

Checklist to Prepare Physician Offices for COVID-19

COVID-19 Education

- Educate staff about coronavirus disease 2019 (COVID-19), and why it is important to contain the outbreak.
- Educate staff on facility policies and practices to minimize chance of exposure to respiratory pathogens including SARS-CoV-2, the virus that causes COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinic-preparedness.html>.
- Educate staff about COVID-19 evaluation and treatment.
- Educate staff about alternative office management plans.
- Educate staff on how to advise patients about changes in office procedures (e.g., calling prior to arrival if the patient has any signs of a respiratory infection and taking appropriate preventive actions) and developing family management plans if they are exposed to COVID-19.
 - When scheduling appointment does the patient fall into a high-risk category?
 - Chronic diseases
 - Suffer immunosuppression
 - 60 years of age or older
 - Are they experiencing respiratory symptoms or fever?
 - Have they been in close contact with someone who has been or is now sick?
 - Offer a telehealth appointment if that is an acceptable option for the patient.**
 - Please remind patients of our visitor policy. The policy for UofL Health can be found at <https://uoflhealth.org/coronavirus/visitor-policy/>, and will be updated as needed.
 - Patients with respiratory issues should call our practice to let us know you have arrived and follow directions provided by our practice.
 - *Thank you for letting us know of your arrival. Will you tell me more about your condition today? Please wait in your car and we will call you as soon as we are ready for your appointment with your provider.*
 - Please encourage patients to wear a mask if available. If not available provide surgical mask to patient upon arrival.

Office Preparedness

- Design a COVID-19 office management plan that includes patient flow, triage, treatment and design.
 - Rearrange waiting room furniture.
 - Add tape to the floor for patients presenting at the front desk.
 - Provide alcohol-based hand rub and masks in all reception, waiting, patient care, and restroom areas for patients with respiratory symptoms. Always keep soap dispensers stocked with handwashing signs.
 - Discontinue the use of toys, magazines, and other shared items in waiting areas, as well as office items shared among patients, such as pens, clipboards, phones, etc.

Office Preparedness (continued)

- Consider ways to reduce or eliminate exposures by shielding staff and other patients from infected individuals.
- Provide hand sanitizer, approved respirators, face shields/goggles, surgical masks, gloves, and gowns for all caregivers and staff to use when within six feet of patients with suspected COVID-19 infection.
- Ensure adherence to standard precautions, including airborne precautions and use of eye protection: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>.
- Assume that every patient is potentially infected or colonized with a pathogen that could be transmitted in a health care setting.
- Prepare for office staff illness, absences, and/or quarantine. Plan for increased absenteeism rate.
 - Reach out to Employee Health, 502-588-0376 or 502-217-1068, if team members are exhibiting signs and symptoms.
- If appropriate, cross-train staff for all essential office and medical functions to cover team member absences.
- Review proper office and medical cleaning routines. Routine cleaning and disinfection procedures are appropriate for SARS-CoV-2 in health care settings, including those patient-care areas in which aerosol generating procedures are performed. Products with emerging viral pathogens claims are recommended for use against SARS-CoV-2. Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Waste-Management>.
- Identify materials and supplies required for care to be delivered during an outbreak or pandemic, and suppliers that can provide those materials. Order appropriate materials and supplies. Contact: Brenda Wulf, Brenda.wulf@uoflhealth.org or 502-569-7968
- Familiarize staff with procedures on transporting patients from your office to the hospital or other facility if required.
- Post signage in appropriate languages at the entrance and inside the office to alert all patients with respiratory symptoms and fever to notify staff immediately.
- Post signage in appropriate languages with pictures to teach/remind all patients about correct respiratory hygiene and cough etiquette. Specifically, they should cough and sneeze into a tissue (which then should be properly discarded), or into the upper sleeve. Remind patients to use appropriate handwashing technique.
- Use appropriate hand hygiene.

Triage and Patient Flow Systems

- Develop a triage protocol for your practice based on patient medical needs.
- Recommend that patients with respiratory symptoms and fever call the office before arrival.
 - **Again, Offer a telehealth appointment if that is an acceptable option for the patient.**
- Implement alternative patient flow systems.
 - Provide all patients with disposable surgical mask.
 - Isolate all patients with suspected symptoms of any respiratory infection using doors, remote office areas, or negative-pressure rooms, if available.
 - Evaluate patients with acute respiratory illness (ARI) promptly.
 - After delivering care, exit the room as quickly and directly as possible (i.e., complete documentation in clean area).
 - Clean room and all medical equipment completely with appropriate cleaning solutions.

Triage and Patient Flow Systems (continued)

- When possible, reorganize waiting areas to keep patients with respiratory symptoms a minimum of 6 feet away from others and/or have a separate waiting area for patients with respiratory illness.
- Consider arranging a separate entrance for symptomatic patients.
- Schedule patients with ARI for the end of a day or at another designated time.
- Provide no-touch waste containers with disposable liners in all reception, waiting, patient care, and restroom areas.
- Dedicate equipment, such as stethoscopes and thermometers, to be used in ARI areas. This equipment should be cleaned with appropriate cleaning solutions for each patient. Consider the use of disposable equipment when possible (e.g., blood pressure cuffs).
- Per the CDC, please consider the following options to prevent the spread of community transmission. Develop optional protocols and procedures for your practice based on patient and community outbreak.
- Develop patient education materials to inform such patients of the reason for home isolation and the process to be followed.
- Transportation to a referral/transfer site should be handled by a previously exposed family member in a personal vehicle, or by a health facility vehicle such as an ambulance, not via public transportation.
- Notify the recipient of a referred/transferred patient that a suspected COVID-19 case is being referred/transferred.
- Implement appropriate public health reporting procedures.

Waste Disposal

- No-touch methods should be used to dispose of waste materials with respiratory secretions.
- Arrange to use the currently recommended methods for disposal of dangerous waste.
- Routine cleaning and disinfection procedures are appropriate for SARS-CoV-2 in health care settings, including those patient-care areas in which aerosolgenerating procedures are performed. Products with emerging viral pathogens claims are recommended for use against SARS-CoV-2. Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Waste-Management>.

DEFINITIONS:

Self-monitoring is regularly checking temperature and watching for signs of respiratory illness, such as fever cough or shortness of breath, according to the CDC.

Quarantine is used to separate and restrict the movement of well persons who may have been exposed to a communicable disease to see if they become ill. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms. Quarantine can also help limit the spread of communicable disease.

Isolation is used to separate ill persons who have a communicable disease from those who are healthy. Isolation restricts the movement of ill persons to help stop the spread of certain diseases. For example, hospitals use isolation for patients with infectious tuberculosis. While the patient is waiting for diagnostic test results, home isolation may be required.

For questions, please reach out to the following:

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