

Blog Post

It's More Than PPE – Infection Control in Different Facility Settings

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Facing unprecedented community spread of the 2019 Novel Coronavirus Disease (COVID-19), the Centers for Medicare and Medicaid Services (CMS) has provided additional guidance to a variety of health care providers that is designed to minimize further transmission of the disease. CMS responds to frequently asked questions related to the logistics for minimizing transmission of COVID-19 in various patient settings. Specifically, on April 8, CMS issued three separate memoranda to State Survey Agency Directors (collectively, the Guidance) regarding infection control and transmission prevention of COVID-19 in three different settings: (i) Hospitals, Psychiatric Hospitals and Critical Access Hospitals; (ii) Outpatient Settings; and (iii) Intermediate Care facilities for Individuals with Intellectual Disabilities and Psychiatric Residential Treatment Facilities.

In general, the Guidance advises all providers to contact their local health department if they suspect a patient or personnel is infected with COVID-19. They should monitor personnel who have exposure to patients with known or suspected COVID-19 and maintain a plan for how such exposed or infected personnel may return to work. Each memorandum is based on frequently asked questions pertaining to the type of patient setting. The subject matter covered in each memorandum is set forth below.

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Hospitals, Psychiatric Hospitals and Critical Access Hospitals

The Guidance relevant to these hospitals can be found [here](#).



This Guidance pertaining to hospitals provides answers to a wide variety of questions, including:

- the process for allowing exposed healthcare personnel to return to work where testing is available and where it is not available;
- additional measures to be implemented to mitigate hospital transmission in hospital outpatient settings;
- additional measures to be implemented to mitigate transmission in inpatient settings;
- scenarios that militate in favor of admitting patients in different settings to temporarily expand bed capacity;
- COVID-19 screening processes for visitors, patients and staff;
- special instructions for organ donation;
- special considerations for discharge of patients with COVID-19; and
- strategies for limiting visitors.

Outpatient Facility Settings

The Guidance relevant to outpatient facilities can be found [here](#).

This Guidance related to outpatient facilities restates prior CMS recommendations to delay elective surgeries and procedures and encourages outpatient facilities to work with the communities in which they are located to redistribute PPE, bed capacity and ventilators when possible. The Guidance pertaining to outpatient facilities provides answers to a wide variety of questions, including:

- identifying those patients at greatest risk and actions to facilitate early recognition and management of patients, staff and visitors;
- directing outpatient facilities to follow CDC guidelines governing criteria for COVID-19 exposed health care staff to return to work, which guidelines can be found [here](#);
- restricting visitors;
- handling disinfection of environmental surfaces, medical devices and equipment;
- clarifications regarding closures;
- waivers of health and safety requirements; and
- logistics for dealing with a scarcity of supplies; including clarifications regarding the use of certain respirators.

Intermediate Care Facilities for Individuals with Disabilities/Psychiatric Residential Treatment Facilities

The Guidance relevant to Intermediate Care Facilities for Individuals with Disability and Psychiatric Residential Treatment Facilities can be found [here](#).

The Guidance related to these facilities provides answers to a wide variety of questions, including:

- the applicability of specific and blanket waivers to various requirements;
- strategies for addressing staffing shortages by combining facilities and dealing with bed capacity flexibility;
- strategies for addressing client and staff exposure;
- strategies for handling community activities;
- modifications to client's programs to manage transmission;
- flexibility to utilize alternate care models and facilities;

- balancing CDC expectations with individual patient rights;
- logistics for screening visitors and outside health care providers;
- accepting as clients COVID-19 diagnosed hospital patients;
- logistics for dealing with a scarcity of supplies.

Summary

The Guidance reminds providers that the situation is evolving rapidly and that recommendations from CMS, the CDC, and other agencies are likely to change, as well.

This information is intended to inform firm clients and friends about legal developments, including recent decisions of various courts and administrative bodies. Nothing in this Practice Update should be construed as legal advice or a legal opinion, and readers should not act upon the information contained in this Practice Update without seeking the advice of legal counsel. Prior results do not guarantee a similar outcome.