COVID-19 Operations Transition Resource

April 13, 2022

The goal to ensure the safety of patients, visitors, and staff against COVID-19 and all infectious diseases remains paramount for Indiana hospitals. As COVID-19 cases decline in communities, policies and procedures for managing operations may be adjusted.

As organizations consider these adjustments, it may benefit establishing thresholds to determine how screening, masking, and visitation will be impacted.

On Feb. 2, 2022, the Centers for Disease Control and Prevention (CDC) posted *Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic* found [here](#). The following guidance is based on the CDC's updated recommendations and presented to aid hospitals with transition planning. However, federal and state public health policy should be monitored to align operations. IHA will continue to update this document, but this document may not represent the latest recommendations or standards of all regulatory bodies.

Screening

As teams consider how to modify their processes, please note that this guidance applies to ALL potentially infectious illnesses.

Screening includes evaluating personal health status prior to entering any hospital location and may be accomplished through active or passive manners for both staff and visitors.

The CDC notes [Symptoms of COVID-19](#) to consider when screening:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Active screening is a process through which answers to screening questions are validated to ensure the person is safe to enter the premises. This often includes dedicated personnel to conduct validation.

Passive Screening includes steps taken to ensure individuals are not experiencing any symptoms consistent with COVID-19 or other infectious illness prior to entering the premises. This may include posting visual guidance to aid self-screening for signs and symptoms of acute illness.

As part of the CDC recommendations, organizations should establish a process to identify and manage individuals with suspected or confirmed SARS-CoV-2 infection and includes:

Ensure everyone is aware of the recommended infection prevention and control practices in the facility

- Post visual alert (e.g., signs, posters) at the entrance and in strategic places (e.g., waiting areas, elevators, cafeterias) with instructions about current IPC recommendations (e.g., when to use source control and perform hand hygiene). Dating these alerts can help ensure people know that they reflect current recommendations.

Establish a process to identify anyone entering the facility, regardless of their vaccination status, who has any of the following three criteria so that they can be properly managed:

- A positive viral test for SARS-CoV-2
- Symptoms of COVID-19, or
- Close contact with someone with SARS-CoV-2 infection (for patients and visitors) or a higher-risk exposure (for healthcare personnel (HCP).

At this time, hospitals may elect passive screening understanding that the infectious disease transmission environment at the local, regional, and state levels may require return to active screening.

Visitation

When making decisions about visitation, hospitals are encouraged to utilize creative alternatives and to expand visiting hours, number of visitors permitted, and ages of visitors. These are influenced by:

- Prevalence of COVID or other infectious disease activity within the facility
- Staffing levels
- Personal Protective Equipment supplies

Members must consider patient, family, and care partner requests for emotional support and well-being while monitoring infectious disease trends. This may be influenced by patient condition including end-of-life and available physical space.

It is strongly encouraged that current visitation guidelines be posted on premises and communicated to the public through manners which may include but not limited to, hospital websites and social media posts.

Masking

Although the CDC has updated its methodology for determining COVID-19 community levels and guidance for use of masks for the general public, **For Healthcare Facilities:** COVID-19 Community Levels do **not** apply in healthcare settings, such as hospitals and nursing homes. Instead, healthcare settings should continue to use community transmission rates and follow CDC's infection prevention and control recommendations for healthcare workers.

Accordingly, masks should be worn throughout the hospital; however, sites may elect to permit removal of masks in non-patient care areas, such as individual workspaces. Members should monitor CDC guidance for updates to masking recommendations and follow infectious disease activity at the local, regional, and state levels that may require adjustments to masking policies.

Understanding that your hospital may oversee physician practices and other outpatient settings, it is important to include these care settings as your hospital begins to adjust policies.

Indiana Hospital Association