From: Dunn, Kathleen **On Behalf Of** Davidson, Peter
Sent: Tuesday, April 14, 2020 12:41 PM
Subject: PCPO Clinical Update

CDPHO is sharing the below Partners Infection Control guidance for the handling of patients in the ambulatory setting.

From: Garfinkle, Terry J., M.D.
Sent: Monday, April 13, 2020 9:52 AM
Subject: RE: PCPO Clinical Update

Below are updated guidelines, released this morning, for the handling of patients in the ambulatory setting. Please review these and consider updating your current workflow accordingly._____Terry

Partners Infection Control Guidance for Patients with Suspected Viral Respiratory Illness, Including Suspect or Confirmed COVID-19 in Emergency Department and Ambulatory

Definition of Viral Respiratory Illness: Viral respiratory illness includes all patients with any of the following signs or symptoms possibly consistent with a viral respiratory syndrome

1. Fever, subjective or documented
2. New sore throat
3. New cough
4. New runny nose or nasal congestion
5. New muscle aches
6. New shortness of breath
7. New anosmia

Enhanced Respiratory Isolation

Enhanced Respiratory Isolation is a new isolation category used for patients with viral respiratory illness and is defined as follows:

1. Patient placement

a. Private room with the door closed; cohorting of confirmed COVID-19 patients is permitted so long as there are no other infection status mismatches (e.g. MRSA, C. difficile, etc.).
b. Placement in an Airborne Infection Isolation Room (AIIR) is preferred if aerosol-generating procedures (AGPs) are anticipated; AIIRs should be prioritized when there is a shortage of AIIR rooms and there is a need for AGPs. Prioritization of AIIRs in these situations is based on patient risk of COVID 19 infection:
    1st priority: COVID-19
    2nd priority: CoV-Risk
    3rd priority: CoV-Exposed
    4th priority: Other viral respiratory illness

2. Personal Protective Equipment (PPE): gowns, gloves, eye protection and N95 respirator or powered air-purifying respirator (PAPR)

3. Some institutions may continue to use the Strict Isolation category to designate use of AIIR.

Locations of Care:

Emergency Department

1. All patients will be provided with a surgical or procedural mask upon arrival to the facility and instructed to wear the mask throughout their visit.
2. Protection of Triage Personnel. Any of the following 3 options should provide adequate protection:
    a. Erect a transparent barrier between patients and triage personnel, *or*
    b. Place physical barriers (e.g., table) to keep patients at least 6 feet apart from triage desk personnel, *or*
    c. Instruct triage personnel to wear a surgical mask and eye protection. When the following guidance are invoked, mask and eye protection may be worn for duration of shift in accordance with the Partners Infection Control Guidance on Extended Use and Reuse of N95 Respirators, Surgical Masks, Procedural Masks and Eye Protection.
3. Identification of Patients with Suspected Viral Respiratory Illness.
    a. Screen at triage for
        i. Fever, subjective or documented, or new sore throat or new cough or new runny nose or nasal congestion or new muscle aches or new shortness of breath
        ii. contact with person with confirmed COVID-19 within the preceding 14 days.
    b. All patients tested for influenza should be classified as having a suspected respiratory viral syndrome.
4. Immediate steps for patients identified with suspected Viral Respiratory Illness.
    a. Ask patient to don a surgical mask and place in room immediately.

b. If not possible to room immediately, seat patients at least 6 feet apart, with physical barriers between patients if possible.

5. Personal Protective Equipment
    a. N95 respirator or PAPR will be used by:
        i. HCWs who provide direct patient care in an enclosed space within 6 feet of the patient for ≥ 10 minutes (e.g., patient room, exam room, procedure room, etc.)
        ii. HCWs who do not provide direct patient care but work in an enclosed space (e.g., patient room, exam room, procedure room, etc.) within 6 feet of the patient for ≥ 10 minutes or who must enter the enclosed space after an aerosol-generating procedure during the airing period.
        iii. HCWs who do not provide direct patient care but may regularly be in an enclosed space (e.g., patient room, exam room, procedure room, etc.) within 6 feet of a patient for cumulatively ≥ 10 minutes (e.g., transport in elevators or HCWs visiting multiple patients for short periods of time)
    b. Gowns, gloves and eye protection will be used by HCWs who have direct contact with the patient or patient's environment.
    c. Gowns, gloves and N95 respirator or PAPR are not required for HCWs passing by or being in brief proximity (within 6 feet for < 10 minutes) of a patient. A surgical or procedural mask should be worn by all HCWs per Partners universal mask plan.
6. Isolation and Patient Placement.
    a. Enhanced Respiratory Isolation
        i. Private room with the door closed; cohorting of confirmed COVID-19 patients is permitted so long as there are no other infection status mismatches (e.g. MRSA, C. difficile, etc.).
        ii. Placement in an Airborne Infection Isolation Room (AIIR) is preferred if aerosol-generating procedures (AGPs) are anticipated; AIIRs should be prioritized when there is a shortage of AIIR rooms and there is a need for AGPs. Prioritization of AIIRs in these situations is based on patient risk of COVID-19 infection:
            1. 1st priority: COVID-19
            2. 2nd priority: CoV-Risk
            3. 3rd priority: CoV-Exposed
            4. 4th priority: Other viral respiratory illness
        iii. If an AAIR is not available and the consensus is to proceed, procedures must be performed in room with the door closed.
            1. Wipe down all high touch surfaces immediately after the procedure.
            2. Door to remain closed during and for one hour following completion of the procedure if non-AAIR (standard room); if AAIR duration of closure depends on number of air exchanges per hour for the specific room.
    b. Strict Isolation may be used to designate use of AIIR.
7. Limitations on use of Nebulizers
    a. Nebulization is an aerosolizing procedure and is strongly discouraged.
    b. Consider inhalers or spacers instead of nebulizers
8. Testing for COVID-19

