2019 Novel Coronavirus (COVID-19) Response:
Infection Prevention for Outpatient Settings

> *Updated May 9, 2020 to reflect CDC changes to room closure recommendations and CDC's recommendation of isolation for 7 to 10 days since time of onset or test date for asymptomatic.*

Background

This document provides guidance for outpatient settings evaluating persons for Coronavirus Disease-2019 (COVID-19) or caring for persons with confirmed COVID-19. Information on prompt detection and effective triage and isolation protocols of potentially infectious patients is described. Effective infection control protocols in the outpatient setting can prevent unnecessary exposures among patients, healthcare personnel, and visitors at the facility.

Definition of Healthcare Personnel (HCP) – For the purposes of this guidance, HCP refers to all persons, paid and unpaid, working in healthcare settings engaged in patient care activities, including patient assessment for triage, entering examination rooms or patient rooms to provide care or clean and disinfect the environment, obtaining clinical specimens, handling soiled medical supplies or equipment, and coming in contact with potentially contaminated environmental surfaces.

HCP should adhere to **Standard**, **Contact**, and **Droplet Precautions**, including the use of eye protection (e.g., goggles or a face shield) when caring for patients with COVID-19 infection. These precautions include the use of the following PPE:

- ✓ Facemask (surgical mask with ear loops or procedure mask with ties)
- ✓ Eye protection (e.g., goggles, or a disposable face shield that covers the front and sides of the face)
- ✓ Gown
- ✓ Clean, nonsterile gloves

For aerosol-generating procedures (e.g. sputum induction, open suctioning of airways, etc.)

- ✓ NIOSH approved and fit-tested N-95 or higher-level respirator
- ✓ Eye protection
- ✓ Gloves
- ✓ Gown

For collection of respiratory specimens (e.g. nasopharyngeal swab)

- ✓ NIOSH approved and fit-tested N-95 or higher-level respirator is preferred (or facemask if a respirator is not available)
- ✓ Eye protection
- ✓ Gloves
- ✓ Gown

Visual Alerts

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Post visual alerts (in appropriate languages) at the entrance to outpatient facilities (e.g., emergency departments, physician offices, outpatient clinics) instructing patients and persons who accompany them (e.g., family, friends) to inform HCP of symptoms of a respiratory infection and any recent travel history when they first register for care and to practice respiratory hygiene and cough etiquette.

Respiratory Hygiene and Cough Etiquette

Recommend that all persons with signs and symptoms of a respiratory infection perform the following actions to contain respiratory secretions:

- Cover mouth and nose with a tissue when coughing or sneezing;
- Use nearest waste receptacle to dispose of the tissue after use;
- Perform hand hygiene (e.g., handwashing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic handwash) after having contact with respiratory secretions and contaminated objects/materials. Wash hands with soap and water if they are visibly soiled.

Ensure the availability of materials for respiratory hygiene and cough etiquette in waiting areas and patient care area for patients and visitors.

- Provide tissues and no-touch receptacles for used tissue disposal.
- Provide conveniently located dispensers of alcohol-based hand rub. Where sinks are available, ensure that supplies for hand washing (i.e., soap, disposable towels) are consistently available.

Masking and Separation of Persons with Respiratory Symptoms

Provide procedure masks (i.e., with ear loops) or surgical masks (i.e., with ties) masks to persons who are coughing to contain respiratory secretions (respirators such as N-95 or above are not necessary for this purpose). Minimize the time patients with acute respiratory symptoms spend in waiting area by placing them in a private room with the door closed or encouraging coughing persons to sit at least six feet away from others in common waiting areas. Persons escorting patient to private room should maintain a distance of 6 feet from masked patient while in a public area. Once patient is roomed, staff should only enter in recommended PPE.

