

**Purpose:** To define the clinic protocols for identifying and treating patients suspected of being exposed or having the coronavirus and ensuring overall patient, visitor and employee safety.

### **Minimize Chance for Exposures**

Ensure Clinic policies and practices are followed to minimize exposures to respiratory pathogens including SARS-CoV-2, the virus that causes COVID-19. Measures should be implemented before patient arrival, upon arrival, and throughout the duration of the affected patient's presence in the healthcare setting.

All staff must be trained on these procedures and management staff ensure compliance.

### **Before Patient Arrival**

New patients and/or Patients who call the Clinic for a Sick Visit will be screened by the Clinical Staff person that is making the appointment. The Clinical Staff person will ask each question on the Disease Screening Questionnaire and follow the defined actions as stated in the Disease Screening Decision Flow Chart. The goal of the questionnaire is identify those at most risk and direct them to ER for accurate testing and diagnosis. Patients with lower risk factors will be seen at the Clinic.

Front Desk Medical Assistant should wear gloves and perform hand hygiene before and after all patient contact.

### **Upon Arrival and During the Visit**

All patients and others visiting the clinic will complete the Disease Screening Questionnaire. The Clinical Staff contact will review the completed questionnaire and follow the defined actions as stated in the Disease Screening Decision Flow Chart. The goal of the questionnaire is identify those at most risk and direct them to ER for accurate testing and diagnosis. Patients with lower risk factors will be seen at the Clinic.

The Clinic will post visual alerts at the entrance and in strategic places (e.g., waiting areas, elevators, cafeterias) to provide patients and HCP with instructions in English and Spanish about hand hygiene, respiratory hygiene, and cough etiquette. Instructions should include how to use facemasks (See definition of facemask in Appendix) or tissues to cover nose and mouth when coughing or sneezing, to dispose of tissues and contaminated items in waste receptacles, and how and when to perform hand hygiene.

Supplies will be provided for respiratory hygiene and cough etiquette, including 60%-95% alcohol-based hand sanitizer (ABHS), tissues, no touch receptacles for disposal, and facemasks at healthcare facility entrances, waiting rooms, patient check-ins, etc.

All patients will receive a handout, How to Prevent Coronavirus.

### **Protocols for Patients without Respiratory or Disease Symptoms**

#### **Verification of No Symptoms**

Front desk staff will verify that patients are not sick and do not have other symptoms to discuss with HCP prior upon check in before admission to an exam room. Front Desk MA will wear gloves and change them frequently.

#### **Hand Hygiene**

HCP should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves. Hand hygiene in healthcare settings also can be performed by washing with soap and water for at least 20 seconds. Hand hygiene supplies should be readily available in every exam and consultation room.

#### **Gloves**

HCP staff will perform hand hygiene, then put on clean, non-sterile gloves upon entry into the patient room or care area. Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene.

Limit the number of HCP present during exam to only those essential for patient care and procedural support.

#### **Implement Environmental Infection Control**

Clean and disinfect exam room hard surfaces promptly when the patient leaves the exam room prior to the next patient.

### **Protocols for Patients with Respiratory or Disease Symptoms**

Standard Precautions assume that every person is potentially infected or colonized with a pathogen that could be transmitted in the healthcare setting. Elements of Standard Precautions that apply to patients with respiratory infections. All HCP staff will use gloves, eye protection, N95 masks and gowns when seeing patients with respiratory or disease symptoms.

Clinic staff will ensure rapid triage and isolation of patients with symptoms of respiratory or other infection (e.g., fever, cough, congestion):

Ask patient to implement respiratory hygiene and cough etiquette (i.e., placing a facemask over the patient's nose and mouth if that has not already been done)

In order to limit exposure to other patients, patients with disease or respiratory symptoms may be asked to wait in a personal vehicle or in the atrium where they can be contacted by mobile phone when it is their turn to be evaluated.

Due to shortage of PPE supplies, students will not be allowed to shadow HCP sick visits.