a. Approved Indications for testing for COVID-19 are being updated continually and will be posted on Partners Pulse.
b. COVID-19 Testing Approval:
    i. Contact Biothreats / Infection Control to confirm that testing is indicated
c. Specimen collection:
    i. NP/OP swabbing is not considered an aerosol-generating procedure; **negative pressure room not required**.
    ii. Minimize staff in the room; single provider preferred.
    iii. Ensure door closed.
    iv. Ensure all provider(s) in the room are wearing N95 or PAPR, in addition to gown, gloves, and face-shield.
    v. If provider(s) not initially wearing N95 or PAPR, exit room, remove contaminated PPE; and put on fresh gown, gloves, N95 or PAPR, and face shield to perform NP/OP swab.

9. Infection Statuses associated with SARS-CoV-2.
    a. Please see Partners Guidance on Infection Statuses and Resolution: COVID-19, CoV-Risk, AND CoV-Exposed.
10. Notification of Infection Control/Biothreats
    a. For patients with suspected COVID-19 or confirmed COVID-19, alert local contacts for Biothreats/Infection Control if not done so already.

Ambulatory (including Urgent Care)

1. All patients will be provided a surgical or procedural mask upon arrival to the facility and instructed to wear the mask throughout their visit.
2. Identification of Patients with Suspected Viral Respiratory Illness
    a. Screen patients telephonically for fever, subjective or documented, or new sore throat or new cough or new runny nose or nasal congestion or new muscle aches or new shortness of breath before arrival, and 2) contact with person with confirmed COVID-19 within the preceding 14 days.
        i. If screen positive defer in-person visits and manage remotely if clinically appropriate
        ii. Contact with person with confirmed COVID-19 within the preceding 14 days.
    b. If screen positive, defer in-person visits and manage remotely if clinically appropriate.
    c. If symptomatic and in-person evaluation required for person with respiratory symptoms, ask patient to put on a mask upon arrival to facility.
    d. Patients with suspected or confirmed COVID-19 should be evaluated per facility in dedicated evaluation areas.
3. Protecting front desk personnel. Any of the following 3 options should provide adequate protection:
    a. Erect a transparent barrier between patients and front desk personnel, *or*
    b. Place physical barriers (e.g., table) to keep patients at least 6 feet apart from front desk personnel, *or*
    c. Develop a workflow wherein patients will spend no more than 10 minutes face-to-face with front desk personnel.
4. Immediate steps for patients identified with symptoms consistent with a Viral Respiratory Illness:

a. Have the patient don a mask immediately if not already wearing one
b. Ensure that patient remains masked while in the clinic.
c. Limit the number of clinic staff in contact with patient
d. Room immediately and keep the door closed. If not possible to room immediately, seat patients at least 6 feet apart, with physical barriers between patients if possible.

5. Personal Protective Equipment.
    a. N95 respirator or PAPR will be used by:
        i. HCWs who provide direct patient care in an enclosed space within 6 feet of the patient for ≥ 10 minutes (i.e., patient room, exam room, procedure room)
        ii. HCWs who do not provide direct patient care but work in an enclosed space within 6 feet of the patient for ≥ 10 minutes (i.e., patient room, exam room, procedure room)
        iii. HCWs who do not provide direct patient care but may regularly be in an enclosed space within 6 feet of a patient for cumulatively ≥ 10 minutes (i.e., transport in elevators or clinicians who visit multiple patients for a short period of time)
    b. Gowns, gloves, and eye protection will be used by HCWs who have direct contact with the patient or patient's environment.
    c. Gowns, gloves, and N95 respirator or PAPR are not required for HCWs passing by or being in brief proximity (within 6 feet for < 10 minutes) of a patient. A surgical or procedural mask should be worn by all HCWs per Partners' universal mask plan.
6. Limitations on use of Nebulizers
    a. Nebulization is an aerosolizing procedure and is strongly discouraged.
    b. Consider inhalers or spacers instead of nebulizers
    c. Placement in an Airborne Infection Isolation Room (AIIR) is preferred if aerosol-generating procedures (AGPs) are anticipated; AIIRs should be prioritized when there is a shortage of AIIR rooms and there is a need for AGPs. Prioritization of AIIRs in these situations is based on patient risk of COVID 19 infection:
        1. 1st priority: COVID-19
        2. 2nd priority: CoV-Risk
        3. 3rd priority: CoV-Exposed
        4. 4th priority: Other viral respiratory illness
    d. If an AAIR is not available and the consensus is to proceed, procedures must be performed in room with the door closed.
        1. Wipe down all high touch surfaces immediately after the procedure.
        2. Door to remain closed during and for one hour following completion of the procedure if non-AAIR (standard room); if AAIR duration of closure depends on number of air exchanges per hour for the specific room.
7. Limitations on influenza testing and throat swabs in the ambulatory setting:
    a. It is not possible to differentiate between influenza and COVID19 on the basis of symptoms alone. We therefore recommend treating all patients with respiratory viral syndromes as if they might have COVID19.

b. NP and OP swabs should only be obtained in the outpatient when a formal system is in place for safe testing.
c. Empiric treatment recommendations
    i. We recommend treating influenza empirically in vulnerable patients or referring patients for combined influenza/COVID19 testing to centralized testing facilities. ***Note that at this time, there is minimal influenza circulating.***
    ii. We recommend treating group A strep empirically in patients who meet the Centor Criteria.

8. Infection Statuses associated with SARS-CoV-2. Please see Partners Guidance on Infection Statuses and Resolution: COVID-19, CoV-Risk, AND CoV-Exposed Risk Infection Status.

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