

## Support Services Strategies in a Pandemic

- Environmental Services
- Food Service
- Patient Transportation
- Clinical Engineering
- Facilities Management

## Case Study

**The COVID-19 pandemic has led to unprecedented times.** Healthcare Support Services must respond to such an emergency with *increased intensity* as well as *greater breadth and depth*. Hospitals and clinicians require additional technologies and protocols. Sanitized spaces must expand beyond patient rooms and clinical areas.

**Compass One Healthcare responded** to COVID-19 with new products, new protocols and new ideas. Consistent with Compass One's passion for *The Experience*, all service lines focused on the safety of Patients, Families, Clinical Staff, the Community served and Compass One Associates. We have supported hospital clients as they changed their priorities and service lines with unprecedented speed. This Case Study shares some Key Learnings from our range of Support Services during COVID-19.

**COVID-19 is not the first coronavirus pandemic and may not be the last.** The Pandemic Strategies we created after the SARS outbreak in 2004 were activated upon the 2020 COVID-19 expansion. We have augmented with Key Learnings from this pandemic and will continue to adjust and add as we learn more. Our Pandemic Strategies must be a "living document" - we will refine today and in the future with only the very Best Practices.

COVID Resource Center

[Crothall](#)

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# Environmental Services

**Environmental Services (EVS) is the foundation of any Infection Prevention response.** Cleaning and disinfecting more areas and with a broader spectrum of products can impact the spread. Crothall EVS added protocols to their previously intensive procedures and expanded the footprint of treatments.

**In response to COVID-19, Compass One activated OMIT** – Operational Mitigation of Infectious Transmission. OMIT is a holistic pandemic response based on the threat of heightened virus contagion and the potential hazard time a virus may remain active on surfaces. Our disinfecting protocols in both occupied and terminal discharge rooms recognize the greater focus on high touch surfaces caused by aerosolized viral transmission through sneezing, coughing and other body processes.

## The OMIT Actions fall into five categories:

1. Hand Hygiene/PPE
2. COVID Patient Rooms
3. Cluster Mitigation
4. Expanded Measurement
5. Adjunct Technology

## 1. Hand Hygiene/PPE

**The end of virus transmission starts with Hand Hygiene** - eighty percent of common infections are spread by hand contact. A wheelchair or food tray can transfer pathogens as easily as a bed rail in a Patient Room if hand washing procedures are not followed. In addition, PPE usage and type must be expanded to mitigate transmission under shortages and other circumstances in a pandemic.

**Compass One partnered with The Handwashingforlife® Institute to advance the science of hand hygiene.** Their strategic solutions with “overcoming underwashing” include *assessing the risk, setting safe level standards, optimizing the conditions for success, training and motivation, and monitoring performance*, with the intent of creating a “new cleanliness culture”. We are training EVS professionals in hand hygiene science and correct gloving technique.



**Shortages of PPE undermines the safety of Clinical Staff.** Compass One initiated the treatment of face masks with Surficide® UV-C machines when face masks were not readily available so health care providers could stretch critical resources. Masks were grouped and marked in such a way so that they are returned to the original user, safely bagged and transported to a room inside the hospital which is equipped with 3 ultraviolet light towers.

## 2. COVID Patient Rooms

**In-patient disinfection protocols must be heightened due to increased contagion levels.** Disinfection processes for rooms occupied by COVID-19 patients are critical for mitigating the virus in and outside of the six-foot “patient bubble.” Occupied patient room frequencies are elevated per CDC recommendations.

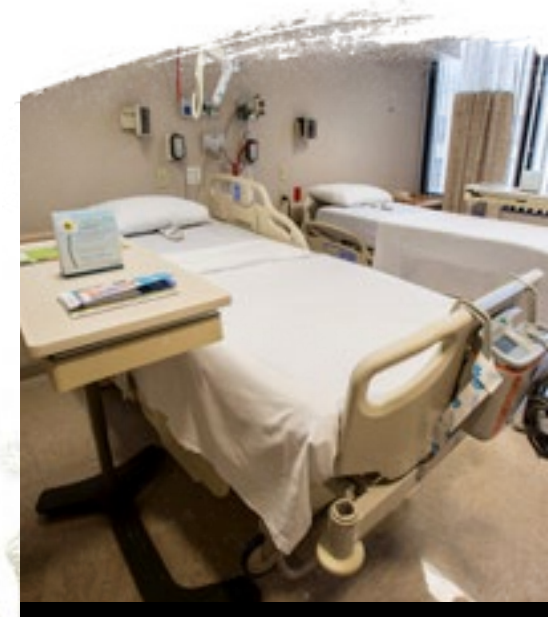
**Terminal discharge procedures must be executed per regulatory guidelines.** Appropriate negative/positive pressure room entry times must be coordinated. Extreme care must be taken for Compass One Associate safety, as well as vigorous surface disinfection to ensure full virus/pathogen removal and reduction or elimination of transmission.

