

Pandemic Response

All Support Services must respond with 1) increased intensity and 2) greater breadth/depth/frequency. Additional technologies and protocols must be employed in a pandemic event. Areas disinfected must expand beyond patient rooms and clinical areas.

Compass One responded by employing 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.

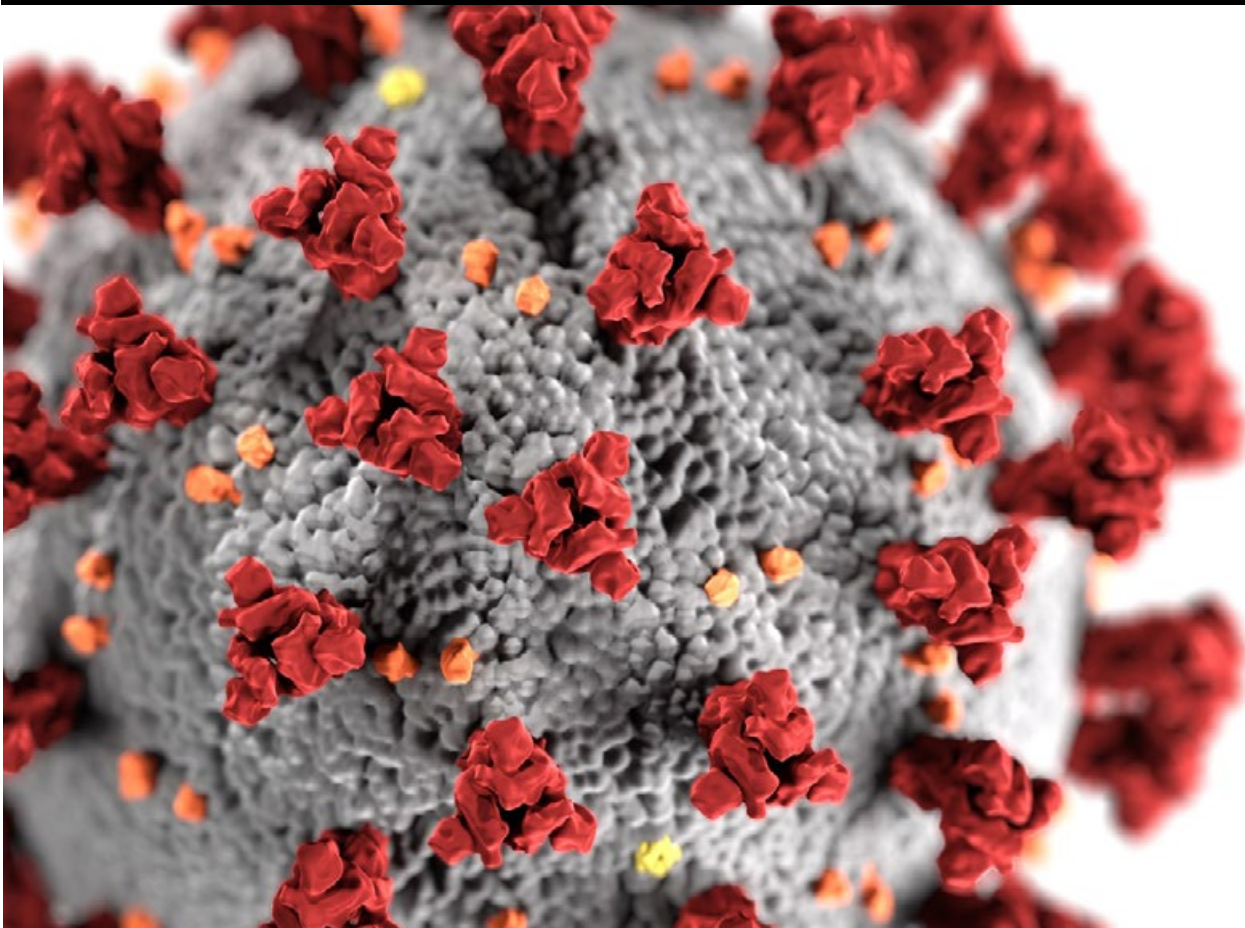
Environmental Services

Environmental Services (EVS) is integral to 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 already intense processes and expanded the footprint of treatments.

