APPLICATION

Outpatient clinic location staff

POLICY

Samaritan Health Services outpatient clinic location staff will follow the following guidance regarding patients with respiratory symptoms and clinical concern for possible COVID-19.

PROCEDURE

DEFINITIONS:
1. High Risk for COVID-19: Fever, respiratory symptoms (cough, shortness of breath) AND a history of travel to an area with widespread geographic spread, exposure to areas where community transmission has been documented, or exposure to a confirmed COVID-19 case within 14 days of symptom onset.

IMPLEMENTATION:

Patient Triage Instructions (in-person):
1. All patients should be masked immediately when entering the clinic if they have symptoms of acute respiratory infection. Patients must remain masked at all times.
   A. If patient is high risk for COVID-19, the patient should be immediately escorted to an empty room and the door should be closed.
      1) Staff escorting the patient should wear a procedure/surgical mask.
      2) If no empty room is available, keep patient masked and 6 ft from other patients and staff until a room is available.
   B. If a patient does not have a clinical need to be sent to the emergency department or a hospital, do not send them there.
   C. If the patient is high risk for COVID-19 and requires emergency department evaluation or hospitalization, call the receiving emergency department or accepting provider and infection prevention (Appendix B) so that they can prepare for arrival.

2. The minimum PPE necessary to evaluate patients in the outpatient setting with fever or respiratory symptoms is a regular facemask, gown, gloves and eye protection (goggles or face shield). The following caveats and additions apply:
   A. Aerosol-generating procedures (Appendix F) that are not immediately required for patient care should be avoided.
   B. Respiratory specimen collection is no longer considered an aerosol generating procedure, according to the Oregon Health Authority.
C. Patient care that involves aerosol-generating procedures (e.g., Appendix F nebulizer therapy): utilize contact and airborne precautions with eye protection (i.e., respirator (N95 or PAPR), eye protection, gown, and gloves)
   1) If aerosol generating procedures (e.g. nebulizer therapy) are deemed clinically necessary, an N95 respirator or PAPR in addition to gown, gloves, and eye protection should be used during these procedures.
      a) If N95 or PAPR not available and there is a clinical need for aerosol generating procedures, please contact local Infection Preventionist for further direction.
      b) Only staff fit tested for N95 respirators or PAPRs should participate in aerosol generating procedures.
      c) Only one staff member in full PPE should be in the room during aerosol generating procedures.
      d) PPE should be used according to Appendix E - PPE Donning/Doffing Checklist
   2) Please reference the CDC website and Appendix C regarding proper collection of specimens:
      b) Toolkit for Testing with photos (Appendix D)

3. If after evaluation, high suspicion for COVID-19 exposure remains and the patient does not require hospitalization, consider testing and home care as detailed below. Consider testing as medically indicated, not at the request of the patient.
   A. Testing
      1) The Oregon State Public Health Laboratory has limited testing capacity and is not currently accepting outpatient testing
      2) University and commercial laboratories (University of Washington) have developed tests that can be sent if deemed clinically necessary.
      3) Prioritize testing to those at high risk for severe illness or spread of infection.
      4) Severely ill patients who will be transferred to a higher level of care should not be tested in an outpatient setting.
      5) If testing is pursued, alert the local public health department and implement home care (below).
      6) All respiratory testing should be performed using PPE as detailed in section 2.
         a) Gown, gloves, regular facemask, eye protection
   B. Home Care
      1) A decision to pursue home care for patients at high risk not requiring hospitalization should be coordinated with the local public health department. See Appendix F for home care instructions and considerations.
      2) Patients should self-isolate at home for 24 hours after symptom resolution

4. Room cleaning procedures
   A. Close the room for two hours if the room is used for aerosol generating procedures
   B. If aerosol generating procedures did not occur, clean the room following standard droplet precaution cleaning process.

