NOTE: THIS GUIDELINE SUPPLEMENTS THE YNHHS COVID-19 RESPIRATORY PROTECTION POLICIES TO OUTLINE GUIDANCE FOR THE AMBULATORY SETTING

Last revised date: 4/1/20

Guideline owner: YNHHS YM SIMCOVID AMBULATORY TASK FORCE

Background: SARS-CoV-2 is the virus responsible for COVID-19 and it is readily transmissible from person to person. While the mechanism of SARS-CoV-2 transmission is not fully understood, it is believed that respiratory droplets play a significant role in transmission. This document reflects the current understanding of the prevention of transmission of SARS-CoV-2 and offers guidance on preventive measures for application to the ambulatory setting. We recognize that our understanding of effective preventive measures is constantly improving, and the supply chain landscape will remain fluid. Therefore we anticipate that this guidance will change.

Be certain that our utmost priority is the protection of our staff and of our patients, and we remain committed to act quickly. Given these considerations and with input and advice from YNHHS, NEMG, YM, CMG, clinical, Infection Prevention and Supply Chain leaders, we issue the following guidelines.

Patient encounter scope: Outpatient encounters are defined as Urgent Visit and follow up visits in medical offices and clinics including but not limited to: Primary Care, Specialty Care, Diagnostic Imaging areas, Smilow Extended Care Clinic, Ambulatory Procedure Centers, and Infusion Centers. This includes hospital based clinics, NEMG offices, and YM/Smilow sites. This does NOT apply to hospital based ED, short term nursing, SNF, field hospitals who are best covered by post-acute care guidelines or the inpatient guidelines.

Aerosol Generating Procedures in the ambulatory setting: Provision of nebulized medications are contraindicated in the ambulatory setting. Nasopharyngeal swab testing is contraindicated in the ambulatory setting except in negative pressure rooms OR at designated drive through testing sites. Ambulatory surgical sites with aerosol generating procedures are included in figure below.

Guideline Summary:

1. All clinicians and staff are recommended to wear standard masks for all direct patient care. If the patient is COVID-19 positive/COVID-19 suspect, donning a respirator is the preferred respiratory protection

2. For patients suspected or known to be COVID-19 positive/COVID-19 suspect, who requires outpatient treatment, this care should be in a designated area, the patient must be masked. Clinicians should wear a respirator, eye protection (face shield or goggles), gloves and a gown for patient care. To the extent possible, all patients should be identified before arrival on site by pre-visit screening and the patient should be immediately escorted to a private room if treatment cannot be safely postponed or done by telehealth. We are asking that staff reuse PPE per the reuse and extended use guidelines and only discard respirators/masks in the designated bins when available. We recommend cohorting and designated locations for those with suspected or known COVID-19.

3. Due to the need to prevent nosocomial transmission, we are offering all staff a single standard mask for use for a one week period. The weekly distribution of masks will be managed at each ambulatory network/site. The use of outside PPE is discouraged. Those clinicians with high volume direct patient care, who spend time in a closed room with the patient, may use one mask per shift if necessary.
AMBULATORY RECOMMENDATIONS FOR PPE USE

Patients who screen positive for COVID or SUSPECT COVID per YNHHS screening tools to be seen at clinics or testing areas designated for care of these high risk patients.