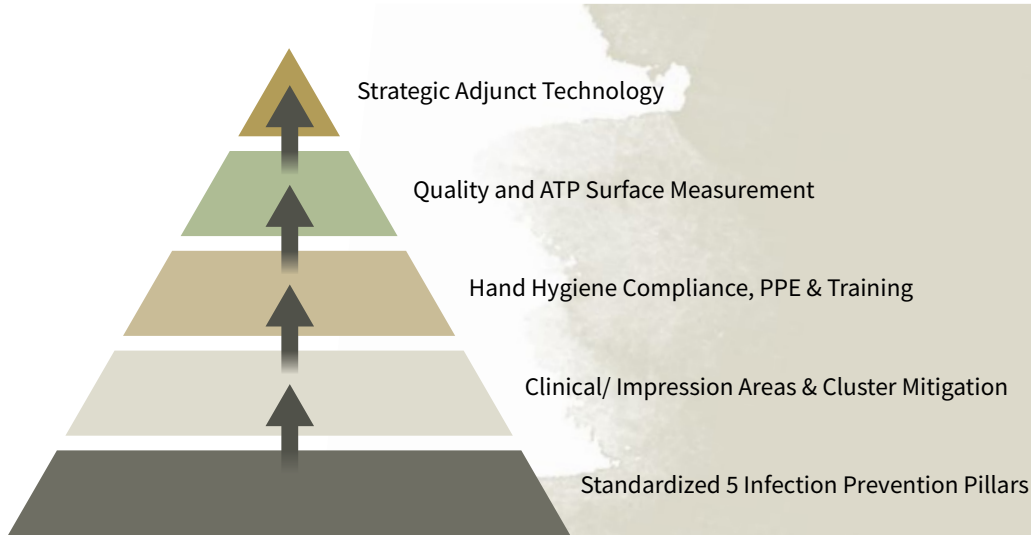
Compass One developed OMIT in response to pandemics like SARS and COVID-19.

OMIT stands for Operational Mitigation of Infectious Transmission. OMIT is a holistic process focused response based on heightened, pandemic-like virus contagion and the potential length of 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 events (sneezing, coughing, etc.).



The OMIT Strategy for Pandemic Events falls into five categories:

1. 5 Pillar Infection Prevention basics
2. Clinical/Impression Areas & Cluster Mitigation
3. Hand Hygiene Compliance, PPE & Training
4. Quality and ATP Surface Measurement
5. Strategic Adjunct Technology



In a pandemic event cleaning and disinfection protocols must expand. The 5 Pillars foundation does not change but the core concepts are widened and then adjusted to meet the areas of greatest infection risk. Compass One Healthcare has a proven and robust infrastructure for cleaning and disinfecting, deployment as well as labor allocation, related to Pandemic Event Management.

OMIT is a holistic process focused response based on heightened, pandemic-like virus contagion and the potential length of time a virus may remain active on surfaces.

Disinfecting includes adherence to pandemic-qualified Environmental Protection Agency (EPA) registered disinfectant and CDC evolving pandemic guidelines. Service level frequencies and requirements are heightened:

- **Occupied Patient Room - 6' space bubble.** Incremental focus on high touch surfaces is necessary including pivoting based on the patient severity level/acuity. Frequencies are monitored based on PPE conservation as well as patient level of progress and recovery.
- **Terminal Discharge Room** Negative pressure vs. positive pressure rooms including Emergency Room pre-admission treatments vary accordingly to risk of transmission. Isolation room cleaning with heightened focus on restroom, high touch, bed and mattress surfaces is required. ATP surface measurement is performed to validate surface disinfection, particularly high touch. Further, adjunct technology, such as UV-C is used to further mitigate virus spread.
- **Impression Area - public or non-clinical spaces.** Reducing/mitigating virus contamination in spaces such as lobbies, elevators, public restrooms, cafeterias, etc. is required. Focus on railings, door knobs/push bars, elevator floor key pads, rails, telephones, ATM machines, etc...with frequencies corresponding and heightened based on travel volumes in each space/area. The safe use of adjunct technology, including UV-C, electrostatic, airborne mitigation solutions as well as barrier solutions are proven to support manual applications, typically at low level people traffic volume time periods.
- **Cluster Mitigation** Virus contamination mitigation is extended from Impression Areas (noted above) to Offices, Nurse Stations, Clinical Unit Restrooms, Corridors, and all corresponding high touch surfaces. The safe use of adjunct technologies supports airborne aerosolized droplet mitigation with airborne pathogen solutions as well as high touch surface manual disinfecting including surface barrier application.



