Get Your Clinic Ready for Coronavirus Disease 2019 (COVID-19)

A new respiratory disease—coronavirus disease 2019 (COVID-19)—may impact your community.
Get ready! Steps you take to prepare your clinic for flu can also help protect your patients and healthcare workers from COVID-19:

Before Patients Arrive

- **Prepare the clinic.**
  - Know which of your patients are at higher risk of adverse outcomes from COVID-19.
  - Consider and plan for providing more telemedicine appointments.
  - Know how to contact your health department.
  - Stay connected with your health department to know about COVID-19 in your community. Step up precautions when the virus is spreading in your community.
  - Assess and restock supplies now and on a regular schedule.

- **Communicate with patients.**
  - Ask patients about symptoms during reminder calls.
  - Consider rescheduling non-urgent appointments.
  - Post signs at entrances and in waiting areas about prevention actions.

- **Prepare the waiting area and patient rooms.**
  - Provide supplies—tissues, alcohol-based hand rub, soap at sinks, and trash cans.
  - Place chairs 3–6 feet apart, when possible. Use barriers (like screens), if possible.
  - If your office has toys, reading materials, or other communal objects, remove them or clean them regularly.

When Patients Arrive

- **Place staff at the entrance to ask patients about their symptoms.**
  - Provide symptomatic patients with tissues or facemasks to cover mouth and nose.
  - Limit non-patient visitors.

- **Separate sick patients with symptoms.**
  - Allow patients to wait outside or in the car if they are medically able.
  - Create separate spaces in waiting areas for sick and well patients.
  - Place sick patients in a private room as quickly as possible.

After Patients are Assessed

- **After patients leave, clean frequently touched surfaces** using EPA-registered disinfectants—counters, beds, seating.
- **Provide at-home care instructions** to patients with respiratory symptoms. Consider telehealth options for follow up.
- **Notify your health department** of patients with COVID-19 symptoms.

Train and prepare your staff now

- Ensure that clinical staff know the right ways to put on, use, and take off PPE safely.
- Recognize the symptoms of COVID-19— fever, cough, shortness of breath.
- Implement procedures to quickly triage and separate sick patients.

- Emphasize hand hygiene and cough etiquette for everyone.
- Ask staff to stay home if they are sick.
- Send staff home if they develop symptoms while at work.

For more information: **www.cdc.gov/COVID19**

6 Steps for Safe & Effective Disinfectant Use

Step 1: Check that your product is EPA-approved

Find the EPA registration number on the product. Then, check to see if it is on EPA's list of approved disinfectants at: *epa.gov/listn*

Step 2: Read the directions

Follow the product's directions. Check "use sites" and "surface types" to see where you can use the product. Read the "precautionary statements."

Step 3: Pre-clean the surface

Make sure to wash the surface with soap and water if the directions mention pre-cleaning or if the surface is visibly dirty.

Step 4: Follow the contact time

You can find the contact time in the directions. The surface should remain wet the whole time to ensure the product is effective.

Step 5: Wear gloves and wash your hands

For disposable gloves, discard them after each cleaning. For reusable gloves, dedicate a pair to disinfecting COVID-19. Wash your hands after removing the gloves.

Step 6: Lock it up

Keep lids tightly closed and store out of reach of children.

coronavirus.gov

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.
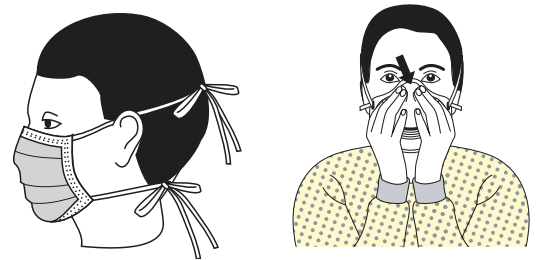
1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist
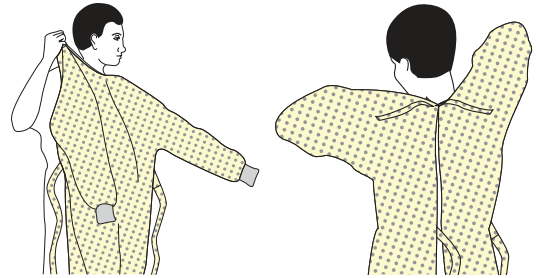
2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
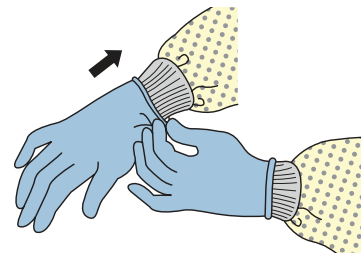- Fit-check respirator

