

	Yes	No	Limitations or further comments
If the ASC has been closed, consider the following below before reopening to provide normal services:			
Administration			
Has there been a downward trajectory in the rate of new COVID-19 cases in the relevant geographic area for at least 14 days before resumption of elective procedures?			
Has any resumption of elective procedures been authorized by the appropriate municipal, county and state authorities?			
If the facility enrolled as a hospital, and the public health emergency (PHE) has not been lifted at the federal level, did you notify your MAC in writing of your plan to revert back to an ASC prior to the end of the PHE period (Note: If the PHE is over, facilities will automatically revert back to ASCs).			
If the ASC contracted with local healthcare system(s) to provide hospital services and you plan to stop before the PHE is over, did you notify the hospital and terminate any agreement?			
Has the ASC notified the state licensing entity of the reopening date?			
If applicable, has the ASC's accrediting organization been notified of the reopening date?			
Has the ASC's Governing Board determined if the ASC will reopen in phases or at once based on information provided by the appropriate municipal, county and state authorities?			
Have the below been notified of the reopening date and hours/days the ASC will be open:			
- medical staff			
- staff			
- anesthesia			
- physicians' offices/schedulers			
- vendors			
Has the ASC verified the local/transfer hospital is able to accept emergency transfers?			
Has accurate and complete information regarding a reopening date and any changes in the normal operations of the center been provided on the ASC's website?			
Has the list of canceled procedures to determine re-scheduling priority been evaluated? (Some non-essential procedures may now be essential due to time or change in the patient's health status.)			
Based on the priority list, does the ASC have the necessary staff required for these procedures?			
Do any ASC staff have childcare/family care concerns?			

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Has the ASC communicated goals with staff, listened to their concerns and established a safe environment where staff can verbalize fears, questions and concerns in the future?			
Does the ASC have the appropriate anesthesia coverage for these cases?			
Have scheduled patients been contacted to ensure they can travel safely to/from the ASC?			
Has the ASC considered creating a letter to patients to reassure them that the ASC has conducted extensive cleaning, training, etc., to serve them in a safe sanitary environment? (Consider posting this letter on the ASC's website and in the ASC's waiting area and providing it to physicians' offices to be included in the ASC's pamphlets.)			
Have all computers and telephone systems been checked to ensure they are working properly?			
If the communication/answering service message of the ASC was changed due to closure, has the message been updated to reflect the current operational status?			
Has any hardware/software provided to staff to work remotely been inventoried and collected?			
Have postponed or canceled contracts such as linen service, biohazard, waste management, outside cleaning company, shredding services, etc., been reestablished?			
Have any of the ASC's billing or insurance contracts lapsed or are they in need of renewal?			
Has a detailed report of expenses incurred due to the COVID-19 crisis been maintained by the ASC?			
Has the ASC's comprehensive emergency plan been updated to include the pandemic plan and been approved by the Governing Board?			
Have the ASC's infection prevention policies been updated and approved by the Governing Board to include COVID-19 screening, surveillance, monitoring, health department reporting, scrubs and laundering services and cleaning policies and procedures? (surveyors will expect to see these)			
Have processes been developed to verify staff remain COVID-19 free after beginning re-employment? (Remind staff of the need to use masks outside of work in all areas when social distancing may not be feasible)			
Are employees aware if they have a fever or signs of respiratory infections they should not report to work until they are fever free for 48 hours without the use of fever reduction medications?			

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Has the ASC's Employee Handbook been reviewed and revised as necessary based on new "sick leave" rules, new policies related to social distancing while at work, COVID-19 testing/screening of employees, the need to use masks outside of work in areas where social distancing may not be feasible, etc.?			
Has staff educational information regarding changes in operating policies and procedures relating to COVID-19 been communicated?			
Has the ASC considered staggering lunch times for staff in order to maintain social distancing?			
Have all Governing Board and/or QAPI meeting minutes been completed and are well documented?			
Has the ASC developed a multilevel plan for the need to cancel procedures due to increase COVID-19 in the community or resurgence of COVID-19 with increase in spread?			
Clinical/Infection Prevention			
Will staff need to go through initial orientation again within 30 days? Staff that has been "laid off" will need to go through initial orientation, however, furloughed or per diem staff should be exempt from this requirement.			
Are mandatory training/competencies that may have lapsed during closure current?? Is this possible to perform remotely?			
Are all staff fire and disaster scenario based drills up to date?			
Does staff (including physicians) need to be retrained on infection prevention policies specifically proper donning and doffing of PPE, hand hygiene and environmental cleaning?			
Has the pre-admission patient history form been updated with COVID-19 exposure questions?			
Have the post-discharge follow-up calls been updated to include questions about any changes in health status regarding the patient and/or family members that have been in direct contact with the patient?			
Has the ASC decided on the appropriate message that will be discussed with patients during the pre-admission phone call? (screening process, social distancing policy, etc.)			
Have procedures been established to prescreen for fever, respiratory infections, known exposure to COVID-19 and length of time from exposure for staff, patients and family members in a separate area from the waiting area, or outside?			

