



Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare: Phase 1

As many of America's hospitals and health care systems are looking to recovery, the American Society for Health Care Engineering (ASHE) has been working to develop additional resources for facility considerations to supplement the guidance from the Centers for Medicare & Medicaid Services (CMS), ["Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare: Phase 1."](#)

[Patient Placement Considerations](#)

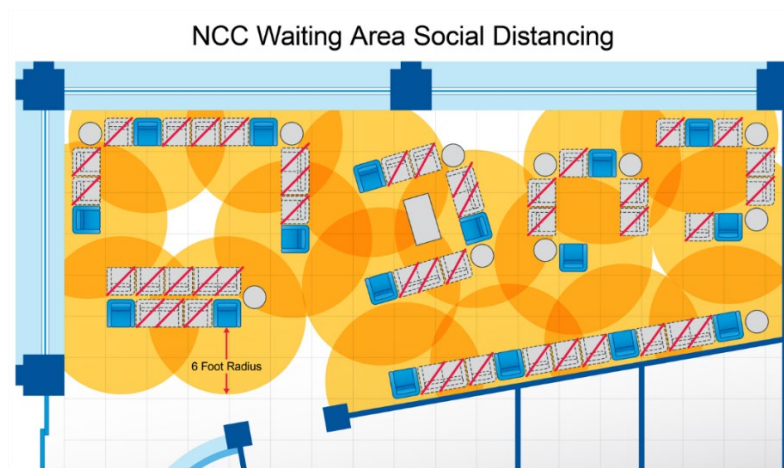
Patient care spaces require careful consideration to ensure patient and staff safety. Space within a health care facility is designed to allow for routine situations and mitigate the spread of infection through engineering controls that address a number of different patient needs. The built environment is not designed to accommodate the surges experienced during this pandemic. It is important to examine these changing facility needs with the assistance of qualified facilities professionals that can assess the facilities engineering controls and patient flow and help verify that your COVID-19 response will properly protect patients. We strongly recommend using a multidisciplinary approach, with professionals including but not limited to:

- Facility Manager
- Infection Preventionist
- Environmental Services Manager
- Safety Officer
- Security Manager
- Risk Manager
- Clinical Staff

CMS recommends that during Phase 1, administrative and engineering controls be established to facilitate social distancing, such as minimizing time in waiting areas, spacing chairs at least six feet apart and maintaining low patient volumes. As non-COVID care begins in your facility, ASHE recommends considering the availability of hygiene products (e.g., tissues, ABHR dispensers, masks, gloves, etc.) in addition to evaluating the following social distancing practices:

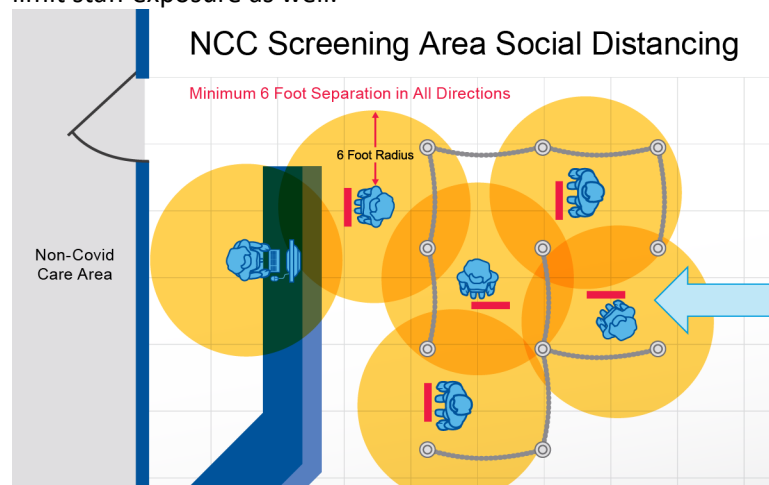
- Prepare non-COVID-19 care (NCC) triage areas in order to screen non-emergent care patients as they enter the facility.
- Separate non-COVID-19 patients and COVID-19 suspect patients.
- Establish social distancing parameters within the facility such as:
 - Chairs should be spaced to provide a six foot separation between itself and the next chair or seating location on all sides.

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Waiting room seating that provides six foot radius around chairs.

- Markings should be provided to indicate patient spacing as shown by the red lines in the image below. Spacing should be considered in all directions (shown by yellow circles). Social distancing spacing should also be indicated where patients interact with staff, to limit staff exposure as well.



Lines indicating six foot radius spacing where queuing is expected.

Decisions should be consistent with public health information and in collaboration with state public health authorities. Careful planning is required to resume in-person care of patients requiring non-COVID care.

Resources:

CMS Re-opening Facilities Guidance - <https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf>

ASHE Negative Pressure Rooms Guidance - <https://www.ashe.org/negative-pressure-rooms>

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