[policy date]

[Revision #]

[Revision notes – *Summary of what changes were made since last version]*

Vendor Access Policy Update Amid COVID-19

*[NOTE: This template provides example information only, based on information GHX has seen in healthcare facility policies within our network and published information. It is meant to provide an example only, please ensure your policy is in alignment with your infection control guidelines, specific facility needs and state and local guidelines.]*

The Centers for Disease Control has provided healthcare systems with a [Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic.](https://www.cdc.gov/coronavirus/2019-ncov/hcp/framework-non-COVID-care.html)

In addition, on May 19, 2020, AdvaMed, AORN and AHA issued a joint statement [Re-entry Guidance for Health Care Facilities and Medical Device Representatives](https://medtechresponds.com/wp-content/uploads/Re-entry-Guidance-for-Health-Care-Facilities-and-Medical-Device-Representatives.pdf) which provides additional guidance.

In alignment with these publications, [Healthcare system name] is implementing an updated vendor access policy effective [implementation date or “immediately”]. To provide clarity regarding the policies and expectations for our vendors, below you will find additional details of the new policy. Due to the dynamic situation, please login to our vendor credentialing applications [Vendormate (or other VCO)] for the most up to date information.

As the CDC guidelines around COVID-19 change, we will continue to revise and update you about our policies. Thank you for your attention to this important matter. Our top priority is the health and safety of our vendor, employees, and patients along with their families, and we appreciate your continued support.

Table 1: General vendor access information

*[Complete table below per your healthcare system’s policies – this will provide clarity for vendors so they are prepared in advance of their visit. The below template is meant to provide an example only, please ensure your policy is in alignment with your specific needs and state and local guidelines.]*

|  |  |
| --- | --- |
| Facilities covered under this policy | *EXAMPLE: include specific facility names, or “all facilities” or “all acute care facilities,” etc.* |
| Appointments | *EXAMPLE: At this time due to reduced personnel on site, all vendor visits must be secured using the appointment function in Vendormate.* |
| Check-in requirement | *EXAMPLE: Single point access is located at Door #3 near the Emergency Room entrance* |
| Badging requirement | *EXAMPLE: ALL vendors must wear a paper badge obtained from the check-in personal located near door #3* |
| Pre-screening questionnaire | Example: Upon arrival, you will be asked that you do not enter if you have potential signs of the virus. You will be asked to verify that you do not have potential symptoms per the [CDC’s Symptoms of Coronovirus:](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html)  Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:   * Fever or chills * Cough * Shortness of breath or difficulty breathing * Fatigue * Muscle or body aches * Headache * New loss of taste or smell * Sore throat * Congestion or runny nose * Nausea or vomiting * Diarrhea |
| Temperature Screening | *Example: Upon arrival, you will be subject to temperature screening - you will be asked not to enter if your temperature is above* [*100.4 deg F*](https://www.cdc.gov/quarantine/air/reporting-deaths-illness/definitions-symptoms-reportable-illnesses.html) |
| Hand washing / sanitizer use | *Example:*   * [*Wash your hands*](https://www.cdc.gov/handwashing/when-how-handwashing.html)*often with soap and water for at least 20 seconds upon entering and leaving the facility or after blowing your nose, coughing, or sneezing.* * *As an alternative, hand sanitizing stations are located at check-in and throughout the facility.   Cover all surfaces of your hands and rub them together until they feel dry.* * *Avoid touching your eyes, nose, and* mouth*with unwashed hands.* |
| Respirator Fit Testing (e.g. N95 masks) | *Example: Any vendors who will be in a procedural case room (Operating Room, Cath Lab, GI) will be required to wear an N95 mask and have documentation loaded into Vendormate indicating a passing fit test* |
| Personal Protective Equipment (PPE) | *Example: Please reference Table 2 “PPE by Department” to determine what PPE is needed based on the department you are working in.* |
| COVID-19 Testing | *Example: We are not currently requiring COVID-19 viral or antibody testing for vendors as testing priorities are currently focused on health care workers and patients.* |

