

# COVID-19 OFFICE PROTOCOL

## Front Desk Information:

### Screening Patients for COVID-19 Procedure:

- **All NEW patients need to be called 1 week out from their appointment** to screen for symptoms. Please notate in the visit type that the patient is “Screened for C-19 7d”.
  - If new patient has symptoms, then please reschedule their visits for 2 weeks out and notate that the patient was reschedule on xx/xx/2020 due to URI/fever symptoms”.
- **All patients (NEW and RETURN) need to be called 1-2 days prior to their appointment** to screen for symptoms. Additionally, please confirm patient has completed most electronic questionnaires. Please notate this in the visit type that the patient is “Screened for C-19 1d”.
  - If NEW patient has symptoms, then please reschedule their visits for 2 weeks out and notate that the patient was reschedule on xx/xx/2020 due to URI/fever symptoms”.
  - If RETURN patient has symptoms and they are scheduled for an appointment that requires an in-person visit (acupuncture/chiropractic care), then please reschedule them for 2 weeks out and notate that the patient was reschedule on xx/xx/2020 due to URI/fever symptoms”.
  - If RETURN patient is experiencing symptoms and they are not scheduled for an appointment that requires an in-person visit (acupuncture/chiropractic care), then please offer to switch their appointment to a telehealth visit if appropriate.
    - If the patient would not like to change the visit to either a phone visit or a telehealth visit, please reschedule the patient out 2 weeks and notate that the patient was reschedule on xx/xx/2020 due to URI/fever symptoms”.

### Front Desk Script:

**GOAL: NOT to see possible COVID-19 patients or patients with any symptoms listed below IN-OFFICE unless necessary for testing (THIS TO COME LATER).**

- Ask **EVERY PATIENT** calling in to schedule, pick up supplements or checking-in for an appointment if they have:
  - Fever, cough, shortness of breath, body aches, runny nose, nasal congestion, sore throat or difficulty breathing.
  - OR In the last 14 days
    - Been in close contact with a person who is a suspected COVID-19 patient while that person was ill
    - Been in close contact with an ill confirmed case of COVID-19
- **If YES** to the above and **patient is on the phone**, then:
  - Take down patient name and contact info, place patient on hold.
  - Either notify the resident, available physician and have then speak with the patient for further triage. If a doctor is not available, let patient know that the doctor on call will be calling them back and then provide the on-call doctor with the patient’s information.
  - Provide information to Resident /Doc-on-call.
    - Provider: see section “Phone Triage of Patient Under Investigation (PUI)”.
- **If YES** to the above and **patient is in-office**, then:
  - Immediately put on a mask yourself.

- Get Resident/on-call doctor and/or the office manager. Patient will be asked to leave the office, return to their car and call the office to speak with the Resident/on-call doctor for further triage.
- Provider - see In-office Triage of Patient Under Investigation section.

**IF PATIENT CALLS TO NOTIFY US THAT THEY HAVE BEEN PLACED UNDER ISOLATION, QUARANTINE OR ARE A CONFIRMED CASE OF COVID-19:**

- Ask/check date of last visit with all of the providers at the office.
  - If it is within two weeks of the date of quarantine, CALL the provider on call/Resident. URGENT
  - If patient calls in to let us know that they are in isolation, please MESSAGE the physician on call or resident. NON-URGENT

**Front Desk Cleaning Schedule:** The following surfaces must be cleaned morning, lunch time, at shift change and evening. In addition to after an **acutely sick patient has been seen** (this is done at the discretion of the providers.)

- Front door, dispensary doors, labs door and door handles
- Universal Pens
- Computer keyboards
- Check-in and check-out counter surfaces
- Waiting room tables
- Hot and cold-water dispenser handles
- Personal cell phones
- Office phones
- Staff/lunchroom counter, table, faucet handles and refrigerator handles
- Drawer nobs/pulls
- Copier/fax controls

**Office Hygiene:**

- Washing hands before/after every patient with soap and water for 20 seconds or 62% alcohol-based hand sanitizer
- Providers must not re-wear clothing that has already been worn to the office without washing it first.
  - Consider changing clothes as soon as you get home to decrease spread.
  - Consider wearing scrubs while at the office and changing them before leaving the office for the day.

**Staff Self-Monitoring/Self-Reporting of Symptoms:**

- If you begin to experience any symptoms (fever, cough, shortness of breath, runny nose/nasal congestion, sore throat, or respiratory distress), then DO NOT come into the office and CALL/TEXT CMO, Infection Control Officer and office manager so we can adjust staffing and offer triage.
- You may be placed in isolation or quarantine based upon the circumstances surrounding your illness.

