Collier County Medical Society Outpatient Practice Recommendations

(adapted from CDC recommendations www.cdc.gov/COVID19 as of July 27, 2020 and office protocols from the CCMS COVID19 Task Force)

PREVENTION

Triaging Patients for Signs and Symptoms of COVID-19

- When scheduling appointments for routine medical care (e.g., annual physical, elective surgery), instruct patients to call ahead and discuss the need to reschedule their appointment if they have symptoms of COVID-19 on the day they are scheduled to be seen.
- When scheduling appointments for patients requesting evaluation for possible SARS-CoV-2 infection, use nurse-directed triage protocols to determine if an appointment is necessary or if the patient can be managed by telemedicine.
- Provide routine medical care by telemedicine / web-based visits if possible

Screen Patients for Signs and Symptoms of COVID-19

- Limit and monitor points of entry to the facility.
- Posters at the entrance and in strategic places (e.g., waiting areas, elevators, cafeterias) to provide instructions (in appropriate languages) about wearing a cloth face covering or facemask for source control and how and when to perform hand hygiene.
- Consider establishing screening stations outside the facility to screen individuals
    - Screen everyone (patients, HCP, visitors) entering the healthcare facility for symptoms consistent with COVID-19 or exposure to others with SARS-CoV-2 infection and ensure they are practicing source control.
    - Actively take their temperature and document absence of symptoms consistent with COVID-19.
    - Ask them if they have been advised to self-quarantine because of exposure to someone with SARS-CoV-2 infection.

Encourage Physical Distancing at the Office

- Limiting visitors to the facility to those essential for the patient's physical or emotional well-being and care (e.g., care partner, parent).
- Scheduling appointments to limit the number of patients in waiting rooms.
- Arranging seating in waiting rooms so patients can sit at least 6 feet apart.
- Designating areas for HCP to take breaks, eat, and drink that allow them to remain at least 6 feet apart from each other, especially when they must be unmasked.

Implement Universal Source Control Measures

- Patients and visitors should, ideally, wear their own cloth face covering upon arrival to and throughout their stay in the facility. If they do not have a face covering, they should be offered a facemask or cloth face covering, as supplies allow.
    - Facemasks and cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- HCP should wear a facemask at all times while they are in the healthcare facility, including in breakrooms or other spaces where they might encounter co-workers.
    - When available, facemasks (surgical mask or N95 and goggles depending on risk level) are preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others.

Hand Hygiene

- Provide handwashing / sanitizing stations for staff and patients
- HCP should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process

Environmental Infection Control

- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly.
- Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label)

Optimize the Use of Engineering Controls and Indoor Air Quality

- Optimize the use of engineering controls to reduce or eliminate exposures by shielding HCP and other patients from infected individuals. Examples of engineering controls include:
    - Physical barriers and dedicated pathways to guide symptomatic patients through triage areas.
    - Remote triage facilities for patient intake areas.
    - If climate permits, outdoor assessment and triage stations for patients with respiratory symptoms.

- Explore options to improve indoor air quality in all shared spaces.
    - Optimize air-handling systems (ensuring appropriate directionality, filtration, exchange rate, proper installation, and up to date maintenance).
    - Consider the addition of portable solutions (e.g., portable HEPA filtration units) to augment air quality in areas when permanent air-handling systems are not a feasible option.

Management of Patients who Screen Positive

- Consider converting to telemedicine appointment
- If patient requires face-to-face evaluation, immediately bring patient back to a designated area to prevent exposure to other patients
- Wear complete PPE during evaluation (N95, eye covering, gloves, gown if possible)
- Have patient leave the office directly from designated room
- Clean all horizontal surfaces with germicidal or bleach wipes

Collection of Diagnostic Respiratory Specimens

- When collecting diagnostic respiratory specimens (e.g., nasopharyngeal or nasal swab) from a patient with possible SARS-CoV-2 infection, the following should occur:
    - Specimen collection should be performed in a normal examination room with the door closed.
    - HCP in the room should wear an N95 or equivalent or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown.
    - If respirators are not readily available, they should be prioritized for other procedures at higher risk for producing infectious aerosols (e.g., intubation), instead of for collecting diagnostic respiratory specimens. The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for specimen collection.
    - Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control.
- If proper PPE or testing material is not available, refer patient to a testing facility

MANAGING PATIENTS EXPOSED TO COVID19

The incubation period for COVID-19 is thought to extend to 14 days, with a median time of 4-5 days from exposure to symptoms onset. One study reported that 97.5% of persons with COVID-19 who develop symptoms will do so within 11.5 days of SARS-CoV-2 infection.