REFERENCES
• Appendix A – Person Under Evaluation (PUI) Criteria
• Appendix B – Contact Information

If printed, this document is current for this date only: May 1, 2020
Current Policy and Procedures can be found on the SHS intranet.
• Appendix C – Toolkit for Testing
• Appendix D – Donning/Doffing PPE Checklists
• Appendix E - Care of Persons at Home with COVID-19
• Appendix F – Aerosol Generating Procedures

REVIEW/REVISION HISTORY

<table>
<thead>
<tr>
<th>Date of Revision</th>
<th>Revision #</th>
<th>Revision / Review</th>
<th>Revision Description</th>
<th>Collaborated With (i.e. Standardization Committee, VP’s, Quality, Risk)</th>
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<td>3/3/2020</td>
<td>0</td>
<td>New</td>
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<td>IP, Infectious Disease, Quality, Emergency Management, Nursing Leadership, Project Management</td>
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<td>3/6/2020</td>
<td>1</td>
<td>Revision</td>
<td>Substantial changes have been made to this policy in response to updated testing criteria and infection prevention recommendations from the Oregon Health Authority.</td>
<td>SHS Coronavirus Task Force</td>
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<td>3/12/2020</td>
<td>2</td>
<td>Revision</td>
<td>Substantial changes have been made to this policy in response to updated guidance from the Oregon Health Authority.</td>
<td>SHS Coronavirus Task Force</td>
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<td>3/12/2020</td>
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<td>Updates to links</td>
<td>SHS Coronavirus Task Force</td>
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<td>3/16/2020</td>
<td>4</td>
<td>Revision</td>
<td>Updates to Donning/Doffing Checklist</td>
<td>SHS Coronavirus Task Force</td>
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<td>4/9/2020</td>
<td>5</td>
<td>Revision</td>
<td>Update to aerosol generating procedures, clarification of cleaning protocol.</td>
<td>SHS Coronavirus Task Force</td>
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<tr>
<td>4/15/2020</td>
<td>7</td>
<td>Revision</td>
<td>Updated aerosol generating procedure list to include CPR</td>
<td>SHS Coronavirus Task Force</td>
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<td>4/29/2020</td>
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<td>Revision</td>
<td>Updated PPE Donning/Doffing Checklist.</td>
<td>SHS Coronavirus Task Force</td>
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Current Policy and Procedures can be found on the SHS intranet.
Appendix A – Person Under Evaluation (PUI) Criteria

Visit https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html for the most up to date information.
Appendix B – Contact Information

Infection Prevention – Call relevant site with any suspected case of COVID-19

Albany
  o  541-812-4083

Corvallis
  o  541-768-5881

Lebanon
  o  541-451-7413

Lincoln City
  o  541-557-7222

Newport
  o  541-574-4921

County Health Departments – Call to request testing

Benton County
  o  General - 541-766-6835
  o  After hours – 541-766-6835

Linn County
  o  General – 541-967-3888 x 2488
  o  After hours – 541-967-3888

Lincoln County
  o  General - 541-265-4112
  o  After hours – 541-265-4112

Samaritan Infectious Disease

Page on-call physician with clinical questions
  •  541-768-5810
Appendix C – Testing Information

You can find testing guidance on the Emerging Pathogens Page under Resources and Testing Guidance.
Appendix D – PPE Donning & Doffing Checklists

Reference the PPE flow chart posted on SHS Insider, emerging pathogens page, under Resources and Infection Control.

Facemask / N95 Respirator PPE Doffing and Donning Checklist
High Consequence Pathogen
Airborne and/or Droplet, Contact, Eye Protection

Name_____________________________________

<table>
<thead>
<tr>
<th>ITEM</th>
<th>MET</th>
<th>NOT MET</th>
</tr>
</thead>
<tbody>
<tr>
<td>DONNING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secure hair if needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perform hand hygiene</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don gown, leaving thumbs out of thumb loops if gown has them</td>
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<td></td>
</tr>
<tr>
<td>Tie gown securely in the back</td>
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<td></td>
</tr>
<tr>
<td>Don facemask / N95 respirator, placing top strap on the upper area of head and bottom strap on the lower area of the head. Perform seal check</td>
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<tr>
<td>Don eye protection, either face shield (preferred) or goggles</td>
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<td></td>
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<tr>
<td>Perform hand hygiene</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Place thumbs through thumb loops and don clean gloves</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOFFING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remove gown and gloves inside room.</td>
<td></td>
<td><em>Steps may be added for PPE conservation/shortages.</em></td>
</tr>
<tr>
<td>Perform hand hygiene and exit the isolation room.</td>
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</tr>
</tbody>
</table>
| Remove and dispose of your goggles or face shield into the trash without touching the front. Lean over the trash can while removing | | *
| Perform hand hygiene | | |
| Remove facemask / N95 respirator by lifting bottom strap over head and allow to drop. Grasp second strap and remove mask allowing it to fall freely from your face. Dispose of mask in trash. | | *
| Perform hand hygiene | | |

