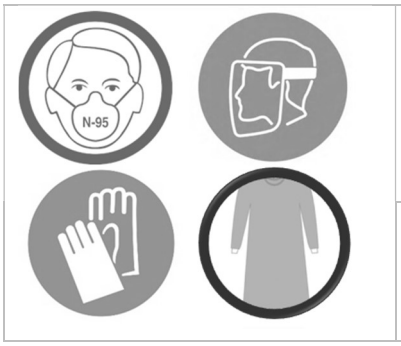
2019 Novel Coronavirus (COVID-19) Response: Infection Prevention for Outpatient Settings

Background

This document provides guidance for outpatient settings evaluating persons for 2019 Novel Coronavirus (COVID-19) or caring for persons with confirmed COVID-19. Information on prompt detection and effective triage and isolation protocols of potentially infectious patients is described. Effective infection control protocols in the outpatient setting can prevent unnecessary exposures among patients, healthcare personnel, and visitors at the facility.

Definition of Healthcare Personnel (HCP) – For the purposes of this guidance, HCP refers to all persons, paid and unpaid, working in healthcare settings engaged in patient care activities, including patient assessment for triage, entering examination rooms or patient rooms to provide care or clean and disinfect the environment, obtaining clinical specimens, handling soiled medical supplies or equipment, and coming in contact with potentially contaminated environmental surfaces.

Healthcare personnel should adhere to **Standard**, **Contact**, and **Airborne Precautions**, including the use of eye protection (e.g., goggles or a face shield) when caring for patients with COVID-19 infection. These precautions include the use of the following PPE:

<table>
<tr><td rowspan="2"> 
</td><td>✓ NIOSH approved fit-tested N-95 respirator or higher such as a powered air-purifying respirator (PAPR)</td><td>✓ Eye protection (e.g., goggles, or a disposable face shield that covers the front and sides of the face)</td></tr>
<tr><td>✓ Isolation gown</td><td>✓ Clean, nonsterile gloves</td></tr>
</table>

Visual Alerts

Post visual alerts (in appropriate languages) at the entrance to outpatient facilities (e.g., emergency departments, physician offices, outpatient clinics) instructing patients and persons who accompany them (e.g., family, friends) to inform HCP of symptoms of a respiratory infection and any recent travel history when they first register for care and to practice respiratory hygiene and cough etiquette.

Respiratory Hygiene and Cough Etiquette

Recommend that all persons with signs and symptoms of a respiratory infection the following measures to contain respiratory secretions:

- Cover your mouth and nose with a tissue when coughing or sneezing;
- Use nearest waste receptacle to dispose of the tissue after use;
- Perform hand hygiene (e.g., handwashing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic handwash) after having contact with respiratory secretions and contaminated objects/materials. Wash hands with soap and water if they are visibly soiled.

Ensure the availability of materials for adhering to respiratory hygiene and cough etiquette in waiting areas and patient care area for patients and visitors.

- Provide tissues and no-touch receptacles for used tissue disposal.
- Provide conveniently located dispensers of alcohol-based hand rub. Where sinks are available, ensure that supplies for hand washing (i.e., soap, disposable towels) are consistently available.

Masking and Separation of Persons with Respiratory Symptoms

Offer masks to persons who are coughing. Either procedure masks (i.e., with ear loops) or surgical masks (i.e., with ties) may be used by patients and visitors to contain respiratory secretions (respirators such as N-95 or above are not necessary for this purpose). Minimize the time patients with acute respiratory symptoms spend in waiting area by placing them in a private room or encourage coughing persons to sit at least six feet away from others in common waiting areas. Persons escorting patient to private room should maintain a distance of 6 feet from masked patient while in a public area. Once patient is roomed, staff should only enter in recommended PPE.

Please Note: Clinics that lack resources to safely provide care for patients being evaluated for or confirmed to have COVID-19 ***should identify a facility where patients can be safely evaluated and arrange transport****. Depending on acuity of illness, transportation may involve EMS. The outpatient clinic should communicate the patient's COVID-19 evaluation status to receiving facility and EMS.*

Steps to minimize exposure when the arrival of a patient with known or suspected COVID-19 is anticipated:

1. Use pre-visit communication systems through telephone and text appointment reminders or patient portals if available.
2. Conduct active outreach to patients to instruct those at risk for COVID-19, such as travel from China or other affected areas in last 14 days or contact with a person with COVID-19, to call before their clinic appointment.
3. If possible, schedule appointment at the end of day or at a time when clinic is not busy.
4. When scheduling appointments by phone, provide instructions to persons with signs or symptoms of COVID-19 on how to arrive at the clinic, including which entrance to use and the precautions to take (e.g., how to notify clinic staff, don a facemask upon entry, follow triage procedures).
5. Provide surgical or procedure mask to the patient and place immediately in an Airborne Infection Isolation Room (AIIR), if available. If AIIR or room with negative air pressure is not available, place the patient in a private exam room and close door.
6. Perform aerosol-generating procedures, including collection of diagnostic respiratory specimens in an AIIR while following appropriate infection prevention and control (IPC) practices, including use of appropriate PPE.
7. Use dedicated or disposable noncritical patient-care equipment (e.g., blood pressure cuffs), when possible. If equipment will be used for more than one patient, clean and disinfect such equipment before use on another patient according to manufacturer's instructions.