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Have procedures been established that when adequate testing capability is <u>available</u> , patients should be screened by laboratory testing before care, and staff working in these facilities should be regularly screened by laboratory test as well.			
Have signs been posted at entrances with instructions, in appropriate languages, for patients with fever or symptoms of respiratory infection to alert staff who can implement appropriate precautions?			
Has the ASC considered staggering patient arrival times to maintain social distancing? (This would decrease the number of patients in the waiting area, pre-op area and PACU areas.)			
Has "social distancing" been created in the waiting room by the spacing of chairs?			
Have all magazines, toys or games been removed from the waiting area?			
Has signage been posted to remind patients of the need for "social distancing?" (limit one family member per patient or have family member wait in the car)			
Has the ASC considered informing staff, patients and family members they must wear a mask or facial covering to deter transmission based on municipal, county and state health authorities' recommendations?			
Does the center have an adequate supply of hand sanitizers, tissues and non-touch trash receptacles with disposable liners in all restrooms, reception, waiting and patient care areas?			
Have all surfaces including high touch areas such door handles, key boards, phones, counter tops, bathrooms and waiting room furniture been cleaned with an FDA-approved registered disinfectant? (This should occur daily after procedures begin.)			
Does the ASC have a cleaning walkthrough schedule of the waiting area to be performed by the reception or housekeeping staff during the day?			
Has the ASC been terminally cleaned?			
Are the ASC's current cleaning/disinfectant supplies COVID-19 compatible?			
Does the linen need reprocessing? Does the ASC have an adequate supply of linen?			
Does the ASC have enough PPE to begin procedures?			
Has a risk assessment been performed regarding mask needs (surgical vs. N95 respirators vs. procedure)?			
If N95 respirators are found/required/preferred, has the ASC scheduled fit-testing for staff?			
Are there any special supplies/equipment needs for anesthesia services?			
Does anesthesia personnel have new guidelines for who is present during intubation and extubation?			
Has a complete inventory been performed of supplies, implants, medications and equipment in order to compare it to par levels?			

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Does the ASC have enough supplies, medications and equipment to perform procedures for a minimum of two weeks? Four weeks?			
Are there supplies that have expired and need to be replaced?			
Have vendors been notified of the reopening date and to see if there are any shortages that have occurred due to the pandemic?			
Will the ASC allow medical supply representatives in the procedure? If so, what infection control parameters must they meet?			
Building and Facilities			
Have daily temperature and humidity tests been maintained in ORs and sterile supply storage? If not, the integrity of the supplies must be confirmed.			
Do the air exchanges need to be re-established? If yes, then follow with terminal cleaning.			
Has the generator load testing been completed?			
Has the fuel level of the generator been checked?			
Are HVAC filters compliant?			
Has a plumber checked all drains that may have been dormant for awhile (specifically scrub sinks and autoclaves)?			
Life Safety			
Has the ASC thoroughly reviewed and documented an emergency disaster drill scenario for the recent experiences with handling the COVID-19 crisis?			
Are fire extinguishers within date?			
Has the ASC kept up weekly and monthly life safety checks?			
If the medical gases were disabled, has the ASC arranged for a qualified company to get them re-started safely?			
Has the ASC checked if the fire alarm and sprinkler systems tests are up to date? (especially if maintained by landlord or management group)			
Have tests been performed on any equipment that has been "out of service" while closed such as anesthesia machines, ventilation, sprinkler systems, etc.? (see your life safety code schedule)			
Has inventory been taken of all equipment for full inspection and preventative maintenance to ensure proper functioning?			
<i>NOTE: Restart the ASC's annual testing from this point as initial testing and move forward from this date then monthly, quarterly, semiannual and annual moving forward. This includes the biomedical checks and electrical safety verifications.</i>			

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Sterilization			
Have all sterile packages and instrument trays been inspected for integrity and expiration dates?			
Have the sterilizers, automated endoscope reprocessors, ultrasonic machines and other sensitive equipment been tested to verify appropriate parameters are met?			
Have the sterilant and disinfection solutions been inspected to confirm stability and date of expiration per manufacturer's instructions for use?			
Will the ASC be reprocessing N95 masks? If yes, has the ASC developed policies/procedures to be able to do this? (Logs, documentation of compliance, etc.)			
If endoscopic procedures are performed, have the endoscopes been examined and reprocessed if that has not been performed within established policies concerning hang time?			
Has the ASC set aside time for additional infection control training in regard to disinfection and sterilization practices, including contaminated equipment transfers?			
Pharmacy			
Has the ASC ensured narcotic inventory matches pre-closure?			
Have daily temperatures in medication and/or tissue refrigerator been monitored? If not, may need to discard and reorder.			
Are there medications that have expired and need to be replaced?			
Have all equipment and medications on the crash cart, malignant hyperthermia cart and anesthesia carts been checked for expiration?			
Has the ASC contacted the pharmacy consultant for direction and to schedule a visit?			
Has the ASC searched the FDA website for drugs that are currently in short supply? https://www.accessdata.fda.gov/scripts/drugshortages/			
Has the ASC searched the FDA website for extended use dates for certain drugs? https://www.fda.gov/drugs/drug-shortages/search-list-extended-use-dates-assist-drug-shortages			