## 3. Cluster Mitigation

**Cluster mitigation is required in every zone of the hospital that may be exposed to COVID-19.** It could occur in any area of the facility that has the capacity to trigger onsite cluster events based on virus contagion. Clinical units, emergency department, clinics, public areas, ancillary spaces and any clinical outlier that could impact other patients and/or hospital staff is a potential cluster.

**Cluster Mitigation focuses on high risk contagion points as quickly as possible.** Cleaning protocols are heightened and adjunct technologies employed such as the strategic application of UV-C. The use of ATP measurement verifies efficacy of the activities.

**Non-Clinical and Public Areas require Cluster mitigation.** While they are disinfected under normal circumstances, the contagion of COVID-19 demands greater intensity, breadth and depth in products and protocols. The expanded focus includes disinfecting the highest touch surfaces, such as elevators’ floor pads, public phones, counters, furniture, and doors, as well as transport equipment like wheel chairs and stretchers.



## 4. Expanded Measurement

**Objective measurement of surface cleanliness using ATP (adenosine triphosphate) provides instant feedback.** ATP is the universal unit of energy in all living cells - detection determines if surfaces are truly clean and safe. The Hygiena™ ATP verification system gives actionable results in only 15 seconds.

**ATP measurement is a constant in patient rooms but must be expanded in COVID-19.** Use of Hygiena™ ATP is required in public areas, waiting rooms and food preparation zones. Mobile Clinical Equipment must be tested as well as simple high-touch items like IV poles. The use of ATP measurement on the highest-touch surfaces is a vital part of COVID-19 transmission mitigation upon discharge cleaning. ATP is also a critical weapon in Cluster Mitigation.

## 5. Adjunct Technologies

**The contagious nature of COVID-19 demands use of Specialized Technology.** These solutions are validated to support the mitigation of infectious transmission:

**Surfacide® UV-C technology is effective on COVID-19** as well as other infection risks like C.Diff and MRSA. UV-C application is expanded under COVID-19 to enclosed public areas such as restrooms and office spaces after manual surface disinfection. It is also a primary tool in Cluster Mitigation.

**The Scientific Air Management™ mobile device mitigates aerosolized droplets** in all areas of the facility including public lobbies, offices, and inpatient units. The device uses UV-C technology to capture airborne pathogens in large volumes of fast-moving air, holding pathogens close enough and long enough to the light source for total eradication.

**PreVasive® NoroxyCdiff™ supports virus mitigation by way of electrostatic spray.** This adjunct is used in terminal discharge as well as strategically in enclosed areas with low or no traffic as well as lobbies, restrooms and other required areas.

**Surface barrier applications can kill pathogens for up to 90 days.** Even after manual cleaning these residuals are effective on elevator key pads, phones, remote controls, bed rails, and other high-touch surfaces. Utilizations range from microfiber manual wipes to electrostatic applications.





# Ambulatory Environmental Services

**Patients with potential COVID-19 are even more likely to visit Ambulatory sites** – they are far less likely to go to the hospital for the initial evaluation. The expanded areas of OMIT treatment must be executed in Ambulatory sites to mitigate transmission.

**Areas disinfected must expand beyond exam rooms to waiting areas and other locations.** As in every COVID-19-related activity, intensity and breadth/depth must be expanded to any site where transmission could occur. Cluster mitigation is especially critical in Ambulatory sites.

**ATP measurement areas must be expanded in Ambulatory.** Use of Hygiena™ ATP is required in exam rooms, public areas, waiting rooms and office areas. The use of ATP measurement on the highest-touch surfaces is a vital part of COVID-19 transmission mitigation.

**Electrostatic spray adds another level of disinfection to manual cleaning protocols.** This adjunct technology is used after-hours when there is no one present. The spray delivery system enables complete surface coverage.

**Surface barrier residual applications provide “always-on antimicrobial action”.** These products work continuously for 90 days, even on surfaces re-contaminated with new pathogens and after cleaning with daily cleaners and disinfectants. Electrostatic spray provides complete surface coverage, as well as in all critical Ambulatory areas.