Strategic Adjunct Technology The contagious nature of a coronavirus demands use of Specialized Technology. These solutions are clinically validated to support the mitigation of infectious transmission:

- **Surfacide UV-C technology is effective on coronaviruses** as well as other infection risks like C. difficile, MRSA, etc. In a pandemic UV-C application is expanded to enclosed public areas such as restrooms and office spaces after manual surface disinfection. It is also a primary tool in Cluster Mitigation. ([Read more - APPENDIX #37-41](#))
- **Scientific Air Management mobile device mitigates aerosolized droplets** in all areas of the facility including public lobbies, offices, in patient units, etc. The device uses UV-C technology to capture airborne pathogens in large volumes of fast-moving air, holding pathogens close enough and long enough for total UV-C eradication. ([Read more - APPENDIX #44-49](#))
- **PreVasive Noroxy Cdiff supports virus mitigation by way of electrostatic spray.** This adjunct technology is used in terminal discharge as well as strategically in enclosed areas, with no people traffic, in lobbies, restrooms, etc. ([Read more - APPENDIX #42-43](#))



■ **GR-AD Pro surface barrier applications can kill pathogens for up to 90 days.**

Even after manual cleaning these residuals are effective on elevator floor key pads, phones, remote controls, bed rails, etc. . .utilizations range from micro fiber manual wipe to electrostatic application. ([Read more - APPENDIX #50](#))

■ **Virtual Manager’s HealthClean platform (<https://virtualmgr.com/health-clean>) offers Contact-Tracing capabilities during a pandemic.**

In addition to Regulatory Technology (RegTech) benefits, the HealthClean platform can identify all movements of a Staff Member that may have become infected. The software clearly shows where the Employee worked and who they may have come in contact with during their work period. ([Read more - APPENDIX #8-9](#))

The Compass Group promptly released a novel coronavirus fact sheet to reinforce existing health & hygiene standards and to heighten awareness with infection prevention and control protocols, and crisis management plans in preparedness for further escalations. As the outbreak continues to evolve, additional information is released to maintain the health and safety of all employees.

The screenshot shows the Crothall HealthClean platform interface. At the top, there is a navigation bar with 'My', 'Designers', 'Organization', 'Admin', and 'Reports' menus. On the right, there are user and language dropdowns. Below the navigation bar, there is a search area for 'Associate:' with 'Maria Uribe' entered and an '(Optional) Date:' field. A purple header indicates 'Activities by Maria Uribe'. The main content is a table of activities with columns for Type, Site, Work Started, Work Finished, and Status. Below this is a detailed view of a '10 Step Cleaning' task, showing the Task Description, Original Owner (Maria Uribe), Task Name (4 West Nurse Station), Duration (12 min 4 sec), and Notes.

Type	Site	Work Started	Work Finished	Status										
> High Profile Cleaning (Reg)	410	Nov 2, 2020 1:49:05 PM	Nov 2, 2020 2:00:47 PM	Finished Complete										
> High Profile Cleaning (Reg)	403	Nov 2, 2020 1:47:55 PM	Nov 2, 2020 1:48:09 PM	Finished Complete										
∨ 10 Step Cleaning	4 West Nurse Station	Nov 2, 2020 1:35:29 PM	Nov 2, 2020 1:47:33 PM	Finished Complete										
<table border="1"> <thead> <tr> <th>Task Description</th> <th>Original Owner</th> <th>Task Name</th> <th>Duration</th> <th>Notes</th> </tr> </thead> <tbody> <tr> <td>10 Step Cleaning</td> <td>Maria Uribe</td> <td>4 West Nurse Station</td> <td>12 min 4 sec</td> <td>Notes</td> </tr> </tbody> </table>					Task Description	Original Owner	Task Name	Duration	Notes	10 Step Cleaning	Maria Uribe	4 West Nurse Station	12 min 4 sec	Notes
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10 Step Cleaning	Maria Uribe	4 West Nurse Station	12 min 4 sec	Notes										
> Lunch		Nov 2, 2020 12:49:17 PM	Nov 2, 2020 1:35:13 PM	Finished Complete										
> 10 Step Cleaning	Clean Utility Room (465)	Nov 2, 2020 12:31:27 PM	Nov 2, 2020 12:49:14 PM	Finished Complete										
> High Profile Cleaning (Reg)	414	Nov 2, 2020 12:24:44 PM	Nov 2, 2020 12:31:23 PM	Finished Complete										
> High Profile Cleaning (Reg)	415	Nov 2, 2020 12:14:50 PM	Nov 2, 2020 12:24:17 PM	Finished Complete										
> 10 Step Cleaning	Equipment Room (436)	Nov 2, 2020 12:12:06 PM	Nov 2, 2020 12:13:56 PM	Finished Complete										

