



## CMS NEWS

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### **CMS Issues New Wave of Infection Control Guidance Based on CDC Guidelines to Protect Patients and Healthcare Workers from COVID-19**

*Guidance will aid clinicians in various healthcare settings to prevent and mitigate the spread*

Under the leadership of President Trump, the Centers for Medicare & Medicaid Services (CMS) has issued a series of updated guidance documents focused on infection control to prevent the spread of the 2019 Novel Coronavirus (COVID-19) in a variety of inpatient and outpatient care settings. The guidance, based on Centers for Disease Control and Prevention (CDC) guidelines, will help ensure infection control in the context of patient triage, screening and treatment, the use of alternate testing and treatment sites and telehealth, drive-through screenings, limiting visitations, cleaning and disinfection guidelines, staffing, and more.

The guidance is designed to empower local hospitals and healthcare systems, helping them to rapidly expand their capacity to isolate and treat patients infected with COVID-19 from those who are not. Critically, the guidance released today includes new instructions for dialysis facilities as they work to protect patients with End-Stage Renal Disease (ESRD), who, because of their immunocompromised state and frequent trips to health care settings, are some of the most vulnerable Americans to complications arising from COVID-19. The guidance is part of the unprecedented array of temporary regulatory waivers and new policies CMS issued on March 30, 2020 that gives the nation's healthcare system maximum flexibility to respond to the COVID-19 pandemic.

"CMS is helping the healthcare system fight back and keep patients safe by equipping providers and clinicians with clear guidance based on CDC recommendations that reemphasizes and reinforces longstanding infection control requirements," said CMS Administrator Seema Verma.

The guidance is particularly timely for dialysis facilities. Dialysis facilities care for immunocompromised Americans who require regular dialysis treatments and are therefore particularly susceptible to complications from the virus. Today's updated guidance has multiple

facets, including the option of providing Home Dialysis Training and Support services – to help some dialysis patients stay home during this challenging time – and establishment of Special Purpose Renal Dialysis Facilities (SPRDFs), which can allow dialysis facilities to isolate vulnerable or infected patients. These temporary changes allow for the establishment of facilities to treat those patients who tested positive for COVID-19 to be treated in separate locations.

In addition to dialysis facilities, the infection control guidance affects a broad range of settings including hospitals, Critical Access Hospitals (CAHs), psychiatric hospitals, Ambulatory Surgical Centers (ASCs), Community Mental Health Centers (CMHCs), Comprehensive Outpatient Rehabilitation Facilities (CORFs), Outpatient Physical Therapy or Speech Pathology Services (OPTs), Rural Health Clinics (RHCs), Federally Qualified Health Centers (FQHCs), Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs) and Psychiatric Residential Treatment Facilities (PRTFs).

For hospitals, psychiatric hospitals and CAHs, the revised guidance, for example, provides expanded recommendations on screening and visitation restrictions, discharge to subsequent care locations for patients with COVID-19, recommendations related to staff screening and testing, and return-to-work policies.

Similarly, for hospitals and CAHs, the revised guidance on the Emergency Medical Labor and Treatment Act (EMTALA) includes a detailed discussion of: patient triage, appropriate medical screening and treatment; the use of alternate testing sites; telehealth; and appropriate medical screening examinations performed at alternate screening locations, which are not subject to EMTALA, as long as the national emergency remains in force. This step will allow hospitals and CAHs to screen patients at a location offsite from the hospital's campus to prevent the spread of COVID-19.

For outpatient clinical settings, such as ASCs, FQHCs, and others, guidance discusses recommendations to mitigate transmission including screening, restricting visitors, cleaning and disinfection, and closures, and addresses issues related to supply scarcity, and Federal Drug Administration (FDA) recommendations. In addition, CMS encourages ASCs and other outpatient settings to partner with others in their community to conserve and share critical resources during this national emergency.

Updated guidance for ICF/IIDs, and PRTFs include practices related to screening of visitors and outside health care service providers, community activities, staffing, and more.

CMS will continue to monitor and review the impact of the COVID-19 pandemic on the clinicians, providers, facilities and programs, and will update regulations and guidance as needed.

To view the latest updates to these CMS guidance documents on infection control, go to: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>

For information on the COVID-19 waivers and guidance, and the Interim Final Rule, released on March 30, please go to the CMS COVID-19 flexibilities webpage: <https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers>.

These actions, and earlier CMS actions in response to COVID-19, are part of the ongoing White House Coronavirus Task Force efforts. To keep up with the important work the Task Force is doing in response to COVID-19, visit [www.coronavirus.gov](http://www.coronavirus.gov). For a complete and updated list of CMS actions, and other information specific to CMS, please visit the [Current Emergencies Website](#).