



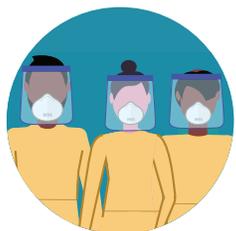
The following document is for historical purposes and is no longer being updated. Please go to the [COVID-19 website](#) for more recent information.



# 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.

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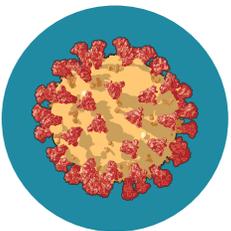
## Communications



- 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.

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## 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](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)