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AAAASF's guide to re-opening your AAAASF-accredited facility after closure due to COVID-19

Unless specifically waived by the AAAASF Central Office, facilities must be in compliance with all Program and Class specific AAAASF standards prior to resuming operations.

AAAASF-accredited facilities may not begin providing care under AAAASF-defined Class B, C-M, or C anesthesia until sufficient anesthesia delivery equipment, monitoring equipment, and emergency equipment has been returned or replaced and has been certified to be in proper condition, to accommodate all cases and recovering patients. Prior to this, the AAAASF-accredited facility may begin to start conducting AAAASF-defined Class A cases in the interim.

As soon as possible/on-going:

1. Update policies and procedures using COVID-19 related recommendations from reliable sources such as CDC, WHO, etc.
 - a. Infection control policies and procedures
 - b. Emergency preparedness plan
 - c. How to handle COVID-19 positive patients
2. Consider COVID-19 screening/treatment for all staff, patients, and patient's accompanying responsible adult, based on Federal, State, and local guidelines/requirements
 - a. Culture or rapid test, when/if available
 - b. Antibody testing, when/if available
 - c. Vaccination, when/if available
 - d. After screening, possibly instruct patients to self-isolate until day of surgery

Starting at least one to two weeks ahead of the date of intended opening:

1. Order all appropriate Personal Protective Equipment (PPE) including gowns, gloves, masks, face shields, etc.
 - a. Check with suppliers about availability and shipping
2. Order an ample supply of soap, alcohol-based hand sanitizer, and virus-rated disinfecting wipes
 - a. Check with suppliers about availability and shipping
3. Take inventory of all drugs in your AAAASF-accredited facility
 - a. Remove and dispose of outdated drugs and fluids, order replacements as needed:
 - i. Controlled substances
 - ii. Emergency Crash Cart drugs



- iii. Malignant Hyperthermia drugs
- iv. All anesthetic drugs and fluids (including local, topical, IV sedatives, etc.), antibiotics, fluids (IV bags, back-table bottles), etc.
4. Take inventory of all supplies in your AAAASF-accredited facility
 - a. Remove and dispose of outdated supplies, order replacements as needed:
 - i. Disposable surgical/procedural supplies
 - ii. Anesthesia supplies - breathing circuits, endotracheal (ET) tubes, laryngeal mask airways (LMAs)
 - Consider use of viral filters between breathing circuit and the anesthesia machine
5. Take inventory of all inhaled agents in your AAAASF-accredited facility
 - a. Verify full supply and back-up supply of appropriate agents, including:
 - i. Oxygen tanks
 - ii. Anesthetic gases
6. Check emergency power
7. Check all sterile supplies for integrity and expiration date
 - a. Re-pack and re-sterilize as appropriate
8. Check all equipment for functionality and perform routine maintenance as indicated, including:
 - a. Crash cart
 - b. Defibrillator/AED
 - c. Suction
 - d. Autoclave – perform spore test and Bowie Dick test
9. Check with all surgeons, anesthesia providers, registered nurses, surgical technologists, and other staff about their availability to return to work
 - a. Have a back-up plan
 - b. Expect increased demand on all healthcare providers from external facilities

One or two days before the date of intended opening:

1. Perform terminal cleaning of the entire AAAASF-accredited facility
2. For equipment that was provided to local hospitals or any other entity for use during the emergency
 - a. If the equipment has been returned to the AAAASF-accredited facility
 - i. Decontaminate based on manufacturer's recommendation
 - ii. Perform preventive maintenance
 - b. If the equipment is still in use by the borrowing facility
 - i. Consider renting a replacement or borrowing from some other facility
 1. Decontaminate based on manufacturer's recommendation
 2. Perform preventive maintenance
 - c. Consider cooperative sharing of supplies and equipment with other surgical facilities
 - i. Create written, signed agreement
3. Check with local hospitals and emergency rooms regarding their census in case of emergency and need for surgical patient admission/treatment



4. Communicate with patient's primary care physician about proposed surgery, clearance, physician's availability in case of complications, and to cover specific concerns related to COVID-19
5. All staff meeting to review updated policies/procedures and provide training
6. Confirm start date and time of all staff and anesthesia providers to verify their availability for surgery
7. Update all operative and controlled substance logs to reflect closure dates and document reason for lack of inventory
8. Begin COVID-19 screening/treatment for all staff, patients, and patient's accompanying responsible adult

Other AAAASF resources:

- [COVID-19 Facility Guidance, Resources, And Tools](#)

Non-AAAASF resources which may be of assistance:

- [White House's Guidelines for Opening Up America Again](#)
- [CDC's Coronavirus \(COVID-19\) webpage](#)
- [Society for Ambulatory Anesthesia \(SAMBA\) Statement on Resuming Ambulatory Anesthesia Care as Our Nation Recovers from COVID-19 \(4/18/2020\)](#)
- [Centers for Medicare & Medicaid Services \(CMS\) Recommendations Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare: Phase I](#)
- [Joint Statement: Roadmap for Resuming Elective Surgery after COVID-19 Pandemic](#) (ACS, ASA, AORN, and AHA)