CDC Recommendations for COVID-19 in Healthcare Settings

This document is meant to catalog CDC guidance for management of COVID in healthcare settings so they may be easily accessed.

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General Infection Control

- Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic
- Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings
- Hand Hygiene Recommendations: Guidance for Healthcare Providers about Hand Hygiene and COVID-19

Management of Healthcare Worker Exposure and Illness

- Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance)
- Strategies to Mitigate Healthcare Personnel Staffing Shortages
Personal Protective Equipment

PPE Use

- **Using Personal Protective Equipment (PPE)**
- **How to Put On and Take Off PPE**
- **Facemask Do’s and Don’ts**
- **Respirator On and Respirator Off**
- **How to Safely Put On PPE (video)**
- **How to Safely Take Off PPE (video)**
- **Personal Protective Equipment: Questions and Answers**
  - Gowns
  - Gloves
  - Respirators

PPE Optimization

- **Optimizing Supply of PPE and Other Equipment during Shortages**
  - Consider these options and **implement them sequentially**
  - Understand their current PPE inventory, supply chain, and utilization rate
  - Train healthcare personnel on PPE use and have them demonstrate competency with donning and doffing any PPE ensemble that is used to perform job responsibilities
  - As PPE availability returns to normal, promptly resume standard practices

- **Summary Strategies to Optimize the Supply of PPE during Shortages**
- **Personal Protective Equipment (PPE) Burn Rate Calculator**
- **Strategies for Optimizing the Supply of Eye Protection**
  - **Conventional capacity**: measures consisting of engineering, administrative, and personal protective equipment (PPE) controls that should already be implemented in general infection prevention and control plans in healthcare settings.
  - **Contingency capacity**: measures that may be used temporarily during periods of expected eye protection shortages. Contingency capacity strategies should only be implemented after considering and implementing conventional capacity strategies. While current supply may meet the facility’s current or anticipated utilization rate, there may be uncertainty if future supply will be adequate and, therefore, contingency capacity strategies may be needed.
  - **Crisis capacity**: strategies that are not commensurate with U.S. standards of care but may need to be considered during periods of known eye protection shortages. Crisis capacity strategies should only be implemented after considering and implementing conventional and contingency capacity strategies. Facilities can consider crisis capacity strategies when the supply is not able to meet the facility’s current or anticipated utilization rate.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.
• **Strategies for Optimizing the Supply of Isolation Gowns**
  - **Conventional capacity**: measures consisting of engineering, administrative, and personal protective equipment (PPE) controls that should already be implemented in general infection prevention and control plans in healthcare settings.
  - **Contingency capacity**: measures that may be used temporarily during periods of expected isolation gown shortages. Contingency capacity strategies should only be implemented after considering and implementing conventional capacity strategies. While current supply may meet the facility’s current or anticipated utilization rate, there may be uncertainty if future supply will be adequate and, therefore, contingency capacity strategies may be needed.
  - **Crisis capacity**: strategies that are not commensurate with standard U.S. standards of care but may need to be considered during periods of known gown shortages. Crisis capacity strategies should only be implemented after considering and implementing conventional and contingency capacity strategies. Facilities can consider crisis capacity strategies when the supply is not able to meet the facility’s current or anticipated utilization rate.

• **Strategies for Optimizing the Supply of Disposable Medical Gloves**
  - **Conventional capacity**: measures consisting of engineering, administrative, and personal protective equipment (PPE) controls that should already be implemented in general infection prevention and control plans in healthcare settings.
  - **Contingency capacity**: measures that may be used temporarily during periods of expected glove shortages. Contingency capacity strategies should only be implemented after considering and implementing conventional capacity strategies. While current supply may meet the facility’s current or anticipated utilization rate, there may be uncertainty if future supply will be adequate and, therefore, contingency capacity strategies may be needed.
  - **Crisis capacity**: strategies that are not commensurate with U.S. standards of care but may need to be considered during periods of known gown shortages. Crisis capacity strategies should only be implemented after considering and implementing conventional and contingency capacity strategies. Facilities can consider crisis capacity strategies when the supply is not able to meet the facility’s current or anticipated utilization rate.

• **Strategies for Optimizing the Supply of Facemasks**
  - **Conventional capacity**: measures consisting of engineering, administrative, and personal protective equipment (PPE) controls that should already be implemented in general infection prevention and control plans in healthcare settings.
  - **Contingency capacity**: measures that may be used temporarily during periods of expected facemask shortages. Contingency capacity strategies should only be implemented after considering and implementing conventional capacity strategies. While current supply may meet the facility’s current or anticipated utilization rate, there may be uncertainty if future supply will be adequate and, therefore, contingency capacity strategies may be needed.
  - **Crisis capacity**: strategies that are not commensurate with U.S. standards of care but may need to be considered during periods of known facemask shortages. Crisis capacity strategies should only be implemented after considering and implementing conventional and contingency capacity strategies. Facilities can consider crisis capacity strategies when the supply is not able to meet the facility’s current or anticipated utilization rate.

