



System-wide Recovery Guidelines

Team: Facilities
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Introduction

This document offers guidance on implementing changes to facility modifications, security and hospitality, and waiting room layout/processes to help BILH facilities plan for the resumption of elective services.

The guidelines are organized into the following categories:

- I. Facilities Modifications Approval Process
 - a. Local Institutional HICS processes
 - b. Re-opening Workflow
- II. Security and Hospitality
 - a. Re-Opening of Entrances and Exits
 - b. Visitor/Screening Policies
 - c. Social Distancing in Congregate Settings
- III. Waiting Room and Clinic Re-Opening
 - a. COVID-19 Symptom Screening and Exposure Screening
 - b. Space Layout
 - c. Social Distancing
 - d. Storage/Disinfection
 - e. Fire Safety
- IV. Interim Life Safety Measures (ILSM)

I. Guidance on Evaluation and Approval of Facilities-Related Modifications in Response to COVID-19

BILH has put forward Infection Control Guidelines, which can be referenced on the materials section of the [BILH website](#). The guidelines below outline recommendations for how these guidelines should be operationalized in the clinic, operating room, procedural area, and public waiting room settings.

- a. Local Institutional Hospital Incident Command System (HICS) creates process
 - ☐ HICS publishes a priority list for re-opening
 - ☐ HICS establishes an accounting procedure and request process, or modifies an existing system
- b. Workflow associated with individual components of the re-opening
 - ☐ Request received by facilities
 - ☐ Meeting held to refine scope of request and timeline with:
 - ☐ Department Lead
 - ☐ Infection Control/Infectious Disease-Ops
 - ☐ Facilities
 - ☐ Environmental Health and Safety
 - ☐ Clinical Engineering (if equipment is involved)
 - ☐ Order of Magnitude Estimate (OME) prepared by Facilities
 - ☐ Facilities submits OME to HICS for approval
 - ☐ Work associated with approved items executed by Facilities

II. Hospital/Clinic Security/Hospitality Guidance

- a. Re-Opening of Entrances and Exits
 - Use of Security Systems for Control*
 - ☐ Review what security systems are in place and what enhancements or changes to current systems are necessary



- ☐ Re-evaluate existing security systems for optimal use to assist in changes in the number of entrances and exits
- ☐ Use RFID/Card Access and video cameras wherever possible

Review Entry Points in Each Facility While Using Physical Security/ Screeners Wherever Possible to Reduce Congregation

- ☐ Review what entry points are currently available to patients/visitors
- ☐ Work with operational leaders to ensure patients are educated in advance regarding points of entry and to identify signage needs for appropriate wayfinding
- ☐ Consider what adjustments to available entry points are necessary to meet the needs of growing patient demand and on-site external testing
- ☐ Screeners in lobbies will monitor social distancing, numbers of persons, and ensure that all present are masked

b. Visitor Screening Policies

Public Health Guidelines

- ☐ Evaluate current guidance at each facility and consider changes to keep procedures in accordance with public health guidelines or requirements (i.e., DPH Guidelines) and BILH guidance
 - ☐ Adaptations should be considered to meet the needs of the facility while adhering to public health guidelines.
 - ☐ Policies should have built-in flexibility to allow for changes necessary to meet the facility needs and/or public health guideline changes

Required Changes to Meet Facility Needs

- ☐ As noted above, policies should have built-in flexibility to allow local discretion in making necessary changes in order to meet facility needs and/or public health guideline changes
- ☐ Review current visitor policies and determine what changes are necessary to meet the needs of each facility
 - ☐ Types of visitors allowed (all, essential, immediate family, end of life, clergy, vendors, etc.). Currently, only essential escorts are permitted



with exceptions per discussion with care team and following institutional end-of-life guidelines

- ☐ Consider what/if any limits should be placed on visitors per patient is allowable in public space
- ☐ Consider how many visitors are allowed beyond the lobby with a patient based on waiting areas and social distancing separation

Periodic Reviews and Updates

- ☐ Review the current screening policies and verify they are up to date, as determined by operational leaders. Re-visit and consider changes as necessary.

c. Social Distancing in Congregate Settings

Elevator Usage

- ☐ Each location should consider elevator use as appropriate
 - ☐ Limitation on number of passengers based on local discretion and based on usage, while being mindful of social distancing guidelines
 - ☐ Notice of cleaning times
 - ☐ Signage re: passenger limits, screening policies, etc.

