



**State of Louisiana**  
Louisiana Department of Health  
Health Standards Section

TO: All Hospitals

FROM: Cecile Castello, RN  
Deputy Assistant Secretary, Health Standards Section

SUBJECT: CMS Guidance COVID-19

DATE: March 5, 2020

This memorandum provides guidance received from CMS and responds to questions that have been received and provides important guidance for hospitals and critical access hospitals (CAH's) in addressing the COVID-19 outbreak and minimizing transmission to other individuals. Specifically, it addresses FAQs related to optimizing patient placement, with the goal of addressing the needs of the individual patient while protecting other patients and healthcare workers.

**Guidance**

Hospitals should monitor the CDC website (<https://www.cdc.gov/coronavirus/2019-ncov/index.html>) for up to date information and resources. **They should contact the Louisiana Office of Public Health if they have questions or suspect a patient or healthcare provider has COVID-19. That contact information is 800-256-2748.** Hospitals should have plans for monitoring healthcare personnel with exposure to patients with known or suspected COVID-19. Additional information about monitoring healthcare personnel is available here: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

**Guidance for Addressing Patient Triage and Placement of Patients with known or suspected COVID-19**

**Which patients are at risk for severe disease for COVID-19?**

Based upon CDC data, older adults and those with underlying chronic medical conditions or immunocompromised state may be most at risk for severe outcomes. This should be considered in the decision to monitor the patient as an outpatient or inpatient.

**How should facilities screen visitors and patients for COVID-19?**

Hospitals should identify visitors and patients at risk for having COVID-19 infection before or immediately upon arrival to the healthcare facility. They should ask patients about the following:

1. Fever or symptoms of a respiratory infection, such as a cough and sore throat.
2. International travel within the last 14 days to restricted countries. For updated information on restricted countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
3. Contact with someone with known or suspected COVID-19.

For patients, implement respiratory hygiene and cough etiquette (i.e., placing a facemask over the patient's nose and mouth if that has not already been done) and isolate the patient in an examination room with the door closed. If the patient cannot be immediately moved to an examination room, ensure they are not allowed to wait among other patients seeking care. Identify a separate, well-ventilated space that allows waiting patients to be separated by 6 or more feet, with easy access to respiratory hygiene supplies. In some settings, medically-stable patients might opt to wait in a personal vehicle or outside the healthcare facility where they can be contacted by mobile phone when it is their turn to be evaluated.

Inform infection prevention and control services, local and state public health authorities, and other healthcare facility staff as appropriate about the presence of a person under investigation for COVID-19. Additional guidance for evaluating patients in U.S. for COVID-19 infection can be found on the CDC [COVID-19 website](#).

Provide supplies for respiratory hygiene and cough etiquette, including 60%-95% alcohol-based hand sanitizer (ABHS), tissues, no touch receptacles for disposal, facemasks, and tissues at healthcare facility entrances, waiting rooms, patient check-ins, etc.

#### **How should facilities monitor or restrict health care facility staff?**

The same screening performed for visitors should be performed for hospital staff.

- Health care providers (HCP) who have signs and symptoms of a respiratory infection should not report to work.
- Any staff that develop signs and symptoms of a respiratory infection while on-the-job, should:
  - Immediately stop work, put on a facemask, and self-isolate at home;
  - Inform the hospital's infection preventionist, and include information on individuals, equipment, and locations the person came in contact with; and
  - Contact and follow the local health department recommendations for next steps (e.g., testing, locations for treatment).
- Refer to the CDC guidance for exposures that might warrant restricting asymptomatic healthcare personnel from reporting to work (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>).

Hospitals should contact the state health department for questions, and frequently review the CDC website dedicated to COVID-19 for health care professionals (<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>).

**What are recommended infection prevention and control practices, including considerations for patient placement, when evaluating and care for a patients with known or suspected COVID-19?**

Recommendations for patient placement and other detailed infection prevention and control recommendations regarding hand hygiene, Transmission-Based Precautions, environmental cleaning and disinfection, managing visitors, and monitoring and managing healthcare personnel are available in the [CDC Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 \(COVID-19\) or Persons under Investigation for COVID-19 in Healthcare Settings](#).

**Do all patients with known or suspected COVID-19 infection require hospitalization?**

Patients may not require hospitalization and can be managed at home if they are able to comply with monitoring requests. More information is available here:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html>

**Are there specific considerations for patients requiring diagnostic or therapeutic interventions?**

Patients with known or suspected COVID-19 should continue to receive the intervention appropriate for the severity of their illness and overall clinical condition. Because some procedures create high risks for transmission (e.g., intubation) additional precautions include: 1) HCP should wear all recommended PPE, 2) the number of HCP present should be limited to essential personnel, and 3) the room should be cleaned and disinfected in accordance with environmental infection control guidelines.

