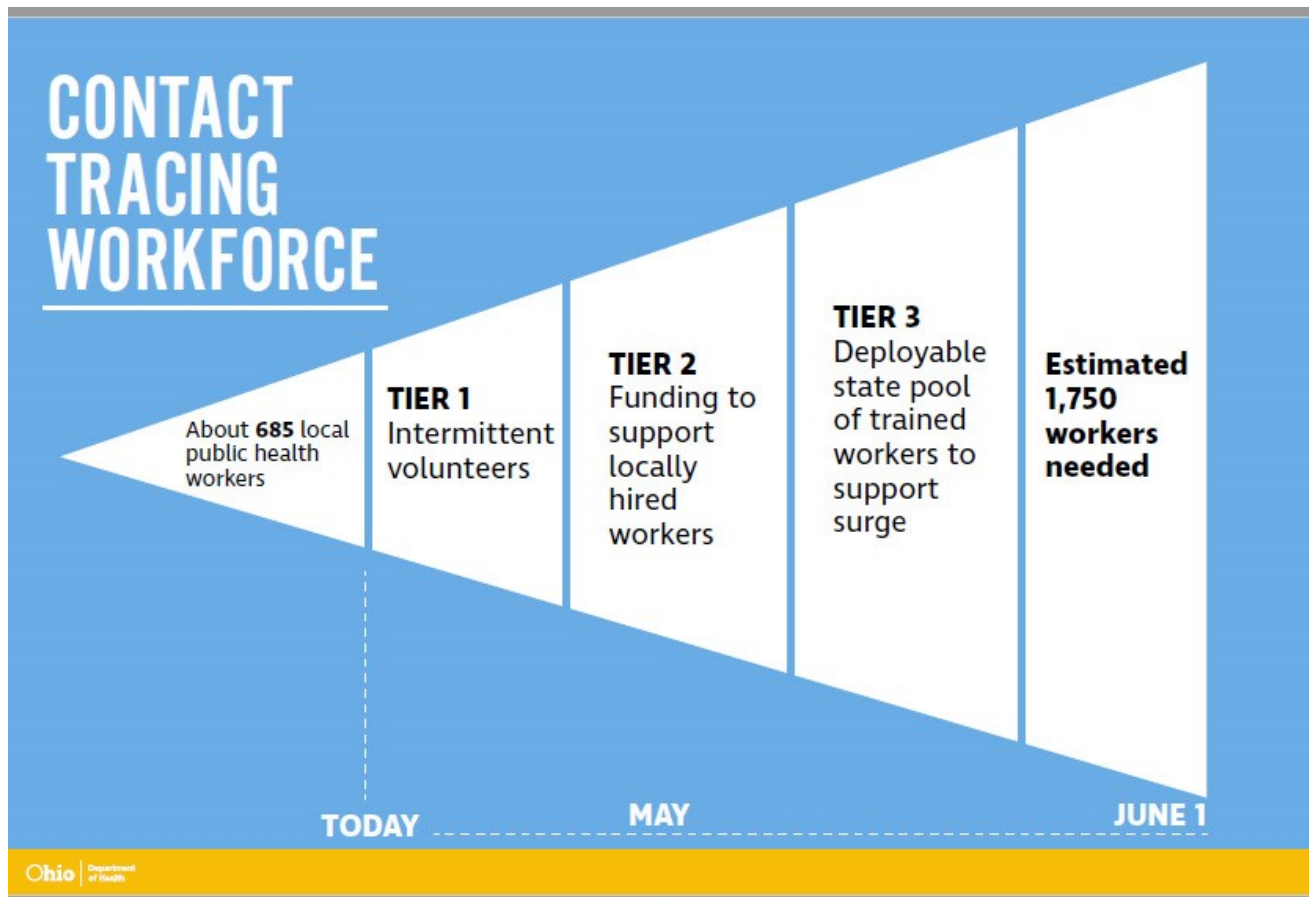
As the diagram below depicts, individuals identified as having a probable or confirmed COVID-19 infection work with public health professionals to identify other people with whom they had close contact while the disease was infectious. Public health staff then outreach to each person who may have been in contact with the individual who has COVID-19 to alert them to their exposure and discuss their personal risk factors, provide education about symptoms of the disease, explain the need to maintain social distance from other individuals for at least 14 days following their exposure, and detail when and how they can access medical assistance.



As Governor DeWine stated on April 24, “Contact exposure tracing is one of the strongest weapons we can employ to help our families, our friends, and ourselves stay healthy.” As the Responsible RestartOhio plan proceeds and Ohio relaxes restrictions initially put in place to combat COVID-19, the need to quickly communicate with those who have come in contact with infected individuals becomes increasingly important.