*Please Note: Clinics that lack resources to safely provide care for patients being evaluated for or confirmed to have COVID-19 **should identify a facility where patients can be safely evaluated and arrange transport**. Depending on acuity of illness, transportation may involve EMS. The outpatient clinic should communicate concern for COVID-19 to receiving facility and EMS.*

Steps to minimize exposure when the arrival of a patient with known or suspected COVID-19 is anticipated:

1. Use pre-visit communication systems through telephone and text appointment reminders or patient portals if available.

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2. Conduct active outreach to patients to instruct those at risk for COVID-19, such as contact with a person with COVID-19 in 14 days prior to symptom onset, to call before their clinic appointment.
3. If possible, schedule appointment at the end of day or at a time when clinic is not busy.
4. When scheduling appointments by phone, provide instructions to persons with signs or symptoms of COVID-19 on how to arrive at the clinic, including which entrance to use and the precautions to take (e.g., how to notify clinic staff, don a facemask upon entry, follow triage procedures).
5. Ask patient to wear a surgical or procedure mask, if tolerated, and place the patient in a private exam room with door closed.
6. Perform aerosol-generating procedures in an AIIR, if possible, while following appropriate infection prevention and control (IPC) practices, including use of gown, gloves, NIOSH-approved and fit-tested N95 respirator or greater, and eye protection.
7. Use dedicated or disposable noncritical patient-care equipment (e.g., blood pressure cuffs), when possible. If equipment will be used for more than one patient, clean and disinfect such equipment according to manufacturer's instructions before use on another patient.

Steps to minimize exposure if when a patient with known or suspected COVID-19 arrives and is not anticipated:

1. Consider posting signage on entrance doors to alert patients with respiratory illness of the need to wear a mask. See https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/SpecialDropletContactPrecautionsSign.pdf.
2. Have a screening process in place to quickly identify patients with suspected COVID-19. Provide a mask to all patients with respiratory symptoms and instruct on proper use. Encourage hand hygiene with soap and water or alcohol-based hand sanitizer. Persons escorting a patient to a private room should maintain a distance of 6 feet from the masked patient while in a public area. Once patient is roomed, staff should only enter in recommended PPE.
3. Limit the number of personnel and visitors entering the room. Encourage those accompanying the patient to use their own transportation to go to the receiving facility rather than ride in transport vehicle.
4. As soon as patient is identified as suspicious for COVID-19, place in a private room with the door closed.
   a. The patient should keep the facemask on, as tolerated, except as needed for physical examination or specimen collection, discarding and replacing when wet or soiled.
   b. Establish procedures for monitoring, managing and training visitors. When at all possible, visitors should be restricted from entering the room of known or suspected COVID-19 patients. All visitors should wear gown, gloves, facemask, and eye protection when in the patient room and follow respiratory hygiene and

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cough etiquette precautions while in the common areas of the facility. If indicated, perform aerosol-generating procedures in an AIIR, if possible, including use of gown, gloves, NIOSH approved and fit-tested N95 respirator or greater, and eye protection.

5. Use dedicated or disposable noncritical patient-care equipment (e.g., blood pressure cuffs), when possible. If equipment will be used for more than one patient, clean and disinfect such equipment according to manufacturer's instructions before use on another patient.

Obtaining diagnostic respiratory specimen collection in the outpatient setting

1. The number of HCP present during specimen collection should be limited to only those essential for patient care and procedure support. Visitors should not be present.
2. Specimen collection can be performed in the examination room with the door closed, in the patients car, or outside in a private setting.
3. HCP in the room should wear a NIOSH approved and fit tested N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown.
4. The following are acceptable specimens: nasal, mid-turbinate, or nasopharyngeal swab. A nasal or mid-turbinate swab collected by the patient is preferred because it does not stimulate a cough and therefore respirator use by the HCP would not be recommended. See guidance for self-collection at https://www.doh.wa.gov/Emergencies/NovelCoronavirusOutbreak2020COVID19/HealthcareProviders
5. Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control below.

Steps to arrange for transport of suspected COVID-19 patient to another facility

1. Initiate protocol to transfer patient to a health care facility when a higher level of care or infection prevention is needed.
2. When COVID-19 is suspected in a patient needing emergency transport, prehospital care providers and healthcare facilities should be notified in advance that they will be caring for, transporting, or receiving a patient who may have COVID-19.