Additional information about performing aerosol-generating procedures is available here:

<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

**When is it safe to discontinue Transmission-based Precautions for hospitalized patients with COVID-19?**

The decision to discontinue [Transmission-Based Precautions](#) for hospitalized patients with COVID-19 should be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials. This decision should consider disease severity, illness signs and symptoms, and results of laboratory testing for COVID-19 in respiratory specimens

More detailed information about criteria to discontinue Transmission-Based Precautions are available here: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

**Can hospitals restrict visitation of patients?**

**Medicare regulations require a hospital to have written policies and procedures regarding the visitation rights of patients, including those setting forth any clinically necessary or reasonable restriction or limitation that the hospital may need to place on such rights and the reasons for the clinical restriction or limitation.** CMS sub-regulatory guidance identifies infection control concern as an example of when clinical restrictions may

be warranted. Patients must be informed of his/her visitation rights and the clinical restrictions or limitations on visitation.

The development of such policies and procedures require hospitals to focus efforts on preventing and controlling infections, not just between patients and personnel, but also between individuals across the entire hospital setting (for example, among patients, staff, and visitors) as well as between the hospital and other healthcare institutions and settings and between patients and the healthcare environment. Hospitals should work with their local, State, and Federal public health agencies to develop appropriate preparedness and response strategies for communicable disease threats.

**What are the considerations for discharge to a subsequent care location for patients with COVID-19?**

The decision to discharge a patient from the hospital should be made based on the clinical condition of the patient. If Transmission-Based Precautions must be continued in the subsequent setting, the receiving facility must be able to implement all recommended infection prevention and control recommendations.

Although COVID-19 patients with mild symptoms may be managed at home, the decision to discharge to home should consider the patient's ability to adhere to isolation recommendations, as well as the potential risk of secondary transmission to household members with immunocompromising conditions. More information is available here: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html>

**What are the implications of the Medicare Hospital Discharge Planning Regulations for Patients with COVID-19?**

Medicare's Discharge Planning Regulations (which were updated in November 2019) requires that hospital assess the patient's needs for post-hospital services, and the availability of such services. When a patient is discharged, all necessary medical information (including communicable diseases) must be provided to any post-acute service provider. For COVID-19 patients, this must be communicated to the receiving service provider prior to the discharge/transfer and to the healthcare transport personnel.

**Can hospitals restrict visitation of patients?**

**Medicare regulations require a hospital to have written policies and procedures regarding the visitation rights of patients, including those setting forth any clinically necessary or reasonable restriction or limitation that the hospital may need to place on such rights and the reasons for the clinical restriction or limitation.** CMS sub-regulatory guidance identifies infection control concern as an example of when clinical restrictions may be warranted. Patients must be informed of his/her visitation rights and the clinical restrictions or limitations on visitation.

The development of such policies and procedures require hospitals to focus efforts on preventing and controlling infections, not just between patients and personnel, but also between individuals across the entire hospital setting (for example, among patients, staff, and visitors) as well as between the hospital and other healthcare institutions and settings and between patients and the healthcare environment. Hospitals should work with their local,

State, and Federal public health agencies to develop appropriate preparedness and response strategies for communicable disease threats.

**Important CDC Resources:**

- CDC Resources for Health Care Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html> CDC Updates:
- <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html> CDC FAQ for COVID-19:
- [https://www.cdc.gov/coronavirus/2019-ncov/infection-control/contrerecommendations.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov/2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/contrerecommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov/2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html) CDC Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID19) or Persons Under Investigation for COVID-19 in Healthcare Settings.:
- [https://www.cdc.gov/coronavirus/2019-ncov/infection-control/contrerecommendations.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov/2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/contrerecommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov/2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html) COVID-19 in Healthcare Settings.:

**CDC Updates:**

<https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html>

**CMS Resources**

CMS has additional guidance which may be beneficial to hospitals related to EMTALA requirements and other topics surrounding the health and safety standards during emergencies. The document Provider Survey and Certification Frequently Asked Questions (FAQs), Declared Public Health Emergency All-Hazards are located at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/All-Hazards-FAQs.pdf>.

Any questions regarding the topic of 1135 waivers should be directed to Cecile Castello, RN, Deputy Assistant Secretary, Health Standards Section at [cecile.castello@la.gov](mailto:cecile.castello@la.gov) or by calling 225-342-4997.

Also, please contact the Health Standards Section with any questions/concerns regarding regulatory compliance.

Please remember that all questions about COVID-19 guidance/screening criteria should be addressed to the state Office of Public Health at the number listed above.

