

COVID-19 Hospital Resource Package

This document lists key COVID-19 guidance and resources for hospital administrators, hospital emergency planners, and infection control practitioners in the following topical areas: hospital surge, crisis standards of care, staffing surge and resilience, workforce protection, regulatory relief, equipment supply surge, and telemedicine. Each section contains links to Federal and non-Federal guidance to help hospitals prepare for and respond to a COVID-19 outbreak. These sections are then broken down into sub-sections with guidance that can be used during a crisis/actual patient surge, or when a hospital is in the planning phase for the crisis/patient surge. All guidance in this document is accessible to the public, and disclaimers are included for non-Federal resources.¹

Hospital Surge

The following section includes guidance and information to ensure adequate space during a surge event for critical care, morgues, and emergency departments (ED).

a. Emergency Department Surge

i. Pre-Crisis Planning

1. **[Emergency Medical Treatment and Labor Act \(EMTALA\) Requirements and Implications Related to Coronavirus Disease 2019](#)** - The Centers for Medicare & Medicaid Services (CMS) memorandum conveys information in response to inquiries from hospitals and critical access hospitals concerning implications of COVID-19 for their compliance with EMTALA. This guidance applies to both Medicare and Medicaid providers.

ii. Crisis Response

1. **[Re-opening Shuttered Facilities Checklist](#)** – This document provides a comprehensive checklist to re-open a shuttered facility in the event of an emergency department surge.
2. **[Considerations for the Use of Temporary Surge Sites for Managing Seasonal Patient Surge](#)** - This ASPR TRACIE fact sheet describes the major considerations healthcare facility emergency planners should consider when developing patient surge management solutions for longer-duration events, such as weeks to months of managing seasonal illness surge.

To access more resources, review the [ASPR TRACIE COVID-19 Emergency Department Resources Page](#).

b. Critical Care Surge

i. Pre-Crisis Planning

1. **[Critical Care Planning – COVID-19 Quick Notes](#)** – This document outlines actionable steps hospitals can take to operationalize critical care planning in areas such as space, staffing, supply, and provision of care.

¹ This document references non-federal websites. Linking to a non-federal website does not constitute an endorsement by the U.S. government, or any of its employees, of the information and/or products presented on that site.

To access more resources, review the [ASPR TRACIE COVID-19 Critical Care Surge Resources page](#).

c. Hospital Morgue Surge

i. Pre-Crisis Planning

1. [Mass Fatality Plan Management Template](#) – This template serves as a guide for planners to build or refine a mass fatality plan for their healthcare facility.

ii. Crisis Response

1. [Hospital Mass Fatality Plan \(Checklist\)](#) – Use this checklist to develop or update a hospital mass fatality plan. It contains detailed instructions and procedures for a mass fatality incident.
2. [In-Hospital Fatality Surge Body Collection Point \(BCP\) Operation Guide](#) – This guide outlines steps hospitals can take to operationalize a BCP to manage morgue surge during COVID-19.

To access more resources, review the [ASPR TRACIE COVID-19 Fatality Management Resources page](#).

Crisis Standards of Care

The following section includes guidance and information to prepare hospitals to implement crisis standards of care. Guidance includes steps hospitals can take *before a crisis occurs* and during a crisis as it relates to COVID-19. **Note:** *To access the Pre-Crisis Planning document, when sent to the webpage, click on “Read Online” or “Download Free PDF” and download the PDF as a guest.*

i. Pre-Crisis Planning

1. [Crisis Standards of Care: A Systems Framework for Catastrophic Disaster Response, Volume 1: Introduction and CSC Framework](#) – Crisis Standards of Care provides a framework for a systems approach to the development and implementation of CSC plans, and addresses the legal issues and the ethical, palliative care, and mental health issues that agencies and organizations at each level of a disaster response should address.

ii. Crisis Response

1. [Rapid Expert Consultation on Crisis Standards of Care for the COVID-19 Pandemic \(2020\)](#) - This rapid expert consultation articulates the guiding principles, key elements, and core messages that support Crisis Standards of Care decision-making at all levels.

2. [**Duty to Plan: Health Care, Crisis Standards of Care, and Novel Coronavirus SARS-CoV-2**](#) - In this discussion paper for health care planners and clinicians, the authors discuss the application of CSC principles to clinical care, including personal protective equipment, critical care, and outpatient and emergency department capacity challenges posed by a coronavirus or other major epidemic or pandemic event.
3. [**ASPR Tracie Technical Assistance Request: Crisis Standards of Care**](#) – This document contains resources and key information related to CSC from ASPR Tracie’s subject matter experts (SMEs).
4. [**March 2020 Civil Rights, HIPAA, and COVID-19 Bulletin**](#) – In this bulletin, the HHS Office for Civil Rights (OCR) offers guidance to ensure that entities covered by civil rights authorities keep in mind their obligations under laws and regulations that prohibit discrimination on the basis of race, color, national origin, disability, age, sex, and exercise of conscience and religion in HHS-funded programs. The bulletin is also available in [Spanish](#).