# Inside Look: Converting New York City's Javits Center into a Temporary Hospital

**Crothall was part of the conversion of New York City's Javits Center** convention space into four 250-bed field hospitals. The facility was built in less than a week to accommodate anticipated overflow due to COVID-19. We joined forces with the U.S. Army Corps of Engineers, Federal Emergency Management Agency (FEMA), other U.S. Army units and regular Javits Center employees.

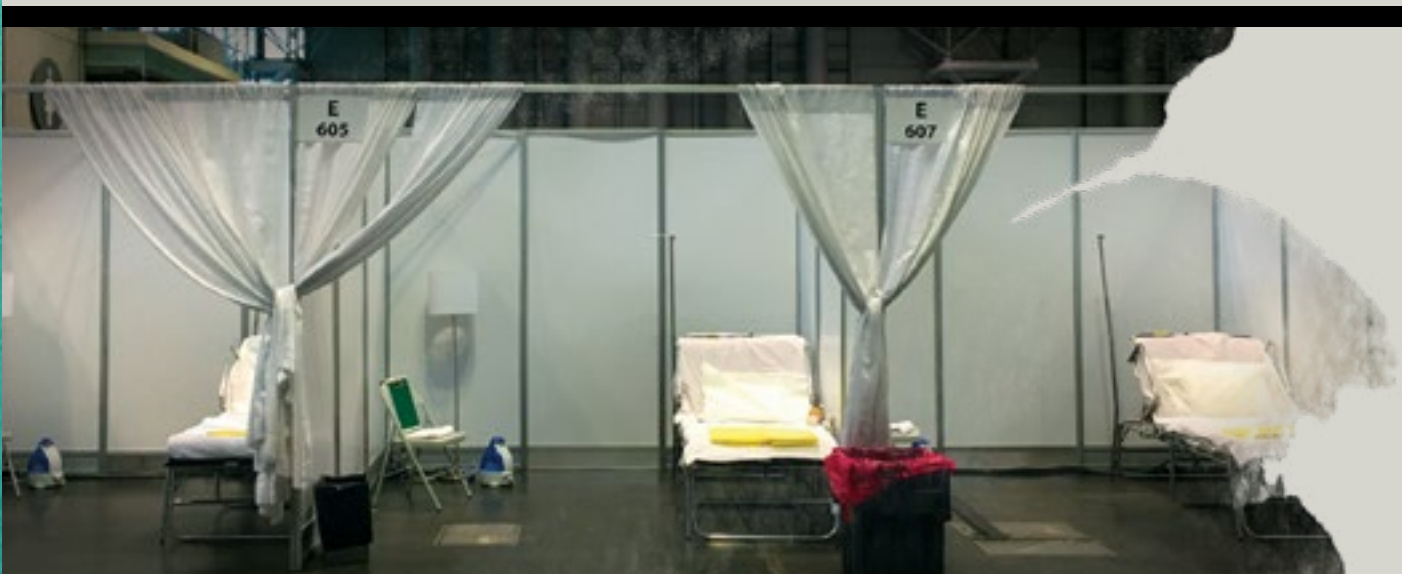
**Compass Group provided food service at the Javits Center** when FEMA realized that they did not have an EVS option. The agency requested Crothall's help with EVS on March 26 after learning of NYC Health + Hospitals' (H+H) contract with us. Crothall's EVS operation was in place before noon the next day.

**We identified systems needed and collaborated with other service providers through FEMA** and the Office of Emergency Management (OEM) to handle EVS, laundry, waste, regulated medical waste disposal, medical gasses,

food service and other vital issues. 36 full-time employees (FTEs) offered initial around-the-clock services. We were able to negotiate an agreement for bedding from H+H and facilitate people working onsite.

**Compass expanded its operational emergency plans to handle the complexity of the Javits Center facility.** We mobilized existing hospital plans to quickly identify what materials would be in short supply, such as hand sanitizer. OEM and FEMA provided PPE while Crothall and Compass brought in all other equipment.

**Compass employees and their colleagues have shown incredible commitment and courage** in the fight against COVID-19 in New York City. They have proven the value of confidence and organization through staff shortages and high request volumes.





# Food Service

**The challenge of COVID-19 has had a profound effect on foodservice expectations.** Meals purchased in public spaces are ordered and served with new precautions never seen before and extreme care must be taken in food preparation. Compass One modified patient and retail services through its subsidiary Morrison Healthcare to keep Staff, Patients and Visitors safe.

## Patient Services

**Create alternate food ordering systems.** Staff call patients in isolation directly for food preferences to save waste and improve patient satisfaction. Room entering is limited to Nurses, reducing additional transmission risk as well as demand on PPE.

