



Kentucky Public Health

Prevent. Promote. Protect.

Guidance for Acute Healthcare Facilities in response to COVID - 19

We are continuing to respond aggressively to COVID-19 in Kentucky.

Community-wide mitigation strategies continue to evolve in order to keep all patients, staff, and visitors within the commonwealth healthy and safe. Because infected healthcare personnel (HCP) or visitors are potential sources to introduce COVID-19 into healthcare facilities, please see the following. Visitation is restricted, except in limited, special circumstances (e.g., those requiring assistance such as minors or physically frail, end-of-life situations). Universal masking for all who enter a facility. Hand sanitizer stations should be made available; sanitizing and disinfecting need to be enhanced in common areas and high-touch surfaces.

Visitor Restrictions:

- Restrict visitation at your facility. Designate an entrance that visitors can use to access the healthcare facility. Eliminate traditional waiting / common seating areas and use non-traditional alternatives (e.g., parking lot waiting area). Ensure visitors limit their movement within the facility.
- Maintain social distancing of 6 feet in all settings where people must wait and employ other steps to minimize direct contact between individuals within the healthcare setting.
- Offer alternative methods of visitation (Skype, Face Time, etc.), if available.
- Post visual alerts at the entrance to facilities instructing visitors not to visit if they have a fever, symptoms of a respiratory illness, chills, muscle pain, headache, sore throat, and new loss of taste or smell.
- Actively screen all visitors for a fever, respiratory symptoms, chills, muscle pain, headache, sore throat, and new loss of taste or smell. If a visitor has symptoms, they should not be allowed to enter the facility.
- Visitors are strongly discouraged from visiting patients who are at high risk for severe illness from COVID-19, including patients who are older adults or those with an underlying medical condition.
- All patients and other persons in a healthcare facility must wear either a surgical/procedural mask or cloth mask/face covering.
- Maintain a record (e.g., a log with contact information, date, travel screening, illness screening, and temperature) of all visitors (including vendors, inspectors, etc.). Retain the visitor log for at least 30 days.
- All visitors allowed should be educated by a staff member on:
 - Signs and symptoms of COVID-19 including instructions on who to notify if they develop symptoms.
 - Performing hand hygiene by washing hands with soap and water for at least 20 seconds or by using an alcohol-based hand rub with at least 60% ethanol or 70%

isopropanol for at least 20 seconds. Facilities should provide adequate supplies for visitors to perform hand hygiene.

- Additional instructions for visitors of COVID-19 end-of-life patients:
 - Limit to one visitor/caregiver per patient with COVID-19 at a time.
 - Visits should be scheduled to allow enough time for screening, education, and training of visitors.
 - Visitors should be assessed to determine risks to their health. Visitors who are at high risk for severe illness from COVID-19, such as older adults and those with underlying medical conditions, should be strongly discouraged.
 - Movement of visitors in the healthcare facility should be restricted. Visitors should only visit the patient they are caring for and should not go to other locations in the facility.
 - Facilities should provide education on appropriate personal protective equipment (PPE) use, hand hygiene, limiting surfaces touched, social distancing, and movement within the facility.
 - Training on PPE use should be conducted by a trained healthcare worker and include observations of the visitor to ensure correct donning and doffing of PPE and appropriate hand hygiene. Appropriate disposal of PPE should be ensured by facility staff.
 - Because patients with COVID-19 are on isolation precautions and PPE supplies are limited, facilities should enforce visitor restriction policies. PPE should not be shared among family members of a patient with COVID-19.
 - Facilities should make sure that visitors understand the potential risks associated with providing care to patients with COVID-19, especially for visitors at high risk for serious illness from COVID-19 and those who are primary caregivers and have extended contact with patients (e.g., parents or guardians of children).
 - Visitors should not be present during aerosol-generating procedures or during collection of respiratory specimens.

Healthcare Personnel Infection Prevention Strategies:

- Restrict non-essential personnel including volunteers and non-essential consultant personnel from entering the building.
- Screen all staff (including environmental services, ancillary services, vendors, contractors and external providers) at the beginning of their shift for fever, respiratory symptoms, chills, muscle pain, headache, sore throat, and new loss of taste or smell.
- Daily record temperature and document absence of shortness of breath, chills, muscle pain, headache, sore throat, new or change in cough, and new loss of taste or smell.
- Prohibit staff from working unless they are screened at the start of every shift.
- If staff are ill, immediately have them put on a facemask and self-isolate at home.
- Staff must stay home if sick.
- Prioritize ill healthcare providers for COVID-19 testing.
- Keep a record of other facilities where your staff are working.
- Geographically cohort staff by assigning dedicated staff to specific units.
- Minimize entries into patient rooms by bundling care and treatment activities.
- Each facility must maintain 14-day supply of all necessary PPE based on a projected 14-day burn rate for entire facility via normal supply chains.

- Plan for and ensure enhanced hand hygiene compliance (e.g. regular handwashing schedule, use of sanitizer before and after patient contact, hand sanitizer stations throughout the facility).
- All healthcare providers and staff must wear surgical/procedural masks while in healthcare facility.
- In high-touch clinical settings healthcare workers directly manipulating the patient must wear single-use non-latex gloves when manipulating the patient in addition to enhanced hygiene compliance; any objects and contact surfaces used for clinical services must be sanitized and disinfected between patients. All necessary steps must be taken to reduce body to body contact (e.g., PPE gown, cloth barrier, technique selection).
- In high aerosol risk outpatient settings all providers must wear appropriate PPE and strictly adhere to the aerosol mitigation and control measures proposed by their specific professional associations.