

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH




Renée D. Coleman-Mitchell, MPH
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

HEALTHCARE QUALITY AND SAFETY BRANCH

BLAST FAX 2020-12

To: All Hospitals

From: Commissioner Renée D. Coleman-Mitchell, MPH 

CC: Deputy Commissioner Heather Aaron, LNHA
Barbara Cass, Branch Chief Healthcare Quality and Safety Branch
Donna Ortelle, M.S.N., Section Chief, Facility Licensing and Investigations Section

Date: March 11, 2020

Subject: 1. Reducing or Eliminating the Need for Boarding of Patients in the Hospital Emergency Department, and
2. Authorization and Guidelines for Use of Alternate Space for Assessment and Treatment of Ambulatory Patients Presenting with possible COVID-19

Providing care for people seeking treatment for possible novel Coronavirus 2019 (COVID-19) may prove to be especially challenging for all health care practitioners and facilities should a surge in volume of patients with possible exposure to or symptoms of COVID-19 illness overwhelm the capacity of emergency departments. As part of ongoing statewide preparations and to address the potential influx of patients with possible COVID-19 exposure or symptomology to hospital emergency departments (ED), the Department of Public Health (DPH) is issuing this guidance to acute care hospitals. Hospitals are reminded to review, test and update as necessary all applicable emergency management/disaster plans and protocols. To protect the essential functions of the ED to assess, stabilize and care for the acutely ill or injured, such protocols should include a plan to reduce or eliminate the need for boarding patients in the ED, and to triage stable possible COVID-19 exposed or symptomatic patients in alternate space on the hospital premises for evaluation and treatment when volume necessitates.

Hospitals also should establish, test and update as necessary, plans and mechanisms for ongoing communication with patients, health care providers, and state and local agencies to promote and increase situational awareness of the possible presence of COVID-19 exposures in Connecticut and elsewhere. Hospitals also should consider establishing a "COVID-19 Hotline" to help provide patient advice/direction and to avoid unnecessary visits to the ED.

(1) Reducing or Eliminating the Need for Boarding of Patients in the Hospital Emergency Department.

A hospital's full census and emergency management/disaster plans and protocols should ensure timely discharge of inpatients, expedite the movement of admitted ED patients to alternative holding areas or hallway beds as necessary

with appropriate coordination, and provide for the appropriate transfer of patients to other facilities and rescheduling of elective admissions and surgeries as the situation requires.

(2) Authorization and Guidelines for Use of Alternate Space for Treatment of Ambulatory Patients Presenting with Possible COVID-19 illness.

DPH has received requests from hospitals to use space not currently approved for ED or outpatient use, on the hospital campus, to temporarily establish COVID-19- areas for the screening, evaluation and treatment of stable ambulatory patients,. As part of the hospital's emergency management/disaster planning, DPH encourages each hospital to identify appropriate alternate space to accommodate a surge in patients requiring COVID-19 screening. Hospitals may identify and use existing non-patient care space, or other outpatient or inpatient care space, for COVID-19 triage, screening, assessment/evaluation and treatment, consistent with this document, enclosed Guidelines, and with DPH approval.

DPH has developed the attached *Attestation for Alternate Space for Triage of Patients or Use of Non-Traditional Space*, hereinafter referred to as Guidelines (Attachment A) for use when a hospital has available space located on the hospital's campus that can be used for screening, evaluating and treating ambulatory patients who are presenting to the hospital with possible COVID-19 exposure during the 2020 outbreak. The Guidelines outline the conditions for temporary use of alternate space at the hospital to screen, evaluate and provide treatment to stable, ambulatory patients with possible COVID-19 exposure in the event such a need arises at your hospital. Each hospital should use the Guidelines to identify appropriate alternate screening space(s) and treatment, if available. DPH authorizes use of alternate space(s) selected by the hospital for screening of possible COVID-19 patients during the 2020 outbreak, provided that the hospital complies with the Guidelines and after an onsite approval by DPH. DPH is requiring hospitals to submit a copy of their written plan for use of alternate space at this time. A hospital must, however, provide a signed and dated attestation of its compliance with these Guidelines. Final approval will be granted after an onsite DPH visit, receipt of the Attestation signed by the Facility representative and DPH.