Usage of Masks/Hand Hygiene Products

- ☐ At time of patient appointment reminders, request that patient and essential escort arrive with mask or cloth face covering. If patient and/or escort arrive without a mask, one will be provided based on system-level policy
- ☐ Continued availability of hand hygiene products, including in public areas

Maintenance of Staff Lockers

- ☐ Create a cleaning and surface disinfection schedule as directed by infection control and environmental services
- ☐ Adhere to social distancing guidelines as noted above where possible

III. Waiting Room and Clinic Re-Opening

a. COVID-19 Symptom Screening

- ☐ Considerations should be taken to ensure privacy of patients' PHI
- ☐ Explore options for non-staff facing data collection, such as using a patient survey phone booth with motion-activated or touch-screen telemedicine or mobile interview
- ☐ Patient temperature should be taken as part of the patient visit; if available, facilities could consider using infrared
 - ☐ If a traditional thermometer is used, staff will be required for patient intake and should follow appropriate policies for disinfection and disposal collection

b. Space Layout

Reception Desk Configuration

- ☐ Utilize a plexiglass divider to create physical barrier between staff and patients particularly in high-volume practices or areas with high volume of COVID-19 suspect patients
- ☐ Provide all reception staff with surgical masks and make available hand hygiene products
- ☐ Utilize touch-free tools for co-pay transactions

Physical Layout of Waiting Area

- ☐ Consider the development of COVID-19 care areas, which could include separate or divided waiting areas
- ☐ Consider how social distancing is maintained/policed (greeters, public safety, signage, etc.)
- ☐ Avoid the creation of "line of sight" issues in waiting areas
- ☐ Consider what options exist for "remote" waiting, multi-location waiting, communication systems if alternative waiting are options exist (i.e. pagers/text message)



- ☐ Determine the minimum number of chairs necessary to provide adequate seating while adhering to appropriate social distancing guidelines (for both patients and essential escorts) and remove extra seating.
 - ☐ Place chairs 6 feet apart where feasible.
 - ☐ Patients accompanied by an escort requires chairs to be set up in pairs. Six (6) feet separation rule applies from edge of chair groupings
 - ☐ Consider the appropriate waiting locations for those with appointments as well as those accompanying them (essential escorts)
 - ☐ If the waiting room does not have 6 feet of available space to allow for proper social distancing, consider use of barrier (such as a curtain) set up between chairs
- ☐ Remove reading/paper materials/television remote controls

ADA Compliance

- ☐ ADA compliance must be considered in all COVID-19 countermeasures

Exam Room Considerations

- ☐ Remove all fabric items; all surfaces must be cleanable
 - ☐ If possible, use only washable furniture
- ☐ Loose equipment should be placed in closed casework
- ☐ Consider implementing voice-activated dictation tools
- ☐ Computer keyboards should have removable covers. Minimize the use of laptops brought from room to room.
- ☐ Per the ACGME, residency group rounding in patient care areas should be limited to those essential to care
- ☐ Area clinical consumables must be discarded as trash or red bag, as appropriate per institutional standards



Multi-Disciplinary Clinical Work Room Considerations

- ☐ Staff should be masking in accordance with hospital policy while in work rooms
- ☐ Create a cleaning and surface disinfection schedule as directed by infection control and environmental services
- ☐ Set occupancy limits while observing social distancing limits based on room size

Staff Break Room Considerations

- ☐ Staff should wear surgical masks except when eating or drinking. Staff should stagger breaks and sit 6 feet apart as much as possible
- ☐ Create a cleaning and surface disinfection schedule as directed by infection control and environmental services
- ☐ Set occupancy limits while observing social distancing limits based on room size

c. Social Distancing

Patient Staging

- ☐ Evaluate if staging of phone lot concept can be used (e.g., in parking lots or larger open areas in the hospital, such as the cafeteria)

Patient Flow While Complying with Social Distancing Requirement

- ☐ Utilize wayfinding signage to guide the patient and avoid crossing paths with other patients (i.e., uni-directional travel)
 - ☐ Consider using floor markings (more permanent cleanable solutions, such as different colored VCT tiles, carpet tiles or cutting in arrows/dots/"X" in broadloom and sheet goods)
- ☐ Ensure all access and egress paths are reviewed and that Floor Evacuation Plans are updated to reflect any changes

d. Storage and Surface Disinfection

Dedicated Storage Areas within Clinics



- ☐ Storage for PPE required for Patient Care
- ☐ Easy access provisions for disinfecting wipes
- ☐ Dedicated areas for donning and doffing PPE
- ☐ Dedicated soiled holding area
- ☐ N95 and surgical mask recycling collection and return
- ☐ Hand hygiene product dispensing stations

Disinfection of High-Touch Services

- ☐ Local ownership of disinfection process is preferred. Labor Relations issues should be considered before establishing a policy/procedure
- ☐ Environmental Services (EVS) should be engaged in this discussion to establish a manageable cleaning schedule (e.g., local ownership of clinic disinfection between patient visits; EVS periodically throughout the day)

e. Fire Safety

Sprinkler Coverage

- ☐ Separation barriers must terminate 18 inches below the ceiling to ensure sprinkler coverage
 - ☐ Plexiglass partitions can disrupt sprinkler coverage. Ensure that each plexiglass subdivision has at least one sprinkler head within each work area (consult your NFPA expert)

Smoke Control

- ☐ Evaluate Smoke Detector coverage before placing hard barriers to ensure NFPA compliance

Fire Alarm

- ☐ Evaluate Fire Alarm Pull Station accessibility before placing a barrier
- ☐ Evaluate Fire Extinguisher Cabinet accessibility



IV. Interim Life Safety Measures (ILSM)

The existing ILSM Permits will remain in place. This BILH guidance is in addition to existing policies/procedures and does not supersede or replace the existing policies.