3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit

4. GLOVES

- Extend to cover wrist of isolation gown

USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

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HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container
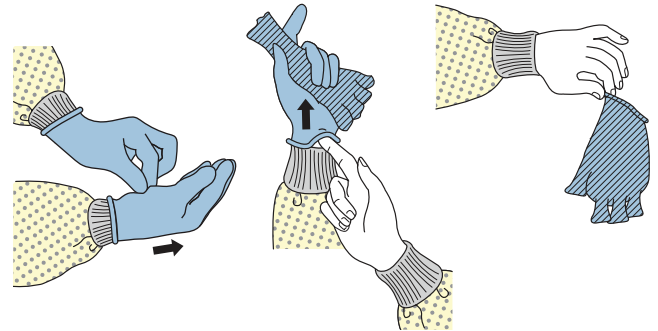
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container
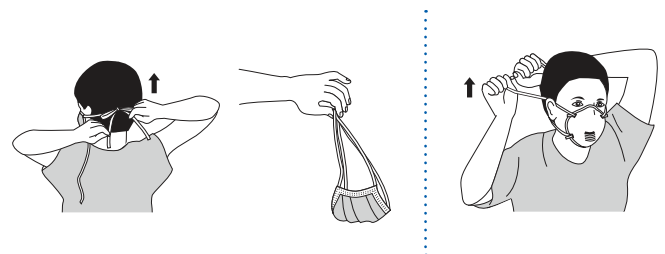
3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container
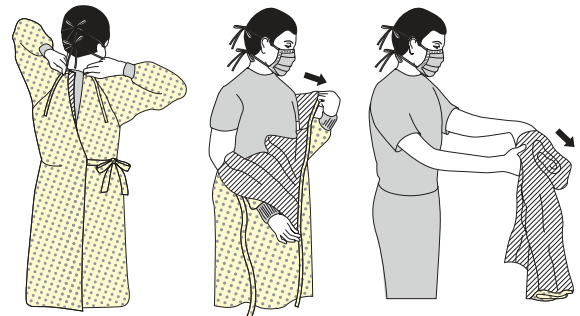
4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container

5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE
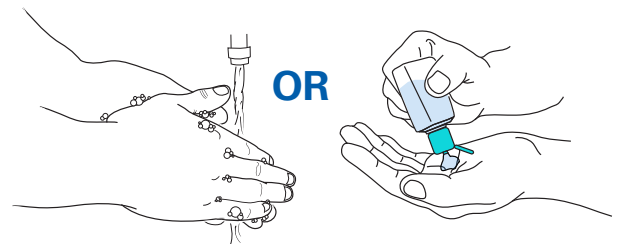
OR

PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

CDC
DEPARTMENT OF HEALTH & HUMAN SERVICES-USA
CENTERS FOR DISEASE CONTROL AND PREVENTION

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HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container
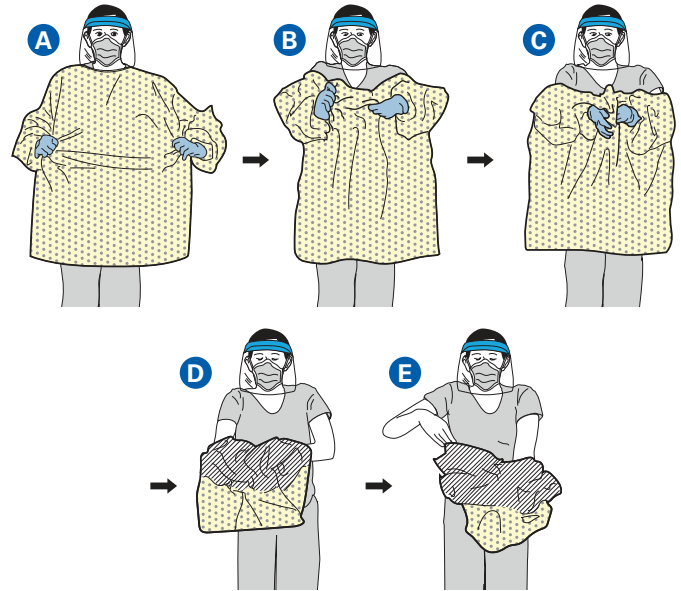