Also, please refer to the linked Fact Sheet published by the Centers for Medicare & Medicaid Services (CMS) which provides important information concerning *Emergency Medical Treatment and Labor Act (EMTALA) Requirements and Implications Related to Coronavirus Disease 2019 (COVID-2019)*. The CMS Memo and fact sheet are available on the CMS website at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions/> click "Policy & Memos to States and Regions" QSO-20-15 Hospital/CAH/EMTALA issued March 9, 2020.

Please be aware that Emergency Medical Treatment and Active Labor Act (EMTALA) obligations are not waived unless:

- 1) The President declares an emergency or disaster under the Stafford Act or the National Emergencies Act; AND
- 2) The Secretary of Health and Human Services declares that a Public Health Emergency (PHE) exists and also authorizes EMTALA waivers under section 1135 of the Social Security Act. Notice of EMTALA waivers will be provided through CMS to covered entities; AND
- 3) Unless EMTALA waivers are granted for an entire geographic area, the hospital applies for a waiver; AND
- 4) The hospital must have activated its emergency operations plan; AND
- 5) The State must have activated its emergency operations plan or pandemic plan for an area that covers the affected hospital.

ATTACHMENT A

ATTESTATION FOR ALTERNATE SPACE FOR TRIAGE OF PATIENTS OR USE OF NON-TRADITIONAL SPACE

IN RE: Facility: _____
Address: _____
Town: _____, CT Zip _____

Purpose: Alternate use space is provided as an option to more efficiently evaluate and provide care to ambulatory individuals who present to the hospital ED or outpatient service(s) with possible COVID-19 exposure or illness.

The above-referenced Facility has been issued a License to operate a health care institution under Connecticut General Statutes (Statutes) § 19a-490 by the Department of Public Health, State of Connecticut (the Department); and

The alternate use space is limited to use for COVID-19 screening and treatment during the 2020 outbreak. The hospital must ensure that the following conditions are met:

The Facility has requested to use an alternate space for triage for potential COVID-19 patients. The Facility agrees to the conditions set forth herein.

The Department acting herein by and through the Commissioner or her Designee, and the Facility, acting herein by and through _____, the Facility's authorized person to sign this Attestation on behalf of the Facility, hereby stipulate and agree as follows:

Facility may utilize its alternate space to provide medical triage and treatment provided all of the conditions contained in this document are met, this document is signed by the Facility and the Department and after an onsite inspection approval by the Department's Facility Licensing and Investigation Section (FLIS).

The Facility shall make provisions to provide appropriate care at all times including, but not be limited to, the following requirements:

USE OF NON-TRADITIONAL PATIENT CARE AREAS

The hospital must have and provide to the Department written guidelines that address the following:

1. Criteria to activate use of identified alternate-use space and to de-activate use of the space;
2. A staffing plan with staff qualifications, including appropriate orientation and training;
3. Protocols defining patient selection criteria for screening in alternate space: inclusions/exclusions;
4. Patient flow systems addressing triage, screening exam, treatment, transport to ED/inpatient, etc.;
5. Policies and Procedures to address Emergencies;
6. Policy for security of patients, facilities, supplies, pharmaceuticals / crowd management; and

7. Compliance with Infection Control Standards and Prevention (CDC) guidance as amended from time to time to include but not limited to Personal Protective Equipment (PPE), housekeeping, and cleaning after each use with EPA approved products.

