

COVID-19 Transmission Prevention in Healthcare Facilities

Social Distancing in Waiting Rooms

It has been observed in our clinics and hospitals, that patient flow and rooming practices are often inconsistent with social distancing recommendations. In particular, healthcare facility (HCF) waiting areas provide prime opportunity for spread of the novel coronavirus (SARS-CoV-2). It is critical that social distancing measures are followed to reduce the risk of transmission in these settings.

- **All patients should be screened at the entry and appropriately relocated if presenting with respiratory symptoms.**
- **While those with respiratory symptoms should wear a face mask, it is now recommended that ALL INDIVIDUALS, including staff, wear a face mask or another non-traditional mouth and nose cover AT ALL TIMES. To protect critical PPE supplies, home-made face mask or cover, bandana or scarf are acceptable until the shortage of PPEs is alleviated.**
- **HCF waiting rooms should be reconfigured to separate patients, aiming for 6 ft distance between patients from different households. Chairs should be spread out.**
- **HCWs and any staff in patient care areas should adhere to the 6 feet of separation from each other and their patients, whenever possible.**
- **Patients with COVID-like illness (CLI)—measured fever of 100.4 or chills AND respiratory symptoms including a recently developed cough and/or shortness of breath—should be separated from those without CLI and offered a separate dedicated room or area.**
- **HCFs should also explore ways to reduce the number of patients in waiting rooms including implementing a system for remote check-in to allow patients to wait in their cars or at home until it is their turn for examination.**

Use of Non-traditional Facemasks

Due to extreme limited supplies of traditional healthcare facemasks, HCFs should endorse, and begin planning for, the use of alternative facemasks, including those sewn from cloth or otherwise home-made. There are patterns for sewn facemasks that are acceptable and should be recommended in place of surgical masks, as a last resort. Properly fitted N-95 masks must be preserved for high risk settings, such as during aerosolizing procedures.

From CDC, “In settings where facemasks are not available, HCP might use homemade masks (e.g., bandana, scarf) for care of patients with COVID-19 as a last resort. However, homemade masks are not considered PPE, since their capability to protect HCP is unknown. Caution should be exercised when considering this option. Homemade masks should ideally be used in combination with a face shield that covers the entire front (that extends to the chin or below) and sides of the face.”

CDC guidance for optimizing the supply of facemasks: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>