## Hand Hygiene

HCP should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves. Hand hygiene in healthcare settings also can be performed by washing with soap and water for at least 20 seconds. Hand hygiene supplies should be readily available in every exam and consultation room.

## Personal Protective Equipment

HCP must receive training on and demonstrate an understanding:

- 1) when to use PPE
- 2) what PPE is
- 3) to properly don and use, in a manner to prevent self-contamination;
- 4) how to properly dispose of or disinfect and maintain PPE;
- 5) Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses.
- 6) sequence for safely donning and doffing PPE

## Gloves

HCP staff will perform hand hygiene, then put on clean, non-sterile gloves upon entry into the patient room or care area. Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene.

## Gowns

Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use.

## Respiratory Protection

Use respiratory protection (i.e., a respirator) that is at least as protective as a fit-tested NIOSH-certified disposable N95 filtering face piece respirator before entry into the patient room or care area.

Disposable respirators should be removed and discarded at the end of the day. In case of shortages, the respirator should be sanitized prior to next day use. Perform hand hygiene after discarding the respirator.

## Eye Protection

Put on minimum or maximum eye protection goggles upon entry to the patient room or care area. Remove eye protection before leaving the patient room or care area. Reusable eye protection (e.g., goggles or safety glasses) must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use.

Limit the number of HCP present during exam to only those essential for patient care and procedural support.

Clean and disinfect exam room hard surfaces promptly when the patient leaves the exam room prior to the next patient. Clean and disinfect all equipment, including blood pressure cuffs before use on another patient according to manufacturer's instructions.

### **Take Extra Caution with Diagnostic Respiratory Specimen Collection**

Collecting diagnostic respiratory specimens (e.g., nasopharyngeal swab) are likely to induce coughing or sneezing. Individuals in the room during the procedure should be limited to the patient and the healthcare provider obtaining the specimen.

### **Visitors**

Visitors should be discouraged to attend unless as translators or providing transportation. The Executive Director must approve visitors to the Clinic for non-patient activities. All visitors should follow respiratory hygiene and cough etiquette precautions while in the common areas of the facility.

### **Monitor and Manage Ill and Exposed Healthcare Personnel**

Employees that have symptoms of illness should not come to work. Employees that have been exposed to someone that has or is suspected to have the coronavirus should not come to work.

### **Implement Environmental Infection Control**

All medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies. Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly.

Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for COVID-19 in healthcare settings, including exam rooms, consultation rooms, waiting lobby, front desk and any surface that patients may have touched. Products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19. Management of medical waste will be performed in accordance with routine procedures.

### **Reporting within Healthcare Facilities and to Public Health Authorities**

The Clinical Staff will be promptly alerted about known or suspected COVID-19 patients and receive updates at the Daily Quick Huddle. The Medical Director, HCP, and/or Executive Director will be responsible for communication with staff.

State and local public health authorities will be promptly notified of patients with known or suspected COVID-19 (i.e., PUI). The Clinical Coordinator is responsible for communication with public health officials.

These policies will be updated or changed as the situation with COVID-19 develops or changes.



# WOVEN HEALTH CLINIC

## Disease Screening Questions

1) Do you feel sick today? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

If **YES**, which of the following symptoms do you have? (Mark all that apply)

\_\_\_\_\_ Fever \_\_\_\_\_ Chills \_\_\_\_\_ Cough \_\_\_\_\_ Sore throat \_\_\_\_\_ Shortness of breath \_\_\_\_\_ Muscle aches  
\_\_\_\_\_ Vomiting \_\_\_\_\_ Diarrhea Other: \_\_\_\_\_

Date of symptom onset: \_\_\_\_\_

2) Have you had contact with a person with known or suspected to have the Coronavirus? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

3) Have you traveled out of the country in the last 30 days? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

If **YES**, which country or countries?

