# HEALTHCARE FACILITY IMPLICATIONS OF COVID-19

# Healthcare Facility Implications of COVID-19

## MODE OF TRANSMISSION:

Believed to be primarily through close exposure to respiratory droplets produced when an infected person coughs, sneezes, or talks. The contribution of small respiratory particles, or airborne aerosols, is currently being studied.[1, 2]

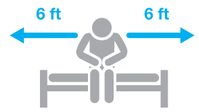
## TO EXPAND TRIAGE/ASSESSMENT SPACE:

Obtain a prefabbed temporary building; when not in use consider storing it onsite for future responses.

If using tents, be sure to protect against high winds.

Use a clinic as an alternate ER.


Isolate the patient: in an exam room with the door closed, or in their vehicle or outdoors at least 6' from other people.




## MINIMIZE CHANCES FOR EXPOSURE WHEN PATIENTS ENTER FACILITIES:


Designate a "respiratory virus evaluation center" at the healthcare facility (e.g., an ancillary building or temporary structure) for patients with fever or respiratory symptoms.

Explore alternatives to face-to-face visits, such as video calls/ telemedicine.

Consider establishing triage stations outside healthcare facilities to screen patients before they enter.

In reception areas, install physical barriers (e.g., glass or plastic windows) to limit close contact between triage personnel and potentially infectious patients.


## ALTERNATE INPATIENT SPACE:

Double up patients in rooms designed for one patient.

Repurpose a surgical wing, assuming all elective surgeries will be halted.


## OTHER ALTERNATIVE SPACES:


Reopen a shuttered hospital or repurpose a surgical hospital, assuming all elective surgeries will be halted.

Repurpose vacant office shell space, K-12 or university gymnasia, or convention centers with cots and dividers.

Consider obtaining transportable isolation pods.

## FEMA RESPONSE:


The US Army Corps of Engineers is already implementing a program to convert conference centers, hotels, and dorms into "ICU-like" facilities.



- US Centers for Disease Control Guidelines
- Page research from healthcare providers around the US
- FEMA Response

1. All guidance unless noted otherwise: US Centers for Disease Control (CDC), "Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings," accessed April 1, 2020, https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html
2. World Health Organization (WHO) "Modes of transmission of virus causing COVID-19: implications for IPC precaution recommendations," 27 March 2020, https://www.who.int/news-room/commentaries/detail/modes-of-transmission-of-virus-causing-covid-19-implications-for-ipc-precaution-recommendations



