Guidance for Ambulatory Care Settings for Infection Prevention with COVID-19

Updated May 8, 2020

Introduction

SARS-CoV-2 has changed how we conduct the daily practice of medicine as well as all of healthcare. As we adjust to this dynamic pandemic, following best practices will minimize risk of viral transmission to our patients and staff. This guidance highlights several areas each ambulatory care setting should evaluate to ensure they are meeting the latest standards regarding infection prevention. For the purposes of this guidance, we define ambulatory care as primary care clinics, outpatient specialty clinics, physical therapy, occupational therapy, speech therapy, audiology, chiropractors, acupuncture, other allied health and ancillary services as well as hospital outpatient departments, ambulatory surgical centers, specialty care centers (dialysis or infusion), and urgent care clinics.

As Rhode Island moves toward reopening its economy, ambulatory care settings should build on previously accepted standards of infection prevention, such as the CDC Guide *for Infection Prevention for Outpatient Settings: Minimum Guide for Safe Patient Care*.

Given the evolving challenges of preventing COVID-19, additional requirements are necessary that will address new considerations such as:

- What level of care can safely be provided?
- What are our new standards of infection prevention, incorporating source control, social distancing, cleaning, and disinfection?
- What level of personal protective equipment (PPE) is needed to adequately protect our healthcare workers?

The CDC has issued Guidance for Ambulatory Settings that reflects considerations and resources as practices adjust to phased-in return to business. This CDC guidance should be reviewed and applied to your clinical setting.

Level of Care Provided

As the pandemic progresses, ambulatory care settings will need to evaluate the level of care that can be safely offered to their patients. RIDOH recommends ambulatory care centers consider the guidance issued by the CDC, yet use this document to help understand local implementation.

Healthcare delivery that can be done remotely via telehealth is a sound option and should be maximized to the extent possible. There are healthcare visits that do not easily lend themselves to telehealth. Visits for healthcare maintenance and immunizations are examples of visits that should not be postponed and should be completed in a safe manner to protect patients and staff. Healthcare providers are strongly encouraged to make every effort to ensure immunizations are up to date for patients of all ages. Surgical procedures are other examples of healthcare that clearly need to be done in person and this presents challenges with availability of PPE. Healthcare providers should utilize their own clinical judgement regarding who is

appropriate for telehealth. There are resources that are helpful with implementing phone triage effectively.

Ways that can help practices identify patients who need face-to-face outpatient visits include:

- Prioritize in-person newborn care, well visits, and immunization of infants and young children through 24 months.
- Use KIDSNET and your practice EMRs to identify patients who need catch-up vaccination, and put the highest priority on the youngest patients and those at higher risk for complications of vaccine-preventable diseases.
- Use practice EMRs to identify patients who may need face-to face visits for important chronic disease management, including patients who have difficulty controlling diabetes or patients with uncontrolled hypertension.
- Outreach to home care service providers who serve your primary care patients. Home care providers may be able to obtain and relay clinical assessment information to complement telehealth visits performed by primary care providers.
- Identify any visit where measurement of a vital sign, including pulse oximetry, would affect clinical management.

New Standards for Infection Prevention

As we consider new standards for infection prevention, new recommendations include:

1. Limit the number of people present at visits to the patient and one essential caregiver (parent/guardian of patient)
2. Limit points of entry and exit at your facility to minimize patients and visitors coming into close proximity with each other.
3. Screen patients and visitors for COVID-19 symptoms prior to appointments so they are appropriately triaged.

4. Screen patients and visitors for signs of COVID-19 when they enter your facility. Patients and visitors should also have temperature checks before entering your facility.
5. All patients, essential care givers, and visitors older than age two and who are able to tolerate it, should wear a cloth facie covering that covers the mouth and nose If a patient or visitor arrives at your facility without a face covering, provide a face covering, preferably a standard medical mask.
6. Make social distancing in common waiting areas mandatory. Waiting rooms should be configured so there is at least six feet between individuals. Structured queuing (e.g., waiting in cars until ready to go to exam room) is also a preferred strategy to minimize contact between individuals. There should be an established limit on the number of patients allowed in the waiting room to maintain social distancing.
7. Remove unnecessary objects, including magazines, books, toys, and small furniture, from all patient areas.
8. Clean and sanitize high-touch and common surfaces, at a minimum, of every four hours during normal business hours.
9. Make standard medical masks and hand sanitizer readily available for patients and visitors.
10. External doors should be propped open, when appropriate and possible, to minimize the need to touch door handles.

If practices are providing in-person clinical evaluation for patients with COVID-19-related symptoms, additional strategies, including cohorting by time (e.g. only afternoon or end of the session visits) or space (separate area of the facility) are wise to conserve PPE.

Requirements for Personal Protective Equipment
Consideration regarding appropriate PPE for the clinical setting is important to protect staff and operate in the current climate of unpredictable supply chains of PPE. RIDOH has implemented an online ordering mechanism for PPE www.health.ri.gov/masks. Healthcare providers are encouraged to request only the amount of PPE needed and to be diligent about conservation of PPE. Healthcare providers should also continue to explore traditional routes of procurement which are expected to improve as national and international supply chains stabilize.

Healthcare providers should consult *RIDOH's Recommended Guidance for Prioritization and Conservation of PPE* regarding your individual facility's utilization of PPE. Different healthcare settings have different requirements which need to be considered, including risk of aerosolizing procedures, direct patient contact, and health considerations of the healthcare worker.

Conclusion
RIDOH has created a provider-specific COVID-19 Provider web page that has many useful resources for addressing the pandemic and is searchable. Questions are welcome and answered via email at RIDOH.ProviderQuestions@health.ri.gov.

Individual ambulatory care practices will need to review this guidance and customize for their clinical setting. This guidance represents suggested minimum standards, and some practices will choose to exceed these standards and are encouraged to customize to their practice. As the state, regional, and national economies reopen, additional considerations will need to be evaluated.

Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings
Considerations for outpatient settings:

- Consider screen all healthcare workers at the beginning of their shift for fever and symptoms consistent with COVID-19*
    - Advise employees to take their temperature and document absence of symptoms consistent with COVID-19*. If they are ill, they must keep their cloth face covering on and leave the workplace.
    - *Elevated temperature $\geq$100.0^{o} F or subjective fever
- Clean and disinfect commonly used patient items in between patients such as thermometers, pulse oximeters, scales, and stethoscopes.
- Include computer keyboards and telephones in the list of high-touch surfaces to be cleaned routinely
- Clean and disinfect bathrooms, at a minimum, every four hours during business hours.
- Remove unnecessary objects from all patient areas. Examples include magazines, books, toys, small furniture like end tables.
- In the absence of Airborne Infection Isolation Rooms (AIIR) or negative pressure exam rooms in most outpatient settings, examination of patients outdoors remains an acceptable option. In conducting physical examinations outdoors, considerations for safeguarding patient privacy should be incorporated, including distancing to ensure that

conversations are not overheard by other patients and positioning of the physical examination area to allow for appropriate level of privacy during the physical exam.

- Limit the number of staff caring for patients with symptoms of COVID-like illness. Consider having one staff person perform all of the hands-on care, including obtaining vital signs, specimen collection, and physical exam.