

# COVID-19

# NCH

Healthcare  
System

## NON-EMERGENT NON-COVID-19 GUIDELINES

NCH aligns our practice with the [Centers for Medicare & Medicaid Services \(CMS\) Recommendations Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare: Phase I.](#)

NCH will continually evaluate whether Collier County remains a low risk of incidence and will be prepared to cease non-essential procedures if there is a significant surge. Following the CMS guidelines for flexibility can allow for safely extending in-person non-emergent care in select communities and facilities.

### **GENERAL CONSIDERATIONS**

- NCH maintains continual communication with State and local public health officials which will continue in order to monitor incidence and trends for COVID-19.
- Patients are segregated into COVID-19 care and Non-COVID-care (NCC) units.
- The workforce will avoid working in both COVID-19 and NCC units simultaneously.
- NCH will monitor supplies and resources regularly to care for COVID-19 and non-COVID patients.

### **PERSONAL PROTECTIVE EQUIPMENT (PPE)**

- Staff will wear a surgical mask at all times. Aerosol Generating Procedures (AGP) are done with great caution, and staff will utilize appropriate respiratory protection such as N95 masks and face shields.
- Patients will wear a cloth face covering that can be bought or made at home if they do not already possess surgical masks.
- PPE conservation is ongoing.
- NCH has adequate PPE to serve our staff and community and planned enough PPE for an anticipated surge.

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## **WORKFORCE AVAILABILITY**

- Staff are routinely screened for symptoms of COVID-19 and if symptomatic are tested and quarantined.
- Staffing levels are monitored and remain adequate to cover a potential surge.
- Thermal temperature screening systems are anticipated being installed at NCH.

## **FACILITY CONSIDERATIONS**

- Separate COVID-19 care units exist for those known or suspected of infections.
- Social distancing is monitored, and engineering controls are in place to maximize spacing.
- Visitors necessary for patient care are pre-screened as are patients.

## **SANITATION PROTOCOLS**

- Thorough cleaning and disinfection processes are in place for both COVID and NCC units.
- Anesthesia machines are specifically assigned for emergent cases of known or suspected COVID patients and are not used for NCC. CDC decontamination guidelines are followed.

## **SUPPLIES**

- Adequate supplies of equipment, medication and supplies are monitored, and will not detract for the community ability to respond to a potential surge.

## **TESTING CAPACITY**

- All patients are screened for potential symptoms of COVID-19
- Staff are routinely screened for potential symptoms as noted above.
- When adequate testing capability is established, patients will be screened by laboratory testing before care, and staff working in these facilities will be regularly screened by laboratory test as well.
- Current testing is based on symptoms and risk factors.
- Florida has mandated testing criteria for the frail, elderly, and vulnerable individuals [COVID-19 Testing Criteria for Elderly and Medically Vulnerable Individuals.pdf](#)

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## ELECTIVE SURGERIES AND PROCEDURES

NCH recognizes the national and state guidance in regard to performing elective surgeries while the COVID-19 pandemic continues. READ HERE: [Resuming Elective Surgery after COVID-19 Pandemic](#).

A proactive approach to scheduling elective cases has been adopted which will allow for stratification and testing of higher risk patients. Screening for possible COVID-19 infections is a continuous process which starts at the office visit with the surgeon or proceduralist. Last minute scheduling requests will not be honored in order to adequately screen all patients. PPE will be worn by all staff and physicians conducting the surgeries and the patients.

**Patients with any symptoms will have their elective procedure postponed** until consultation with PCP for possible COVID-19 testing. The surgeon/proceduralist will assess the patient's ability and willingness to self-isolate to avoid infection before the scheduled procedure.

### **COVID-19 PCR TESTING**

When indicated COVID-19 PCR testing should be arranged such that the patient is tested 3-5 days in advance of the procedure to allow for results to post.

### **DISCHARGE CARE PLANNING**

Planning for a safe discharge during the pandemic is essential. Patients who are unlikely to be discharged home may encounter discharge delays due to post-acute care bed availability. Discussing these needs with the patient and assessing post-acute care availability should be done at the surgeon/proceduralists office prior to scheduling the procedure.