

## Coronavirus Disease 2019 (COVID-19)

# Ten Ways Healthcare Systems Can Operate Effectively during the COVID-19 Pandemic

## Purpose of this Guidance

CDC is listening to and learning from the experiences of healthcare systems as they respond to COVID-19. This document provides practical approaches that can be used to protect healthcare personnel (HCP), patients, and communities.

## Audience

Healthcare system and healthcare facility decision makers

## Worker Safety and Support

1. Understand and execute current infection prevention and control (IPC) practices for COVID-19.
  - Ensure HCP are well-trained on the use of personal protective equipment (PPE).
  - Implement [strategies to optimize personal protective equipment \(PPE\)](#), including implementing extended and limited reuse of N95 respirators, reserving N95 [respirators](#) for [aerosol-generating procedures](#), creating extended use PPE units where only patients with COVID-19 are provided care, and implementing a [walk-up testing booth](#) [↗](#) that allows HCP to stand behind solid but transparent (e.g., polycarbonate) panels to collect samples for COVID-19.
  - Institute [universal source control](#) for all HCP, patients, and visitors.
  - Consider tracking PPE supplies available using the [PPE burn rate calculator](#).
2. Develop [protocols for HCP](#) to monitor themselves for fever and symptoms of COVID-19, restrict them from work when sick or post exposure, and to safely allow [return to work](#) after an exposure and/or suspected or confirmed COVID-19 infection.
3. Establish a plan for providing additional [support for HCP](#) [↗](#), considering aspects such as [mental health](#), [parenting](#) [↗](#), [meals](#), [↗](#) and [non-punitive sick policies](#).



## Patient Service Delivery

4. Help your HCP become well-versed in evidence-based care of patients with COVID-19, including guidance provided by [CDC](#), [National Institutes of Health](#), [↗](#) the [Infectious Diseases Society of America](#) [↗](#), the [World Health Organization](#) [↗](#), and the [Surviving Sepsis Campaign](#). [↗](#)
5. Understand the guidance for discharging a patient with suspected or confirmed COVID-19 [from the hospital to home](#) or to a [long-term care facility](#).
6. Use [telehealth](#) [↗](#) strategies when feasible to provide high-quality patient care and reduce the risk of COVID-19 transmission in the healthcare setting. Consider implementing a [phone advice line](#) to triage patients and to address questions and concerns from possible COVID-19 patients.


## Data Streams for Situational Awareness

7. Maintain awareness of the [COVID-19 situation](#) in the state, city, and facility. Provide access to evidence-based [guidance](#) for caring for patients with COVID-19.
8. Report hospital capacity and patient impact data into the [COVID-19 module](#) for the National Healthcare Safety Network (NHSN).










## Facility Practices

9. Strengthen your facility's response mechanisms by becoming familiar with [pandemic, COVID-19 specific, and crisis standards of care](#)
- Consider using a [hospital preparedness checklist](#)  and the [COVID-19 Surge](#) spreadsheet to estimate and respond to the surge in demand for hospital-based services.
  - Put in place or activate plans for [cohorting patients with COVID-19](#) and assigning dedicated staff.
  - Create plans to [reduce staffing shortages](#) and assess the need for [alternative care sites](#), such as [emergency field hospitals](#) .
  - Consider setting up an Emergency Operations Center (EOC) for your hospital if not already in place and ensure the EOC has enough staff for an extended response.
  - Work towards resuming/maintaining essential healthcare services using a risk/benefit analysis for in-person care visits while optimizing telehealth.

## Communications

10. Develop and maintain a [communication plan](#)  for your HCP, patients, and the community. Consider including virtual town halls, daily huddles with local leadership, calls with partners, emails and phone conferences for staff, media briefs, and others.

## Additional resources

1. [NYC Health's Strategies for Reuse and Extended Use of Personal Protective Equipment \(PPE\) During COVID-19 Outbreak](#)  
2. [Institute of Medicine, Crisis Standards of Care, Summary of a Workshop Series](#)  
3. [University of Washington COVID-19 Resource Site](#) 
4. [California Department of Public Health statement on resuming deferred and preventive health care](#) 
5. Peters et al. NEJM Correspondence. [Transforming ORs into ICUs](#) .
6. Klompas et al. NEJM Perspective. [Universal Masking in Hospitals in the COVID-19 Era](#) .
7. Chen et al. Lancet. [Fangcang shelter hospitals: a novel concept for responding to public health emergencies](#) .