

COVID 19 Outpatient Services Clinical Guidelines Revised 3/23/21

Appointment Verification:

1. All appointment verification should include review of symptomology per CMH Screening and Visitor Policy
2. Patients with COVID 19 symptomology that are not being seen for treatment of symptoms should be rescheduled

Common Waiting Areas:

1. All patients/guests must mask at all times. If a patient/guest refuses to mask , please notify your clean lead/supervisor/manager to assess for medical contraindications to wearing a mask. Those found without contraindications will be asked to leave and reschedule at a time they can wear a mask.
2. Social distancing should be implemented.
3. Patients should be evaluated for COVID symptomology and taken to private room as soon as possible.

Care of all Outpatients:

1. Patients should remain masked, even in private rooms, unless absolutely necessary.
2. All staff who may have contact with an unmasked patient must wear a face mask and full faceshield or goggles.
3. If the patient must be unmasked for clinical evaluation, attempt to remove mask for less than 15 minutes.
4. If a patient is unmasked for greater than 15 minutes in an outpatient /procedural room then the room must sit for the following amount of time prior to room disinfection:

Imaging Procedure Room – 30 minutes

Clinic Room - 45 minutes (without air scrubber)

- If air scrubber present review attached notice for sit time

Exam room and any equipment having contact with the patient should be wiped down with hospital approved disinfectant (i.e. stethoscope, BP cuff, oximeter, etc.). the patient.

ED/UC – Providers and RN staff:

1. At a minimum will wear simple mask and full face shield or goggles for every patient care situation.
2. If an N95 is donned due to caring for a patient(s) exhibiting COVID symptomology or because the patients are unable to mask, then the caregiver may keep the mask in place in an Extended Use capacity. If goggles are the eyewear worn then the N95 must be covered with a simple mask and the simple mask removed and discarded after leaving the patient room

The N95 must be disposed of and a new N95 obtained in the following situations:

- After care of a patient receiving an aerosol generating procedure
- If mask is removed for meals/ breaks
- End of the work shift (not to exceed 12 hours of use)

ED/UC - RT/Lab/Imaging and Other HCW Providing Care within ED and Urgent Care

1. Upon entry to the dept and care of the ED patient, review the ED whiteboard to identify if N95 use is expected in care of the patient to be seen.
2. Don N95 as appropriate based on patient symptomology/ ED notification and/or aerosol generating procedure.
3. N95 must be removed and disposed of after completing care of COVID potential/+ patients.
4. Full Face shield or goggles must be worn during every patient care interaction.

Patients Presenting with COVID related symptoms

1. MA will room patient wearing basic/simple mask, eyewear, gown and gloves. MA will obtain vital signs and brief medical history.*
2. Provider will enter exam room with basic/simple mask, eyewear, gown and gloves in place and examine patient.*
3. If a symptomatic patient is unable to mask or mask must be removed to provide care, then staff must don an N95 plus full faceshield/goggles
4. If a nasopharyngeal specimen is to be obtained and patient can maintain masking or just lower below nares:
 - N95 is not required, but is allowable with full faceshield/goggles
 - Have patient lower mask only below the nares and keep mask over mouth while obtaining specimen.

Exam room and any equipment having contact with the patient should be wiped down with hospital approved disinfectant (i.e. stethoscope, BP cuff, oximeter, etc.). the patient.

Outpatient Gym/Open Care Areas (Pulmonary/Cardiac Rehab/ Rehabilitations Services Gym)

1. Social Distancing must be implemented between patients.
2. Patients are encouraged to mask.*
3. Shared equipment must be disinfected by between users using hospital approved disinfectant.
4. Patients should be educated and encouraged to implement hand sanitizing /handwashing.

COVID 19 Testing:

Severely ill patients who will be transferred to a higher level of care (ED or inpatient) should not be tested for COVID-19 in an outpatient setting.

CMH Employees with LRI symptoms referred by CMH Employee Health will be tested at the Pavilion Urgent Care. Urgent Care will be notified by Employee health of these referrals and a letter will be sent to the employee. These employees should be evaluated for clinical presentation and need for COVID testing.

Any nasopharyngeal swabs performed on an asymptomatic (ie presurgical screening)patients will be obtained using simple/ surgical mask, eyewear, gown, and gloves worn by the health caregiver. N95 masks are not required for NP swab.

Provision of Aerosol Generating Procedures (AGP)

AGP's should be avoided in outpatient settings unless necessary for patient care. See policies: Common Cannister Policy and Nebulizer to MDI dose Equivalency

If AGP's must be completed in an outpatient setting, they will be completed in a private room with door closed. Health caregiver must don N95, eyewear, gown and gloves. Remove patient mask only when necessary. If the patient is unmasked for greater than 15 minutes then the room must sit for 45 minutes prior to disinfection and rooming of another patient. Aerosol-Generating Procedures (AGP's) Definition: Medication administration via continuous nebulizer, sputum induction/collection, CPAP, BiPAP, intubation/extubation, open suctioning, manual ventilation, bronchoscopy, surgery, high flow nasal oxygen.

Intermittent Nebulizer treatments for simple asthma, mild COPD exacerbations or reactive airway disease **do not** require use of N95 mask by caregiver.

References:

CDC Guidelines for Environmental Infection Control in HealthCare Facilities (2003) Air contaminant removal guidelines

<https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html>

CDC COVID 19 Outpatient Care Guidelines <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-hcf.html#outpatient-ambulatory>

CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the COVID 19 Pandemic

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

Oregon Health Authority Provisional Guidance : Clinical Care and Healthcare Infection Prevention and Control

<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2288J.pdf>