

Healthcare Facilities: Managing Operations During the COVID-19 Pandemic

Healthcare Facility Guidance

Updated June 28, 2020

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Summary of Recent Changes

Below are changes to the guidance as of June 9, 2020

- Updated guidance to reflect the current understanding and ongoing response needs of healthcare systems and facilities. Previous guidance was preventative and meant to help healthcare facilities prepare for community transmission, while current guidance is for managing operations during the pandemic.

COVID-19 Healthcare Systems Tips

CDC has been listening to and learning from the experiences of healthcare systems as they respond to COVID-19. CDC has developed a list of [Ten Ways Healthcare Systems Can Operate Effectively during the COVID-19 Pandemic](#). Healthcare systems are encouraged to review and implement these approaches as they operate during the COVID-19 pandemic.

The coronavirus disease 2019 (COVID-19) pandemic has changed how health care is delivered in the United States and has affected the operations of healthcare facilities. Effects may include increases in patients seeking care for respiratory illness that could be COVID-19, deferring and delaying non-COVID-19 care, disruptions in supply chains, fluctuations in facilities' occupancy, absenteeism among staff because of illness or caregiving responsibilities, and increases in mental health concerns. Currently, no FDA-approved medications to treat COVID-19 or vaccines to prevent it are available.

Healthcare facilities need to provide care for all patients in the safest way possible for patients and healthcare personnel (HCP) and at the appropriate level, whether patients need home-based care, outpatient care, urgent care, emergency room care, inpatient care, or intensive care. This guidance outlines goals and strategies for U.S. healthcare facilities to operate effectively and safely during the COVID-19 pandemic and provides links to CDC guidance on providing care in different settings and situations.

This guidance offers recommendations for healthcare facilities to

- Operate effectively during the COVID-19 pandemic
- Adjust the way they deliver healthcare services to reduce the need to provide in-person care
- Follow infection prevention and control recommendations tailored to their setting
- Provide necessary in-person clinical services for conditions other than COVID-19 in the safest way possible, minimizing disease transmission to patients, HCP, and others

Adjusting the Way Healthcare Services Are Delivered During the COVID-19 Pandemic

During the COVID-19 pandemic, healthcare systems should adjust their standard approaches of delivering healthcare services to reduce the need to provide in-person care to minimize risk to patients and HCP.

Using Telehealth Services

For helpful considerations and strategies to provide telehealth services, please visit "[Using Telehealth to Expand Access to Essential Health Services during the COVID-19 Pandemic](#)".

Optimize use of telehealth

[Telehealth services](#) should be optimized, when available and appropriate. The federal government has made telehealth services easier to implement and access (see: [guidance for planning, preparing patients, and billing and reimbursement](#) [for telehealth services](#)). CDC considers that telehealth could be used to deliver the following services:

- Screen patients who may have [symptoms of COVID-19](#) and refer as appropriate.
- Provide urgent care for non-COVID-19 conditions, identify higher acuity care needs, and refer patients as appropriate.
- Access primary care providers and specialists, including mental and behavioral health care providers, for chronic health conditions and medication management.
- Participate in physical therapy, occupational therapy, and other modalities as a hybrid approach to in-person care for optimal health
- Monitor clinical signs of certain medical conditions remotely (like blood pressure and blood glucose levels).
- Engage in case management for patients who have difficulty accessing care, including those who live in rural settings, older adults, or those with limited mobility.
- Follow-up with patients after they are discharged from the hospital.
- Deliver advance care planning and counseling to patients and caregivers to document preferences if a life-threatening event or medical crisis occurs.
- Provide non-emergent care to residents in long-term care facilities.
- Provide education and training for HCP through peer-to-peer professional medical consultations (inpatient or outpatient) that is not locally available, particularly in rural areas.

Tips for using telehealth services to screen and care for patients with suspected or confirmed COVID-19

- Instruct patients who think they may have COVID-19 to use available advice lines, patient portals, or [on-line self-assessment tools](#) or to call and speak to an office/clinic staff rather than coming in person.
- Identify staff to conduct telephonic and telehealth interactions with patients. Develop protocols for staff to triage and assess patients quickly.
- Determine algorithms to identify which patients can be managed by telephone and advised to stay home, and which patients will need to be sent for emergency care, come for in-person visits, or follow up with a lab for COVID-19 diagnostic testing (or other testing services).
- Instruct patients with symptoms of COVID-19 to call before they leave home so staff can be prepared to care for them when they arrive.

Manage mildly ill patients at home

When possible, manage mildly ill patients with COVID-19 [at home](#).

- Assess the patient's ability to safely self-isolate and monitor their symptoms at home and assess the risk of the virus spreading to others in the patient's home environment.
- Provide clear instructions to caregivers and people who are sick regarding home care, including when and how to access the healthcare system for in-person care or urgent/emergent conditions.
- Identify staff to monitor patients at home with daily check-ins using telephone calls, texts, patient portals, or other

means, if possible.

- Engage local public health resources, home health services, and community organizations to assist with support services (such as delivery of food, medication, and other goods) for patients isolating at home.

Following Infection Prevention and Control Recommendations in Healthcare Settings During the COVID-19 Pandemic

Detailed IPC Guidance

In response to the infection prevention and control challenges posed by COVID-19, CDC has developed [infection prevention and control recommendations for COVID-19 in healthcare settings](#). These recommendations provide detailed [guidance for care of patients with suspected or confirmed COVID-19](#) in healthcare settings and [considerations for care of patients not suspected or confirmed to have COVID-19](#). Healthcare facilities must be familiar with these recommendations and provide staff the necessary tools and training to effectively follow the guidance as part of a comprehensive strategy to manage operations during the COVID-19 pandemic. CDC has also developed [strategies for optimizing the supply of PPE](#) in times of shortages.

