Guidance for Clinics Experiencing Increased Community Cases of Coronavirus (COVID-19)

This guidance document will continue to be updated as the COVID-19 situation evolves. Visit www.coronavirusnetwork.org for the latest information, updates and resources.

Introduction

This guide assumes community spread (widespread transmission within the community) and is designed to assist community clinics in preparing internal protocols. It is not designed to replace or substitute for guidelines produced by hospitals, health systems, the department of public health or the CDC.

Clinic flow management

1. Immediate separation of sick and health patients
   a. If possible, create a separate entrance for sick and healthy patients
   b. If a separate entrance is not possible, designate an area in which waiting and triage can occur for sick patients that is separate from healthy patients and route patients immediately upon entry.
   c. Create signage to quickly identify patients: “Please inform our staff if you are experiencing fever and/or cough.”

2. Infection control
   a. Immediately mask all patients reporting fever or cough upon entry to the clinic
   b. Designate exam rooms dedicated to only sick visits with separate supplies
      i. Stethoscope that remains in the exam room
      ii. Blood pressure monitor, pulse oximeter, otoscope, and other supplies that remain in the room
      iii. Use disposal forehead thermometers to assess temperature without removing masks
   c. Designate providers who will perform assessments of sick patients and those who will assess healthy patients on a given day
   d. All providers and assistants must wear masks and gloves when entering the exam room of a patient with possible COVID-19
   e. Any demographic information, pharmacy information, insurance or payment information needed should be collected by a designated assistant in the exam room, avoiding time spent in waiting areas and involvement of additional employees
   f. Computers used for charting should remain in the exam room and not be moved from room to room throughout the day. If this is not possible, providers and assistants should write pertinent information on paper and transfer to EMR after leaving the exam room and washing hands.
   g. Providers must wash hands upon leaving room before documentation
   h. Patients should wear mask while exiting the clinic
i. All billing and collection should occur in the exam room, online or by phone outside of the clinic to minimize exposure

Triage

1. Triage should focus on preventing the spread of infection
2. Triage should be quick and efficient, routing patients who do not need hospitalization our or the clinic and home quickly to recover.
3. Any patients in respiratory distress or are elderly and/or have chronic conditions and are worsening should be routed to the ER.

Testing

1. Clinics should determine if they will be testing onsite or referring
2. Providers should work collaboratively to specify which patients will be tested including factors such as:
   a. Severity of symptoms
   b. Risk factors for adverse outcomes
   c. Likelihood of exposure
3. All employees involved in testing must be trained on the appropriate use of personal protective equipment
4. For clinics without the capacity to test, providers should designate a path by which patients are sent to designated screening centers or hospitals for those requiring hospitalization
5. Regardless of ability to test, all patients should be assumed to be positive if displaying symptoms
6. If testing is done, post signage, update website, send phone calls, and send text messages to patients advising that people with mild symptoms and those without symptoms should not come in for testing.
7. If testing is note done, post signage, update website, send phone calls, and send text messages to patients explaining that the clinic is not testing for COVID-19

Visit prevention

1. Devise systems which encourage asymptomatic patients concerned about exposure and those with mild symptoms to stay home
   a. Develop a hotline or phone tree to route patients to appropriate information
   b. Develop a messaging system in which patients can request a call back from a provider
   c. Designated one or more providers to return messages and provide guidance about managing symptoms at home and identifying high risk patients who need medical care
2. Provide a script for front desk personal to prevent unnecessary visits for anyone calling with concerns about coronavirus
   a. “Are you having difficulty breathing, severe chest pain, or have noticed your skin or lips turning blue?” If yes, advise patient to seek emergency assistance
b. “You can increase your risk of getting coronavirus or spreading it to other people by coming to the clinic. Visit (http://coronavirusnetwork.org or clinic website) for information.”

c. “We can have a provider call you if you have additional questions or concerns.”

3. Identify high-risk patients such as the elderly and those with compromised immune systems and arrange alternative visits when possible.
   a. Adjust provider templates to allow for the scheduling of phone consults and virtual visits.
   b. Encourage patients to set up pharmacy delivery or use drive through pharmacy options to avoid going inside pharmacies.

Sources

CDC. Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID 19) in Healthcare settings.
American Academy of Family Physicians Checklist to Prepare Physician Offices for COVID-19
Breanna Lathrop, DNP, MPH, FNP-BC: https://goodsamatlanta.org/team/breanna-lathrop/

This guidance is being disseminated via the Coronavirus Support Network, a project of Sostento Inc. a US based 501c3 federally recognized nonprofit. To join the network visit
www.coronavirusnetwork.org.