Reducing/mitigating virus contamination in spaces such as lobbies, elevators, public restrooms, cafeterias, etc. is required.

Fact Sheet - Novel Coronavirus (COVID-19)

Health and safety is our number one operational priority at Compass Group and consequently, we are taking the current Coronavirus outbreak very seriously. We rapidly convened a monitoring group in the Asia-Pacific.

Compass One promptly implemented numerous interventions to heighten the awareness to this threat and reassure hospital and healthcare organizations their disinfectant product line is effective against this pathogen:

Coronavirus Approved Disinfectants & Wipes

Provider	Product Name	Active Ingredient	Delivery	Contact Time
Diversey	Oxivir 1	Hydrogen Peroxide	RTU – Wipe	1 minute
Diversey	Oxivir TB	Hydrogen Peroxide	RTU – Wipe	1 minute
Diversey	Oxivir Five 16	Hydrogen Peroxide	Concentrate – Dip and use method	5 minutes
Diversey	Avert Sporicidal	Bleach	RTU – Wipe	1 minute
Diversey	Virex II 256	Quaternary	Concentrate – Dip and use method	10 minutes
Diversey	Virex Plus	Quaternary	Concentrate must be at 1:256 – Dip and use method	3 Minutes
Pervasive	Noroxycdiff	Peracetic Acid	Electrostatic spray application	7 minutes – 15 minute post discharge clean process time
Clorox	Clorox Healthcare Bleach Germicidal Wipes	Bleach	RTU Wipe	1 minute
Clorox	Healthcare Hydrogen Peroxide Cleaner	Hydrogen Peroxide	RTU Wipe	1 minute
Clorox	Healthcare Fuzion Cleaner	Hydrogen Peroxide	Spray	1 minute
PDI	Sani Prime	Quaternary / Alcohol	RTU Wipe	1 minute
PDI	Super Sani Cloth	Quaternary	RTU Wipe	2 minutes
PDI	Super-Cloth Bleach	Bleach	RTU Wipe	1 minute
PDI	Sani-Cloth AF3	Quaternary	RTU Wipe	3 minutes
SSS	Perisept	Non-bleach-based sporicidal	Concentrate – Dip and use method	2 minutes

Ambulatory Environmental Services

In a pandemic Patients 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, restrooms, etc.** As in every pandemic activity, intensity and breadth/depth must be expanded to any site where transmission could occur. Cluster mitigation is critical in Ambulatory sites also.
- **ATP measurement areas must be expanded in Ambulatory.** Use of Hygiene ATP is required in exam rooms, public areas, waiting rooms and office areas. The use of ATP measurement on the high touch surfaces is a vital part of transmission mitigation.
- **Electrostatic application 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.

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Food Service

Patient Dining

Create alternate food ordering systems. Use the telephone to contact patients placed in isolation for food preferences to save waste and improve patient satisfaction. Room entering is limited to Nurses reducing additional transmission risk and reducing demand on PPE.

Nurses pass trays. Nurses passing trays to both infected and non-infected Patients reduces exposure for Patients and Clinical Staff alike. Use disposables to eliminate tray retrieval and person-to-person contact.

Shut down pods and service lines in production based on census. Work with Hospital Staff to build new labor models that match staff and patient populations. Reallocate labor to meet the needs of the hospital as census levels fluctuate.



