

## DETAILED CHECKLIST LEVEL: FOR PRACTICES WHO NEED TO BE VERY THOROUGH IN PREPARATION:

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*Please use as much of this checklist as you wish or need; however, we recommend your manager and staff use it to assure you and themselves that all of you have prepared as much as you can to be safe and successful going forward.*

### **COVID-19 Education**

- Educate staff about coronavirus disease 2019 (COVID-19) and why it is important to contain the outbreak.
- Educate staff on facility policies and practices to minimize chance of exposure to respiratory pathogens, including SARS-CoV-2, the virus that causes COVID-19.
- Train and educate staff with job- or task-specific information on preventing transmission of infectious agents, including refresher training.
- Educate staff about COVID-19 evaluation and treatment.
- Educate staff about alternative office management plans.
- Educate staff on how to advise patients about changes in office procedures (e.g., calling prior to arrival if the patient has any signs of a respiratory infection and taking appropriate preventive actions) and developing family management plans if they are exposed to COVID-19.

### **Office Preparedness**

- Design a COVID-19 office management plan that includes patient flow, triage, treatment, and design.
- Consider designing and installing engineering controls to reduce or eliminate exposures by shielding staff and other patients from infected individuals (if applicable in your setting).
- Provide hand sanitizer, approved respirators (if applicable), face shields/goggles, surgical masks, gloves, and gowns for all caregivers and staff to use when within six feet of patients with suspected COVID-19 infection.
- Ensure adherence to standard precautions including airborne precautions and use of eye protection. Assume that every patient is potentially infected or colonized with a pathogen that could be transmitted in a health care setting.
- Implement mechanisms and policies that promptly alert key facility staff, including infection control, healthcare epidemiology, facility leadership, occupational health, clinical laboratory, and frontline staff about known suspected COVID-19 patients (i.e. PUI) as applicable in your setting.
- Keep updated lists of staff and patients to identify those at risk in the event of an exposure.
- Staff should follow the CDC guidelines on collecting, handling, and testing clinical specimens, if applicable.

- Prepare for office and clinical staff illness, absences, and/or quarantine.
  - Develop guidance for staff monitoring for signs of illness (including self-reporting, self-quarantine, and start/end of shift evaluation) and create a mechanism for reporting both illness and absenteeism.
  - Develop a return to work post-illness policy for health care workers. This should be as consistent as possible across the coalition.
  - Plan for staff access to medical care for themselves and their families; determine whether illness will be handled as workers' compensation or personal insurance depending on situation/criteria and share best practices.
- Cross-train staff for all essential office and medical functions.
- Determine contingency plan for at-risk staff (e.g., pregnant, other defined risk groups) including job expectations and potential alternate roles and locations.
- Evaluate the need for family support to enable staff to work (e.g., childcare, pet care). Provide information for family care plans.
- Review proper office and medical cleaning routines. Routine cleaning and disinfection procedures are appropriate for SARS-CoV-2 in healthcare settings, including those patient care areas in which aerosol-generating procedures are performed. Products with emerging viral pathogens claims are recommended for use against SARS-CoV-2.
- Management of medical waste should also be performed in accordance with routine procedures.
- Plan for cross-coverage with other healthcare professionals in your community and participate in local hospital planning exercises if applicable.
- Identify materials and supplies required for care to be delivered during an outbreak or pandemic, and suppliers that can provide those materials. Order appropriate materials and supplies.
- Contact representatives at your office's waste-disposal service regarding plans for appropriate waste disposal so that they can prepare for an increased amount of waste materials. Currently, there is no evidence to support the need of different waste management protocols for facilities caring for patients with COVID-19.
- Create templated charts for COVID-19 patients including discharge instructions and prescriptions
- Stay informed. Visit your State and local department of health's website often or develop a reliable method for routine epidemiologic monitoring. Make appropriate connections with local and state health department staff.
- Become knowledgeable about available testing and treatment as that information becomes available. This should include general suggestions on COVID-19 from the Centers for Disease Control and Prevention (CDC).
- Work with your state and local health departments on diagnostic testing protocols and procedures.

- Ensure that you and your staff are familiar with specific public health reporting practices legally required in your area. Familiarize staff with procedures on transporting patients from your office to the hospital or other facility if required.
- Post signage in appropriate languages at the entrance and inside the office to alert all patients with respiratory symptoms and fever to notify staff immediately.
- Post signage in appropriate languages with pictures to teach/remind all patients about correct respiratory hygiene and cough etiquette. Specifically, they should cough and sneeze into a tissue (which then should be properly discarded), or into the upper sleeve. Remind patients to use appropriate hand-washing technique.