Country: \_\_\_\_\_ City, Town or Providence: \_\_\_\_\_

Date of travel **TO** Country: \_\_\_\_\_ Date of travel **FROM** Country: \_\_\_\_\_

Country: \_\_\_\_\_ City, Town or Providence: \_\_\_\_\_

Date of travel **TO** Country: \_\_\_\_\_ Date of travel **FROM** Country: \_\_\_\_\_

Country: \_\_\_\_\_ City, Town or Providence: \_\_\_\_\_

Date of travel **TO** Country: \_\_\_\_\_ Date of travel **FROM** Country: \_\_\_\_\_

4) Have you had contact with anyone who has traveled outside the country in the last 30 days?

\_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

If **YES**, what country or countries did that person visit?

Country: \_\_\_\_\_ City, Town or Providence: \_\_\_\_\_

Date of travel **TO** Country: \_\_\_\_\_ Date of travel **FROM** Country: \_\_\_\_\_

Country: \_\_\_\_\_ City, Town or Providence: \_\_\_\_\_

Date of travel **TO** Country: \_\_\_\_\_ Date of travel **FROM** Country: \_\_\_\_\_

Country: \_\_\_\_\_ City, Town or Providence: \_\_\_\_\_

Date of travel **TO** Country: \_\_\_\_\_ Date of travel **FROM** Country: \_\_\_\_\_

Date(s) of contact with that person: \_\_\_\_\_

5) Are you a health care worker (HCW)? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### INTERNAL REVIEW ONLY:

Medical Assistant, RN Signature \_\_\_\_\_ Physician, PA or NP Signature \_\_\_\_\_



# WOVEN HEALTH CLINIC

## Disease Screening Questions

1) Se siente enfermo hoy?  SI  NO

SI, Cual de los siguientes sintomas tiene? (Marque todo lo que corresponda)

Fiebre  Resfriado  Tos  Dolor de garganta  Falta de aliento  Dolores musculares  
 Vomito  Diarrea Otro: \_\_\_\_\_

Fecha de inicio de los sintomas: \_\_\_\_\_

2) Has tenido contacto con una persona que tiene o sospecha de tener Coronavirus?  SI  NO

3) Has viajado fuera del pais en los ultimos 30 dias?  SI  NO

SI, Cual pais o paises?

Pais: \_\_\_\_\_ Ciudad, Pueblo o Providencia: \_\_\_\_\_

Fecha del viaje AL Pais: \_\_\_\_\_ Fecha del viaje DESDE EL Pais: \_\_\_\_\_

Pais: \_\_\_\_\_ Ciudad, Pueblo o Providencia: \_\_\_\_\_

Fecha del viaje AL Pais: \_\_\_\_\_ Fecha del viaje DESDE EL Pais: \_\_\_\_\_

Pais: \_\_\_\_\_ Ciudad, Pueblo o Providencia: \_\_\_\_\_

Fecha del viaje AL Pais: \_\_\_\_\_ Fecha del viaje DESDE EL Pais: \_\_\_\_\_

4) Has tenido contacto con alguien que ha viajado fuera del pais en los ultimos 30 dias?

SI  NO

SI, Cual pais o paises visito esa persona?

Pais: \_\_\_\_\_ Ciudad, Pueblo o Providencia: \_\_\_\_\_

Fecha del viaje AL Pais: \_\_\_\_\_ Fecha del viaje DESDE EL Pais: \_\_\_\_\_

Pais: \_\_\_\_\_ Ciudad, Pueblo o Providencia: \_\_\_\_\_

Fecha del viaje AL Pais: \_\_\_\_\_ Fecha del viaje DESDE EL Pais: \_\_\_\_\_

Pais: \_\_\_\_\_ Ciudad, Pueblo o Providencia: \_\_\_\_\_

Fecha del viaje AL Pais: \_\_\_\_\_ Fecha del viaje DESDE EL Pais: \_\_\_\_\_

Fecha(s) de contacto con esa persona: \_\_\_\_\_

5) Eres un trabajador de salud?  SI  NO

Nombre de Paciente: \_\_\_\_\_ Firma de Paciente: \_\_\_\_\_

Fecha: \_\_\_\_\_

### INTERNAL REVIEW ONLY:

Medical Assistant, RN Signature \_\_\_\_\_ Physician, PA or NP Signature \_\_\_\_\_