To access more resources, review the [ASPR TRACIE COVID-19 Crisis Standards of Care Resources page](#).

Staffing Surge and Resilience

The following section includes guidance and information that hospitals can use to ensure its workforce is able to perform all hospital duties and protected both physically and psychologically. Guidance is targeted to specific audiences and is designed to help hospitals and healthcare facilities address behavioral health needs before and during a surge in order to improve patient care and workforce well-being.

i. *Staffing Surge*

1. [Surge Priority Planning COVID-19: Critical Care Staffing and Nursing Considerations](#) - This document provides guidance to ensure the safety and resilience of nursing staff during a pandemic-related surge. The suggestions in this article are focused on nursing leadership and administrative considerations, strategies for optimizing staffing resources, and maintaining staff safety and resilience.
2. [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#): This information is for healthcare facilities that may be experiencing staffing shortages due to COVID-19. It outlines contingency capacity strategies to mitigate staffing shortages.

ii. *Resilience and Behavioral Health*

1. [ASPR TRACIE Behavioral Health and COVID-19 Topic Collection](#) - The resources in this collection were created by federal agencies and their partners to help healthcare providers, caregivers, and the general population prepare for and manage the negative behavioral effects that can accompany a public health emergency.
2. [Mitigate Absenteeism by Protecting Healthcare Workers' Psychological Health and Well-being during the COVID-19 Pandemic](#) - The actions listed in this document can help protect healthcare facility leaders protect workers' psychological health and well-being.
3. [SAMHSA COVID-19 Resources](#) – The Substance Abuse and Mental Health Services Administration (SAMHSA) has a collection of resources related to public health emergencies to support disaster responders. The [SAMHSA Disaster Distress Helpline](#) is also an important tool to use in times of crisis.

iii. *Resources for Patients and Family*

1. [Managing Patient and Family Distress Associated with COVID-19](#) - These strategies can help healthcare providers in alternate care settings ease stress and anxiety experienced by patients during infectious disease outbreaks.

To access more resources, review the [ASPR TRACIE COVID-19 At-Risk Individuals Resources](#) page.

Workforce Protection

The following section outlines steps hospitals can take to protect their workforce when treating patients with COVID-19. Guidance includes steps hospitals can take before and during a crisis event.

i. *Pre-Crisis Planning*

1. **[Temporary Enforcement Guidance – Healthcare Respiratory Protection Annual Fit-Testing for N95 Filtering Facepieces During the COVID-19 Outbreak](#)** – This memorandum provides temporary enforcement guidance to Compliance Safety and Health Officers for enforcing the Respiratory Protection standard, 29 CFR § 1910.134, with regard to supply shortages of N95 filtering facepiece respirators due to the COVID-19 pandemic.
2. **[Proper N95 Respirator Use for Respiratory Protection Preparedness](#)** – The National Institute for Occupational Safety and Health (NIOSH) Science Blog offers some strategies for identifying the best respirator fit.
3. **[Sequence for Putting on Personal Protective Equipment \(PPE\)](#)** – This document provides a PDF of the sequence to properly don and doff PPE.

ii. *Crisis Response*

1. **[What Healthcare Personnel Should Know about Caring for Patients with Confirmed or Possible COVID-19 Infection](#)** – This document details how to protect oneself when treating patients who are confirmed or possible COVID-19 patients. It includes steps for environmental cleaning and disinfection and guidance for when an individual should contact Occupational Health Services. It also includes a **[guide](#)** on interim infection and prevention control for patients with, or suspected of having, COVID-19 in health care settings.
2. **[Just In Time \(JIT\) Skills Training Videos for COVID-19](#)** – These videos are provided to support preparedness training activities and provide JIT training for all frontline, assessment, and treatment facilities caring for a patient suspected or confirmed to be infected with COVID-19. Topics include:
 - **[Laboratory Specimen Collection: Nasopharyngeal Swab](#)**
 - **[Personal Protective Equipment for 2019 Novel Coronavirus \(COVID-19\)](#)**
3. **[Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19](#)** – This interim guidance is intended to assist with assessment of risk, monitoring, and work restriction decisions for HCP with potential exposure to COVID-19.
4. **[Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 \(Interim Guidance\)](#)** – This interim guidance is Occupational health programs and public health officials making decisions about return to work for healthcare personnel with confirmed COVID-19, or who have suspected COVID-19 (e.g., developed symptoms of a respiratory infection [e.g., cough, sore throat, shortness of breath, fever] but did not get tested for COVID-19).

