

Hospital Operations Toolkit for COVID-19

Infection Prevention and Control:

Administrative Controls

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Administrative controls are policy, procedure, and process changes that reduce the exposure of individuals to an identified hazard. During the COVID-19 pandemic, hospitals have implemented administrative controls affecting nearly every aspect of their operations.

Hospitals that cohort confirmed COVID-19 patients also implement administrative controls to increase the effectiveness of that strategy. These administrative processes and procedures include:

Information on safely modifying hospital space to cohort patients is available in the [Engineering Controls](#) section.

- Dedicating care teams for the cohorted COVID-19 patients. Members of these teams restrict their movement in the area where the COVID-19 patients are cohorted and may be required to follow enhanced infection prevention practices due to their increased exposure.
- Keeping COVID-19 patients in the same location for the duration of their hospital stay.
- Providing as much treatment as possible within the patient's room by bringing necessary equipment and supplies into the room rather than transporting the patient to a different location where the equipment and supplies are usually located.
- Enhancing emergency department and inpatient room turnover by using room disinfection technology (e.g., electrostatic sprayers and ultraviolet germicidal irradiation [UVGI] including whole room robots, light fixtures, and mobile devices) when available.
- Ensuring staff are trained and understand how to properly use equipment such as negative pressure scrubber systems.

Most hospitals reviewed and updated their workforce policies to ensure they addressed COVID-19 transmission risks. Actions taken include:

- Requiring all staff to wear masks or cloth face coverings while on the premises. The type of masking required may be dependent upon work functions (non-clinical or clinical), supply availability, and the hospital's risk assessment.
- Implementing policies and procedures to routinely screen and monitor all staff for potential illness. Self-symptom and temperature monitoring and reporting are components of these policies and procedures.

- Establishing measures to enhance protections for staff with known risk factors for severe COVID-19 disease (e.g., reassigning to roles that limit exposure risk or creating isolated workstations).
- Reviewing the existing workforce exposure policy and updating it as needed to address the evolving knowledge about COVID-19.
- Establishing policies and expectations for sick leave, testing, and pay for symptomatic staff.
- Updating the return to work policy as needed to reflect current local, state, and federal guidance.
- Educating staff on social behaviors outside the workplace that may increase risk to their colleagues and patients.
- Establishing protocols for staff reporting of exposures outside of the workplace.
- Identifying resources to support staff in reducing their risks, such as housing support for those concerned about exposing vulnerable household members or transportation support for those reliant on public transit.
- Maintaining a policy for staff who travel domestically or internationally. A growing number of states and localities have imposed self-quarantine requirements for individuals who travel to specified jurisdictions. Hospitals should maintain awareness of these changing requirements and how they may affect staffing.

Many administrative controls are intended to encourage and enforce physical distancing. Consider the following administrative controls that have been implemented in hospitals during the pandemic:

- Allow telework as feasible for administrative staff and plan virtual meetings to the extent possible. This also includes determination of the best remote technologies to meet the hospital's needs and cybersecurity considerations.
- Identify high density areas and consider shift change procedures to reduce crowding. This may include staggering start times and work hours.
- Stagger meals and other breaks for staff to enable physical distancing in break rooms and cafeterias. Post maximum occupancy signage.
- Provide a safe, clean space for staff to take breaks with the understanding that personal protective equipment will need to be removed to eat. Designating additional locations for this purpose may be required. Encourage outdoor eating when space and weather permit.
- Explore and implement remote communications strategies to maintain connections between patients and their loved ones as well as communications between staff and patient loved ones while in-person visitation is restricted.
- Coordinate with the healthcare coalition and other community partners to identify non-hospital locations for the care of lower acuity patients and communicate to the public when it is appropriate to go to a different healthcare setting or use virtual medicine options.

The [Telehealth/Virtual Medicine](#) section has additional information on the use of these remote technologies.

As the pandemic has expanded across the nation and hot spots have emerged and waned in different geographic areas, hospitals have aligned their facility access policies to those shifting disease

transmission dynamics as well as changing local, state, and federal guidance. Access control efforts include:

- Enforcing limited visitor policies that establish clear exceptions to visitation protocols when remote visits are insufficient, such as end-of-life visitation, presence of a birth partner, or a parent accompanying a pediatric patient.
- Limiting entrances to the facility (while complying with fire codes).
- Establishing enhanced screening processes for both staff and visitors.
- Facilitating remote appointment check-in to limit the number of patients seated in waiting areas.
- Training staff on protocols for limiting access points and managing movement of essential visitors (e.g., emergency medical services providers, supply vendors). This training includes information on screening procedures, triage protocols, and source control measures.
- Ensuring access to palliative care, social work, and/or behavioral health providers to enable discussions on goals of care and end of life and documentation of these discussions so that patients receive care in the appropriate location, which may be their residence rather than the hospital.