RECOMMENDATION: Self-isolation for 14 days following exposure ("close contact") to COVID19 positive case.

CLOSE CONTACT =

- You were within 6 feet of someone who has COVID-19 for at least 15 minutes
- You provided care at home to someone who is sick with COVID-19
- You had direct physical contact with the person (touched, hugged, or kissed them)
- You shared eating or drinking utensils
- They sneezed, coughed, or somehow got respiratory droplets on you

Advise patient: **Stay home and monitor your health**

- Stay home for 14 days after your last contact with a person who has COVID-19
- Watch for fever (100.4◦F), cough, shortness of breath, or other symptoms of COVID-19
- If possible, stay away others, especially people who are at higher risk for getting very sick from COVID-19
- Test for COVID19 if signs/symptoms develop
- **If patients test without symptoms, they should still remain in self-isolation EVEN IF TESTS RETURN NEGATIVE, as it may take up to 14 days to develop symptoms/ positive results**

MANAGING PATIENTS WITH SIGNS AND SYMPTOMS OF COVID19

The signs and symptoms of COVID-19 present at illness onset vary, but over the course of the disease, most persons with COVID-19 will experience the following[1,4-9]:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Diagnosis of COVID-19 requires detection of SARS-CoV-2 RNA by reverse transcription polymerase chain reaction (RT-PCR). Detection of SARS-CoV-2 viral RNA is better in

nasopharynx samples compared to throat samples.[34,50] Lower respiratory samples may have better yield than upper respiratory samples.

RECOMMENDATION: Test or refer patients with signs and symptoms for testing by nasopharyngeal swab (RT-PCR or Antigen testing). DO NOT RECOMMEND antibody testing to diagnose acute infection.

ADVICE ON WHEN IT IS SAFE TO BE AROUND OTHERS

Viral RNA shedding may persist over longer periods among older persons and those who had severe illness requiring hospitalization (median range of viral shedding among hospitalized patients 12–20 days)

RECOMMENDATION: Because viral shedding may persist, a test-based strategy for determining if a patient is no longer infectious is NOT recommended. Instead, **persons with COVID-19 who have symptoms** may discontinue isolation under the following conditions:

- At least 10 days* have passed since symptom onset **and**
- At least 24 hours have passed since resolution of fever without the use of fever-reducing medications **and**
- Other symptoms have improved.
- **people with weakened immune systems or more severe symptoms may need a longer period of self-isolation (20 days+)

Persons infected with SARS-CoV-2 who never develop COVID-19 symptoms may discontinue isolation and other precautions 10 days after the date of their first positive RT-PCR test for SARS-CoV-2 RNA.

Treatment and Prophylaxis

- There is currently no FDA-approved post-exposure prophylaxis for people who may have been exposed to SARS-CoV-2.
- There are no FDA-approved treatments recommended for non-hospitalized patients outside of supportive care / symptom management.
- Refer patients with signs/symptoms of severe infection to the emergency department. Advise triage of the referral.

Managing Work Restrictions

Exposure	Personal Protective Equipment Used	Work Restrictions
HCP who had prolonged[1] close contact[2] with a patient, visitor, or HCP with confirmed COVID-19[3]	• HCP not wearing a respirator or facemask[4] • HCP not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask • HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure[1]	• Exclude from work for 14 days after last exposure[5] • Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19[6] • Any HCP who develop fever or symptoms consistent with COVID-19[6] should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.
HCP other than those with exposure risk described above	• N/A	• No work restrictions • Follow all recommended infection prevention and control practices, including wearing a facemask for source control while at work, monitoring themselves for fever or symptoms consistent with COVID-19[6] and not reporting to work when ill, and undergoing active screening for fever or symptoms consistent with COVID-19[6] at the beginning of their shift. • Any HCP who develop fever or symptoms consistent with COVID-19[6] should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.