

COVID-19 UPDATE – INTERIM INFECTION PREVENTION AND CONTROL RECOMMENDATIONS FOR BEHAVIORAL HEALTH CLINIC, OUTPATIENT & PARTIAL PROGRAMS



March 6, 2020

This guidance is based on currently limited information available regarding COVID-19 on disease severity, transmission efficiency and shedding duration. Our approach will continue to be reviewed and updated as more information becomes available.

This guidance applies to Tanner’s healthcare settings. It is not intended for non-healthcare settings like schools nor to individuals outside of healthcare settings.

For Tanner’s response to COVID-19, visit tanner.org/ncov for more information.

Have COVID-19 alert signs posted at all patient intake points:

- “If you have traveled to countries with ongoing COVID-19 transmission in the last 14 days – OR – been in close contact with someone who has or is suspected of having Coronavirus 2019 (COVID-19) – AND – you have symptoms of fever, cough and shortness of breath, please put on a mask and notify staff.”
- Have masks and sanitizer available at points of entry.
- Call **770-812-9687** for posters as needed.

QUESTIONS?

For questions about COVID-19, call **770-812-9749**.

CDC GUIDANCE TO MINIMIZE OPPORTUNITY FOR EXPOSURE

BEFORE PATIENT ARRIVES AT CLINIC OR PARTIAL PROGRAM

- **When scheduling patients for appointments or admission to the outpatient program begin the travel screening education**
- OR -
- **For the clinic, when calling patients who have previously scheduled appointment prior to the appointment:**
Script: *“For your safety and the safety of other patients, the CDC has asked us to go through a few questions regarding the Coronavirus 2019. If you:*
 - *Develop a fever of 100.5 degrees Fahrenheit or higher;*
 - *Have coughing and shortness of breath; and*
 - *Have traveled in the past 30 days or have been in close contact with someone who is unwell and recently traveled*
 - *Please call _____ before your appointment or coming to the program.”*
 - Implement travel screen in Epic.
 - For patients who are screened with critical risk, **evaluate clinical status and potential for home care.**

EVALUATION OF CLINICAL STATUS AND POTENTIAL FOR HOME CARE

- **Evaluate patient’s clinical status and whether their residential setting is appropriate for home care.**
 - Patient is stable enough to receive care at home.
 - An appropriate caregiver is available.
 - A separate bedroom is available in the home where the patient can recover without sharing immediate space with others.
 - Resources for access to food and other necessities are available.
 - Patient and household have access to recommended PPE (at minimum, gloves and facemask).
 - Patient and caregiver can adhere to recommended isolation (respiratory hygiene and cough etiquette; hand hygiene; etc.).
 - Are there household members who may be at increased risk of complications from COVID-19 infection?
 - People older than 65
 - Young children
 - Pregnant women
 - People who are immunocompromised
 - People who have chronic heart, lung or kidney conditions

- **Notify Georgia DPH at 1-866-PUB-HLTH (1-866-782-4584).**
 - For patients recovering at home, provide “**Patient Sick with COVID-19**” sheet to supply more information to the patient.
 - For patients who *are not* able to recover at their home:
 - Coordinate transport for direct admission per current standards.
 - Communicate that the patient is under investigation for COVID-19 to the receiving care team.

UPON PATIENT’S ARRIVAL AT CLINIC:

- **Implement Epic travel screen at arrival with first point of contact and implement these precautions.**
- **For positive screen for COVID-19:**
 - Ask patient to place “surgical mask” over nose and mouth (if not already done) to reduce risk of spread through cough and sneeze.
 - Apply PPE as listed.
 - Mask and escort patient to a pre-designated exam room.
 - Communicate the following to the patient:
Script: “We’re placing you here because your recent history and travel screen indicate that you may have been exposed to the Coronavirus 2019. For your safety and the safety of our other patients and staff, we’ve designated this room to keep the virus from other patient care areas.

We’re going to keep the door closed for your privacy and to limit the possible spread of the virus, and we’ll be right with you as soon as we can with more information.

Also, the staff who are caring for you today may be wearing special equipment for their own protection. Please don’t be alarmed and let me know if you need anything.

It is possible that you are well enough to return home. We will evaluate you and your ability to recover at home. The Department of Public Health will be following up with you to provide further information. In the meantime, please let me know if you have any questions.”
 - Limit the number of staff entering the pre-designated room and keep the door closed.
 - All team members entering the room should apply PPE as outlined in the PPE section below.
 - If possible, maintain distance of **6 feet** while the interviewing patient.

EVALUATION OF CLINICAL STATUS AND POTENTIAL FOR HOME CARE

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PPE FOR CARING FOR PATIENTS WITH POSITIVE COVID-19 SCREENING

- Respiratory protection: Put on N95 mask before entry into patient room or care area.
- Eye protection: Put on goggles or face shield that covers front *and* sides of face upon entry to patient room. Remove immediately before exiting room or care area.
- Gown: Put on a clean gown upon entry into the patient room or care area; discard before exiting the room and dispose of after use.
- Perform hand hygiene immediately after removal.



UPDATED PPE RECOMMENDATIONS

Based on local and regional situational analysis of PPE supplies, facemasks are an acceptable alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.

- Facemasks protect the wearer from splashes and sprays.
- Respirators, which filter inspired air, offer respiratory protection.