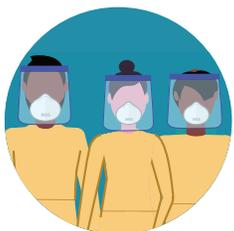


Ten Ways Healthcare Systems Can Operate Effectively During the COVID-19 Pandemic

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.

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



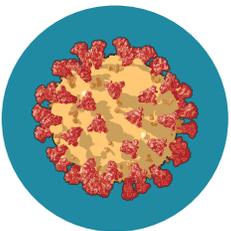
- 9. Strengthen your facility's response** mechanisms by becoming familiar with [pandemic, COVID-19 specific](#), and [crisis standards of care](#) resources.
- Consider using a [hospital preparedness checklist](#) and the [COVID-19 Surge](#) spreadsheet to estimate and respond to the surge in demand 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: <https://www1.nyc.gov/assets/doh/downloads/pdf/imm/strategies-for-the-conservation-of-respiratory-ppe.pdf>
2. Institute of Medicine, Crisis Standards of Care, Summary of a Workshop Series: https://www.ncbi.nlm.nih.gov/books/NBK32753/pdf/Bookshelf_NBK32753.pdf
3. University of Washington COVID-19 Resource Site: <https://covid-19.uwmedicine.org/Pages/default.aspx>
4. California Department of Public Health statement on resuming deferred and preventive health care: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/ResumingCalifornia%E2%80%99sDeferredandPreventiveHealthCare.aspx>
5. Peters et al. NEJM Correspondence. Transforming ORs into ICUs. <https://www.nejm.org/doi/full/10.1056/NEJMc2010853?sort=newest&page=0>
6. Klompas et al. NEJM Perspective. Universal Masking in Hospitals in the COVID-19 Era. <https://www.nejm.org/doi/full/10.1056/NEJMp2006372?af=R&rss=currentIssue>
7. Chen et al. Lancet. Fangcang shelter hospitals: a novel concept for responding to public health emergencies. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30744-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30744-3/fulltext)