Table 2A: PPE Requirements by Area / Department – Masks

*[Complete table below per your healthcare system’s policies – this will provide clarity for vendors so they are prepared in advance of their visit. The below template is meant to provide an example only, please ensure your policy is in alignment with your specific needs and state and local guidelines.]*

|  |  |  |  |
| --- | --- | --- | --- |
| Vendor Access Area / Department | Mask / Face Shield Type | Required, Recommended or Optional | Masks provided by  (and where) |
| All facilities – All Departments | Cloth mask | Optional | Vendor |
| Specific Facility (e.g. St. Elsewhere Children’s) | Procedure (ear loop) mask | Required | [Healthcare system name] at check-in desk |
| Operating Room Department | Surgical mask | Required | [Healthcare system name] at O.R. locker room exit |
| Operating Room, Cath Lab, EP  In-room procedures | N95 mask and Face Shield for orthopedic, cardiac and C-section cases  *[note if designating specific mfg and model, please state here*] | Required | [Healthcare system name] in department entrance |
| Cath Lab / EP | Surgical mask | Required | [Healthcare system name] in department entrance |
| Sterile Processing | Procedure (ear loop) mask | Required | [Healthcare system name] in department entrance |
| [Other departments – e.g. GI, Urology, Women’s Health] | Procedure (ear loop) mask | Required | [Healthcare system name] in department entrance |
| Lab | Procedure (ear loop) mask | Required | [Healthcare system name] please see main contact |
| ICU | N95 mask and Face Shield for orthopedic, cardiac and C-section cases  *[note if designating specific mfg and model, please state here*] | Required | [Healthcare system name] in department entrance |
| General Nursing Floors | Procedure (ear loop) mask | Required | [Healthcare system name] please see main contact |
| Materials Management Offices ONLY | Cloth mask | Optional | Vendor |

Additional PPE table templates – Optional based on need

Table 3: PPE Requirements by Area / Department – Scrubs

*Example: Unless specifically outlined, scrubs are not required*

|  |  |  |  |
| --- | --- | --- | --- |
| Vendor Access Area / Department | Scrub Type | Required, Recommended or Optional | Scrubs provided by |
| Operating Room Department | Blue rep scrubs | Required | [Healthcare system name] – please obtain from main contact via ScrubBank |
| Cath Lab / EP | Blue rep scrubs | Required | [Healthcare system name] |
| Sterile Processing | Disposable bunny suit | Required | [Healthcare system name] see main contact |
| Lab | Lab coat | Required | [Healthcare system name] see main contact |

Table 2C: PPE Requirements by Area / Department – Gowns

*Example: Unless specifically outlined, gowns are not required*

|  |  |  |  |
| --- | --- | --- | --- |
| Vendor Access Area / Department | Gown Type | Required, Recommended or Optional | Gowns provided by  (and where) |
| Operating Room, In-room procedures | Surgical Gown  Level 3 or Level 4 based on procedure – please connect with your main department contact for additional details | Required | [Healthcare system name] please connect with your main contact for procedure (e.g. Tech) |
| Cath Lab / EP In-room procedures | Surgical Gown  Level 3 | Required | [Healthcare system name] please connect with your main contact for procedure (e.g. Tech) |
| Sterile Processing | Isolation gown | Required | [Healthcare system name] in department entrance |
| ICU  In-room | Isolation gown | Required | [Healthcare system name] outside room door or see department contact |

Table 2D: PPE Requirements by Area / Department – Head Coverings

*Example: Unless specifically outlined, head coverings are not required*

|  |  |  |  |
| --- | --- | --- | --- |
| Vendor Access Area / Department | Head Covering Type | Required, Recommended or Optional | Head covering provided by  (and where) |
| Operating Room, In-room procedures | Bouffant – red color indicating vendor | Required | [Healthcare system name] located outside each procedure room and in locker area |
| Cath Lab / EP In-room procedures | Bouffant – red color indicating vendor | Required | [Healthcare system name] located outside each procedure room and in locker area |
| Sterile Processing | Bouffant – red color indicating vendor | Required | [Healthcare system name] in department entrance |
| ICU  In-room | Isolation gown | Required | [Healthcare system name] outside room door or see department contact |

Table 2E: PPE Requirements by Area / Department – Gloves

*Example: Unless specifically outlined, gloves are not required*

|  |  |  |  |
| --- | --- | --- | --- |
| Vendor Access Area / Department | Glove Type | Required, Recommended or Optional | Gloves provided by  (and where) |
| Operating Room, In-room procedures | Non-latex surgeon gloves  double gloving for orthopedic cases | Required - if scrubbing in | [Healthcare system name] located in each room |
| Cath Lab / EP In-room procedures | Non-latex surgeon gloves | Required – if scrubbing in | [Healthcare system name] located in each room |
| Sterile Processing | Exam gloves if handling instruments | Required | [Healthcare system name] in department entrance |
| ICU  In-room | Non-latex exam gloves | Required | [Healthcare system name] outside room door or see department contact |