**Nurses pass trays.** Nurses passing trays to both COVID-19 and non-COVID-19 Patients reduces exposure for Patients, Clinical Staff and Foodservice Staff. Disposables reduce exposure and help preserve PPE. The use of disposables also allows nurses to collect and dispose of used trays at their convenience.

**Pods and service lines are shut down in production based on census.** Morrison works with Hospital Staff to build new labor models that match Staff and Patient populations. Labor resources are reallocated to meet the needs of the hospital as census levels fluctuate.

**Food service lines use disposables as appropriate.** Disposables reduce the risk of handling and transmission. Hard top lids on disposables retain heat on patient trays to keep food longer and reduce handling. Disposables reduce dish time, improve service recovery time and reduce contact.

**Encouraging “Chef’s Specials of the Day” reduces costs.** This reduces production while managing labor and product costs in the kitchen. Locations with high populations and/or high COVID-19 patient counts shift to Non Select menus. While this removes Patient choice, Patients are still assured of a diet-appropriate meal of the day.





## Retail Services

**Most self-service stations are eliminated.** Salad bars, coffee/tea stations, fountain beverages and any other high-touch area should be replaced with Grab n' Go options such as made-to-order salad stations and individual pizza slices. Items like fruit and desserts are individually wrapped.

**Cafeterias should be redesigned for a COVID-19 environment.** Social distancing signage and floor decals should be installed. Seating allows for social distancing or could be eliminated. While outside visitors are still welcome, all safety protocols should be enforced. All Associates are masked and gloved - install contactless ordering when/where appropriate.

**Individual items should be managed.** Staff wrap or bag all single-serve foods like bagels, sliced breads, muffins and pastries while offer single-serve packets of cream cheese, butter, jam and peanut butter. No personal coffee mugs or utensils may be allowed.

**New convenience services offer a safer food retail experience.** Pop-up markets like farm stands and garden markets, grocery items, take-home meals and pizza programs offer choice and safety for patients and staff alike. Services like cashier-less "smart" markets reduce person-to-person contact as well as app and web ordering.





## Patient Transportation

**Transporters are on the front line of mitigating COVID-19 transmission** because their services involve patient flow and other activities that must be guarded from the virus. Beyond the engineering of their services, transport professionals can also play key roles in serving other vital areas of hospitals.

**Transporters can bolster Patient Observation services.** Some high-risk patients require around-the-clock supervision. During a pandemic, hospitals and their support services teams must relieve nurses from observation duty so they can treat others who are sick. Patient transportation staff may shift to patient observation to look after high-risk and COVID-19 patients.

**Staff may redeploy to support Nursing. Curb-side service may be temporarily shut down to** limit exposure from transports and vehicles to inside the hospital. Those transporters can now help nurses with patient temperature checks, documenting information and other services.

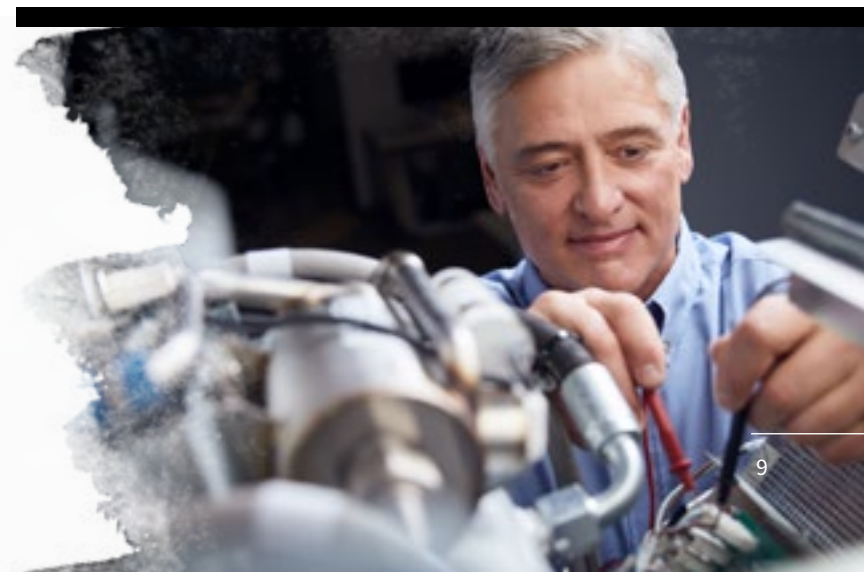


## Clinical Engineering

**The state of vital equipment has defined hospitals' responses,** as diagnostic gear and ventilators help staff discover and treat COVID-19. Equipment sanitization has become a life-saving priority on top of the issues of equipment retention and location that is always important in engineering operations.

