

Ophthalmic ASC Reopening Checklist - April 28, 2020

All ASCs should follow every requirement set forth by their individual state, county, and city in order to resume operations.

	YES	NO	N/A
Administration			
Has any resumption of medically necessary or elective procedures been authorized by the appropriate city, county, and state authorities?			
If the ASC 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, the ASC will automatically revert back			
If you are required, have you informed your accrediting organization of your status?			
If required by state guidelines, has the ASC verified that local hospitals are accepting emergency transfers?			
If the ASC has been completely shut down, has the ASC ensured computers and phones are working properly, contracted services are active, and that any assets deployed to working offsite has been collected?			
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 to include additional precautions and protocols and been approved by the Governing Board?			
Has the ASC educated staff based on the new comprehensive emergency plan and infection prevention policies? Has the ASC addressed requirements for return to work, social distancing measures, PPE protocols, requirements at beginning and end of shifts, and lunchtimes?			
Has the ASC set protocols for patient selection and scheduling limits and communicated to all physicians?			
Has the ASC set up a screening process for patients and employees?			
Has the ASC checked inventory levels and contacted vendors regarding masks, sanitizers, and disinfectants?			
Clinical/Infection Prevention			
Has the ASC set protocols for screening for COVID-19 in patients prior to surgery?			
Has the ASC made arrangements for social distancing in the lobby or allowed responsible adults to wait in cars?			

	YES	NO	N/A
Clinical/Infection Prevention Continued			
Has the ASC made arrangements to greet patients or have signage posted to instruct patients not to enter if they have fever or are experiencing symptoms of respiratory infection?			
Has the ASC informed patients and family members they must wear a mask or facial covering based on city, county, and state health authorities' recommendations? Again, has the ASC verified proper inventory levels and			
If visitors are allowed in the lobby, has the ASC ensured that there are social distancing measures in place (chair separation or roped off) Is the lobby free of any items such as magazines? Has the ASC addressed cleaning services throughout the day for the lobby area?			
Has the ASC ensured that cleaning services and employees will continually wipe down high touch areas (door handles, key boards, counter tops, etc) with an FDA-approved registered disinfectant?			
Life Safety			
If the ASC has been completely shut down, does the ASC need to address any life safety checks prior to opening?			
Sterilization			
Have all sterile packages and instrument trays been inspected for integrity and expiration dates?			
Has the ASC verified all cleaning and sterilization equipment is in working order?			
Pharmacy			
Has the ASC ensured narcotic inventory matches pre-closure inventory levels?			
If the ASC does not have historical data for temperatures of medications during this time, has the ASC contacted the pharmacy consultant for guidance?			
Is the ASC aware of drugs in short supply and extended use dates? https://www.accessdata.fda.gov/scripts/drugshortages/ https://www.fda.gov/drugs/drug-shortages/search-list-extended-use-dates-assist-drug-shortages			