Evaluator_________________________________________________Date______________

* See Training & Education Internal Videos, Reuse of Mask – N95 Re-application and Cleaning Face Shield and N95 Mask Reuse
Facemask / PAPR PPE Doffing and Donning Checklist  
High Consequence Pathogen 
Airborne and/or Droplet, Contact, Eye Protection

| Name____________________________________ |
| ITEM | MET | NOT MET |
| DONNING |
| Secure hair if needed | | |
| Perform hand hygiene | | |
| Put on belt and blower generator | | |
| Don gown, leaving thumbs out of thumb loops if gown has them | | |
| Tie gown securely in the back | | |
| Put on PAPR hood, connect hose. Hood should be lay on top of gown. Assure air is blowing across face | | |
| Perform hand hygiene | | |
| Place thumbs through thumb loops and don clean gloves | | |
| DOFFING |
| Remove gown and gloves inside room. | | * Steps may be added for PPE conservation/shortages. |
| Perform hand hygiene and exit the isolation room. | | |
| Remove disposable portion of PAPR hood. | | |
| Perform hand hygiene | | |
| Shut off blower generator, disconnect breathing tube from blower unit, remove belt. Disinfect hood, hose blower and belt with hospital approved disinfectant. | | |
| Perform hand hygiene | | |

Evaluator________________________________________________ Date________________

* See Training & Education Internal Videos, Reuse of Mask – N95 Re-application and Cleaning Face Shield and N95 Mask Reuse
Appendix E - Care of Persons at home with COVID-19

Persons with suspected or definitively diagnosed infection with COVID-19 will often not be so ill as to require hospitalization. If so, home care is a suitable option provided the following are considered:
1. The patient is stable enough to receive care at home.
2. Appropriate caregivers are available at home.
3. There is a separate bedroom where the patient can recover without sharing immediate space with others.
4. Resources for access to food and other necessities are available.
5. The patient and other household members have access to appropriate, recommended personal protective equipment (at a minimum, gloves and facemask) and are capable of adhering to precautions recommended as part of home care or isolation (e.g., respiratory hygiene and cough etiquette, hand hygiene);
6. There are not household members who may be at increased risk of complications from Covid-19 infection (e.g., people >65 years old, young children, pregnant women, people who are immunocompromised or who have chronic heart, lung, or kidney conditions).

If persons suspected or definitively diagnosed infection with COVID-19 are cared for at home, they should be instructed to:
1. Stay home except to get medical care.
2. Separate themselves from other people in their home.
3. Call ahead before visiting healthcare facilities.
4. Wear a facemask when around others.
5. Cover their coughs and sneezes.
6. Wash their hands
7. Avoid sharing personal household items.
8. Monitor their symptoms and contact their healthcare provider for significant worsening of clinical illness (e.g., shortness of breath or difficulty breathing).

Some persons with suspected or definitively diagnosed COVID-19 may not be competent to be cared for at home. In such cases, hospitalization will be necessary to protect public health even if such hospitalization is not clinically necessitated.

More detailed discussion of home care is available on the CDC webpages:
Appendix F – Aerosol Generating Procedures

Aerosol-generating procedures* include, but are not limited to:

- Intubation, extubation and related procedures such as manual ventilation and open suctioning
- Mechanically ventilated patients prone to frequent ventilator circuit disconnects
- Tracheotomy/tracheostomy procedures (insertion/open suctioning/removal)
- Bronchoscopy
- Surgery and post-mortem procedures involving high-speed devices
- Some dental procedures (such as high-speed drilling)
- Non-invasive ventilation (NIV) such as bi-level positive airway pressure (BiPAP) and continuous positive airway pressure ventilation (CPAP)
- High-frequency oscillating ventilation (HFOV)
- High-flow nasal oxygen (HFNO), also called high-flow nasal cannula
- Induction of sputum
- Medication administration via nebulizer
- CPR

*Note: this list is not exhaustive. Please discuss activities not described with your infection prevention department.