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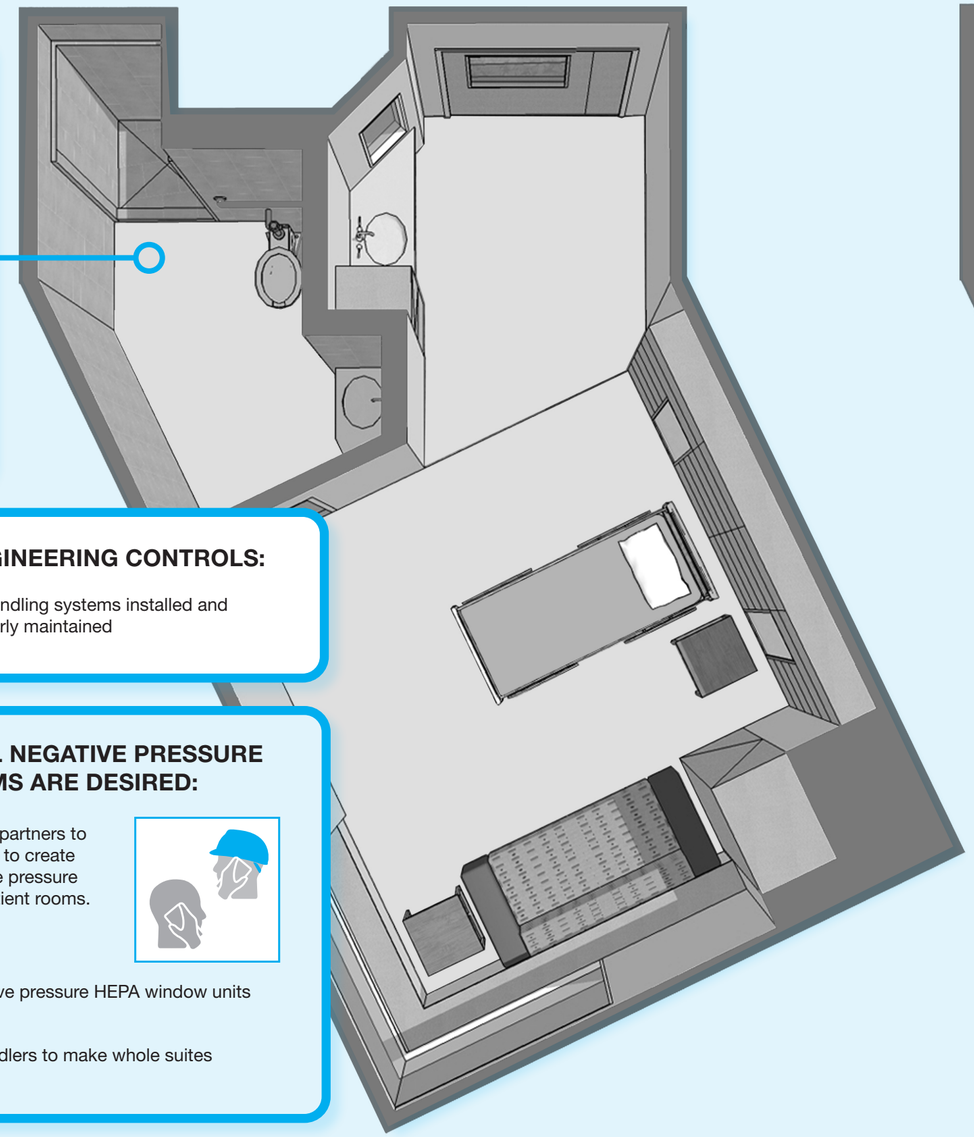
**PATIENT PLACEMENT IF HOSPITALIZATION IS MEDICALLY NECESSARY:**

Place a patient with known or suspected COVID-19 in a single-person room with door closed and dedicated bathroom. (Negative pressure isolation room is not required by the CDC.)

