Reopening Guidelines
Ambulatory Care, Faculty Practice Group, and Business Offices
Guidance for COVID-19 Recovery

Artwork celebrating the hard work of our nurses outside of MSG
Agenda

• Pre-Visit Screening Script
• Guidelines for when patients and associates enter the building/facility
• Administrative Controls
• Environmental Controls
• Personal Protective Equipment (PPE) Guide
• Appendix: MHS Adult Procedure COVID-19 Screening Algorithm (High and Immediate Risk)
Pre-Visit Screening Script
COVID-19 Screening Questions

To be asked (each time):
1. Once determination has been made to have an in-person appointment
2. One day before in person visit
3. Upon arrival to practice
4. Upon arrival to front-desk/registration

Finish

Have you traveled out of state in the last 14 days?

Have you been diagnosed with COVID-19 or had a positive test for COVID-19 in the last 14 days?

Have you been in contact with someone who has known or suspected COVID-19 in the last 14 days?

Have you had fever, chills, shaking, cough, sore throat, diarrhea, muscle aches, persistent headache, loss of taste or smell, chest tightness, or shortness of breath in the last 14 days, or been in contact with someone with one of these symptoms?
Pre-Visit Screening Script
**Physical Practice Guidelines**

- **Daily Temperature Checks**
  Associates, Patients, and Visitors will have temperature checks upon entering the site.

- **PPE**
  Associates will be provided masks, no one without a mask will be allowed into the facility.

- **Symptom Screening**
  Symptom screening should occur upon entry to the facility and during check in. If positive:
  - Upon facility entry, the patient should be instructed to return home and the practice should be notified.
  - Upon check-in, the patient should be instructed to wear a mask and be moved to a private room and manager should be notified.
  - Patient should contact their PCP.
  - Manager should work with clinical leadership to determine best practice on a case-by-case basis.

- **Evaluate Physical Space**
  Site managers/leaders should evaluate all areas including lobbies, cafes, cafeterias, staff and public restrooms, waiting rooms, staff lounges, breakrooms, conference rooms, etc. and implement safe distancing parameters.

- **Social Distancing Parameters**
  Chairs should have at least 6ft separation in visiting areas as well as front desk. Limit the number of people accompanying the patient to one person necessary for the care of the patient.

- **Signage**
  Signs should be placed to direct patients to report symptoms of respiratory illnesses. Signs will be available through the Marketing Department.
Physical Practice Guidelines

Waiting Room Seating that Provides a 6-foot Radius Around Chairs
Physical Practice Guidelines

Lines Indicating a 6-Foot Radius Spacing Where Queuing is Expected

NOTE: If physical space cannot accommodate guidelines please email request for plexiglass to vpushparaj@montefiore.org
AMBULATORY MHS COVID-19 ALGORITHM

- **Patient Arrives at Registration**
  - Reg performs screening for any COVID+ diagnosis last 4 weeks, fever, chills, rigors, cough, sore throat, shortness of breath, headache, myalgia/fatigue, loss of taste/smell, unexplained diarrhea, sick contact, exposure, travel

- **Negative**
  - Mask patient and visitor, Continue with check-in

- **Positive**
  - Mask patient and visitor, escort in gloves/mask
  - Transfer to designated room & close door

- **Visit proceeds**
  - Visit proceeds

- **Reg performs screening for any COVID+ diagnosis last 4 weeks, fever, chills, rigors, cough, sore throat, shortness of breath, headache, myalgia/fatigue, loss of taste/smell, unexplained diarrhea, sick contact, exposure, travel**

- **Mask patient and visitor, Continue with check-in**
  - Visit proceeds

- **Transfer to designated room & close door**
  - Transfer to designated room & close door

- **Provider dons PPE, evaluates the patient***
  - Provider dons PPE, evaluates the patient***

- **Does patient have COVID symptoms or other concern for COVID?**
  - NO
  - YES

- **Is patient stable for home isolation?***
  - NO
  - YES

- **Yes**
  - Workup at provider discretion, patient should self-quarantine at home until 7 days after symptom onset, afebrile x72h, and resp sx improving, give home care handout **and directions to call provider for worsening symptoms**

- **No**
  - Notify the ED and EMS if patient requires transfer to a hospital

---

*Ambulatory PPE for possible COVID is surgical mask, +/- eye protection, gown, gloves unless AGP required (N95 instead of surgical mask)

**Consider if patient lives in congregate setting/shelter when determining appropriateness for home care. **

Administrative & Environmental Controls

AIDS Center employees in their Montefiore Pride shirts
Administrative Controls

Involves Changes in Work Policy that Reduce Exposure to COVID-19

- Encourage sick workers to stay at home.
- Minimize contact among patients, visitors, and vendors by replacing face-to-face meetings with virtual communications, if feasible.
- Employees must self-monitor for signs and symptoms of COVID-19 including checking temperature twice daily.
- Encourage respiratory etiquette, including covering coughs and sneezes.
- Post hand washing signs in all restrooms.
- Train workers who need to use protective clothing and equipment on how to put it on, use/wear it, and take it off correctly.
- Follow CDC guidelines for signs and labeling of patient room doors when transmission-based precautions are in place.
- Utilize telehealth visits whenever appropriate.
- Alter patient schedules and prevent overbooking to reduce wait time and crowding.
Environmental Controls

