

**Coronavirus Disease 2019 (COVID-19) Infection Prevention & Control Strategy for
Outpatient Clinics and Practices**

NYP ACN and Medical Groups, WCM PO, Columbia Doctors

Version 3/17/20

The algorithms below were created to address the current outbreak of COVID-19. The purpose of these algorithms is to reinforce practices that should be followed at all times (e.g., screening all patients for symptoms of communicable disease and implementing basic infection prevention practices) and to provide recommendations specific to the COVID-19 outbreak.

Please note that recommendations may change over time.

Scenario 1: ALL patients presenting to practices/clinic

1. Upon arrival, **screen all patients for fever, cough, shortness of breath, and/or sore throat.**
2. If patient has none of these symptoms, proceed with routine registration process.
3. **If patient acknowledges fever, cough, shortness of breath, and/or sore throat:**
 - a. Provide patient (and anyone accompanying the patient) with a **surgical mask** and instruct them to perform **hand hygiene**.
 - b. Relocate patient (and anyone accompanying the patient) to an exam room, close the door, and notify clinical staff. If an exam room is not immediately available, keep patient separated from other patients by at least 6 feet.
 - c. Clinicians entering room should use personal protective equipment (PPE) :
 - i. **Gown, gloves, and face mask with eye protection** [*Note: N95 respirators are only required during aerosol-generating procedures, such as **nebulized medication administration**, intubation, bronchoscopy, and cardiopulmonary resuscitation, which are uncommon in the ambulatory setting. **Aerosol-generating procedures should be avoided whenever possible.***]
 - d. The patient must wear a surgical mask for entire duration of office visit. A face shield/eye protection is not necessary for the patient.
 - e. **Clinician obtains additional information** from patient: signs and symptoms and dates of onset of signs and symptoms, travel history (dates, locations), and history of any exposure to ill persons who are confirmed or suspected to have COVID-19.
 - f. Clinician should refer to **COVID-19 Ambulatory Testing and Management Guideline** for guidance regarding recommended strategies for evaluation and management.

See next page for Scenario 2: All Patients Calling to Schedule an Appointment



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Scenario 2: ALL patients calling to schedule an appointment

1. Ask if the patient's appointment request is for **fever, cough, shortness of breath, sore throat or exposure to someone with suspected for confirmed COVID-19**
 - a. If the patient answers "**yes**", **offer the patient a same day video visit** with a clinician (see #2 below)
 - b. If the patient answers "**no**", proceed with the practice's current approach to appointment scheduling.
 - i. Practices should promote the use of video visits wherever possible.
 - ii. In office visits should create separations between patients seen for COVID related symptoms from those seen for non COVID related reasons.
2. **Visits for COVID related symptoms** should include details about:
 - a. **COVID-19 exposure** (dates, degree of exposure, confirmed COVID or PUI, etc)
 - b. **Severity of symptoms** (temperature, cough, shortness of breath, etc)
 - c. **Comorbidities** that relate to COVID risk (age, COPD, cardiac disease, cancer, immunocompromising condition, etc)

Refer to the **COVID-19 Ambulatory Testing and Management Guideline** for additional guidance

3. If the appointment **request is nonurgent** (e.g. annual physical), inform the patient that these appointment types are suspended until further notice. If the patient should develop symptoms (fever, cough, etc), they should call back and be offered a video visit.

For questions, contact the Department of Infection Prevention & Control at your site:

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NYP-CU, NYP-MSCH, ACN: 212-305-7025

NYP-LH: 914-787-3045

NYP-LMH: 212-312-5976

NYP-WC, NYP-WBHC, ACN: 212-746-1754

NYP-BMH: 718-780-3569

NYP-HVH: 914-734-3927

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