

COVID-19

CORONAVIRUS DISEASE

VISION: To improve the health of all Texans.

MISSION: TMA supports Texas physicians by providing distinctive solutions to the challenges they encounter in the care of patients.



Physicians Caring for Texans

COVID-19 Infection Prevention and Control for Outpatient Clinics

Frequently Asked Questions (FAQs)

TMA COVID-19 Task Force

MARCH 18, 2020

What can you do to minimize exposure to COVID-19 in your clinic? ([CDC, 3/10/2020](#))

Basic steps **before** a potential patient with COVID-19 visits your clinic:

1. Cancel all walk-in patient clinics. Inform all patients they must call ahead, and screen patients over the phone for symptoms of fever and cough.
2. During heightened periods of community transmission, consider postponing non-urgent outpatient visits for high-risk patients (e.g., those with underlying conditions). For patients with reasonably controlled chronic conditions (e.g., hypertension, diabetes, COPD, etc.) consider deferring routine appointments for 1-2 months, as their underlying conditions put them at higher risk of severe complications from COVID-19.
3. If medical care must be provided, instruct patients to call ahead for an appointment. Teach your office's scheduling staff to advise the patient to call and reschedule if they develop cough/fever around the time they are scheduled to be seen. ([CDC, 3/06/2020](#))
4. Consider offering and implementing [telemedicine services](#) for your patients, in order to provide your patients the care they need while maintaining social distancing. ([CDC, 3/06/2020](#))
5. Consider allowing only the patient into the clinic exam room. Request that accompanying family members wait in their vehicles and be updated as necessary by phone.

Steps when evaluating a patient suspected to have COVID-19:

1. Post [signs and posters](#) at the entrance and in strategic places (e.g., waiting area, bathroom) to provide patients and staff with instructions (in appropriate languages) about hand hygiene, respiratory hygiene, and cough etiquette.
2. Provide supplies for respiratory hygiene and cough etiquette, including alcohol-based hand sanitizer with 60% to 95% alcohol, tissues, and no-touch receptacles for disposal at entrance, waiting room, and patient check-in.
3. If possible, bypass the waiting room or do not allow the patient to remain in the waiting area or other common areas. In some settings, patients might opt to wait in a personal vehicle or outside the health care facility where they can be contacted by mobile phone when it is their turn to be evaluated. Implement social distancing practices in the waiting room, such as placing waiting room chairs six feet apart.
4. If medical evaluation of a patient with acute respiratory illness is necessary, but not urgent, try to schedule the patient at the end of the day.

5. Ask patients with respiratory illnesses to alert you before entering the facility and provide them a surgical mask before entry. If a surgical mask is unavailable, ask the patient to use other practical means of source containment such as a tissue to contain respiratory secretions during transit through common areas.
6. Place the patient in a single-person room with the door closed. Patients with acute respiratory symptoms must be considered potentially infected with COVID-19, and thus should remain in the same room for the duration of their stay in the facility (e.g., minimize room transfers), to the extent possible. Minimize the number of staff entering the room.
7. Maintain proper infection control when collecting specimens for diagnostic testing for COVID-19. In outpatient settings, a nasopharyngeal specimen can be collected in a normal examination room with the door closed. Health care personnel in the room should wear a N95 or higher respirator (or a face mask if respirators are unavailable), eye protection (e.g. face shield or goggles), gloves, and gown.
8. After a patient with suspected COVID-19 has left an exam room, health care personnel, patients, and environmental services personnel should not enter the vacated room for at least **one hour**. This allows sufficient time to elapse for enough [air changes](#) to remove potentially infectious particles. See CDC [Guidelines for Environmental Infection Control in Health-Care Facilities](#) for more information. (CDC, 7/22/2019)
9. After this time has elapsed, the room should undergo appropriate cleaning and surface disinfection before resuming routine use.

What other types of infection prevention control measures do I need to implement in my clinic?
(CDC, 3/10/2020)

1. Remind staff to always practice [Standard Precautions](#) (assume that every person is potentially infected or colonized with a pathogen that could be transmitted in the health care setting) and also use transmission-based precautions when seeing patients with respiratory symptoms. This means:
 - a. **Hand Hygiene** – Ensure proper hand hygiene (using alcohol-based hand sanitizer with 60% to 95% alcohol or washing hands with soap and water for at least 20 seconds) before and after all patient contact, contact with potentially infectious material, and before putting on and after removing personal protective equipment (PPE), including gloves. Clinics should ensure that hand hygiene supplies are readily available to all personnel.
 - b. **Personal Protective Equipment** – Ensure staff training and availability of personal protective equipment (PPE) recommended when caring for a patient with known or suspected COVID-19. This includes:
 - N95 or higher-level respirator (or a face mask if respirators are unavailable);
 - Eye protection (such as goggles or a disposable face shield);
 - Gloves (clean, non-sterile, disposable); and
 - Gowns.

More details on PPE:

- [Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 \(COVID-19\) or Persons Under Investigation for COVID-19 in Health Care Settings](#)
- [How to properly put on, use, and remove PPE](#)
- [Strategies for Optimizing Supply of N95 Respirators](#)

Strictly follow basic infection control practices between patients (e.g., hand hygiene, cleaning and disinfecting shared equipment).