The physical space must conform to the following requirements:

- 1) Limited to on-campus locations only;
- 2) Limited to existing non-patient care space, or inpatient or outpatient care space;
- 3) Limited to use by ambulatory care patients and inpatient overflow;
- 4) Space cannot be accessed through inpatient units;
- 5) Convenient access to waiting areas and toilet facilities;
- 6) Immediate access to hand wash sinks or other forms of hand hygiene such as alcohol based hand rub (ABHR);
- 7) Reasonably sized workspace with privacy considerations for patient screening examination and treatment;
- 8) Provision for environmental cleaning, sanitization and appropriate decontamination/disinfection;
- 9) Access to supplies, including emergency supplies and resuscitative equipment including but not limited to portable oxygen and suction equipment;
- 10) Space, cabinets or carts for storage of supplies and specimens;
- 11) Provision for medical recordkeeping, including measures to ensure patient confidentiality;
- 12) Conveniently accessible communication systems;
- 13) Considerations for fire safety e.g., egress not obstructed, staff trained in fire evacuation plan, fire protection/suppression;
- 14) Staff and signage to direct patients to the alternate use space; and
- 15) Notification to local officials (local health and fire marshal).

ALTERNATE SPACE FOR TRIAGE

The hospital must have and provide to the Department written guidelines that address the following:

- 1) Criteria to activate use of identified alternate-use space and to de-activate use of the space;
- 2) A staffing plan with staff qualifications, including appropriate orientation, training, and competency to meet the needs of the patients;
- 3) Protocols defining patient selection criteria for screening in alternate space: inclusions/exclusions;
- 4) Policies for compliance with Centers for Disease Control and Prevention (CDC), including Personal Protective Equipment (PPE), Housekeeping and cleaning after each patient use;
- 5) Patient flow systems addressing triage, screening exam, treatment, transport to ED/inpatient, etc.;
- 6) Policy and Procedures for emergencies; and
- 7) Policy for security of patients, facilities, supplies, pharmaceuticals / crowd management.

The physical space must conform to the following requirements:

- 1) Limited to on-campus locations only;
- 2) Close proximity to the Main ED;
- 3) Limited to use by ambulatory care patients only;
- 4) Space cannot be accessed through inpatient units;
- 5) Immediate access to hand wash sinks or other forms of hand hygiene, alcohol based hand rub (ABHR);
- 6) Reasonably sized workspace with privacy considerations for patient screening examination and treatment;
- 7) Provision for environmental cleaning, sanitization and appropriate decontamination;
- 8) Access to supplies, including emergency supplies;
- 9) Space, cabinets or carts for storage of supplies and specimens;
- 10) Provision for recordkeeping, including measures to ensure patient confidentiality;
- 11) Conveniently accessible communication systems;
- 12) Considerations for fire safety e.g., egress not obstructed , fire protection and suppression;

- 13) Staff and signage to direct patients to the alternate use space; and
- 14) Coordination with local officials (Fire Marshal, Emergency Management Director).

The undersigned Facility Administrator/Designated Person, responsible for the care and services rendered at the Facility, attests that the Facility has adequate space to accommodate these persons and that sufficient staff and provisions will be provided to ensure the health and safety of those persons received into the Facility; and that the alternate space will not compromise the Facility's ability to continue meeting the health and safety needs of current patients according to both state and federal regulations.

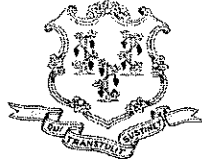
This Attestation shall remain in effect until the Facility no longer requires this service or until revoked by the Department upon a finding that the health, safety, or welfare of any patient has been jeopardized.

The parties hereto have caused this Attestation to be executed by their respective officers and officials and will be effective as of the later of the two dates noted below:

Date: _____ By: _____
Hospital Representative

Date: _____ By: _____
Facility Licensing & Investigations Section
Healthcare Quality and Safety Branch

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH



Renée D. Coleman-Mitchell, MPH
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

HEALTHCARE QUALITY AND SAFETY BRANCH

ATTESTATION FOR ALTERNATE SPACE TO OBTAIN SPECIMENS
FOR COVID-19

IN RE: Facility: _____
Address: _____
Town: _____, CT Zip _____

The above-referenced Facility has been issued a License to operate a health care institution under Connecticut General Statutes (Statutes) § 19a-490 by the Department of Public Health, State of Connecticut (the Department);

Purpose: Alternate use space is provided as an option to more efficiently evaluate and provide care to ambulatory individuals who present to the alternate space with possible COVID-19. **The alternate space is limited to use for COVID-19 specimen sampling during the 2020 outbreak. The hospital must ensure that the following conditions are met:**

The Facility has requested to use an alternate space to obtain specimens for 2019 Coronavirus (COVID-19).