Use disposables as appropriate. Disposables reduce the risk of handling and transmission. Use hard top lids to retain heat on patient trays– not disposables. While the hard top lids must be collected and disinfected, disposables reduce dish time, improves service recovery time and reduces contact.

Scale back menus to encourage “Chef’s Special of the Day”. This reduces production and manages labor and product cost in the kitchen. In high census locations shift to Non Select menus. While this removes Patient choice, each Patient can be assured they are getting the diet-appropriate meal of the day.

Retail Food Service

Eliminate all self-service stations. Salad bars, coffee/tea stations, fountain beverages must be replaced with Grab n’ Go options. Salad bars must be replaced with made-to-order salad stations. Offer individual pizza slices. Items like fruit and desserts must be individually wrapped.

Cafeterias must be re-designed. Social distancing must be enforced with signage and floor decals prominently installed. There must be limited distanced seating or no café seating at all. No outside visitors are allowed. All Associates must be masked and gloved and contactless ordering and check out must be installed.

Wrap/bag all bagels, sliced breads, muffins and pastries. Offer single serve packets of cream cheese, butter, jam and peanut butter. No personal coffee mugs allowed.

Create new convenience services. Add pop-up markets, grocery items, take home meals, pizza programs, etc. Offer a farm stand. Install Cashier-less smart markets.





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Patient Transportation

Bolster Patient Observation services. Some high-risk patients require supervision 24/7. During a pandemic, hospitals and their support services teams must relieve nurses from observation duty so they can treat others who are very ill. Shift some patient transportation staff to patient observation to monitor patients requiring 1:1 observation.

Redeploy Staff to support Nursing. Limit exposure from transports from vehicles to inside the hospital - redeploy transporters who typically provide curbside service to help elsewhere. Transporters can be provided education to help nurses with patient temperature checks, documenting information, etc.

Clinical Engineering

Equipment disinfection is critical as they are high-touch surfaces. Enforce “dirty/clean” area segregation. Ensure all equipment coming into biomedical engineering workshops and storage areas is segregated into “dirty”. Employ manual cleaning and adjunct technology as appropriate to disinfect. After thorough disinfection move to the segregated clean equipment area.

Track equipment used with infected Patients. Utilize computer maintenance management system (CMMS) to identify and track equipment designated for coronavirus-only use. Special coding can help your hospital easily track pandemic inventory and make important decisions quickly as your hospital’s equipment needs change.

Facilities Management

Convert Regular Patient Rooms to airborne isolated rooms. During a pandemic, all hospitals should have a plan to convert regular patient rooms to negative pressure rooms and identify other spaces that can be converted for patient care. With stringent restrictions on guest entry, some hospitals have transformed lobbies into airborne isolation rooms.

Oxygen Supply Systems are under enormous demands in a pandemic. The current treatment process heavily taxes both the bulk and cylinder supply. Wear and tear are beginning to show on parts of our system because of additional usage; many systems are reaching their limits. High usage of liquid oxygen causes the vaporizers to frost up and impact capacity. Create a “hot water wash down” on the vaporizer to reduce frost buildup. Reach out to your vendors and supplier to ensure you’re prepared.



Supply Chain

Leverage all supplier relationships early to mitigate shortages.

Compass One uses the power of Compass Group's FoodBuy purchasing arm to secure PPE items – respirators, masks, eye protection and barrier gowns are critical during all stages of a pandemic. Sanitizing agents such as bulk disinfectants and hand sanitizers should be acquired early but when surges occurred, emergency ordering including drop shipments must be executed.

Clear, frequent communication with Suppliers is critical. Our Category managers communicate regularly with suppliers and distributors to identify potential shortages and make adjustments before outages occur. In addition, we provide consumption data to them so they can adjust production based on true demand.

Establish a cross-functional pandemic 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.

Pandemics increase demand on specific products. As food service shifts to “Grab n’ Go”, multiple products will be needed in greater demand – disposable, plastic wrap, shells, etc. Patient dining shifts to disposables increasing pressure on trays, plastic ware, etc. In addition, as items like fresh fruit must be wrapped, there is additional demand for plastic wraps. Shelf stable food items also face increased demand.

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

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