What cleaning procedures should you follow to disinfect the area exposed to someone with viral respiratory symptoms or potentially exposed to SARS-CoV-2 (the virus that causes COVID-19)?

(CDC, 3/10/2020)

1. Once the patient leaves the clinic, all staff should refrain from entering the vacated room until at least **one hour** has elapsed for enough air changes to remove potentially infectious particles. After this time has elapsed, the room should undergo appropriate cleaning and surface disinfection before it is returned to routine use. *(CDC, 7/22/2019)*
2. Routine cleaning and disinfection procedures with an EPA-registered hospital-grade disinfectant is appropriate for SARS-CoV-2 in health care settings. Here is a list of [EPA's Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2, the Cause of COVID-19](#). The contact time necessary to kill coronavirus can be up to 10 minutes depending upon the active ingredient(s) in the product used. In general, most medical cleaning agents that contain quaternary ammonium, or hydrogen peroxide are effective.
3. Management of laundry and medical waste should also be performed in accordance with routine procedures. Additional information about recommended practices for terminal cleaning of rooms and PPE to be worn by environmental services personnel is available in the [Healthcare Infection Prevention and Control FAQs for COVID-19](#).

How can I best prepare my staff? *(CDC, 3/10/2020)*

1. Facilities and organizations providing health care should implement [sick leave policies](#) for staff that are non-punitive, flexible, and consistent with public health guidance.
2. Decisions about work restrictions, voluntary quarantine, and health monitoring for staff with exposure to COVID-19 should be made in consultation with public health authorities. Refer to your [Local Health Department](#) (LHD) or the [Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 \(COVID-19\)](#) for additional information.
3. Provide staff with job- or task-specific education and training on preventing transmission of infectious agents, including refresher training.
4. Designate a clinician or an office administrator who will be responsible for identification and notification of exposed employees, in the event that a patient or staff member is confirmed to have COVID-19. Prompt, clear, and consistent communication is key – either via email, phone, or in person.
5. Ensure pre-designated staff are educated, trained, and have practiced the appropriate use of necessary PPE prior to caring for a patient with possible COVID-19, including attention to correct use of PPE and prevention of contamination of clothing, skin, and environment during the process of removing such equipment.
6. Determine how staffing needs will be met or adjust practice hours when there are increasing numbers of patients with COVID-19, and staff who are ill or excluded from work due to exposures.

What infection prevention and control precautions should I be taking if I think a patient with possible COVID-19 requires a higher level of evaluation at an emergency department (ED)?

1. Do not send patients to your local or state health department offices.
2. Call ahead to the receiving ED facility to notify them of a possible diagnosis so their staff is prepared to triage the patient quickly into an appropriate room.
3. Encourage the patient to self-transport by private vehicle if feasible. Patient should not take a ride-share service (e.g. Uber, Lyft).
4. If emergency medical services (EMS) transport is required, ensure the receiving EMS responders are also aware of the possible diagnoses of COVID-19.

What infection prevention and control recommendations should I give to patients with suspected COVID-19 if I feel they are well enough to go home?

1. People who are mildly ill with COVID-19 are able to isolate at home during their illness and are advised to restrict activities outside their home, except for getting medical care. Inform patients undergoing home care that:
 - Close contacts such as household members, intimate partners, and caregivers may have close contact with a person with symptomatic, laboratory-confirmed COVID-19 or a person under investigation. They should monitor their health and call their physician right away if they develop symptoms suggestive of COVID-19 (e.g., fever, cough, shortness of breath).
 - Household members should stay away from the sick patient as much as possible and use a separate bedroom and bathroom, if available.
 - The patient should wear a face mask around other people and prohibit nonessential visitors.
 - Do not handle pets or other animals while sick. For more information, see [COVID-19 and Animals](#).
 - Perform hand hygiene frequently, avoid sharing household items, clean all “high-touch” surfaces, and wash laundry thoroughly.

See [Preventing the Spread of Coronavirus Disease 2019 in Homes and Residential Communities](#) (CDC, 2/14/2020), which includes recommendations for household members and caregivers of patients with suspected or confirmed COVID-19.

2. Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:
 - At least three days (72 hours) have passed *since recovery* – defined as resolution of fever without the use of fever-reducing medications **and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,**
 - At least seven days have passed *since symptoms first appeared*.

For more information, see [Discontinuation of Home Isolation for Persons with COVID-19 \(Interim Guidance\)](#) (CDC, 3/16/2020).

**For other questions not addressed by this FAQ, please refer to
TMA's other FAQ pages on COVID-19 or contact:**

DSHS COVID-19 Call Center at **(877) 570-9779**, seven days a week, 7 am-8 pm

DSHS 24/7 Hotline at **(888) 963-7111**

DSHS email: coronavirus@dshs.texas.gov

TMA Knowledge Center (800) 880-7955 or knowledge@texmed.org

TMA COVID-19 Resource Center: [texmed.org/Coronavirus](https://www.texmed.org/Coronavirus)

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