

CORONAVIRUS (COVID-19)

As of March 17, 2020

MEDICAL OFFICE PROTOCOLS

SOMOS wants to ensure that all providers and their staff in our network are taking measures to protect themselves, as New York prepares for an increase in Coronavirus diagnoses. There is no vaccine at the present time.

It is important that all office staff and especially the receptionist and front desk staff of every medical office be trained on handling and screening incoming calls, to determine how to proceed in taking care of the patient's needs. Correct handling is important in order to ensure good patient care, office staff protection and well-being, as well as protecting other patients in the practice.

Medical office and front desk staff should also be trained on how to properly receive patients that are exhibiting upper respiratory symptoms.

PHONE CALL HANDLING

The receptionist & front desk staff should always ask the pertinent questions which if positive will require review by a medical staff to determine whether patient should come to the office or receive care via telemedicine or even referred for Coronavirus testing at a designated testing site:

- 1 Do you have upper respiratory symptoms, coughing, body aches?**
If yes, continue questioning as below.
- 2 Have you been in contact with or exposed to anyone diagnosed with Coronavirus?**
If yes, refer immediately for Coronavirus testing at a designated testing site.
- 3 Are you having fever?**
If yes, to fever & above symptoms in number 1., refer for Coronavirus testing at a designated testing site.
- 4 For how many days have you had symptoms?**
If 5 or greater, refer for Coronavirus testing at a designated testing site.
- 5 Are you experiencing shortness of breath, is it hard for you to catch your breath?**
If yes, immediately refer to the Emergency department of a local hospital.
Do not send to Urgent Care center.

If yes to number 1. and no to number 2., refer to Medical staff for tele-triage. Take message if medical staff not available, medical staff should call back same day as soon as possible.

APPOINTMENT PROTOCOLS

BEFORE ARRIVAL

- When scheduling appointments for routine medical care (e.g., annual physical, follow up appointments), instruct patients to call ahead and discuss the need to reschedule their appointment if they develop symptoms of a respiratory infection (e.g., cough, sore throat, fever) on the day they are scheduled to be seen
- When scheduling appointments for patients requesting evaluation for a respiratory infection, determine if an appointment is necessary or if the patient can be managed from home.

Approved by SOMOS Chief Medical Officers, Diego Ponieman M.D. and Dr. Jacqueline Delmont M.D.

IN OFFICE PROCEDURE

The receptionist & front desk staff should always ask the pertinent questions which if positive will require review by a medical staff to determine proper handling and whether isolation procedure should be implemented.

- **Do you have upper respiratory symptoms, coughing, body aches?**

If yes, Implement Isolation protocol.

- **Are you experiencing shortness of breath, is it hard for you to catch your breath? If yes to this question as well as to question number 1., immediately refer to the Emergency department of a local hospital. Do not send to Urgent Care center.**

UPON ARRIVAL AND DURING THE VISIT

- Take steps to ensure all persons with symptoms of COVID-19 or other respiratory infection (e.g., fever, cough) adhere to respiratory hygiene and cough etiquette, hand hygiene, and triage procedures throughout the duration of the visit.
- Post visual alerts (e.g., signs, posters) at the entrance and in strategic places (e.g., waiting areas) to provide patients with instructions (in appropriate languages) about hand hygiene, respiratory hygiene, and cough etiquette.
- Provide supplies for respiratory hygiene and cough etiquette, including alcohol-based hand rub (ABHR) with 60-95% alcohol, tissues, and no-touch receptacles for disposal, at waiting rooms.
- Ensure rapid safe triage and isolation of patients with symptoms of suspected COVID-19 or other respiratory infection (e.g., fever, cough).
- Prioritize triage of patients with respiratory symptoms.
- Triage personnel should have a supply of facemasks and tissues for patients with symptoms of respiratory infection. These should be provided to patients with symptoms of respiratory infection at check-in.
- Ensure that, at the time of patient check-in, all patients are asked about the presence of symptoms of a respiratory infection and history of travel to areas experiencing transmission of COVID-19 or contact with possible COVID-19 patients.
- Isolate the patient in an examination room with the door closed. If an examination room is not readily available ensure the patient is not allowed to wait among other patients seeking care.
- In some settings, patients may opt to 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.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