• **Considerations for Optimizing the Supply of Powered Air-Purifying Respirators (PAPRs)**

• **Elastomeric Respirators: Strategies During Conventional and Surge Demand Situations**

**N95 Respirators**

• **Summary for Healthcare Facilities: Strategies for Optimizing the Supply of N95 Respirators during the COVID-19 Response**

• **Strategies for Optimizing the Supply of N95 Respirators**

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- **Conventional capacity**: measures consisting of engineering, administrative, and PPE controls should already be implemented in general infection prevention and control plans in healthcare settings.

- **Contingency capacity**: measures that may be used temporarily during periods of expected N95 respirator shortages. Contingency capacity strategies should only be implemented after considering and implementing conventional capacity strategies. While current supply may meet the facility’s current or anticipated utilization rate, there may be uncertainty if future supply will be adequate and therefore, contingency capacity strategies may be needed.

- **Crisis capacity**: strategies that are not commensurate with U.S. standards of care but may need to be considered during periods of known N95 respirator shortages. Crisis capacity strategies should only be implemented after considering and implementing conventional and contingency capacity strategies. Facilities can consider crisis capacity when the supply is not able to meet the facility’s current or anticipated utilization rate.

- Considerations for Release of Stockpiled N95s Beyond the Manufacturer-Designated Shelf Life
- Implementing Filtering Facepiece Respirator (FFR) Reuse, Including Reuse after Decontamination, When There Are Known Shortages of N95 Respirators
- Factors to Consider When Planning to Purchase Respirators from Another Country, Including KN95 Respirators from China

**Specialty Settings**

- Guidance for Dental Settings: Interim Infection Prevention and Control Guidance for Dental Settings During the Coronavirus Disease 2019 (COVID-19) Pandemic

**Dialysis**

- Interim Additional Guidance for Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Outpatient Hemodialysis Facilities
- Screening and Triage at Intake: Screening Dialysis Patients for COVID-19
- Considerations for Providing Hemodialysis to Patients with Suspected or Confirmed COVID-19 in Acute Care Settings
- Special Considerations for Patients on Home Dialysis
- Interim SARS-CoV-2 Testing Guidelines for Patients in Outpatient Hemodialysis Facilities

**Long-term Care**

- Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities
- Considerations for Memory Care Units in Long-term Care Facilities

**Nursing Homes**

- Preparing for COVID-19 in Nursing Homes

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• Responding to Coronavirus (COVID-19) in Nursing Homes: Considerations for the Public Health Response to COVID-19 in Nursing Homes
• Testing Guidelines for Nursing Homes: Interim SARS-CoV-2 Testing Guidelines for Nursing Home Residents and Healthcare Personnel
• Performing Facility-wide SARS-CoV-2 Testing in Nursing Home
• Considerations for Use of SARS-CoV-2 Antigen Testing in Nursing Homes

Miscellaneous

• Healthcare Professional Preparedness Checklist For Transport and Arrival of Patients With Confirmed or Possible COVID-19
• Steps Healthcare Facilities Can Take Now to Prepare for COVID-19
• COVID-19 Surge
• Clinical Questions about COVID-19: Questions and Answers
• What’s New – Updates to CDC Guidance

More COVID-19 Information and Resources

Stay up-to-date on the current COVID-19 situation in Washington, Governor Inslee’s proclamations, symptoms, how it spreads, and how and when people should get tested. See our Frequently Asked Questions for more information.

A person’s race/ethnicity or nationality does not, itself, put them at greater risk of COVID-19. However, data are revealing that communities of color are being disproportionately impacted by COVID-19—this is due to the effects of racism, and in particular, structural racism, that leaves some groups with fewer opportunities to protect themselves and their communities. Stigma will not help to fight the illness. Share accurate information with others to keep rumors and misinformation from spreading.

• WA State Department of Health 2019 Novel Coronavirus Outbreak (COVID-19)
• WA State Coronavirus Response (COVID-19)
• Find Your Local Health Department or District
• CDC Coronavirus (COVID-19)
• Stigma Reduction Resources

Have more questions about COVID-19? Call our hotline: 1-800-525-0127, Monday – Friday, 6 a.m. to 10 p.m., Weekends: 8 a.m. to 6 p.m. For interpretative services, press # when they answer and say your language. For questions about your own health, COVID-19 testing, or testing results, please contact a health care provider.

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