

Guidance for Hospitals on Containing Spread of COVID-19 (CMS, 2020)

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group; Centers for Medicare & Medicaid Services

This is a quick summary of the guidelines without analysis or commentary. For more information, go directly to the guidelines by clicking the link in the reference.

March 23, 2020

The guideline on coronavirus disease (COVID-19) infection control and prevention for hospitals was released on March 4, 2020 by the Centers for Medicare & Medicaid Services.^[1]

Hospitals should monitor the CDC website (<https://www.cdc.gov/coronavirus/2019-ncov/index.html>) for up-to-date information and resources.

Hospitals should contact their local health department if they have questions or suspect a patient or health care provider (HCP) has COVID-19.

Hospitals should have plans for monitoring healthcare personnel with exposure to patients with known or suspected COVID-19. Additional information about monitoring healthcare personnel is available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesmenthcp.html>.

Risk Assessment and Screening

Older adults and those with underlying chronic medical conditions or immunocompromised state may be most at risk for severe outcomes. This should be considered in the decision to monitor the patient as an outpatient or inpatient.

Hospitals should identify visitors and patients at risk for having COVID-19 infection before or immediately upon arrival to the healthcare facility. They should ask patients about the following:

1. Fever or symptoms of a respiratory infection, such as a cough and sore throat.
2. International travel within the last 14 days to restricted countries. For updated information on restricted countries, visit <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
3. Contact with someone with known or suspected COVID-19.

For patients identified as at-risk, implement respiratory hygiene and cough etiquette (ie, placing a face mask over the patient's nose and mouth, if that has not already been done) and isolate the patient in an examination room with the door closed.

If the patient cannot be immediately moved to an examination room, ensure they are not allowed to wait among other patients seeking care. Identify a separate, well-ventilated space that allows waiting patients to be separated by 6 or more feet, with easy access to respiratory hygiene supplies. In some settings, medically-stable patients might opt to wait in a personal vehicle or outside the healthcare facility where they can be contacted by mobile phone when it is their turn to be evaluated.

Inform infection prevention and control services, local and state public health authorities, and other healthcare facility staff as appropriate about the presence of a person under investigation for COVID-19.

Additional guidance for evaluating patients in the US for COVID-19 infection can be found on the [CDC COVID-19 Web site](#).

Provide supplies for respiratory hygiene and cough etiquette, including 60-95% alcohol-based hand sanitizer (ABHS), tissues, no-touch receptacles for disposal, face masks, and tissues at healthcare facility entrances, waiting rooms, patient check-ins, etc.

Monitoring or Restriction of Health Care Facility Staff

The same screening performed for visitors should be performed for hospital staff.

HCP who have signs and symptoms of a respiratory infection should not report to work.

Any staff that develop signs and symptoms of a respiratory infection while on the job should do the following:

- Immediately stop work, put on a face mask, and self-isolate at home
- Inform the hospital's infection prevention specialist, and include information on individuals, equipment, and locations the person came in contact with
- Contact and follow the local health department recommendations for next steps (eg, testing, locations for treatment).

Refer to the CDC guidance for exposures that might warrant restricting asymptomatic health care personnel from reporting to work (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>).

Hospitals should contact their local health department for questions, and frequently review the CDC website dedicated to COVID-19 for health care professionals: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>.

Patient Placement and Infection Prevention and Control for Known or Suspected COVID-19 Cases

Patient placement and other detailed infection prevention and control recommendations regarding hand hygiene, Transmission-Based Precautions, environmental cleaning and disinfection, managing visitors, and monitoring and managing health care personnel are available in the [CDC Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 \(COVID-19\) or Persons under Investigation for COVID-19 in Healthcare Settings](#).

Patients may not require hospitalization and can be managed at home if they are able to comply with monitoring requests. More information is available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html>.

Patients with known or suspected COVID-19 should continue to receive the intervention appropriate for the severity of their illness and overall clinical condition. Because some procedures create high risks for transmission (eg, intubation), additional precautions include the following:

- HCP should wear all recommended personal protective equipment (PPE)
- The number of HCP present should be limited to essential personnel
- The room should be cleaned and disinfected in accordance with environmental infection control guidelines.

Additional information about performing aerosol-generating procedures is available at <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/controlrecommendations.html>.

The decision to discontinue Transmission-Based Precautions for hospitalized patients with COVID-19 should be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials. This decision should consider disease severity, illness signs and symptoms, and results of laboratory testing for COVID-19 in respiratory specimens.

More detailed information about criteria to discontinue Transmission-Based Precautions are available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>.

Visitation Rights

Medicare regulations require a hospital to have written policies and procedures regarding the visitation rights of patients, including those setting forth any clinically necessary or reasonable restriction or limitation that the hospital may need to place on such rights and the reasons for the clinical restriction or limitation, such as infection control concern.

Patients must be informed of his/her visitation rights and the clinical restrictions or limitations on visitation.

The development of such policies and procedures require hospitals to focus efforts on preventing and controlling infections, not just between patients and personnel, but also between individuals across the entire hospital setting (for example, among patients, staff, and visitors) as well as between the hospital and other healthcare institutions and settings and between patients and the healthcare environment.

Hospitals should work with their local, State, and Federal public health agencies to develop appropriate preparedness and response strategies for communicable threats.

Hospital Discharge

The decision to discharge a patient from the hospital should be based on the clinical condition of the patient. If Transmission-Based Precautions must be continued in the subsequent setting, the receiving facility must be able to implement all recommended infection prevention and control measures .

Although COVID-19 patients with mild symptoms may be managed at home, the decision to discharge to home should consider the patient's ability to adhere to isolation recommendations, as well as the potential risk of secondary transmission to household members with immunocompromising conditions. More information is available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home>.

Medicare's Discharge Planning Regulations (updated in November 2019) require that the hospital assess the patient's needs for post-hospital services, and the availability of such services. When a patient is discharged, all necessary medical information (including communicable diseases) must be provided to any post-acute service provider. For COVID-19 patients, this must be communicated to the receiving service provider prior to the discharge/transfer and to the healthcare transport personnel.

References

1. Center for Clinical Standards and Quality/Quality, Safety & Oversight Group. Guidance for Infection Control and Prevention Concerning Coronavirus Disease (COVID-19): FAQs and Considerations for Patient Triage, Placement and Hospital Discharge. March 4, 2020. <https://www.cms.gov/files/document/qso-20-13-hospitalspdf.pdf-2>

Medscape © 2020 WebMD, LLC

Any views expressed above are the author's own and do not necessarily reflect the views of WebMD or Medscape.

Cite this: Guidance for Hospitals on Containing Spread of COVID-19 (CMS, 2020) - *Medscape* - Mar 23, 2020.