



COVID-19 Guidance for Healthcare Facilities for Evaluation and Management of Patients

Michigan.gov/Coronavirus

Guidance for health care facilities, including hospitals, nursing facilities, and other entities for evaluation and management of residents with suspected or confirmed COVID-19.

Please note – patient and resident are used interchangeably in this document.

Early clinical experience suggests that elderly patients with COVID-19 can decompensate quickly and unexpectedly, this should be considered when determining need for inpatient care. Health care facilities transferring patients should ensure communication about the patient's COVID-19 testing status, and Person Under Investigation (PUI) number, is included in transfer paperwork. This ensures there is no duplicative testing (unless additional testing is clinically warranted).

Evaluate and Manage Residents with Symptoms of Respiratory Infection

- Ask residents to report if they feel feverish or have symptoms of respiratory infection.
- Actively monitor all residents upon admission and at least daily for fever and respiratory symptoms (shortness of breath, new or change in cough, and sore throat). Temperatures should be checked and documented daily.
- If positive for fever or symptoms, implement recommended IPC practices.
- The health department should be notified about residents with severe respiratory infection, or a cluster (e.g., >3 residents or HCP with new-onset respiratory symptoms over 72 hours) of residents or HCP with symptoms of respiratory infections.
 - See [State-Based Prevention Activities](#) for contact information for the healthcare-associated infections program in each state health department.
- In general, when caring for residents with undiagnosed respiratory infection use Standard, Contact, and Droplet Precautions with eye protection unless the suspected diagnosis requires Airborne Precautions (e.g., tuberculosis).
 - This includes restricting residents with respiratory infection to their rooms. If they leave the room, residents should wear a facemask (if tolerated) or use tissues to cover their mouth and nose.
- Continue to assess the need for Transmission-Based Precautions as more information about the resident's suspected diagnosis becomes available.
- If a resident requires a higher level of care or the facility cannot fully implement all recommended precautions, the resident should be transferred to another facility that is capable of implementation.
 - Transport personnel and the receiving facility should be notified about the suspected diagnosis prior to transfer.
 - While awaiting transfer, symptomatic residents should wear a facemask (if tolerated) and be separated from others (e.g., kept in their room with the door closed).
 - Appropriate personal protective equipment (PPE) should be used by healthcare personnel when coming in contact with the resident.
- Encourage residents to remain in their room. If there are cases in the facility, restrict residents (to the extent possible) to their rooms except for medically necessary purposes.
 - If they leave their room, residents should wear a facemask, perform hand hygiene, limit their movement in the facility, and perform social distancing (stay at least six feet away from others).

- Implement protocols for cohorting ill residents with dedicated HCP.

Personal Protective Equipment Considerations

- As a measure to limit HCP exposure and conserve PPE, facilities could consider designating entire units within the facility, with dedicated HCP, to care for known or suspected COVID-19 patients. Dedicated means that HCP are assigned to care only for these patients during their shift.
 - Determine how staffing needs will be met as the number of patients with known or suspected COVID-19 increases and HCP become ill and are excluded from work.
 - It might not be possible to distinguish patients who have COVID-19 from patients with other respiratory viruses. As such, patients with different respiratory pathogens will likely be housed on the same unit.
 - However, only patients with the same respiratory pathogen may be housed in the same room. For example, a patient with COVID-19 should not be housed in the same room as a patient with an undiagnosed respiratory infection.
 - During times of limited access to respirators or facemasks, facilities could consider having HCP remove only gloves and gowns (if used) and perform hand hygiene between patients with the same diagnosis (e.g., confirmed COVID-19) while continuing to wear the same eye protection and respirator or facemask (i.e., extended use). Risk of transmission from eye protection and facemasks during extended use is expected to be very low.
 - HCP must take care not to touch their eye protection and respirator or facemask.
 - Eye protection and the respirator or facemask should be removed, and hand hygiene performed if they become damaged or soiled and when leaving the unit.
 - HCP should strictly follow basic infection control practices between patients (e.g., hand hygiene, cleaning and disinfecting shared equipment).
 - Additional information from the CDC is available for [Strategies for Optimizing PPE](#).

Communal Space Considerations in Health Care Facilities During Periods of Community Transmission

- Cancel communal dining and all group activities, such as internal and external group activities. Cancel group healthcare activities (e.g., group therapy, recreational activities).
- Explore alternatives to face-to-face triage and visits.
- Designate an area at the facility (e.g., an ancillary building or temporary structure) or identify a location in the area to be a “respiratory virus evaluation center” where patients with fever or respiratory symptoms can seek evaluation and care.
- Postpone elective procedures, surgeries, and non-urgent outpatient visits.
- Encourage residents to remain in their room. If there are cases in the facility, restrict residents (to the extent possible) to their rooms except for medically necessary purposes.
 - If they leave their room, residents should wear a facemask, perform hand hygiene, limit their movement in the facility, and perform social distancing (stay at least six feet away from others).

Recommended Infection Prevention and Control Practices

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](#).