



**CMS COVID-19 Re-Opening Facilities to Provide Non-Emergent Non-COVID 19 Healthcare Phase 1
Assessment of Compliance**

Facility: _____ Reviewed By: _____ Date: _____

Requirements	Met	Not Met	Validation Source
Re-Opening Healthcare Facilities for Non-Emergent Non-COVID-19 Healthcare—Phase 1: If states or regions have passed the Gating Criteria (symptoms, cases, and hospitals) the healthcare facilities may proceed to Phase 1. The Guidelines for Opening Up America Again can be found at the following link: https://www.whitehouse.gov/openingamerica/#criteria Maximum use of all telehealth modalities is strongly encouraged. However, for care that cannot be accomplished virtually, these recommendations may guides healthcare systems and facilities as they consider resuming in-person care of non-COVID-19 patient in regions with low incidence of COVID-19 disease.			
General Considerations			
<ul style="list-style-type: none"> In coordination with State and local public health officials, evaluate the incidence and trends for COVID-19 in the area where restarting in-person is care being considered. 			
<ul style="list-style-type: none"> Evaluate the necessity of the care based on clinical needs. Providers should prioritize surgical/procedural care and high-complexity chronic disease management; however select preventive services may also be highly necessary. 			
<ul style="list-style-type: none"> Consider establishing Non-COVID Care (NCC) zones that would screen all patients for symptoms of COVID-19, including temperature checks. Staff would be routinely screened as would others who will work in the facility (physicians, nurses, housekeeping, delivery and all people who would enter the area). 			
<ul style="list-style-type: none"> Sufficient resources should be available to the facility across phases of care, including PPE, healthy workforce, facilities, supplies, testing capacity, and post-acute care, without jeopardizing surge capacity. 			
Personal Protective Equipment (PPE)			
<ul style="list-style-type: none"> Consistent with CDC’s recommendations for universal source control, CMS recommends that healthcare providers and staff wear surgical facemasks at all times. Procedures on the mucous membranes including the respiratory tract, with a higher risk of aerosol transmission, should be done with great caution, and staff should utilize appropriate respiratory protection such as N95 masks and face shields. 			
<ul style="list-style-type: none"> Patients should wear a cloth face covering that can be bought or made at home if they do not already possess surgical masks. 			
<ul style="list-style-type: none"> Every effort should be made to conserve PEE. https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html 			
Workforce Availability			



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<ul style="list-style-type: none"> Staff should be routinely screened for symptoms of COVID -19 and if symptomatic, they should be tested and quarantined. Staff who will be working in these NCC zones should be limited to working in these areas and not rotate into "COVID-19 Care zones" (e.g., they should not have rounds in the hospital and then come to an NCC facility). 			
<ul style="list-style-type: none"> Staffing levels in the community must remain adequate to cover a potential surge in COVID-19 cases. 			
Facility Considerations			
<ul style="list-style-type: none"> In a region with a current low incidence rate, when a facility makes the determination to provide in-person, non-emergent care, the facility should create areas of NCC which have in place steps to reduce risk of COVID-19 exposure and transmission; these areas should be separate from other facilities to the degrees possible (i.e., separate building, or designated rooms or floor with a separate entrance and minimal crossover with COVID-19 areas). 			
<ul style="list-style-type: none"> Within the facility, administrative and engineering should be established to facilitate social distancing, such as minimizing time in waiting areas, spacing chairs at least 6 feet apart, and maintaining low patient volumes. 			
<ul style="list-style-type: none"> Visitors should be prohibited but if they are necessary for an aspect of patient care, they should be pre-screened in the same way as patients. 			
Sanitation Protocols			
<ul style="list-style-type: none"> Ensure that there is an established plan for thorough cleaning and disinfection prior to using spaces or facilities for patients with Non-COVID-19 care needs. 			
<ul style="list-style-type: none"> Ensure that equipment such as anesthesia machines used for COVID-19 positive patients thoroughly decontaminated, following CDC guidelines. 			
Supplies			
<ul style="list-style-type: none"> Adequate supplies of equipment, medication, and supplies must be ensured, and not detract for the community ability to respond to a potential surge. 			
Testing Capacity			
<ul style="list-style-type: none"> All patients must be screened for potential symptoms of COVID-19 prior to entering the Non-COVID Care facility, and staff working in these facilities should be regularly screened by laboratory test as well. 			
<ul style="list-style-type: none"> When adequate testing capability is established, are patients being screened by laboratory testing before care and are staff working in these facilities being regularly screened by laboratory test as well? 			