Steps to minimize exposure after the patient leaves

1. If equipment will be used for more than one patient, clean and disinfect such equipment according to manufacturer's instructions before use on another patient.
2. Use products with EPA-approved emerging viral pathogens claim when disinfecting equipment and surfaces. If there are no available EPA-registered products with an approved

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emerging viral pathogen claim, use products with label claims against human coronaviruses, or enveloped or non-enveloped viruses, according to label instructions.

3. Once the patient leaves, follow CDC recommendations for time the exam room should remain vacant:
   - [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings](#)
   - [Healthcare Infection Prevention and Control FAQs for COVID-19](#)
   - [Table B1 "Air changes/hour (ACH) and time required for airborne contaminant removal by efficiency" From the 2003 Guidelines for Environmental Infection Control in Healthcare Facilities.](#)

Table B.1. Air changes/hour (ACH) and time required for airborne-contaminant removal by efficiency *

ACH § ¶	Time (mins.) required for removal 99% efficiency	Time (mins.) required for removal 99.9% efficiency
4	69	104
6[+]	46	69
8	35	52
10[+]	28	41
12[+]	23	35
15[+]	18	28
20	14	21
50	6	8

* This table is revised from Table S3-1 in reference 4 and has been adapted from the formula for the rate of purging airborne contaminants presented in reference 1435.

+ Denotes frequently cited ACH for patient-care areas.

§ Values were derived from the formula: $t2 - t1 = - [\ln (C2 / C1) / (Q / V)] \times 60$, with $t1 = 0$

Patient Disposition

1. Home care: If a patient is suspected or confirmed to have COVID-19, they should remain under home isolation until
   a. At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
   b. At least 10 days have passed since symptoms first appeared, or since the first COVID-19 diagnostic test if asymptomatic and has remained asymptomatic.
2. Patients with fever with cough or shortness of breath but in whom COVID-19 is not suspected should stay home away from others until 72 hours after the fever is gone and symptoms get better. See https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/COVIDcasepositive.pdf

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3. Hospital: Notify the transportation team and the receiving hospital to ensure appropriate IPC measures are implemented before patient arrival, upon arrival, and throughout the duration of the affected patient's presence in the healthcare setting. The receiving facility should have policies and practices in place to minimize exposures to respiratory pathogens including COVID-19. See https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html

Staff Management

1. Clinics should keep a log of all persons who care for or enter the room or care area of patients with suspected or confirmed COVID-19.
2. Movement and monitoring decisions for HCP with exposure to COVID-19 should be made in consultation with public health authorities. Review the most current CDC Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with 2019 Novel Coronavirus (2019-nCoV). See https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html
3. In situations of healthcare provider shortages, exclusion of healthcare providers from work may not be feasible. Follow guidance provided in DOH Return to Work Guidance for Healthcare Workers (HCWs) and First Responders (FRs) Who Have Confirmed COVID-19 or Are Asymptomatic with High or Medium Risk Exposures to a Known Case of COVID-19: https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/HealthCareWorkerReturn2Work.pdf
4. Facilities and organizations providing healthcare should implement sick leave policies for HCP that are non-punitive, flexible, and consistent with public health guidance. See https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/index.html

More COVID-19 Information and Resources

Stay up-to-date on the current COVID-19 situation in Washington, Governor Inslee's proclamations, symptoms, how it spreads, and how and when people should get tested. See our Frequently Asked Questions for more information.

The risk of COVID-19 is not connected to race, ethnicity or nationality. Stigma will not help to fight the illness. Share accurate information with others to keep rumors and misinformation from spreading.

- WA State Department of Health 2019 Novel Coronavirus Outbreak (COVID-19)
- WA State Coronavirus Response (COVID-19)
- Find Your Local Health Department or District
- CDC Coronavirus (COVID-19)
- Stigma Reduction Resources

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Have more questions about COVID-19? Call our hotline: **1-800-525-0127.** For interpretative services, **press #** when they answer and **say your language**. (Open from 6 a.m. to 10 p.m.) For questions about your own health, COVID-19 testing, or testing results, please contact your health care provider.

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