POLICY: This policy is to provide guidelines for staff and patients regarding COVID19 and the precautions outlined for optimal control of illness.

PURPOSE: To ensure adequate protection for patients and staff from potential COVID19 exposure and isolation of the like for known infection.

SCOPE: All staff and patients

GENERAL GUIDELINES:

Staff of NWMS

- All staff are encouraged to stay home if they are ill (fever 100 or higher, cough, shortness of breath). Staff should contact their immediate supervisor as soon as symptoms occur.
- If staff present to work with respiratory illness symptoms, they will be isolated away from patients and other staff and sent home immediately. These employees will be tested for COVID19 by NWMS providers as deemed appropriate.
- All patient facing clinical and non-clinical staff will wear a face mask at all times during patient care.
- Workspaces, telephones, keyboards, door handles and other commonly handled surfaces are to be cleaned routinely throughout the day with provided antibacterial wipes (CAVY). (See COVID-19, Environmental Cleaning and Disinfection document)
- Patient rooms/surfaces (chairs/tables/countertops/computer stations are to be cleaned between each patient and additionally as needed with provided antibacterial wipes (CAVY). (See COVID-19, Environmental Cleaning and Disinfection document)
- All staff are strongly encouraged to get an annual flu vaccine. Refusal of vaccination will result in wearing a face mask 100% of the time during the workday from December 1st – April 1st per NWMS company policy.

Patients of NWMS

- Patients will be asked if they are having any symptoms such as fever, cough and/or if they have traveled in the last 14 days and/or exposed to COVID19 patients by reception staff during the appointment reminder calls.
- If the patient confirms symptoms, the call will be transferred to triage at x2183 for further symptom workup. If a voicemail must be left for patient’s reminder call, the caller will leave detailed instructions to contact our office prior to arriving for the appointment for any respiratory symptoms.
• Patients checking in for appointments will be asked the questions as stated above by a screener at the entrance of the clinic.

• Any patient companions will be screened as well. Companions who confirm symptoms or potential exposure, will be asked to leave the clinic and wait in their vehicle. They will be instructed to call their health care provider promptly. Once the patient and companion are screened, they will be given a colored sticker to wear indicating they have gone through the screening process (color of sticker will vary per day of the week.)

• If the patient is experiencing symptoms, they will be assumed as a PUI (Persons Under Investigation), handed a mask and asked to put it on. They will also be asked to use hand sanitizer which will be supplied by NWMS.

• The screener will then notify the back-office MA of the symptomatic patient so that the patient can be placed in the designated isolation room immediately. The patient will be escorted to the room leaving 6 feet of open space between MA and patient. Patient will be asked to leave the mask on and the to keep the door shut. A sign will be placed on the outside of the door indicating no entry while being used for isolation.

• Any staff entering the room will don appropriate PPE (personal protective equipment) prior to entering the isolation room (mask with face shield or mask, goggles, gloves and gown). Kits will be kept at the MA station in each NWMS location for easy access. If goggles are reusable, they will need to be cleaned thoroughly prior to reuse.

• PPE must be removed, placed in biohazard container, and double bagged.

• Employee hands must be washed/sanitized prior to leaving the room.

• Limit amount of staff entering and leaving the isolation room as much as possible to limit potential exposure.

• Any patient that has Covid-19 (Coronavirus) testing ordered, will remain in isolation until testing is complete.

• Testing:
  - SARS-CoV-2 (COVID-19) Qualitative PCR Nasal Swab + Rapid flu a/b Swab (place order in OncoEMR).
  - Requisition form (testing done at UW; couriered through Good Sam or St Joes)
  - Results turn around = approximately 24-36 hours depending on couriered specimen arrival

• Patient will be released to home from clinic per provider discretion.

• Patient Education:
  - Hand washing often with soap and water for at least 20 seconds. If soap and water is not available, use hand sanitizer with at least 60% alcohol.
  - Avoid touching your eyes, nose or mouth with unwashed hands.
  - Avoid close contact with others who are ill.
  - Cover your nose and mouth with a tissue when coughing or sneezing. Discard tissue and then wash hands.
  - Clean/disinfect surfaces and other objects at home.
  - Stay home if you are sick and avoid others.
  - Encourage patients to speak to their provider about annual flu vaccines.
  - Encourage patients to be proactive about the above recommendations and to call the clinic prior to coming should respiratory symptoms occur.
CDC Recommendations for Infection Prevention and Control

MINIMIZE YOUR CHANCE OF EXPOSURE

Before Patients Arrive:

- When scheduling appts, instruct patients and their caregivers to call ahead and let staff know they are experiencing respiratory symptoms (cough, fever, runny nose)

Upon Arrival and During the Visit:

- Ask patient if they are experiencing respiratory infection symptoms (fever, cough, shortness of breath), have traveled recently in an area experiencing the virus that causes COVID-19, or have come into contact with someone with possible COVID-19 exposure
- Make sure all person with suspected symptoms of COVID-19 are following proper etiquette (wearing a mask, using hand sanitizer and using tissues for coughing/sneezing)
- Post signs describing hand, respiratory and cough etiquette
- Ensure suspected patients are in a separate area with at least 6 feet of space from other patients.
- Isolate patient and evaluate as quickly as possible (preferably in a negative pressure AIIR room with 6-12 air changes per hour). If this is not available, place patient in an exam room and close the door. Patient must wear the mask 100% of the time.
- If not already done, provide the patient with a facemask that covers their nose and mouth.
- Room door should be closed and remain closed except for entering or leave.
- Limit amount of people and entry/exit (essential staff only.)
- Keep a log of staff who care for/enter the room.
- Disposable equipment should be used whenever possible. Non-disposable equipment such as BP cuffs, should be cleaned thoroughly after use.
- Although it is not yet known how long the COVID-19 virus remains in the air, staff should only re-enter the room once the patient vacates it after appropriate time has passed for pathogens that are spread by the airborne route (1-2 hours.)
- When it is safe to re-enter, use respiratory protection, and full PPE (personal protective equipment to thoroughly clean the room with approved cleaning solution (CAVY Wipes.)
- Hand hygiene should be performed before and after all patient contact using alcohol-based hand sanitizer (at least 60% alcohol content), or by washing hands with soap and water for at least 20 seconds. This should be done prior to putting on PPE and after removing PPE.
COMPLY WITH STANDARD, CONTACT, AIRBORNE PRECAUTIONS + EYE PROTECTION

PPE (personal protective equipment)

Staff must be trained in proper PPE, how to put on and take off PPE properly and how to dispose of PPE. Reusable PPE must be cleaned/decontaminated after use. Policies and procedures must be in place.

- **Gloves** – perform hand hygiene, put on clean gloves before patient care. Change them if they become soiled or torn. Remove gloves when leaving the room and perform hand hygiene.

- **Gown** – put on a clean gown before entering the patient room. Change gown if soiled. Remove and discard the gown before leaving the patient room in a designated waste container.

- **Respiratory Protection** – use a respirator that is at least as protective as a NIOSH fit-tested N95 respirator before entry into the patient room. Disposable respirators should be discarded before leaving the patient room. Reusable respirators should be cleaned thoroughly after use. Perform hand hygiene after removing respirator.

*Respirator use must be used in a complete respiratory protection program in accordance with the OSHA Respiratory Protection standard (29 CFR 1910.134). If using fit-tested respirators with tight fitting face masks, staff should be medically cleared. Staff must be trained in the proper use, safe removal and disposal, and medical contraindications of using respirators.

- **Eye Protection** - use a face shield that covers the front and sides of the face or goggles before entry into the patient room. Remove eye protection before leaving the patient room. Disposable eye wear should be cleaned thoroughly after use.

MANAGE VISITOR ACCESS

- Patient visitors will be screened prior to entering clinic and will be given a sticker for identification
- Vendors/delivery personnel will be screened at point of entry and will be given a sticker. If able to leave supplies at the front desk, will encourage them to do so. If traveling in the clinic is necessary for delivery, the vendor will be asked to sanitize hands and apply a mask before moving through the clinic.
- Personal lunch deliveries will need to be collected outside of the clinic to limit vendor access
- Pharmaceutical Rep lunch/coffee appts have been cancelled to limit access. Access will be limited to front desk if reps present to clinic after completing the screening process
ENGINEERING CONTROLS

- In the event of an unavailable/occupied isolation room, patients will be separated from other patients and staff.

MONITORING ILL/EXPOSED STAFF

- Staff who are ill should contact their supervisor immediately at onset of symptoms
- Practice will work with the local health dept for guidance on potential staff exposures

TRAIN AND EDUCATE STAFF

- Provide training for prevention of infection, proper selection and use/disposal of PPE, use of respiratory equipment.

IMPLEMENT INFECTION CONTROL

- Provide training on proper use/cleaning of equipment and isolation rooms
- Provide training for proper disposal of potentially infectious waste
- Routine cleaning of rooms and exam equipment

REPORTING

- Provide training for forms required for COVID-19 test reporting
- Communicate with local health authorities promptly for Persons Under Investigation (PUI) for suspected or known COVID-19 positive patients

PERSONS UNDER INVESTIGATION (PUI)

Any person who is currently under investigation for having the virus that causes COVID-19, or who was under investigation but tested negative for the virus.

PRESUMPTIVE POSITIVE CASE OF COVID-19

Someone who tested positive for the virus that causes COVID-19, in at least 1 laboratory specimen, but testing was done at the state or local level. These cases must undergo testing at the CDC to confirm positivity.
LABORATORY CONFIRMED CASE OF COVID-19

Someone who tested positive for the virus that causes COVID-19, in at least 1 respiratory specimen at the CDC laboratory

Testing Criteria for Persons Under Investigation

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<th>Symptoms</th>
<th>Risk Factors</th>
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<td>Fever with severe acute respiratory illness (ie: pneumonia, ARDS, etc) requiring hospitalization and without alternative explanatory diagnosis (ie: influenza)</td>
<td>None Needed</td>
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<td>Fever <strong>OR</strong> signs/symptoms of lower respiratory illness (ie: cough or shortness of breath) <strong>AND</strong></td>
<td>Any person, including healthcare workers, who has had close contact with a lab-confirmed COVID-19 patient within 14 days of symptom onset</td>
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<td>Fever <strong>AND</strong> signs/symptoms of lower Respiratory illness (ie: cough or shortness of breath) requiring hospitalization <strong>AND</strong></td>
<td>A history of travel from affected geographic area within 14 days of symptom onset</td>
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**ADDITIONAL CRITERIA FOR NWMS**

Fever and cough with or without shortness of breath or any of the above criteria **AND** At the discretion of NWMS provider based on the clinical presentation of the patient
References:
https://search.cdc.gov/search/index.html

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<td>Sibel Blau, MD, Medical Director</td>
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