

Protect Your Patients and Staff from COVID-19: CDC's Recommended Infection Control Procedures

In March 2020, CDC updated its *Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings*. **See the full guidance at www.cdc.gov/COVID19.**

Before patients arrive



Screen all patients for new respiratory infection symptoms before non-urgent care or elective visits. Ask about cough, shortness of breath, and fever.



Explore alternatives to face-to-face triage and visits to reduce risk of transmission and limit use of PPE. Share CDC resources with patients for how to manage at home.

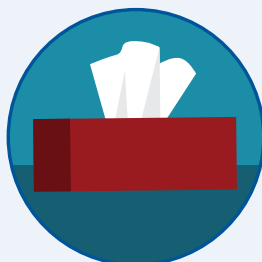


Plan to receive patients via EMS. Follow agreed upon transport protocols.

Upon arrival



Consider limiting facility points of entry and establishing triage stations outside the facility to screen patients before entering. Ensure rapid and safe triage of patients with symptoms of suspected COVID-19.



Display signs on all entrances about COVID-19 symptoms. Ask symptomatic patients to inform triage personnel of symptoms upon arrival. Provide them respiratory hygiene supplies, including masks, hand sanitizer, and tissues.



Consider installing a barrier, such as a glass or plastic window, to limit contact between triage personnel and patients.

Isolate symptomatic patients in an examination room with door closed as soon as possible. If not available, identify a separate, well-ventilated place where patients can be separated by 6 feet. Provide easy access to hygiene supplies.



See page 2 for additional recommendations.

During the visit



Reserve airborne infection isolation rooms (AIIR) for aerosol-generating procedures.

If an AIIR is not available, place the patient in a single-person room with their own bathroom.

If private rooms are not available, consider cohorting patients with suspected or confirmed COVID-19 in the same area of the facility (e.g., group of rooms on the same unit).



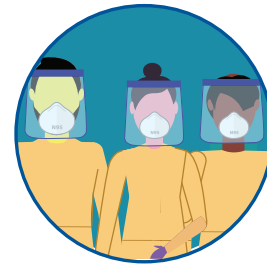
Healthcare facilities should provide respirators for fit-tested healthcare workers during aerosol-generating procedures performed on suspected or confirmed COVID-19 patients, when a procedure is likely to produce coughing or sneezing, and when strongly indicated for other respiratory conditions (e.g., tuberculosis).

When respirators aren't available, use the best available alternative, like a facemask paired with eye protection.



Use PPE, according to guidance from your facility. This includes clean, non-sterile gloves, gowns and eye protection, like goggles or eye shields.

If there are shortages remaining, equipment should be prioritized for aerosol-generating procedures and care with close-contact or anticipated splashes or sprays.



Dedicate specific staff to care for only patients with suspected or confirmed COVID-19. Staff include medical, nursing, environmental services, etc.

Limit personnel in patient rooms to essential staff, and limit movement of patients outside of rooms.

Plan ahead

Refer to and begin implementing aspects of your healthcare facility's pandemic plan. Know who to contact in your local health department.

Prepare for wider community spread of COVID-19 and develop strategies for handling high volume of patients looking for care.

Healthcare administrators should make continual, concerted efforts to procure the most appropriate PPE for their facility to protect healthcare workers on the front lines.