The Facility agrees to the conditions set forth herein.

The Department, acting herein by and through the Commissioner or her Designee, and the Facility, acting herein by and through _____, duly authorized, hereby stipulate and agree as follows:

In the event of a surge of patients presenting to the Facility, requiring sampling for COVID-19, the Facility may utilize its alternate space to obtain specimen samples provided DPH has conducted an onsite inspection of the alternate space, the parties have fully executed this Attestation, and all of the conditions contained in this Attestation are met.



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Affirmative Action/Equal Opportunity Employer



The Facility shall make provisions to provide appropriate care at all times including, but not be limited to, the following requirements:

The hospital must have and provide to the Department written guidelines that address the following:

- 1) Criteria to activate use of identified alternate-use space and to de-activate use of the space;
- 2) A staffing plan identifying required staff qualifications, including appropriate orientation and training;
- 3) Protocols defining patient selection criteria for screening in alternate space: inclusions/exclusions;
- 4) Patient flow systems to maintain infection control standards and transport of sample(s) to the lab;
- 5) A policy for security of patients, facilities, supplies, and crowd management; and
- 6) Emergency policies and procedures.

To be approved by the Department, the alternate space must:

- 1) Be limited to on-campus locations only;
- 2) Be limited to existing non-patient care space, not within the hospital;
- 3) Be limited to use only by ambulatory care patients;
- 4) Be inaccessible through inpatient units;
- 5) Provide immediate access to hand wash sinks or other forms of hand hygiene (ABHR)
- 6) Have provision for environmental cleaning, sanitization and appropriate decontamination, if applicable;
- 7) Have access to supplies, including emergency supplies;
- 8) Have space, cabinets or carts for storage of supplies and specimens;
- 9) Provide for recordkeeping, including measures to ensure patient confidentiality;
- 10) Have conveniently accessible communication systems;
- 11) Address considerations for fire safety e.g., egress not obstructed;
- 12) Have signage to direct patients to the alternate use space;
- 13) Provide fire extinguishment capability;
- 14) Comply with the Centers for Disease Control and Prevention (CDC) guidance as amended from time to time to ensure:
 - a. Compliance with Infection Control standards including, but not limited to, a handwashing sink, soap, water, paper towels, or alcohol based hand rub (ABHR);
 - b. Housekeeping and cleaning after each patient use;
 - c. Use of appropriate personal protective equipment (PPE);
 - d. No co-mingling of patients while obtaining the sample, until CDC guidance directs otherwise;
 - e. Ensure sufficient staffing to meet the health and safety needs of the patients;
- 15) Provide education and ensure competency for the duties provided by staff;
- 16) Provide a safe and comfortable environment;
- 17) Maintain adequate security measures;
- 18) Have emergency policies, procedures, and equipment; and
- 19) Provide notification to the local authorities (Fire Marshal, Emergency Management Director) prior to patient use.

The undersigned Administrator/Designated Person, duly authorized, responsible for the care and services rendered at the Facility, attests that the Facility has adequate space to accommodate the anticipated patient use and that sufficient staff and provisions will be provided to ensure the health and safety of any such patients received into the facility; and that the alternate space will not compromise the Facility's ability to continue meeting the health and safety needs of current patients according to both state and federal regulations.

This Attestation shall remain in effect until the Facility no longer requires this service or such use by the Facility is revoked by the Department upon a finding that the health, safety, or welfare of any patient has been jeopardized.

The parties hereto have caused this Attestation to be executed by their respective officers and officials and will be effective as of the later of the two dates noted below:

Date: _____ By: _____
Hospital Representative

Date: _____ By: _____
FLIS Staff
Facility Licensing & Investigations Section
Healthcare Quality and Safety Branch