2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container
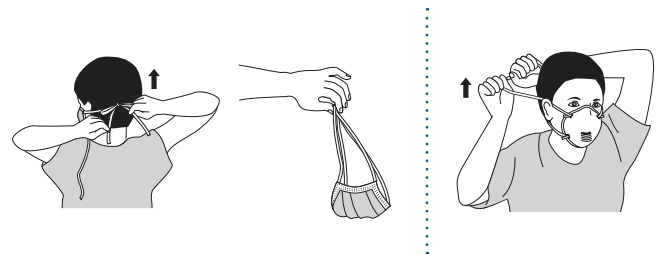
4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE
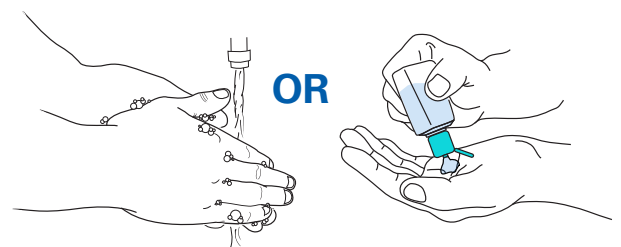
OR

PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

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Screening Questions for Staff to ask Patients

Screening questions		Recommendation
Have you or someone you have had close contact with, tested positive for Covid-19?	Yes	Consider alternatives to face to face appointment/ therapy
	No	Proceed with care
In the last 48 hours have you had any of the following symptoms: Fever, cough, Shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting, diarrhea, and/or sore throat.	Yes	Face to face appointment/therapy should only occur if absolutely necessary.
	No	Proceed with care
Are you a healthcare worker, first responder, work or live in a long term care facility or other congregate living setting (prisons, shelters), or a work place that has been identified as having a Covid-19 outbreak?	Yes	Consider alternatives to face to face appointment/ therapy
	No	Proceed with care

- *All individuals entering healthcare facilities should be masked or wear a face covering.*
- *Individuals who answer yes to any of the above should wear surgical mask if appointment/ therapy is deemed necessary.*

Screening Questions for Providers and Staff to ask Themselves:

- In the last 48 hours have you had any of the following symptoms:
    - Fever
    - Cough
    - Shortness of breath
    - Chills
    - Muscle pain
    - New loss of taste or smell
    - Vomiting
    - Diarrhea
    - Sore throat
- Staff should have their temperature taken daily prior to entering workplace
    - Tympanic or Oral thermometers are recommended
    - If a staff member is taking another staff member's temperature they should be wearing a surgical mask and practicing good hand hygiene.
        - If taking an oral temperature, ensure person has not had anything to eat or drink in the 20 minutes prior to taking temperature.
        - If a staff member or provider has a temperature of 100.4 or greater they should be sent home

Which procedures are considered aerosol generating procedures in healthcare settings?

Some procedures performed on patients are more likely to generate higher concentrations of infectious respiratory aerosols than coughing, sneezing, talking, or breathing. These aerosol generating procedures (AGPs) potentially put healthcare personnel and others at an increased risk for pathogen exposure and infection.

Development of a comprehensive list of AGPs for healthcare settings has not been possible, due to limitations in available data on which procedures may generate potentially infectious aerosols and the challenges in determining if reported transmissions during AGPs are due to aerosols or other exposures.

There is neither expert consensus, nor sufficient supporting data, to create a definitive and comprehensive list of AGPs for healthcare settings.

Commonly performed medical procedures that are often considered AGPs, or that create uncontrolled respiratory secretions, include:

- open suctioning of airways
- sputum induction
- cardiopulmonary resuscitation
- endotracheal intubation and extubation
- non-invasive ventilation (e.g., BiPAP, CPAP)
- bronchoscopy
- manual ventilation

Based on limited available data, it is uncertain whether aerosols generated from some procedures may be infectious, such as:

- nebulizer administration*
- high flow O2 delivery

*Aerosols generated by nebulizers are derived from medication in the nebulizer. It is uncertain whether potential associations between performing this common procedure and increased risk of infection might be due to aerosols generated by the procedure or due to increased contact between those administering the nebulized medication and infected patients.

References related to aerosol generating procedures:

Tran K, Cimon K, Severn M, Pessoa-Silva CL, Conly J (2012) Aerosol Generating Procedures and Risk of Transmission of Acute Respiratory Infections to Healthcare Workers: A Systematic Review. PLoS ONE 7(4); https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3338532/#!po=72.2222external iconexternal icon).