Universal source control

To prevent SARS-CoV-2 transmission by symptomatic and pre-symptomatic persons, healthcare facilities should use source control for all persons entering a healthcare facility (e.g., staff, patients, visitors).

- Source control helps prevent transmission from infected individuals who may or may not have symptoms of COVID-19.
- Cloth face coverings are not considered personal protective equipment (PPE); they are source control. HCP should wear [appropriate PPE](#). Cloth face coverings should NOT be worn instead of [PPE](#) if more than source control is required.
- For visitors and patients, a cloth face covering may be appropriate. If a visitor or patient arrives to the healthcare facility without a cloth face covering, a facemask may be used for source control if supplies are available.
- Cloth face coverings should not be placed on children under age 2 or anyone who has trouble breathing or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic

As the pandemic continues, healthcare facilities must balance the need to provide necessary clinical services while minimizing risk to patients and HCP. Because the effects of COVID-19 vary among communities, healthcare systems may consider the local level of COVID-19 transmission when making decisions about providing medical services for conditions other than COVID-19.* Decisions should be made in concert with [state and local public health authorities](#). CDC has provided a [Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care during the COVID-19 Pandemic](#) to help guide

Coronavirus Disease 2019 (COVID-19)

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Consider your facility's preparedness to rapidly detect and respond to an increase of COVID-19 cases locally.

- Consider whether your facility can provide care in the safest way possible, including optimizing [telehealth services](#), when available and appropriate.
- Consider how to gradually expand in-person clinical care services.
- Prioritize [at-risk populations](#) including those most at-risk for complications from delayed care and those without access to telehealth services.


Given the potential for asymptomatic transmission of SARS-CoV-2, HCP providing in-person care to patients not suspected or confirmed to have COVID-19 should follow [recommended infection control practices](#) to prevent transmission of infectious agents and [infection control practices specific to COVID-19](#). CDC has provided [specific considerations for care of patients not suspected or confirmed to have COVID-19](#) when there are moderate or substantial levels of community transmission.

Additional Recommendations for Specific Healthcare Settings

Inpatient facilities

- Place visual alerts, such as signs and posters in appropriate languages, at entrances and in strategic places for hand hygiene, respiratory hygiene (including the use of cloth face coverings), and cough etiquette ([Stop the Spread of Germs](#) ).
- Maintain physical distance as much as possible:
 - Use video conferencing and increase workstation spacing.
 - Reduce the number of individuals allowed in common areas such as breakrooms and on elevators.
- Limit visitors to the facility to only those essential for the patient's physical or emotional well-being and care.
 - Assess visitors for fever and other COVID-19 [symptoms](#) before entry to the facility.
 - Instruct all visitors to wear a facemask or cloth face covering while in the facility, perform frequent hand hygiene, and restrict their visit to the patient's room or other areas designated by the facility.
- Report hospital capacity data to HHS Protect using one of the approved mechanisms described in the [HHS COVID-19 Guidance for Hospital Reporting and FAQs](#)  .

Outpatient facilities and ambulatory care practices

- Contact patients who may have [an increased risk of severe illness from COVID-19](#) related complications to ensure they are adhering to current medications and therapeutic regimens, confirm they have access to sufficient medication refills, and instruct them to notify their provider by phone if they become ill.
- Ask symptomatic patients who require an in-person visit to call before they leave home so staff are ready to receive them using appropriate infection control practices and personal protective equipment.
- Do not penalize patients for cancelling or missing appointments because they are ill.
- Place visual alerts, such as signs and posters in appropriate languages, at entrances and in strategic places providing instructions on hand hygiene, respiratory hygiene (including the use of cloth face coverings), and cough etiquette ([Stop the Spread of Germs](#) ).
- Set up waiting rooms to allow patients to be at least 6 feet apart. If your facility does not have a waiting area, then use partitions or signs to create designated areas or waiting lines.
- Reduce crowding in waiting rooms by asking patients to remain outside (e.g., stay in their vehicles or in a designated outdoor waiting area), if feasible, until they are called into the facility for their appointment. Another option is to set up triage booths to screen patients safely.

Clinics Located within Retail Outlets including Pharmacies or Grocery Stores

- Post [signs](#) at the door instructing clinic patients with fever, respiratory symptoms, or [other symptoms](#) of COVID-19 to return to their vehicles (or remain outside if they are pedestrians) and call the telephone number for the clinic so that triage can be performed before they enter the store.
- Facemasks or [cloth face coverings](#) should be provided for all clinic patients who are not already wearing one, ideally before they enter the store.
- Provide separate entrances for clinic patients, where possible. Create a clear path from the main door to the clinic, with partitions or other physical barriers to minimize patients' contact with other customers.
- Provide [cloth face coverings](#) for staff who serve customers in the store checkout areas (i.e., not in the clinic area).

Other Setting-Specific Guidance

- [Pharmacies](#)
- [Nursing homes and long-term care facilities](#)
- [Dental settings](#)
- [Alternate care sites](#)

- [Outpatient hemodialysis facilities](#)

*Healthcare systems may consider the [local level of COVID-19 transmission](#) when making decisions about providing medical services for conditions other than COVID-19-COVID-19 care during the pandemic:

- **Substantial community transmission:** Large-scale community transmission, including within communal settings (e.g., schools, workplaces)
- **Minimal to moderate community transmission:** Sustained transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases
- **No to minimal community transmission:** Evidence of isolated cases or limited community transmission, case investigations underway; no evidence of exposure in large communal setting

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