Given the statewide need for additional contact tracing, many of Ohio's health departments are augmenting their contact tracing staff by cross-training and reassigning existing staff and employing auxiliary staff and community volunteers to participate in the work. Additionally, a tiered approach to workforce development is being developed to ensure statewide capacity and flexibility to deploy contact tracers when and where there are surges in cases. Tier 1 volunteers are ready to be deployed today, and the full three-tiered approach will be operational by June 1, 2020.

The Ohio Department of Health is working on this tiered strategy with [Partners in Health](#), a Massachusetts non-profit entity, who will provide guidance and support based on their experiences doing similar work worldwide.



Guiding Principles for Responsibly Restarting Ohio's Health Care Services

Ohio's health care system and its leadership are positioned to address the needs of Ohioans in a dynamic way in the weeks and months ahead. As the pandemic progresses there will be flare ups, particularly where individuals live in high-density settings or have greater risk for complications associated with COVID-19.

Ohio's health leaders, hospitals and medical associations are preparing for the COVID-19 virus to be among us for another twelve to eighteen months, with the hope that a vaccine can dramatically impact this course. Adopting a stepwise approach to opening the state's health system offers the flexibility needed to adapt to local and statewide needs as the pandemic evolves.

Guiding principles to restart of non-urgent health care services will emphasize patient safety, staff wellbeing, and community protection. Optimal preparation means adherence to:

- Following infection control and other environmental practices, as outlined in the section below and in Appendix A.

- Maintaining adequate inventories of PPE, supplies, equipment, and medicine in their facility for each patient, considering all phases of care the patient may require.
- Creating a plan for conservation and monitoring that includes decontamination and reuse protocols to preserve PPE, supplies, equipment, and medicine to be prepared for an influx of patients, including those who do not have COVID-19.
- Evaluating access to a reliable supply chain to support continued operations for non-COVID-19 cases, and to respond to an unexpected surge in COVID-19 cases in a timely manner.
- Frequently counting PPE inventory. For hospitals, this information will continue to be reported to the state’s COVID-19 resource management system on a daily basis.
- Defining processes for timely COVID-19 testing of patients and staff in accordance with the ODH guidelines.
- Continuing to use telehealth modalities whenever possible.
- Developing an actionable plan for communication, outreach, and equitable delivery of services that:
 - Recognizes the underlying social determinants of health and the disproportionate impact of COVID-19 on minority populations.
 - Engages patients in discussion regarding the risk of contracting COVID-19.
 - Engages patients in shared decision making regarding the need for and timing of health care services. Surgeries and other procedures could still be delayed based upon mutual decisions made by patients and their clinicians.

Environmental Considerations for Responsibly Restarting Health Care Services

In addition to the guiding principles outlined above, Ohio providers will employ a variety of environmental and administrative changes as they restart surgeries and other health care procedures.

To assist hospital and providers as they restart health care services, the state is offering specific environmental and administrative guidance through a series of checklists (Appendix A) to prepare for an influx of patient procedures during the pandemic. Checklists touch on:

- Pre-restart considerations
- Prioritizing patient outreach and scheduling
- Patient Communication
- Patient Screening for COVID-19
- Facility Considerations
- Workforce/Staffing
- Sanitation Procedures
- Personnel Protective Equipment

- Supplies
- Patient and Staff Testing
- Consultation of Additional Resources

NOTE: The checklists in Appendix A are based on CDC and Center for Medicaid and Medicare Services (CMS) recommendations, as well as clinical guidance issued by national health care provider associations.

Ohio’s Stepwise Approach to Responsibly Restart Health Care Services

Step 1: Reassessment of Delayed Surgeries and Procedures – Action Underway

Governor DeWine asked hospitals and other providers to reassess all surgeries and procedures that have been delayed consistent with Director Acton’s March 17 order. Surgeries and procedures are being prioritized and performed if there is a:

- Threat to the patient’s life if the surgery or procedure is delayed;
- Threat of permanent dysfunction of an extremity or organ system if delayed;
- Risk of metastasis or progression of staging if delayed;
- Risk of rapidly worsening to severe symptoms if delayed; or
- Presence of severe symptoms causing an inability to perform activities of daily living.

In resuming discussion with patients, clinicians are assessing changes in condition that may be required while engaging patients in shared decision making regarding the need for and timing of rescheduling services. As is currently consistent with best practice, surgical and non-surgical options are being considered with patients. These clinical practices will be used with all patients as ongoing needs for care are met.