## Provider Specific Information:

### Phone Triage of Patient Under Investigation (PUI):

- All suspected patients needing confirmatory testing or rule-out of COVID-19 should **NOT BE SEEN IN OFFICE IF AT ALL POSSIBLE**. These patients should be managed via telehealth or phone consult as much as possible.
- Take patient's brief HPI.
- Triage if safe for patient to be evaluated in office or via telehealth appointment.
  - o **SEE APPENDIX A for the Criteria to Guide Evaluation and Testing**
  - o **SEE APPENDIX B for Guideline on who should be quarantined and who should be in isolation**
- If you suspect patient needs testing to determine if the patient has COVID-19/influenza, skip to next section. If you do not suspect patient has COVID-19, treat per provider's discretion.

### In-office Triage of Patient Under Investigation (PUI) BEST AVOIDED:

- Immediately put on your mask and escort the patient to an exam room, instruct patient to put on a mask and close the door.
- Before returning to the room, put on the remaining personal protections equipment (PPE) items in the following order: mask (ensure seal if appropriate), eye goggles, gown and gloves (MEGG).
- Evaluate patient including HPI, detailed travel history, recent exposures, immunocompromising risk factors, etc.
  - o **SEE APPENDIX A for the Criteria to Guide Evaluation and Testing**
  - o **SEE APPENDIX B for Guideline on who should be quarantined and who should be in isolation**
- **If patient is in ACUTE DISTRESS:**
  - o **CALL 911**, patient will be transported via ambulance to appropriate isolation facility.
- **If patient is NOT IN ACUTE DISTRESS**, evaluate if patient can be sent home as soon as possible to decrease exposure and be evaluated further via telehealth.
- If you suspect patient needs testing to rule out/rule in COVID-19, skip to **Management of ALL Patient Under investigation (PUI)** section. If you do not suspect patient has COVID-19, treat per provider's discretion.
- After patient has departed the office, clean the room, instruct front desk staff to clean the front of the clinic and remove PPE into a biohazard bag in the following order
  - o Remove gloves folding inside out
  - o Remove gown folding inside out
  - o Remove eye goggles and place to the side to be sanitized for next use
  - o Remove mask
  - o Sanitize hands
  - o Seal biohazard bag and place in biohazard bin
  - o Sanitize hands

## Management Patient Under investigation (PUI):

- All patients with symptoms that could be related to COVID-19 should **NOT BE SEEN IN OFFICE**. These patients should be managed via telehealth or phone consult as much as possible, especially if their symptoms are mild.
- At this time, there is no capacity to test every patient, due to low supplies of PPE. At this time, testing should be limited to those with high-risk exposure to a known COVID-19 patient and those patients with symptoms >60 years old, pregnant, cardiovascular disease or immunocompromised. **Testing information is changing everyday as more information is becoming available, CONFIRM WITH LOCAL DOH FOR UP TO DATE INSTRUCTIONS.**
  - o Currently we can run COVID-19 testing through Labcorp, Quest Diagnostics and UW Medicine.
  - o We are contracted with LabCorp so all of our tests should be collected per LabCorp's instructions.
  - o Current **COVID-19 testing** is done with Nasopharyngeal COPAN (orange top) swab placed in UMT-RT tube only. Sample must be FROZEN.
    - **SEE APPENDIX C for Detailed Testing Procedure**
  - o Current **Influenza A and B testing** with Nasopharyngeal COPAN (orange top) swab placed in UMT-RT tube only. Sample must REFRIGERATED.
  - o **Co-testing for COVID-19 and influenza A and B is recommended. You must use a separate swab and collection vial for each test and samples need separate lab requisitions and biohazard bags before giving to LabCorp for handling.**
  - o **Please be careful not to contaminate the exterior of the LabCorp biohazard bag when bagging samples.**
    - o For further guidance, call King County Public Health 206-296-4774 and/or 206-296-4600
- Local hospitals that are able to address severe dyspnea/ARDS in a confirmed COVID-19 patient are: Harborview (Seattle, WA), Virginia Mason (First Hill), Children's hospital (pediatric patients only), and Evergreen Health (Kirkland, WA). Patients should be transported by ambulance by calling 911.
- If patient is not a patient of our office, has symptoms consistent with COVID-19 or known prolonged exposure to a known COVID-19 patient and does not have a current PCP, then advise them to call the public WA DOH Hotline for COVID-19: **1-800-525-0127 and press #.**
- For other local testing sites: UW Nurse Consult Line (206) 520-5000; The Everett Clinic (425) 257-1400