The PPE recommended when caring for a patient with known or suspected COVID-19 includes:

- Respirator or Facemask
- Put on a respirator or facemask (if a respirator is not available) before entry into the patient room or care area.
- N95 respirators or respirators that offer a higher level of protection should be used instead of a facemask when performing or present for an aerosol-generating procedure.
- Eye Protection
- Put on eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face) upon entry to the patient room or care area. Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
- Remove eye protection before leaving the patient room or care area.
- Gloves
- Put on clean, non-sterile gloves upon entry into the patient room or care area.
- Change gloves if they become torn or heavily contaminated.
- 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. Cloth gowns should be laundered after each use.

COLLECTION OF DIAGNOSTIC RESPIRATORY SPECIMENS

When collecting diagnostic respiratory specimens (e.g., nasopharyngeal swab) from a possible COVID-19 patient, the following should occur:

- Health care provider in the room should wear an N-95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown.
- The number of health care providers present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for specimen collection.
- Specimen collection should be performed in a normal examination room with the door closed.
- Clean and disinfect procedure room surfaces promptly

Refer patients who meet Coronavirus (COVID-19) criteria to a local designated testing site that can test and make appropriate diagnosis and treat. Before referring any such patients to another location, please consult the NYC Health Department by calling the **Provider Access Line (PAL)** at **(866) 692-3641**. *Patients that have mild or moderate symptoms do not need to be urgently tested and should be advised to contact their physician via phone if their condition worsens. It will not change clinical care.* COVID-19 testing should remain for people who need to be hospitalized for severe illnesses like pneumonia.

Inform – Immediately report any patient who may meet criteria for diagnostic testing for COVID-19 (Table) to the NYC Health Department. The NYC Health Department can be reached via the PAL, **(866) 692-3641**, 24 hours/day. The NYC Health Department will advise on collection of specimens for diagnostic testing, completion of submission forms, and arrangements for specimen transportation to the NYC Public Health Laboratory (PHL)

PRACTICE PROTOCOLS AND ACTION PLAN

Below are a few easy-to-follow processes that must be implemented in order to minimize risk and help those around you be safe during this time. These protocols should be observed by all personnel:

- Office must have disinfectant solutions (i.e. Lysol spray and/or wipes) available as well as hand sanitizers with at least 60% alcohol.
- Wash your hands between and after every patient with soap and water.
- Use a protective N95 mask when examining a patient with Upper Respiratory Infection (URI) symptoms.
- Wipe all surfaces daily with disinfectant, especially after evaluating every patient with Upper Respiratory (UR) symptoms.
- Stock up on masks and offer a mask to patients with UR symptoms. (Do not give a face mask to persons having difficulty breathing.)
- Clean and disinfect frequently touched objects and surfaces.

ADDITIONAL RECOMMENDATIONS

- Explore alternatives to face-to-face appointments such as telemedicine.
- Cancel all group healthcare activities (e.g., group therapy, nutritional or diabetic classes, recreational activities).

WAITING ROOM PROTOCOLS

- All patients should be separated by 6ft. or more with easy access to respiratory hygiene supplies. (In small settings consider having patients wait outside or in their vehicles and contact them via their mobile phone to come into the office).
- All staff must wear a protective mask and gloves when taking care of patients with Upper Respiratory symptoms.
- Prepare an isolation room that is away from the main, common waiting area.
- Provide a mask to every patient that arrives with Upper Respiratory symptoms. (Do not give a face mask to persons having difficulty breathing.)
- Isolate, in the designated isolation area, any patient that comes to your office with upper respiratory symptoms, sneezing, coughing, etc.
- Do not allow the patients in isolation, sneezing, coughing patients to wait for long periods of time. They should be seen as soon as a provider is available. There should never be a full isolation room.