To access more resources, review the **[ASPR TRACIE COVID-19 Workforce Protection/Sustainability Resources page](#)**.

HHS and CMS Regulatory Relief

The following section provides information related to regulatory requirements for COVID-19. It focuses on highlighting regulatory requirements that have been waived to improve the ability to care and expedite the type of care provided to COVID-19 patients.

i. Crisis Response

1. [COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers](#) – This fact sheet outlines the 1135 blanket waivers given by CMS to support the US government’s COVID-19 response.
2. [Coronavirus Waivers and Flexibilities](#) – This site lists various resource hospitals can use to review news and information related to CMS’ new coronavirus waivers and flexibilities.
3. [Guidance for Infection Control and Prevention of COVID-19 in Hospitals, Psychiatric Hospitals, and Critical Access Hospitals \(CAHs\): FAQs, Considerations for Patient Triage, Placement, Limits to Visitation and Availability of 1135 waivers](#) – This memorandum responds to questions we have received and provides important guidance for hospitals and critical access hospitals in addressing the COVID-19 pandemic and minimizing transmission to other individuals.

To access more resources, review the [ASPR TRACIE COVID-19 Legal/Regulatory/Authorities Resources page](#).

Equipment Supply Surge

The following section outlines key tools hospitals can use to determine approximate PPE needs along with the rate at which PPE will be used. It also includes important information for ventilator and other equipment optimization.

i. Personal Protective Equipment

1. [Hospital Personal Protective Equipment Planning Tool](#) – This tool is designed to help hospitals determine approximate PPE needs based on special pathogen category and a number of facility specific variables. Calculators are included for Ebola Virus Disease/Viral Hemorrhagic Fever (EVD/VHF) as well as special respiratory pathogens such as Middle East Respiratory Syndrome/Severe Acute Respiratory Syndrome (MERS/SARS), and for pandemic influenza.
2. [Personal Protective Equipment \(PPE\) Burn Rate Calculator](#) – The PPE Burn Rate Calculator is a spreadsheet-based model that provides information for healthcare facilities to plan and optimize the use of PPE for response to COVID-19. Similarly, non-healthcare facilities (e.g., correctional facilities) may find this tool useful for planning and optimizing PPE use as part of the response to COVID-19.

3. [Decontamination and Reuse of Filtering Facepiece Respirators using Contingency and Crisis Capacity Strategies](#) – Disposable filtering facepiece respirators (FFRs) are not approved for routine decontamination and reuse as standard of care. However, FFR decontamination and reuse may need to be considered as a crisis capacity strategy to ensure continued availability. This document summarizes research about decontamination of FFRs before reuse.
- ii. Ventilators and Other Equipment*
1. [Strategies to Optimize the Supply of PPE and Equipment](#) – This CDC guidance lists strategies to optimize the following equipment: eye protection, isolation gowns, facemasks, N95 respirators, PPE, and ventilators. It also includes the PPE Burn Rate Calculator listed above.
 2. [Strategies to Optimize Ventilator Use during the COVID-19 Pandemic](#) – The U.S. Department of Health and Human Services (HHS) and the Federal Emergency Management Agency (FEMA) are working with the multiple partners: healthcare systems, academic institutions, professional medical societies, and the National Academies of Science, Engineering and Medicine to develop crisis standards of care strategies for ventilator support when resources are limited.

To access more resources, review the [ASPR TRACIE COVID-19 Supply Chain Resources page](#).

Telemedicine

The following section contains resources to help users understand Medicare policy changes related to telemedicine.

i. Pre-Crisis Planning

1. [Medicare Telemedicine Health Care Provider Fact Sheet](#) – This fact sheet outlines important CMS policy changes relating to Medicare due to the COVID-19 pandemic. It contains information on the expansion of the 1135 waiver and types of virtual services physicians and other professionals can provide to Medicare beneficiaries. Keep in mind, telemedicine platforms must be accessible to people with disabilities, including people who are deaf or hard of hearing and people who are blind or have low vision. In addition, people with limited English proficiency must also be able to access the services provided by telemedicine in the language they use.
2. [HIPAA and Telehealth Notice of Enforcement Discretion and FAQs](#) - OCR is exercising its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency. The Notification and FAQs are also [available in Spanish](#).

To access more resources, review the [ASPR TRACIE COVID-19 Telemedicine/Virtual Medical Care resources page](#).