## Room Cleaning Schedule: The following surfaces must be cleaned before every patient.

- |                     |  |
|---------------------|--|
| - Counters          | - Laptops  |
| - Exam Table        | - Door & cabinet handles                                       |
| - Medical Stool     | - Any other surface touched by doctor or patient during visit. |
| - Medical equipment |  |
| - Table/desk        |  |

# MERIDIAN MEDICINE

## Office Hygiene:

- Washing hands before/after every patient
- Providers must not re-wear clothing that has already been worn to the office without washing it first.
  - o Consider changing clothes as soon as you get home to decrease spread.
  - o Consider wearing scrubs while at the office and changing them before going home for the day.

## Staff Self-Monitoring/Self-Reporting of Symptoms:

- If you begin to experience any symptoms (fever, cough, shortness of breath, runny nose/nasal congestion, sore throat, or respiratory distress), then DO NOT come into the office and CALL/TEXT CMO, Infection Control Officer and office manager so we can adjust staffing and offer triage.
- You may be placed in isolation or quarantine depending on the circumstances of your illness.

## Triage/Office Coverage:

- Before providers block out their schedule, providers need to get permission from the office manager/clinic director to confirm that there will be office coverage of at least 2 physicians per day.

APPENDIX A

Criteria to Guide Evaluation and Testing of Patients Under Investigation (PUI) for COVID-19

Clinical Features		Epidemiologic Risk
Fever <sup>1</sup> <b>or</b> signs/symptoms of lower respiratory illness: cough, sore throat, sinus discharge, body aches, dyspnea.	<b>AND</b>	Any person, including healthcare personnel <sup>2</sup> , who has had close contact <sup>3</sup> with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset
Fever <sup>1</sup> <b>and</b> signs/symptoms of a lower respiratory illness : cough, sore throat, sinus discharge, body aches, dyspnea. requiring hospitalization	<b>AND</b>	A history of travel from affected geographic areas, within 14 days of symptom onset
Fever <sup>1</sup> with severe acute lower respiratory illness e.g., pneumonia, ARDS (acute respiratory distress syndrome) requiring hospitalization and without an alternative explanatory diagnosis (e.g., influenza).	<b>AND</b>	No identified source of exposure

These criteria are intended to serve as guidance for evaluation. Patients should be evaluated on a case-by-case basis to determine the need for testing. Testing may be considered for deceased persons who would otherwise meet the PUI criteria.

<sup>1</sup>Fever may be subjective or confirmed.

<sup>2</sup>For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation. Because of their often extensive and close contact with vulnerable patients in healthcare settings, even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed healthcare personnel.

<sup>3</sup>Close contact is defined as—

- a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case

– or –

- b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

If such contact occurs while not wearing recommended personal protective equipment (PPE) (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met.

## APPENDIX B

### Guidelines on who should be quarantine and who should be in isolation:

- **If patient has a have a cough and a fever**
  - **AND patient has been diagnosed with COVID-19 via test**, patient needs to stay home away from people for 7 days OR until 72 hours after their fever is gone (with no medication, i.e. Tylenol), and symptoms are gone, whichever is longer. (Home quarantine)
  - **AND patient has NOT had a COVID-19 test, but patient has had close contact with someone who has had a test and been diagnosed with COVID-19**, patient should isolate themselves at home for 7 days OR until 72 hours after their fever is gone (with no medication, i.e. Tylenol), and their symptoms get better, whichever is longer. (Home isolation)
  - **AND patient has NOT been around anyone who has been diagnosed with COVID-19**, patient should stay home away from others until 72 hours after their fever is gone (with no medication, i.e. Tylenol), and symptoms get better. Patient may have COVID-19 or patient may have any number of other respiratory diseases circulating in our communities. (Home isolation)
- **If patient has no symptoms**
  - **BUT patient has had close contact with a sick person who has been diagnosed with COVID-19.**
    - Patient should be advised to monitor their health for fever, cough and shortness of breath during the next 14 days after the last day the patient was in close contact with the sick person with COVID-19. Patient should not go to work or school and should avoid public places for 14 days. (Home isolation)
  - **BUT patient's kid or someone else in their household has a cough and a fever but has NOT been tested for COVID-19.**
    - Advise the patient that the sick person needs to stay home until their fever and symptoms have been gone for 72 hours (with no medication, i.e. Tylenol). (Home isolation)
    - Patient and the rest of the household can continue to go to work and school as long as they feel well. There are many potential respiratory diseases that can cause cough and a fever.
  - **BUT a friend of a friend of the patient has COVID-19.**
    - Patient can continue to go to work and school as long as the patient feels well. If patient has not had close contact with someone with COVID-19, patient is at low risk of COVID-19.
  - **BUT patient is worried about their older or medically fragile friends and relatives.**
    - This is a time to practice social distancing. Refrain from shaking hands, kissing, high fives, and hugs, stand 6 feet or more away from other people. See if patient can work from home. Have patient wash their hands frequently.