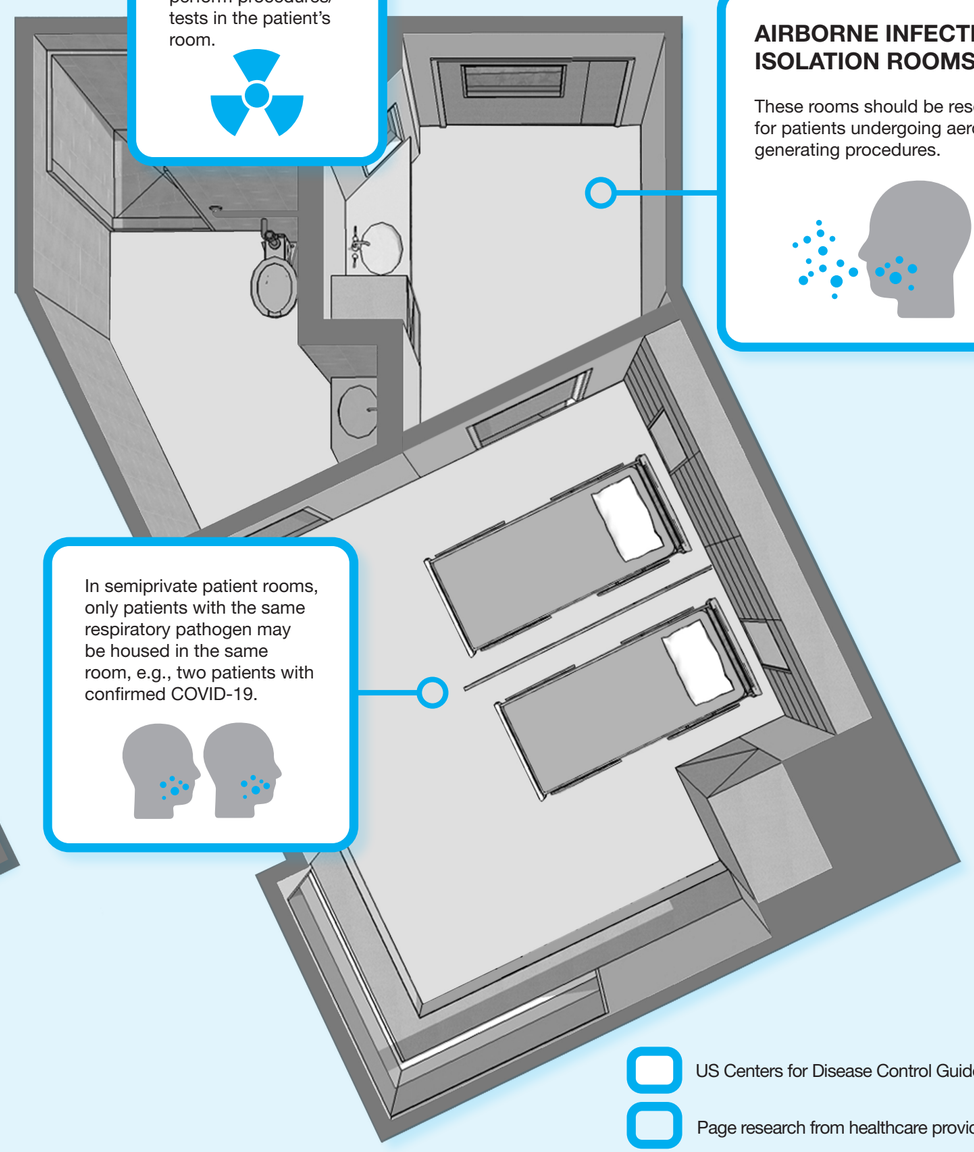
Consider designating entire units within the facility to care for known or suspected COVID-19 patients.



Limit transport and movement of patients outside the room and, whenever possible, perform procedures/ tests in the patient's room.

**AIRBORNE INFECTION ISOLATION ROOMS:**

These rooms should be reserved for patients undergoing aerosol-generating procedures.



**ENGINEERING CONTROLS:**

Air-handling systems installed and properly maintained

In semiprivate patient rooms, only patients with the same respiratory pathogen may be housed in the same room, e.g., two patients with confirmed COVID-19.

**IF ADDITIONAL NEGATIVE PRESSURE PATIENT ROOMS ARE DESIRED:**

Contact construction partners to get air machines. Use to create HEPA filtered negative pressure vestibules outside patient rooms.

Install portable negative pressure HEPA window units exhausted outdoors.

Rebalance the air handlers to make whole suites negative pressure.

US Centers for Disease Control Guidelines

Page research from healthcare providers around the US

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# COVID-19

## Healthcare Facility Checklist[1]

For Hospital Executives and Facility Managers

### BEFORE PATIENT CHECK-IN

1. Ensure air-handling systems are installed and properly maintained.

### UPON PATIENT ARRIVAL

2. Designate a “respiratory virus evaluation center” at the facility (e.g., an ancillary building or temporary structure) for patients with fever or respiratory symptoms.

3. Consider establishing triage stations outside the healthcare facility to screen patients before they enter.

4. In reception areas, install physical barriers (e.g., glass or plastic windows) to limit close contact between triage personnel and potentially infectious patients.

5. Isolate the patient in an exam room with the door closed, or in their vehicle or outdoors at least 6’ from other people.

### AFTER PATIENT ADMISSION

6. Place a patient with known or suspected COVID-19 in a single-person room with door closed and dedicated bathroom. (Negative pressure isolation room is not required by the CDC.)

7. Airborne Infection Isolation Rooms should be reserved for patients undergoing aerosol-generating procedures.

8. Consider designating entire units within the facility to care for known or suspected COVID-19 patients.

9. In semiprivate patient rooms, only patients with the same respiratory pathogen may be housed in the same room, e.g., two patients with confirmed COVID-19.

10. Limit transport and movement of patients outside the room and, whenever possible, perform procedures/tests in the patient’s room.

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