

COVID-19 (Coronavirus Disease)

Frequently Asked Question (FAQ) for Ambulatory Clinics

Internal Use Only

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DISCLAIMER: COVID-19 information is rapidly changing and documents will be updated accordingly.

Contents

1. What guidelines should be followed if State and National guidance do not match? .	2
2. What is the responsibility of the call centers when scheduling?	2
3. What should the clinic do upon identifying a potential patient for coronavirus?	2
4. What type of personal protective equipment should staff wear?.....	2
5. Can a suspect patient stay in the waiting area until an exam room is freed?	2
6. Who do I inform if a suspect case is identified?	2
7. When can the patient be discharged from the clinic?	3
8. How long should the exam room remain vacant after the suspect patient is discharged?	3
9. How should the exam room and all non-disposable medical equipment used for patient care of a suspect patient be cleaned and disinfected?	3
10. Does the hospital need to be called before referring the patient to an acute care facility for further evaluation or testing?	3
11. Who transports collected samples for COVID-19 testing?	3
References.....	3
CDC Information for Healthcare Professionals	3
CDC Sequence for Donning/Doffing PPE	3
Patient Safety National Office – Contacts	4

1. What guidelines should be followed if State and National guidance do not match?

While CommonSpirit Health clinics follow nationally recognized guidelines from the Centers for Disease Control and Prevention (CDC), CSH clinics should also follow State and local Public Health guidelines. At times, State guidelines during public health emergencies and outbreaks may not coincide momentarily with national CDC guidelines but will eventually align within days. During this temporary gap, we recommend following the more stringent of the available guidelines. Each clinical site clinical and operations leadership team will need to make certain clinical & operating decisions based on available resources with CDC as a minimum standard.

2. What is the responsibility of the call centers when scheduling?

Upon receiving a call from a patient that wants to be seen to rule out coronavirus or informs the staff member of recent travel to a country that has a declared outbreak, the staff should ask if they have symptoms of cough, trouble breathing and fever. If symptoms are present, a message must immediately be sent to the clinic for further phone interview/assessment. If the patient is expressing serious concerns with ability to breath, instruct the patient to hang up and call 911.

3. What should the clinic do upon identifying a potential patient for coronavirus?

Immediately place a standard mask on the patient and escort them to a private exam room keeping a six foot distance from the patient. Donning personal protective equipment must be done prior to further assessment by the provider.

4. What type of personal protective equipment should staff wear?

Staff should wear gown, gloves, standard/surgical mask, and eye protection. A N95 respirator should be worn during aerosolizing procedures (e.g., nasopharyngeal swab, breathing treatment, open airway suctioning).

5. Can a suspect patient stay in the waiting area until an exam room is freed?

No, a suspect patient should not stay in the waiting room area and should be escorted to an exam room as soon as possible. If an exam room is not immediately available, the patient should be placed in another well vented area if available or wait in a personal vehicle or outside the healthcare facility where they can be contacted by mobile phone when it is their turn to be evaluated. Each clinic should develop a workflow based on their clinic blueprint and available resources.

6. Who do I inform if a suspect case is identified?

If the provider believes the patient meets definition for COVID-19, immediately contact your local Public Health Department for guidance and inform your facility Infection Preventionist or ambulatory Quality leader.

7. When can the patient be discharged from the clinic?

Your local Public Health department will provide instructions for patient discharge. If the patient is medically stable the Public Health department may decide the patient can be discharged to home rather than hospitalized and the patient will be monitored by the local Public Health department.

8. How long should the exam room remain vacant after the suspect patient is discharged?

The exam room should not be used for at least one hour after the suspect patient is discharged.

9. How should the exam room and all non-disposable medical equipment used for patient care of a suspect patient be cleaned and disinfected?

Follow your clinics policies and standardized operating procedures for standard cleaning and disinfecting of equipment and exam rooms, and appropriate disposal of PPE.

10. Does the hospital need to be called before referring the patient to an acute care facility for further evaluation or testing?

Yes, the provider or designee must call the hospital to inform them of the patient in order to evaluate capacity and safe patient handoff. If it is an emergency situation, EMS will manage patient transport.

11. Who transports collected samples for COVID-19 testing?

A discussion with local public health is recommended ahead of time to determine which courier will be utilized for specimen shipment. Once commercial laboratories are capable of testing for COVID-19, arrangement would occur with the commercial lab.

References

CDC Information for Healthcare Professionals

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

CDC Sequence for Donning/Doffing PPE

<https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>

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