## APPENDIX C

### PUI COVID-19 TESTING PROCEDURE

**If a provider is testing a patient with a suspected COVID-19 infection, provider must wear the following PEP:**

- Equipment required: Face mask (N95/surgical/respirator, does not need to be fit tested), Eye protection, Gloves, Gown
- Donning and doffing PPE
  - o Donning PPE:
    - MEGG - Mask, Eye goggles, Gown, Gloves
  - o Doffing PPE into biohazard bag:
    - GGEMS (reverse) - Gloves, Gown, Eye goggles (sterilized for reuse), Mask, Sanitize hands
    - Seal biohazard bag, sanitize hands again.
  - o Video reminder on proper don/doff: <https://www.youtube.com/watch?v=LnJcjbgsN74>

#### **Disposal of PPE Supplies:**

- Biohazard bags for after doffing PPE (sterilize goggles to reuse)
- Large biohazard bin for all used PPE.

#### **Sample Collection Prep:**

- Before donning PPE, physician has completed the following:
  - o Printed/ordered the two separate lab orders for the patient
    - Influenza A and B (Test number: 186221) – this requisition goes into a “NORMAL” bag
    - COVID-19 (Test number: 139900) – this requisition goes into a “FROZEN” bag
  - o UMT-RT tubes need to be labeled with specimen labels and matched with associated order/bag.
    - Physician should also place lab orders in bags ready for specimen collection.
  - o Wash hands.
- Physician dons PPE in MEGG order.

#### **General Testing/Sample Collection:**

- COVID-19 SAMPLE: All current testing will be done via Nasopharyngeal COPAN (orange top) swab placed in UMT-RT tube only. Sample must be FROZEN. This test must have a separate lab order from co-testing order.
- INFLUENZA A&B SAMPLE: Current co-testing includes Influenza A and B swab with Nasopharyngeal COPAN (orange top) swab placed in UMT-RT tube. Sample must be REFRIGERATED. This test must have a separate lab order from COVID-19 testing.



## Drive-up Testing Protocol:

1. Physician dons PPE in MEGG order. (Eye protection and masks can be reused and do not need to be removed is testing multiple patients, but gown and gloves need to be changed between each patient and hands cleaned before donning new gown and gloves.
2. Patient drives up, parks, rolls down car window, turns car off.
3. Instruct patient NOT to get out of the car. "Please remain in your car".
4. Confirm patient name and date of birth.
5. Patient is handed hard copy of waiver signed electronically agreeing to drive up testing.
6. Patient is instructed to tilt head back, 1 Nasopharyngeal COPAN (orange top) swab in EACH nostril. Inserting each swab in separately. "This will be a little uncomfortable"
7. Physician places specimen in correct UMT-RT tubes that have been labeled with the specimen label.
8. Physician script for interaction (if needed): "The test results should be back in 2-7 days. Please go straight back home, and I hope you feel better."

## Sample Collection Protocol: (Per LabCorp instruction)

- **Physician should have already donned appropriate PPE according to the above-mentioned protocol.**
- Excessive mucus in the nose can interfere with the collection of the sample, if present, have the patient clean their nose gently with a tissue prior to collection.
- Hold the swab at the score line. Ask patient to tilt their head back slightly to about 70 degrees and support their head with your non-dominant hand.
- Gently insert swab into the nostril along the septum floor of the nose extending straight back until the posterior nasopharynx is reached (distance from nostrils to external opening of ear).
  - o Rotate the swab several times while the swab is in contact with the nasopharyngeal wall.
- After the swab is completed, immediately place into the sterile vial containing the universal transport media. The shaft of the swab is snapped off at the red line.
- Ensure that cap is closed tightly. Place in matching/appropriate biohazard bag with an absorbent cloth (comes with the swab package) and follow protocol for delivery at your facility.
- Repeat the collection process with a **SECOND SWAB** for the co-testing.