**Equipment disinfection is critical, as they are high-touch surfaces.** Separation of “dirty” and “clean areas” must be enforced. Staff must ensure all equipment coming into biomedical engineering workshops and storage areas is separated as “dirty”. Manual cleaning and adjunct technology disinfects as usual with any supplemental steps. After thorough disinfection, move equipment to the segregated shop clean area.

**Track COVID-19-related equipment.** Computer maintenance management system (CMMS) are vital to identify and track equipment designated for COVID-19-only use. Special COVID-19-only coding can help hospitals easily track COVID inventory and make important decisions quickly as equipment needs change.





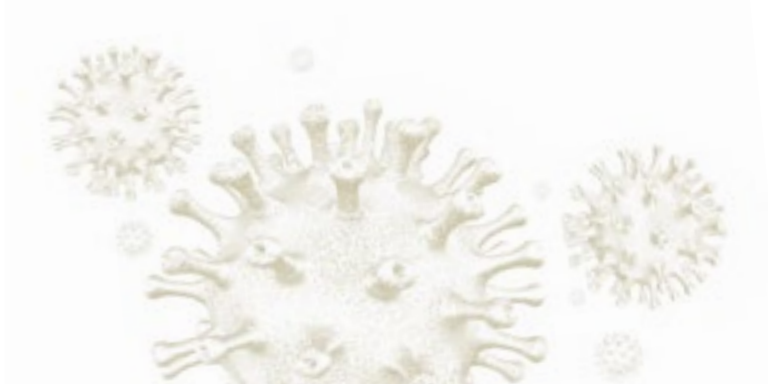


# Facilities Management

**Staff working in the physical logistics and maintenance of hospitals are facing new issues under COVID-19.** More requirements on materials and the need to create new facilities in existing spaces has expanded the roles of facilities management and created the need to adapt new practices.

**Convert Regular Patient Rooms to airborne isolated rooms.** All hospitals should have a plan to convert regular patient rooms to negative pressure rooms and identify other spaces that can be converted for COVID-19 patient care. Some hospitals have transformed lobbies into airborne isolated rooms with stringent restrictions on entry.

**Oxygen Supply Systems are under enormous demands with COVID-19.** The current treatment process heavily taxes both the bulk and cylinder supply. Wear and tear are beginning to show on oxygen systems because of additional usage; many systems are reaching their limits. High usage of liquid oxygen causes the vaporizers to frost up and impact capacity. The system below is a “hot water wash down” on the vaporizer to reduce frost buildup.



# Supply Chain

**Leverage all supplier relationships early to mitigate shortages.** Compass One used the power of Compass Group's FoodBuy purchasing arm to secure PPE items - masks, eye protection and barrier gowns are critical during the early months of a pandemic. Sanitizing agents such as bulk disinfectants and hand sanitizers were acquired early but when surges occurred, emergency ordering including drop shipments were executed.

**Clear, frequent communication with Suppliers is critical.** Our Category managers communicated regularly with suppliers and distributors to identify potential shortages and made adjustments before outages occurred. In addition, we provided consumption data to them so they could adjust production based on true demand.

**Establish a cross-functional COVID-19 task force.** It should include members of sourcing, category, communications, quality assurance and distribution teams to develop mitigation plans and ensure quick response to changing market conditions. The Task Force should meet daily to assess the latest supply challenges, secure product, and identify alternative routes to market when necessary.

**COVID-19 increased demand on specific products.** As food service shifts to "Grab n' Go" multiple products are under pressure – disposable, plastic wrap, shells, etc. Patient dining shifts to disposables increases pressure on trays, plastic ware, etc. In addition, as items like fresh fruit now are wrapped there is additional demands for plastic wraps. Shelf stable food items are also facing increased demand.

**Demand increased for food options that require less labor.** As foodservice locations close or the kitchens are forced to run with reduced staff due to the COVID-19 spread, shift to more Grab 'n' Go options, including pre-wrapped sandwiches and fully prepared meals. Heat and serve products are also available as alternatives for those looking to reduce the complexity of food preparation.



## Safety is Our Priority

**Compass One Healthcare has always been committed to ensuring a safe environment** through dedicated health care support services. The recent pandemic has shown hospitals and health systems cannot settle for less than ideal when it comes to Hospital Support Services for Patients, their Families, Clinical Staff, and their Communities. Compass One has combined health authority guidelines at the national and local levels with the experience and adaptability to protect hospitals and our own employees at work. We understand that cooperation makes these things possible, especially in difficult times, which is why we are committed to learning and sharing new best practices.





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