<table>
<thead>
<tr>
<th>Category of Ambulatory Care</th>
<th>Population</th>
<th>Location Examples</th>
<th>PPE Staff / Clinician</th>
<th>PPE Patient</th>
<th>Additional Notes</th>
</tr>
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<tbody>
<tr>
<td>Entrance Screeners</td>
<td>Pts presenting at all ambulatory and hospital sites</td>
<td>● Entrance to clinical areas</td>
<td>● Mask and gloves Social distancing</td>
<td>Mask patient before entering clinical care area</td>
<td>Forehead or TM temperatures</td>
</tr>
</tbody>
</table>
| Routine Care                | ● Not a COVID patient  
● Not a COVID suspect  
● Telehealth not appropriate | ● Infusion Centers  
● Specialty offices  
● Pediatrics  
● Primary Care/Walk in  
● Dialysis | ● Standard mask  
● Social distancing  
● Avoid fomites | Standard mask | ● Deep clean office daily (see “room turnover recommendations”) |
| Routine Care – risk identified | Risk identified while in exam room despite screening process | ● Infusion Centers  
● Specialty offices  
● Pediatrics  
● Primary Care/Walk in  
● Dialysis | ● Transition to telehealth if possible  
● Standard mask, eye protection, gown, gloves on site  
● Social distancing | Standard mask | ● Clean room including wet wipe of all surfaces, knobs, handles, computers  
or contact Environmental Health Services (EHS) for cleaning the exam room if applicable  
● Do not use room for 1 hour after cleaning |
| Ambulatory surgical procedures |  | ● All non aerosol generating procedures require surgical mask and eye protection and usual attire  
● All aerosol generating/ require respirator, eye protection, gown, gloves | Standard mask | Enhanced cleaning per protocols |
| COVID Precautions           | ● COVID suspect  
● COVID confirmed (while on isolation)  
● New respiratory symptoms  
● Recent Travel  
COHORTED SITES | ● Designated Radiology COVID precaution sites  
● Designated Lab COVID Precaution sites  
● Private infusion or Neg Pressure rooms including “neutropenic fever” evaluation | ● respirator, eye protection, gown, gloves | Standard mask only needed if there is no respirator for clinician | ● COHORT by location  
COHORT within building and COHORT by appointment time (end of day) for alternative sites  
● Clean room including wet wipe of all surfaces, knobs, handles, computers  
or contact Environmental Health Services (EHS) for cleaning the exam room if applicable  
● Do not use room for 1 hour if patient mask not worn at all times |
GUIDANCE CONCERNING ENVIRONMENT OF CARE

Reuse of masks and eye protection:

- All staff and clinicians will re-use/recycle masks in accordance with inpatient guidelines including safe storage for personal re-use and when available, recycling / clean PPE when service is available.
- Single mask per staff member per week. Clinicians working in closed rooms/close proximity/high volume sites may require up to one mask per shift. Follow guidelines for cleaning, donning, doffing, and safe storage.
- A soiled or damaged mask must be replaced, regardless of time course
- Non-patient care staff such as front desk staff, cleaning personnel, and cashiers should don a mask. Staff in this category should utilize the same mask for one week for PPE conservation.
- Disinfect reusable goggles and face shields per standard practice.

Patient flow:

- Implement social distancing for all patients at all sites whenever possible including limiting patient waiting times once within clinic and directing patients directly from entry into clinic to examination or testing/procedure area.
- Strictly limit close contact with patients to the examination, procedure, or setting up for a scan. Take patient vital signs with patient facing away from staff member.
- Call (203) 688-1700 call center for additional questions regarding patient flow and triage.

Room turnover workflow recommendations:

- Keep all clinic area surfaces clear from clutter to facilitate cleaning. Limit presence of fomite within the room.
- Individual cleaning room should wear gown and gloves.
- Change paper on exam table. Wipe exam table and all touch surfaces (countertops, door knobs, cabinet handles, tables, EKG machine and leads, keyboards, etc.) and patient equipment with purple top PDI wipes or any standard brand hospital disinfectant (2 minute wet time).
- If the patient has been deemed fully mask compliant throughout their entire stay in the exam room, room can be used again immediately after cleaning. (Full patient mask compliance defined as patient is wearing a standard mask completely covering their nose and mouth throughout their entire encounter).
- If the patient is deemed to be NON MASK COMPLIANT, do not use room for 1 hour after cleaning and individual cleaning room should wear a mask.
- At end of day, complete enhanced patient care area cleaning including disinfect any soiled areas using hospital approved PDI wipes, clean floor. Wipe exam table and all touch surfaces (countertops, cabinetry, door knobs, cabinet handles, tables, EKG machine and leads, keyboards, etc.) and patient equipment with purple top PDI wipes (2 minute wet time).

*Respirator = N95 respirator or supply chain equivalent
* Mask = level one surgical mask/regular standard mask/ear loop mask