Safety Tips for Handling an Aerosolizing Procedure

- Staff/ Provider should put on personal protective equipment (PPE) that protects against airborne and contact transmission while performing or being in the same room as an aerosolizing procedure on a possible COVID + patient.
    - This includes: a gown, goggles (or preferably a face shield), N95 mask, and gloves.
    - Follow donning and doffing procedures recommended by the CDC
    - Follow good hand hygiene practices
- After patient has left the room:
    - The room must remain closed and undisturbed for 1 hour.
    - Put on PPE
    - After 1 hour, the room must be thoroughly disinfected
    - Staff should practice good hand hygiene after cleaning room and removing PPE.
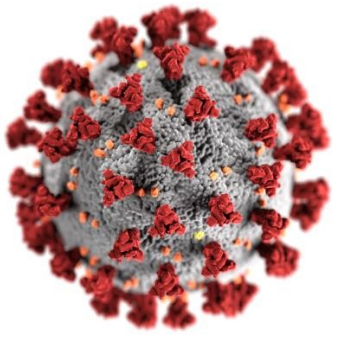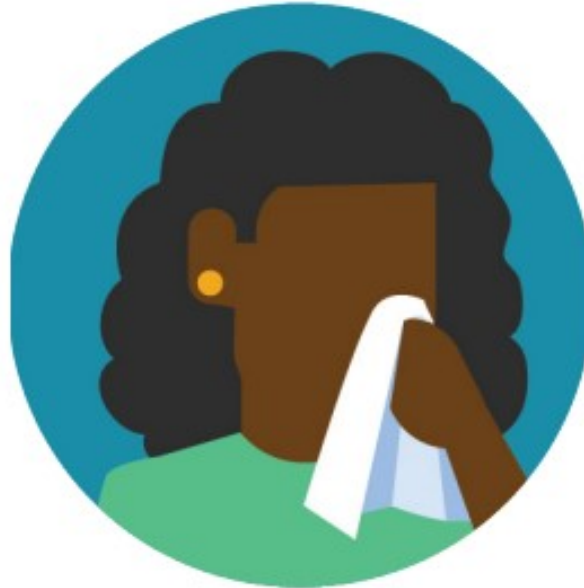
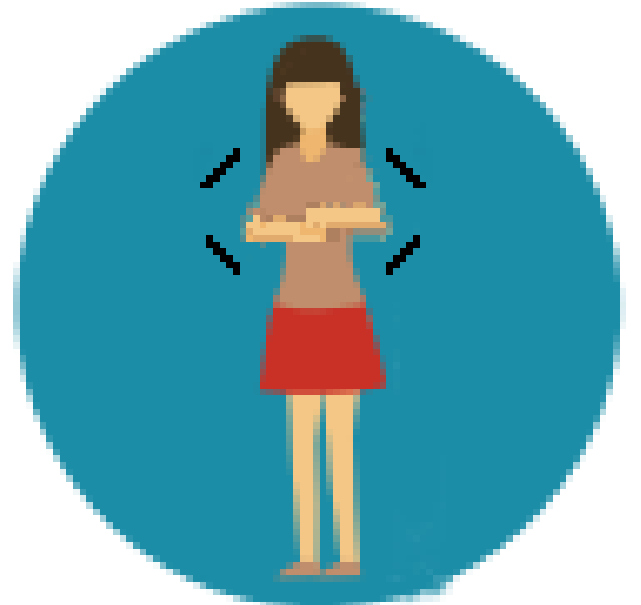# COVID-19
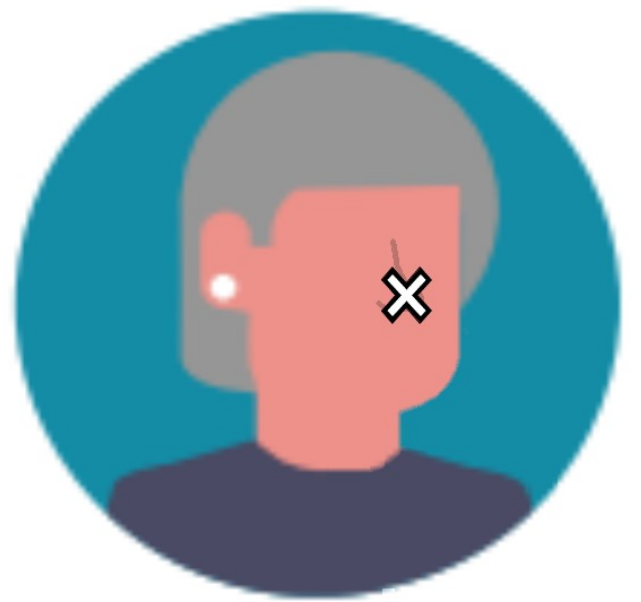## Signs and Symptoms
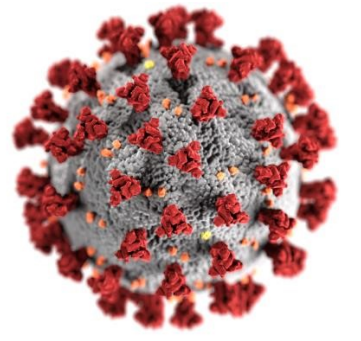
DO NOT ENTER if you have:

Fever

Cough

Chills

Loss of taste

Sore Throat

Loss of smell

Shortness of breath

Vomiting or Diarrhea