Many hospitals have instituted administrative controls mandating COVID-19 vaccination of staff. Such policies should explicitly state which personnel are covered, what the consequences are for non-compliance, and what waivers or exemptions are in place for individuals for whom vaccination is not indicated. Vaccine-related administrative controls implemented by hospitals include:

- Making vaccination available on site to staff and visitors.
- Offering vaccination to patients hospitalized for non-COVID-19 related conditions prior to their discharge.
- Requiring visitors to show proof of vaccination or a recent negative test result before entry.
- Providing paid time off for staff experiencing or caring for a loved one who is experiencing vaccination side effects or to accompany a loved one to a vaccination appointment.
- Posting educational materials on the benefits and availability of vaccines.

Hospitals have modified their environmental services activities to ensure safe cleaning and disinfection practices. These activities include:

- Following manufacturer instructions for proper use of Environmental Protection Agency-registered hospital-approved disinfectants (List N), including adherence to required contact times.
- Limiting the number of staff who enter COVID-19 patient rooms for cleaning (e.g., nurses taking on cleaning tasks usually done by environmental services staff). This approach must be balanced against the availability of different staffing types.
- Increasing frequency of cleaning of common areas (e.g., nurses' stations, break rooms, locker rooms, waiting rooms). Pay extra attention to high touch surfaces.
- Ensuring frequent cleaning of bathrooms.

- Sanitizing food preparation areas after each meal period and at the end of each day.
- Instructing staff to keep work areas clutter-free to facilitate thorough cleaning and disinfection.

Hand hygiene and related activities are fundamental to infection prevention efforts. To enable and encourage safe hygiene practices, hospitals have increased availability of supplies and associated education. This includes:

- Making disinfectants and hand hygiene stations readily available at all entrances, common areas, workstations, and other appropriate locations.
- Considering hands free soap, hand sanitizer, and paper towel dispensers along with hands free trash receptacles.
- Requiring all staff to adhere to proper hand hygiene and cough etiquette procedures.
- Establishing disinfection/cleaning procedures for each area's specific workflow, equipment, and environment.
- Placing visible signs and reminders specific to proper hand hygiene, mask use, cough and sneeze etiquette, and cleaning and disinfection procedures throughout the hospital, but particularly in high traffic areas such as elevators and waiting areas. These signs should be available in languages common in the community and as infographics.
- Advising staff not to use other people's desks, phones, or other high touch items. For items that are shared, staff should be reminded to disinfect the item after each use.
- Providing staff guidance on disinfecting electronic devices and other sensitive items that may be damaged by liquids or certain cleaning products.
- Enforcing source control policies requiring universal use of masks or cloth face coverings by all visitors and encouraging masks for patients during staff interactions when not contraindicated.

Color coded hospital zones, signs on patient doors, flags in electronic health records, and other methods can be used as visual reminders of locations or activities with increased exposure risk and the actions that staff should take to protect themselves.

A combination of engineering controls, administrative controls, and personal protective equipment may substantially decrease exposure risks in hospitals.

Resources Related to Administrative Controls

- American College of Emergency Physicians: [ACEP COVID-19 Field Guide](#)
- ASHRAE: [Healthcare](#)
- ASPR TRACIE:
 - [COVID-19 Hospital Resources Collection](#)
 - [Facility Cleaning and Sanitation Guidelines](#)
 - [Healthcare Operations During the COVID-19 Pandemic Speaker Series](#)
 - [Maintaining Healthcare Safety During the COVID-19 Pandemic Speaker Series](#)
- Beth Israel Lahey Health: [Operational Guidance](#)
- Centers for Disease Control and Prevention:

- [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#)
 - [Project Firstline](#)
- Cayuga Medical Center:
 - [Healthcare Personnel COVID-19 Exposure Protocol](#)
 - [Healthcare Worker Community Exposure Protocol](#)
- Cleveland Clinic:
 - [Infection Prevention Precautions](#)
 - [Visitation](#)
- Environmental Protection Agency: [List N: Disinfectants for Coronavirus \(COVID-19\)](#)
- Institute for Healthcare Improvement: [Hospital Preparedness for a COVID-19 Surge: Assessment Tool](#)
- New York City Health + Hospitals: [COVID-19 Resurgence Toolkit](#)
- Tennessee Hospital Association: [Hospital Sample Resources](#)
- The University of Mississippi Medical Center: [Room, Equipment, and Transport Guidelines](#)
- University of California San Francisco:
 - [COVID-19: Visitor Guidance](#)
 - [COVID-19: Occupational Health Guidance for Healthcare Personnel](#)
 - [COVID-19: Cleaning and Disinfection](#)
- University of Kentucky Health Care: [Signage](#)

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