Step 2: Restart All Medically Necessary Procedures That Do Not Require an Overnight Stay or an Inpatient Hospital Admission

Beginning May 1, all medically necessary procedures that do not require an overnight stay in a healthcare facility or do not require inpatient hospital admission and minimizes use of personal protective equipment may move forward. This includes regular doctor visits, well-care checks, well-baby visits, out-patient surgeries, imaging procedures, and diagnostic tests. Dental services and veterinary services may also proceed if a safe environment can be established. This care will be provided at ambulatory surgery centers, outpatient departments of hospitals, clinics, and the offices of many other health professionals, including but not limited to dentists and orthodontists, optometrists, and chiropractors.

All providers restarting Step 2 health care services will create or use existing internal strategies to prioritize cases based on the medical staff’s governance and resolution structure. This structure considers clinical priorities, specialty prioritization, and other methods of prioritization. As they restart these types of activities, hospitals and other providers will be considering the following:

- Quicker access for those who have delayed needed care for complex conditions, or new serious acute conditions.
- Prioritizing services that require minimal PPE.
- Ensuring important preventive care is provided to prevent complications of chronic conditions or preventable infections (e.g., vaccinations).

Step 3: Restart Remaining Non-Urgent Inpatient Hospital and Other Services

As the environment changes and our response to the pandemic progresses, zone/region leadership and other health care leaders will work with the state to determine an appropriate time to restart all other non-urgent services, including those that require an overnight stay in a hospital or an inpatient hospitalization. The timing for this step will depend on analysis of the health care system and its capacity and monitoring flare ups across the state, as well as monitoring of the broader impact of COVID-19 across the state.

Step three will enable procedures or surgeries that may be necessary or beneficial to the patient, but are not time-sensitive, to resume. Providers will work directly with patients to determine when such services can be performed safely from clinical and environmental perspectives. Services will be scheduled based on the convenience of the patient and availability of their health providers to complete the procedures.

As health care services become fully available, we know that the pandemic will have a long-lasting impact on Ohio's health care system. The 'new normal' will include:

- Continued priority for social distancing, infection control, and the use of masks.
- Continued use of all telehealth modalities, as these methods of service delivery encourage social distancing and improve convenience and access to care.
- Prioritization and attention to minimizing adverse patient outcomes associated with delayed care, while minimizing community transmission and preserving PPE.
- Shared patient decision making regarding the need for and timing of health care services.



Type of Service		Step 1 Through April 30, 2020	Step 2 Beginning May 1, 2020	Step 3 Date TBD
Essential	Surgeries and procedures	✓	✓	✓
	Office-based health care services	✓	✓	✓
Medically Necessary Non-Urgent Outpatient	Office-based health care services *		✓	✓
	Outpatient surgeries, procedures		✓	✓
	Outpatient diagnostic tests		✓	✓
	Outpatient imaging tests		✓	✓
All Non-Urgent Inpatient & Other Services	All other inpatient surgeries & health care services that may be necessary or beneficial to the patient, but are not time-sensitive			✓

Five criteria to determine “essential” surgery, procedure or health care service:

- Threat to the patient’s life if the surgery, procedure or service is not performed;
- Threat of permanent dysfunction of an extremity or organ system if not performed;
- Risk of metastasis or progression of staging if not performed;
- Risk of rapidly worsening to severe symptoms if not performed; or
- Presence of severe symptoms causing an inability to perform activities of daily living.

*Office-based health care services are generally non-procedural services provided by licensed health care providers, including dentists and veterinarians. Office-based health care services include those that are preventative in nature, including well-child visits and vaccinations.