### ***Triage and Patient Flow Systems***

- Determine screening process and location (e.g., curbside screening prior to entry, supplemental screening at intake, separate well/ill clinics, etc.).
- Develop a triage protocol for your practice based on patient and community outbreak.
- Develop a telemedicine service plan for patients with special needs or general population.
- Implement alternative patient flow systems.
  - Attempt to isolate all patients with suspected symptoms of any respiratory infection using doors, remote office areas, or negative-pressure rooms, if available.
  - Evaluate patients with acute respiratory illness (ARI) promptly
- After delivering care, exit the room as quickly and directly as possible (i.e., complete documentation in a clean area).
- Clean room and all medical equipment completely with appropriate cleaning solutions.
- When possible, reorganize waiting areas to keep patients with respiratory symptoms a minimum of 6 feet away from others and/or have a separate waiting area for patients with respiratory illness.
- Consider arranging a separate entrance for symptomatic patients.
- Schedule patients with ARI for the end of a day or at another designated time.
- Determine how suspect cases will be isolated from other patients in the clinic space.
- Develop care plans that reduce the number of staff caring for suspect/confirmed cases and protocolize care.
- Provide no-touch waste containers with disposable liners in all reception, waiting, patient care, and restroom areas.
- Provide alcohol-based hand rub and masks in all reception, waiting, patient care, and restroom areas for patients with respiratory symptoms. Always keep soap dispensers stocked with hand-washing instruction signs.

- Discontinue the use of toys, magazines, and other shared items in waiting areas, as well as office items shared among patients, such as pens, clipboards, phones, etc.
- Frequently wipe down public areas. Wipe down items such as pens and clip boards between uses by individuals.
- Dedicate equipment, such as stethoscopes and thermometers, to be used in ARI areas. This equipment should be cleaned with appropriate cleaning solutions for each patient. Consider the use of disposable equipment when possible. (e.g., blood pressure cuffs)

### ***Referral or Transfer of Patients***

- While the patient is waiting for diagnostic test results, home isolation may be required.
- Develop patient education materials to inform such patients of the reason for home isolation and the process to be followed.
- Transportation to a referral/transfer site should be handled by a previously exposed family member in a personal vehicle, or by a health facility vehicle such as an ambulance, not via public transportation.
- Notify the recipient of a referred/transferred patient that a suspected COVID-19 case is being referred or transferred.
- Implement appropriate public health reporting procedures.

### ***Waste Disposal***

- No-touch methods should be used to dispose of waste materials with respiratory secretions.
- Arrange to use the currently recommended methods for disposal of dangerous waste.
- Routine cleaning and disinfection procedures are appropriate for SARS-CoV-2 in healthcare settings including those patient-care areas in which aerosol-generating procedures are performed. Products with emerging viral pathogens claims are recommended for use against SARS-CoV-2. Management of medical waste should also be performed in accordance with routine procedures.

### ***Checklist of Required Equipment/Supplies***

- Healthcare facility should provide Personal Protective Equipment in accordance with current CDC guidance and OSHA's standards (29 CFR 1910).
- Clear signage with pictures recommending patients call first if they have symptoms of any respiratory infection (e.g., cough, runny nose, fever).
- Signage in appropriate languages instructing patients to alert staff about respiratory symptoms and correct hygiene and cough etiquette. It's helpful to have signage with pictures.
- Alcohol-based hand sanitizer and masks placed at the front of office/practice.
- Boxes of disposable tissues.

- While the patient is waiting for diagnostic test results, home isolation may be required. Develop patient education materials to inform such patients of the reason for home isolation and the process to be followed.
- Transportation to a referral/transfer site should be handled by a previously exposed family member in a personal vehicle, or by a health facility vehicle.
- Single-use towels and tissues for use throughout the office.
- No-touch waste baskets and disposable liners.
- Alcohol-based hand rub for reception, waiting, patient care and restroom areas.
- Single-use gloves.
- N95 respirators, face shields/goggles, surgical masks and gowns for providers and staff, as appropriate.
- Appropriate disinfectant for environmental cleaning. Train staff and assess that it is used correctly.
- Buckets and single-use mops.
- Adequate medical supplies (e.g., IV solutions, antivirals, antibiotics), as appropriate for location.
- Handouts made available prior to an outbreak or pandemic, and posters and patient education materials posted during an outbreak or pandemic

### ***Additional Options to Prevent Community Transmission***

Per the CDC, please consider the following options to prevent the spread of community transmission:

- Develop protocols and procedures for your practice based on patient and community outbreak.
- Explore alternatives to face-to-face triage and visits.
- Learn more about how healthcare facilities can prepare for Community Transmission.
- Designate an area at the facility (e.g., an ancillary building or temporary structure) or identify a location in the area to be a “respiratory virus evaluation center” where patients with fever or respiratory symptoms can seek evaluation and care.
- Cancel group healthcare activities (e.g., group therapy, recreational activities).
- Postpone elective procedures, surgeries, and non-urgent outpatient visits.
- Provide patients and families with information about stress responses, resilience and available professional mental health/ behavioral health resources.
- Assure the specific needs of pediatric and at-risk populations are addressed in surge capacity planning.

***All facilities should continually evaluate whether their region remains a low risk of incidence and should be prepared to cease non-essential procedures if there is a surge. By following the above suggestions, flexibility can allow for safely extending in-person non-emergent care in select communities and facilities.***