Steps to minimize exposure if when a patient with known or suspected COVID-19 arrives and is not anticipated:

1. Consider posting signage on entrance doors where patients could arrive without calling ahead. Provide masks to allow symptomatic patients to don prior to entering clinic. See https://www.doh.wa.gov/Portals/1/Documents/1600/AirborneRespiratorContactPrecautionSign-nCoV.PDF.
2. Have a screening process in place to quickly identify patients with suspected COVID-19. Provide a mask to all patients with respiratory symptoms and instruct on proper use. Encourage hand hygiene with soap and water or alcohol-based hand sanitizer. Persons escorting a patient to a private room should maintain a distance of 6 feet from the masked patient while in a public area. Once patient is roomed, staff should only enter in recommended PPE.
3. Limit the number of personnel and visitors entering the room. Encourage those accompanying the patient to use their own transportation to go to the receiving facility rather than ride in transport vehicle.
4. As soon as patient is identified as suspicious for COVID-19, place the patient in an AIIR.
   a) If an AIIR is not available, place in a private room, with the door closed.
   b) If placed in an AIIR, the patient may remove their facemask.
   c) If placed in a non-AIIR, the patient should keep the facemask on, except as needed for physical examination or specimen collection, replacing when wet or soiled.
   d) Establish procedures for monitoring, managing and training visitors. When at all possible, visitors should be restricted from entering the room of known or suspected COVID-19 patients. All visitors should follow respiratory hygiene and cough etiquette precautions while in the common areas of the facility.
5. If indicated, perform aerosol-generating procedures, including collection of diagnostic respiratory specimens, in an AIIR, while following appropriate IPC practices, including use of appropriate PPE.
6. Use dedicated or disposable noncritical patient-care equipment (e.g., blood pressure cuffs), when possible. If equipment will be used for more than one patient, clean and disinfect such equipment before use on another patient according to manufacturer's instructions.

Steps to arrange for transport of suspected COVID-19 patient to another facility

1. Initiate protocol to transfer patient to a health care facility that has the recommended infection control capacity to safely manage the patient, if needed.
2. When COVID-19 is suspected in a patient needing emergency transport, prehospital care providers and healthcare facilities should be notified in advance that they will be caring for, transporting, or receiving a patient who may have COVID-19.

Steps to minimize exposure after the patient leaves:

1. Once the patient leaves, the exam room should remain vacant for up to two hours before anyone enters. Adequate wait time may vary depending on the ventilation rate of the room and should be determined accordingly. See Table B 1 " Air changes/hour (ACH) and time required for airborne-contaminant removal by efficiency" From the 2003 Guidelines for Environmental Infection Control in Health-care Facilities

Table B.1. Air changes/hour (ACH) and time required for airborne-contaminant removal by efficiency *

ACH § ¶	Time (mins.) required for removal 99% efficiency	Time (mins.) required for removal 99.9% efficiency
4	69	104
6+	46	69
8	35	52
10+	28	41
12+	23	35
15+	18	28
20	14	21
50	6	8

* This table is revised from Table S3-1 in reference 4 and has been adapted from the formula for the rate of purging airborne contaminants presented in reference 1435.
+ Denotes frequently cited ACH for patient-care areas.
§ Values were derived from the formula: $t2 - t1 = - [\ln (C2 / C1) / (Q / V)] \times 60$, with $t1 = 0$

2. If staff need to enter the room before recommended ventilation time has elapsed, staff must wear a NIOSH approved fit-tested N95 or PAPR.
3. Use dedicated or disposable noncritical patient-care equipment (e.g., blood pressure cuffs), when possible. If equipment will be used for more than one patient, clean and disinfect such equipment before use on another patient according to manufacturer's instructions.
4. Use products with EPA-approved emerging viral pathogens claim when disinfecting equipment and surfaces.
5. If there are no available EPA-registered products with an approved emerging viral pathogen claim, use products with label claims against human coronaviruses, or enveloped or non-enveloped viruses, according to label instructions.

Patient Disposition

1. **Home care:** Patients going home with suspected COVID-19 should adhere to appropriate transmission-based isolation precautions until the risk of secondary transmission is thought to be low. Current information on COVID-19 is limited, thus home precautions should be conservative based on general recommendations for other coronaviruses, like Middle Eastern Respiratory Syndrome (MERS), and may last up to 14 days.
   See https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html
2. **Hospital:** Notify the transportation team and the receiving hospital to ensure measures are implemented before patient arrival, upon arrival, and throughout the duration of the affected patient's presence in the healthcare setting. Ensure receiving facility policies and practices are in place to minimize exposures to respiratory pathogens including COVID-19.
   See https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html

Staff Management

1. Clinics should keep a log of all persons who care for **or** enter the room or care area of patients with suspected or confirmed COVID-19.
2. Movement and monitoring decisions for HCP with exposure to COVID-19 should be made in consultation with public health authorities. Review the most current *Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with 2019 Novel Coronavirus (2019-nCoV).* See https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html
3. Facilities and organizations providing healthcare should implement sick leave policies for HCP that are non-punitive, flexible, and consistent with public health guidance. See https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/index.html