Appendix A

PRE-RESTART CONSIDERATIONS	
	Coordinate with the zone/regional structure to evaluate the incidence and trends for COVID-19 in the area where re-starting in-person care is being considered.
	Ensure an adequate supply of PPE, other equipment, and supplies are available across their zone/region to cover anticipated sites of surge, including congregate care settings.
	Ensure an adequate workforce is available to cover anticipated surge volume.
	Ensure testing capability in the community is adequate to cover the additional routine testing of patients and health care personnel.
PRIORITIZING PATIENT OUTREACH AND SCHEDULING	
	Reach out to patients whose appointments were canceled or postponed and conduct a full reassessment of the need for each surgery or procedure, considering patients' overall health condition and quality of life.
	Make a joint decision with the patient about whether and how to proceed.
	For new or other chronic conditions that may have a significant impact on a patient's health or quality of life, consider moving forward with diagnostic procedures.
	Responsible decisions about what procedures are necessary will be based on clinical judgement. The order is not intended to preclude or discourage diagnostic procedures necessary to assist in evaluation or re-evaluation.
	When reassessing the need for procedures, inform patients of the risk of contracting COVID-19 and how that could impact the post-operative recovery process.
	Special care should be taken for patients with higher risk (pre-existing comorbidities) or immunocompromised individuals. Timing of treatment may be dependent upon availability of testing.
	Telemedicine and other strategies using remote technology to address specific patient concerns when appropriate to reduce the number of un-necessary in-person appointments. Consider alternate forms of communication and telehealth for those who cannot participate digitally.
	Ensuring important preventive care is provided to prevent complications of chronic conditions or preventable infections, including well-child checks and vaccinations.
PATIENT COMMUNICATION	
	<p>Make patients aware of practices being implemented to assure a safe environment and to reduce contracting COVID-19 in the health care setting:</p> <ul style="list-style-type: none"> • Safety for patients receiving care within the health care system • Patient, family and visitor guidelines • COVID-19 Screening & Testing • PPE Expectation and Use • Post-discharge care/follow up

PATIENT SCREENING FOR COVID-19	
	All patients should be screened for COVID-19 related symptoms prior to scheduled appointments (by phone, online or in-person). All patients and visitors should be screened for COVID-19 related symptoms upon entering the facility.
	Any patient reporting or exhibiting any COVID-19 symptoms should be advised to follow the practice’s testing and referral protocol.
	COVID-19 testing may be appropriate for certain patients and procedures to proceed.
FACILITY CONSIDERATIONS	
	Create Non-COVID-19 Care (NCC) and COVID-19 Care Areas. These areas should be separate from other facilities to the degree possible (i.e., separate building, or designated rooms or floor with a separate entrance and minimal crossover with COVID-19 areas).
	Consider other physical plant changes that can be made in order to assure safety of personnel and patients (e.g., installation of protective glass/barriers for check-in/out, reversing patient traffic).
	Review HVAC system, cleaning system and procedures and change filters.
	Schedule appointments to allow sufficient time for disinfection between patients consistent with existing protocols as recommended by the CDC.
WORKFORCE/STAFFING	
	All staff members should be screened (e.g., symptom monitoring, temperature check) upon arrival at work. Any staff members who report or exhibit any COVID-19 symptoms must immediately wear a mask and follow the testing and referral process per the zone/region protocol.
	Attempts should be made to dedicate staff to only COVID+ or COVID- areas.
	Limit staff participation for surgical procedures to essential personnel.
	Ensure personnel needs for non-urgent surgeries, procedures, and other services do not impede ability to rapidly respond to local COVID-19 surges.
	Attend to stress and fatigue in staff.
SANITATION PROCEDURES	
	Ensure there is an established plan for thorough cleaning and disinfection prior to using spaces or facilities for patients with non-COVID-19 care needs (e.g., all surfaces must be disinfected between patients, including chairs, door handles, etc.).
	Ensure that equipment used for COVID-19+ patients are thoroughly decontaminated, following CDC guidelines.
	Assure there is a plan to clean all facility areas following appropriate infection control procedures – workrooms, waiting rooms, exam and recovery rooms.
	Display visible signs to emphasize social restrictions and proper hygiene (distancing, coughing etiquette, wearing of mouth and nose coverings, hand hygiene) with liberal access to hand sanitizer for patients and staff.

PERSONNEL PROTECTIVE EQUIPMENT	
	Assure adequate availability of PPE supplies for COVID-19+, probable and non-COVID patients for all patient care, including high risk procedures in accordance with zone/region plan.
	Ensure staff understanding of PPE policies and procedures.
	All health care personnel and staff wear appropriate level of PPE as dictated by the procedure performed consistent with guidelines from the CDC, including masks, face shields, goggles, and fluid-impermeable gowns if applicable. Additional physical or engineering barriers may be required for patients undergoing procedures with increased potential for droplet aerosolization.
	All patients and visitors must wear mouth and nose covering (provided by self or the site) when in public areas.
SUPPLIES	
	Ensure adequate inventory of equipment, medication and supplies without adversely impacting community ability to respond to a potential surge.
	Providers should secure COVID-19 test reports where available for patients and staff.
ADDITIONAL RESOURCES	
	<ul style="list-style-type: none"> • Refer to the Essential Versus Non-Essential Surgeries COVID-19 Checklist. • For additional clinical guidance, please consult with your professional association. • For additional information, visit coronavirus.ohio.gov. • For answers to your COVID-19 questions, call 1-833-4-ASK-ODH (1-833-427-5634).