Involves the Disinfecting and Sterilization of Equipment, Workspaces, Ancillary Areas, and More Frequently, High-Contact Areas

To eliminate contamination (spread of COVID-19)

- Clean and disinfect high uses areas (i.e. associate communal rooms, staff and public restrooms, break rooms, waiting area tables and chairs, etc.)
- Items that need to be cleaned during room turnover to include: exam tables, medical equipment used during exam, cabinet and door handles, counters, keyboard, mouse.
- Create a plan for waiting rooms and shared surfaces throughout the day needs to be developed.
- Social distancing seating arrangements must be developed for each site.
- Remove all pamphlets, newspapers, business cards, and magazines from the waiting rooms.
- Limit the number of people that accompany the patients to only those necessary for the care of the patient.
# Ambulatory COVID-19 Personal Protective Equipment Guide

<table>
<thead>
<tr>
<th>Role</th>
<th>Surgical Mask</th>
<th>N95 Mask</th>
<th>Eye Protection</th>
<th>Gloves</th>
<th>Gown†</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ADMINISTRATIVE STAFF:</strong> PSR, Front Desk and Scheduling Coordinators, Navigators, Social Worker, Care Management, Practice Management, etc.</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td><strong>CLINICAL STAFF:</strong> Nursing Assistant, RN, LPN, NP, PA, Physician, Dentist, Dental Hygienist, Phlebotomist, etc. (Provides face to face clinical care to patients)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COVID-negative/low risk</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>COVID+ or Suspected</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Inside a room during an aerosol generating procedure*</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
</tbody>
</table>

†Gowns should be worn if significant splashing or when in contact with bodily fluids/wounds

*Aerosol-generating procedures = nebulizer treatments/substances, sputum induction, open suctioning of airways, dental procedures, endoscopic procedures (other than those limited to the nasopharynx) including GI
Appendix 1a: MHS Adult Procedure COVID-19 Screening Algorithm (HIGH RISK)

Known COVID-19 Positive Test/ Diagnosis in last 4 weeks?

- **YES**
  - COVID HIGH Risk
    - **NO**
      - Enter COVID-POSITIVE infection flag and isolation orders, procedure done in COVID+ designated area and pre/post-procedure care with other positive patients if needed
    - **POSITIVE**
      - Initiate COVID-19 testing 24-72h prior to procedure (if non-emergent)
      - Strong clinical suspicion for COVID-19?
        - **NO**
          - COVID LOW RISK
            - COVID-NEGATIVE infection flag, universal droplet/standard precautions, procedure done in COVID negative designated area and pre/post-procedure care done in COVID free unit/area, only cohort with other negative patients only
        - **YES**
          - COVID-LIKE ILLNESS (CLI) infection flag and isolation orders/contingency plans in COVID+ designated area and pre/post-procedure care done in COVID+ units/areas, only cohort with other CLI patients if needed

*During all invasive procedures N95, eye protection, gown, gloves should be worn regardless of COVID status
For pre- and post-operative isolation, universal droplet is in place for all patients. Patients and all associates should be wearing surgical masks (or N95 if needed for healthcare workers) and standard precautions should be taken including strict handwashing and glove use.
For COVID+ , COVID high- or intermediate-risk patients before and after a procedure:
- No aerosol generating procedure ongoing: Droplet/Contact/Standard with Eye Protection/Surgical mask or N95 mask with face shield/goggles, isolation gown, gloves). Placement in private room with door closed if safe to do so. It is permitted to cohort positive patients together, and COVID-like/benign/suspect patients together if single room if necessary
- Aerosol-generating procedure required: Airborne/Contact/Standard with Eye protection=N95 mask, face shield, isolation gown, gloves. Placement in a negative pressure room or area
- Aerosol generating procedures=Sputum induction, Open suctioning of airways, Bipap/CPAP [limit to only OSA or HFNC unavailable], HFNC, Nebulizer Treatment (try to substitute MDI), Bag-Mask ventilation, Bronchoscopy, Active Intubation/Extubation, ongoing ventilation with a device that does not have a closed circuit such as LTV
Appendix 1b: MHS Adult Procedure COVID-19 Screening Algorithm (INTERMEDIATE RISK)

1. Known COVID-19 (Positive Test/Diagnosis) in last 4 weeks?
   - NO
   - YES

2. Subjective or measured fever ≥ 38.0°C (100.4°F) OR Chills, rigors, cough, chest tightness, sore throat, malaise, myalgia, persistent headache, unexplained diarrhea, anoxemia, aguesia, shortness of breath
   - NO
   - YES

3. Known COVID Exposure or Travel to High Risk Area for COVID-19?
   - NO
   - YES

   Refer to High Risk Screening Algorithm

4. COVID-19 Intermediate Risk
   - COVID-19 testing 24-48h prior to procedure (if non-emergent)
   - Strong clinical suspicion for COVID-19

   YES
   - YES
   - NO

5. Can the procedure be safely delayed by 2 weeks?
   - YES
   - NO

   Reschedule procedure, rescreen for symptoms prior to new procedure

6. COVID Low Risk
   - COVID-NEGATIVE Infection flag, universal droplet/standard precautions, procedure done in COVID-NEGATIVE unit/area, only cohort with other negative patients only

   YES
   - NO

   COVID POSITIVE Infection flag and isolation orders, procedure done in COVID-designated area and pre/post-procedure care done in COVID-unit/area only cohort with other COVID patients if needed