

### Ambulatory Workgroup Recommendations for Reopening Spaces and Re-launching Services

Updated June 4

For employees and providers of physician offices, rehab, cancer centers, and outpatient services.

1. Make maximal use of telehealth.
2. Evaluate the necessity of care.
  - a. Procedures
  - b. Highly complex chronic disease management
  - c. 'Highly necessary' preventative services
3. Create Non-COVID Zones
  - a. If COVID-patients cannot be excluded from a clinical space, there could be specific times set aside for non-COVID patients, during which COVID patients or COVID-PUI (Person Under Investigation) would not be scheduled. No COVID patients or COVID-PUIs in the zone.
  - b. Who is a COVID patient (or COVID-PUI) for this purpose:
    - i. COVID-POSITIVE patient who has not had isolation discontinued\*
    - ii. COVID-PUI (Person Under Investigation)
    - iii. Symptoms compatible with viral respiratory illness who have not a negative test
  - c. Screen all patients and staff entering the zone with screening questions +/- temperature
    - i. Providers should not cross over from COVID zones to non-COVID zones
    - ii. Practices who have doctors who round in the hospital (as attending or consulting) should use the hospitalist service (or telemedicine) to care for COVID patients or designate a member of the practice to dedicate themselves to COVID care on any given day.
  - d. There may be practice settings where there is no alternative to bringing COVID-POSITIVE OR COVID-PUI into the area. Telemedicine should be used whenever possible. However, when there are not alternatives, separate zones within the clinical space should still be maintained in the following way:
    - i. There should be an identified room or rooms that are reserved for these patients only or COVID patients (or COVID-PUIs) should only be brought into the office during specified times when non-COVID patients will not be present.
    - ii. Patient should be informed to arrive with a mask and identify themselves when they check in (or call before entering the building).
    - iii. Patient should be given a **surgical mask** and put into the room immediately on arrival, using hand hygiene before and after handling the mask. They should be given a bag or container for their cloth mask if they have one.
    - iv. Health care workers should use the appropriate PPE.

- v. Exam room should be thoroughly disinfected as per protocol
  - vi. If there is high suspicion (i.e. test is being ordered or has been ordered) or documented COVID and the patient was not wearing a mask properly (covering both nose and mouth) or an aerosol generating procedure was performed, then the room should be left for one hour and then disinfected.
4. All patients and visitors (see below) should be masked, and health care workers should wear surgical masks at all times.
  5. N95 masks with face shields should be used for procedures involving mucous membranes with high risk of aerosolization for all patients. (See COVID 19: Personal Protective Equipment plan on the Infonet for details).
  6. Maximize social distancing
    - a. Minimize time in the waiting room
      - i. Examples:
        1. Staggering appointment times
        2. Wait in car
        3. Separate telemed templates from face-to-face template for doctors to reduce the number of doctors in the office.
      - b. Manage number of patients in the office at any given time.
      - c. Chairs should be 6 feet apart
      - d. Consider whether physical partitions for check in and check out, etc. would be useful.
      - e. [Physical distancing signage is available to order from the Print Center](#) (Social Distancing Floor Stickers, Elevator Signs, Stickers/Signs for Chairs).
  7. Limit visitors.
  8. Disinfect areas carefully per protocols – including exam rooms between patients, and frequent cleaning of surfaces and chairs.

**\*New\* Note: These engineering controls should be practiced by office staff;**

- Utilize [employee screening tool](#) daily prior to coming to work.
- Do not come to work if the screening is positive; notify manager as directed.
- Universal masking at all times.
  - Masks may be removed only if in a workspace, such as a private office or separate workstation, where social distancing guidelines can be maintained.
- Do not eat lunch or take breaks in shared spaces unless able to maintain social distancing guidelines.

*\*For most clinical situations, the following criteria can be used to remove a patient from isolation:*

- *No fever for 3 days, and*
- *Improving symptoms, and*
- *Either*
  - *10 days from the onset of symptoms OR*
  - *2 negative tests more than 24 hours apart*

*If there is a question regarding 'improving symptoms,' consult local infection prevention team.*

### **Environmental Considerations Reopening an Office**

For offices that have been closed for more than 7 days, consider the following when reopening:

- Run autoclaves and culture (if relevant).
- Ensure you have adequate supply of PPE – restock if needed.
- Check eye wash stations
- Check fluids in warmers
- Check refrigerator logs
- Check crash carts
- Check expiration dates on medications and supplies
- Cover kiosks if not covered (signs available, leave plugged in and connected)
- Remove coffee machines, magazines, etc, that are touched by many individuals

### **Additional Reference Materials**

- <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>
- <https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf>