

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Center for Clinical Standards and Quality/Quality, Safety, and Oversight Group

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EXPIRED EFFECTIVE: May 1, 2023

DATE: August 4, 2025

ORIGINAL POSTING DATE: February 6, 2020

TO: State Survey Agency Directors

FROM: Director
Quality, Safety and Oversight Group

SUBJECT: ***EXPIRED:*** Information for Healthcare Facilities Concerning 2019 Novel Coronavirus Illness (2019-nCoV)

Memo Revision Information:

<u>Expiration Date:</u>	<u>May 1, 2023</u>
<u>Expiration Information:</u>	<u>Refer to QSO-25-23-ALL released on July 30, 2025: Guidance for the Expiration of the COVID-19 Public Health Emergency (PHE)</u>

Memorandum Summary

- ***Information Regarding Patients with Possible Coronavirus Illness:*** the U.S. Centers for Disease Control and Prevention (CDC) has issued information on the respiratory illness caused by the 2019 Novel Coronavirus (2019-nCoV). Links to these documents are provided.
- ***Healthcare Facility Expectations:*** CMS strongly urges the review of CDC's guidance and encourages facilities to review their own infection prevention and control policies and practices to prevent the spread of infection.

The Centers for Medicare & Medicaid Services (CMS) is committed to the protection of patients and residents of healthcare facilities from the spread of infectious disease. Every Medicare participating facility in the Nation's healthcare system must adhere to standards for infection prevention and control in order to provide safe, high quality care. As concerns arise with the emerging 2019 Novel Coronavirus (2019-nCoV) threat, CMS encourages all healthcare facilities to carefully review the information provided by our partners at the U.S. Centers for Disease Control and Prevention (CDC). CDC has issued an [updated interim Health Alert Network \(HAN\) Advisory](#), information about [CDC's response to 2019-nCoV](#) as well as [recommendations for healthcare facilities](#). Because coronavirus infections can rapidly appear and spread, facilities must take steps to prepare, including reviewing their infection control policies and practices to prevent the spread of infection.

CMS recognizes the need to consider “emerging infectious diseases” in a provider’s emergency preparedness plans as required by the 2016 Emergency Preparedness Final Rule (81 FR 63860, 63862, September 16, 2016). Recent public health events such as the Ebola virus, 2009 pandemic H1N1 influenza, and Zika outbreaks highlight the critical need for providers to be prepared by planning for infectious disease response within their organizations. In February 2019, CMS updated [guidance](#) to emphasize the need for preparation and now we are seeing the importance of this effort. Patients expect quality care from their healthcare providers and part of that means being ready for emergency situations that might arise. Understanding all of the various hazards to prepare for emergencies, such as 2019-nCoV, improves patient outcomes and provides protection to patients, family members as well as staff in healthcare settings.

To ensure health and safety, CMS also expects healthcare staff and surveyors (contractors, Federal, State, and Local) to comply with basic infection control practices. For 2019 novel coronavirus, CDC is currently advising adherence to Standard, Contact, and Airborne Precautions, including the use of eye protection (for more information, see [CDC’s Interim Infection Control Recommendations for 2019-nCoV](#)). Healthcare staff should also adhere to CDC recommendations on standard hand hygiene practices, using alcohol-based hand rub/hand sanitizer (ABHR/ABHS) as the preferred method of hand hygiene in most clinical situations. If hands are visibly soiled, wash with soap and water for at least 20 seconds. Healthcare facilities should ensure that hand hygiene supplies are readily available see [CDC Hand Hygiene in Healthcare Settings](#) for more detailed information.

In addition to the review of CDC information by healthcare facilities, we encourage the review of appropriate personal protective equipment (PPE) use and availability, such as gloves, gowns, respirators, and eye protection. CMS regularly observes these infection control practices as part of the normal survey process and notes that applying the basic principles of hand hygiene and using appropriate PPE protects lives. Medicare participating healthcare facilities should also have PPE measures and protocols within their emergency plans, especially in the event of potential surge situations.

To assist facilities in self-assessment and review of their own practices, CMS provides several resources listed below including online courses developed in conjunction with CDC, focusing on universal infection control practices.

CMS continues to work diligently with CDC, Accrediting Organizations (AO) and State Survey Agencies to clarify, emphasize, and ensure that healthcare facility infection control programs meet minimum health and safety standards. This collaboration will support the [CDC Clean Hands Count campaign](#) which aims to improve healthcare provider adherence to hand hygiene recommendations. Additionally, during surveys in 2020, CMS and AO acute care surveyors will be alert to healthcare staff hand hygiene practices, including the use of ABHR/ABHS, in an effort to raise awareness of the need for hand hygiene and improve compliance. We know that adherence to basic infection control and prevention practices such as hand hygiene can help reduce the risk of infectious disease spread in all healthcare settings.

In light of the 2019-nCoV outbreak, the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services has issued guidance to serve as a reminder of the ways that patient information may be shared so that the protections of the HIPAA Privacy Rule are not set aside during an emergency: <https://www.hhs.gov/sites/default/files/february-2020-hipaa-and-novel-coronavirus.pdf>

CMS will continue to monitor the 2019-nCoV situation and support efforts of our partners at the

CDC. For the most current information please refer to the CDC website:

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Additional information related to CMS requirements and training are located at the following links:

CMS Emergency Preparedness Website: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep>

CMS Hospital Infection Control Self-assessment tool: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-15-12-Attachment-1.pdf>

CMS Universal Infection Control Training Course:

https://qsep.cms.gov/pubs/CourseMenu.aspx?cid=0CMSUIPC_ONL

CMS Nursing Home Infection Preventionist Training:

https://www.train.org/cdctrain/training_plan/3814

Nursing Home Infection Control Worksheet:

https://qsep.cms.gov/data/252/A._NursingHome_InfectionControl_Worksheet11-8-19508.pdf

CDC Clean Hands Count for Safe Healthcare

<https://www.cdc.gov/features/handhygiene/index.html>

Questions about this memorandum should be addressed to

QSOG_EmergencyPrep@cms.hhs.gov. Questions about the 2019-nCoV guidance/screening criteria should be addressed to the State Epidemiologist or other responsible state or local public health officials in your state.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers, and the State/Regional Office training coordinators immediately.

/s/

David Wright

cc: Survey & Certifications Group Management