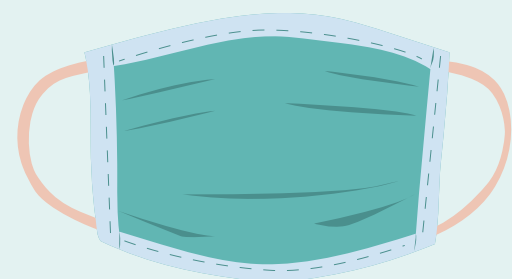


# Infection Prevention and Control in Healthcare Settings for Covid-19

*Follow these recommendations to prepare your healthcare facility for COVID-19 and keep your patients and staff safe.*

## Universal use of source control.



Mask **everyone** entering a healthcare facility (e.g., healthcare personnel, patients, visitors), regardless of symptoms. This action is recommended to help prevent transmission from infected people who may or may not have symptoms of COVID-19.

- For visitors and patients, a cloth face covering may be used. If a visitor or patient arrives to the facility without a cloth face covering, a facemask may be used for source control if supplies are available.
- Cloth face coverings are not considered personal protective equipment (PPE) and should not be used by healthcare personnel when a respirator or facemask is indicated. Facemasks, if available, should be reserved for healthcare personnel.

## Early recognition and isolation of persons with symptoms consistent with COVID-19.

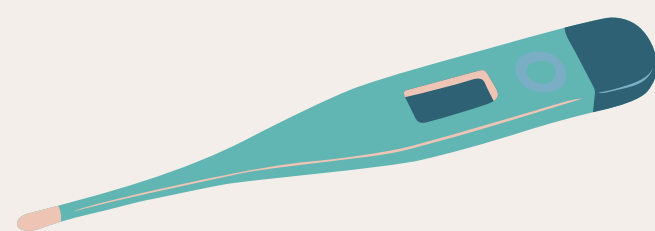
Set up separate, well-ventilated triage areas to ensure that patients with fever or symptoms consistent with COVID-19 are detected prior to or immediately upon arrival and managed appropriately (e.g., wearing their cloth face covering, taken to an appropriate treatment area or private room).

- Install barriers to limit contact with patients at triage.
- Cohort patients with COVID-19 and limit the number of staff providing their care.
- Reserve airborne infection isolation rooms (AIIRs) for patients with COVID-19 undergoing aerosol generating procedures and for care of patients with pathogens transmitted by the airborne route (e.g., tuberculosis, measles, varicella).



## Educate, monitor, and screen everyone.

Screen **everyone** for fever and symptoms of COVID-19 before they enter the healthcare facility.



- Monitor healthcare personnel daily at the start of their shift for fever and COVID-19 symptoms to help ensure that they do not work while ill. Ensure sick leave policies are non-punitive, flexible, and consistent with public health guidance.

*Fever is measured 100.0F or subjective fever (feeling feverish). Symptoms can include cough, shortness of breath, chills, muscle pain, headache, sore throat, or new loss of taste or smell.*

## Protect healthcare personnel.

Use recommended PPE correctly which includes an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gown, and gloves, when within 6 feet of patients with suspected or confirmed COVID-19.

- Prioritize respirators for aerosol generating procedures.
- Train on proper [donning](#) and [doffing](#) of PPE.



## Use telemedicine when possible.

Discuss postponing elective procedures, surgeries, and non-urgent outpatient visits.



## Encourage respiratory hygiene, cough etiquette, and hand hygiene.

- Post visual alerts (e.g., signs, posters) at the entrance and in strategic places to provide instructions (in appropriate languages).
- Provide alcohol-based hand rub with 60–95% alcohol, soap, paper towels, tissues, and no-touch receptacles for disposal throughout the facility.



## Environmental cleaning and disinfection.

- Ensure environmental cleaning and disinfection procedures are followed consistently and correctly.
- Routine cleaning and disinfection procedures are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol generating procedures are performed.
- Refer to [List N](#) on EPA website for recommended disinfectants for use against SARS-CoV-2.



## Communicate and collaborate with public health authorities.

Know how to contact your [local health department](#) or call 877-ASK-VDH3

