

## COVID-19: AMBULATORY PRACTICE SCREENING, SCHEDULING, AND PRACTICE OPERATIONS

### Guiding Principles:

**This document contains general guidance and may be operationalized differently to fit the needs of each ambulatory service and facility.**

Guiding principles that should be followed in the ambulatory setting:

- Universal Masking of patients, visitors, and associates is required
- Physical distancing in all clinic/waiting areas (in addition to masking) must be prioritized
- Hand hygiene and cleaning/disinfection procedures must be followed
- Symptom screening of patients, visitors, and associates should occur prior to scheduled visits and upon arrival
- Personal protective equipment (PPE): N95 respirators are **not** required for patient care in the ambulatory setting **except** while performing an aerosol-generating procedure (AGPs)
  - Initiating the performance of AGP procedures in the ambulatory setting should be planned in partnership with Infection Prevention/Infectious Disease.
- Frequent updates may be necessary due to CDC recommendations. A summary webpage, containing all guidance and tools, is located at this [link](#).

### Schedule Coordination

- **Physical Distancing:** Adjust schedules to accommodate adequate time for patient visits to ensure appropriate physical distancing in waiting and clinical areas and to allow time for cleaning. **Onsite leadership will identify strategies to implement and achieve appropriate physical distancing according to the physical layout and clinical care provided at each ambulatory location.** Some strategies to consider include:
  - Expand scheduled time blocks
  - Avoid double-booking patients for in-person visits in a single appointment slot.
  - Determine scheduling details, including handling of late patients, at the discretion of each provider in partnership with the site lead(s). Allowances should be made as able, given the special circumstances that may present challenges to patients.

### Before Patient Visit

- **Scheduling:** Scheduler/Call Center to screen patients for COVID-19 diagnosis or symptoms when making the patient appointment. Scripts have been prepared to provide guidance and will be updated each time a CDC update occurs. The most current Medstar Health [scheduling phone script](#) documents are located via the links below:
  - Primary care scheduling phone script can be found here at this [link](#)
  - Non-primary care scheduling phone script can be found at this [link](#)
  - MNRN phone script can be found here at this [link](#)
  - **Reminders:** During scheduling, staff should remind patients of the following current MedStar Health practices:
    - Patients with symptoms of COVID on the day of the appointment should call the office prior to traveling to the office.
    - A repeat screening for COVID-19 symptoms will occur on arrival at the facility.
    - In order to protect other patients, visitors are not allowed except in cases where needed to facilitate care or treatment. One visitor will be allowed per patient for that purpose. (The full visitor policy is available at this [link](#)).



- Preference is for patients to bring their own mask to the appointment. If they do not have one upon arrival, they will receive a mask. Further updated information on mask use expectations for associates, patients, and visitors is available at this [link](#).
- Physical distancing is now required, so the waiting room process may differ from past visits.
- **Screening:** During scheduling, patients will be asked about a recent diagnosis of COVID-19 for themselves or household contacts and about COVID-19 symptoms.
- **Scheduling visits for patients with likelihood of active COVID-19 disease** (including current COVID-19 symptoms, lives with someone with a recent COVID-19 diagnosis, or tested positive in the last 10 days):
  - Telehealth visits should be prioritized whenever clinically feasible and appropriate (video visits or MedStar e-Visit)
  - Recommendations for **in-person visit scheduling**:
    - Patients with COVID-19 diagnosis/symptoms:
      - **COVID-19+: Asymptomatic** for at least 3 days and at least 10 days after symptom onset may be scheduled as per routine.
        - For patients returning for care to locations with immunosuppressed populations (i.e. infusion centers, transplant clinics), consider prioritizing telehealth visits for 30 days after COVID diagnosis. If this is not clinically feasible, patient scheduling should be considered by the provider on a case-by-case basis with Infectious Disease/Infection Prevention
      - **COVID-19+ symptoms:**
        - Specialty clinic providers, non-primary care clinic providers, and providers at ambulatory care centers should prioritize a video visit or consider rescheduling appointment if possible until patient is asymptomatic for at least 3 days and at least 10 days past a positive COVID-19 test. Recommend the patient contact MedStar e-Visit or be seen at MedStar Urgent Care or contact their primary care doctor for evaluation if not previously evaluated or if patient reports worsened symptoms
        - Primary care clinics may consider delaying appointments as above or schedule COVID+ or PUI for telehealth or in-person visits, as per clinic leadership and providers
    - Asymptomatic patient with COVID+ household contact:
      - As per clinic leadership and provider, consider using telehealth or delaying appointment for 2 weeks from the date of the household contact's positive test if possible.
- **Pre-appointment contact:** As per clinic leadership, clinic administrative staff may also contact patients again prior to a scheduled appointment to remind patients of current policies or re-screen for recent diagnosis or symptoms.
  - If patient has a new diagnosis of COVID-19 or has new COVID-19 symptoms, refer to recommendations above.

### Onsite Clinic Operating Principles

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- **Physical distancing:** Each facility should arrange waiting areas and clinic spaces to accommodate physical distancing. Please note that strategies to achieve physical distancing may vary between clinics and facilities.

Guidance is being developed by the MedStar Health Real Estate services and will be posted on the COVID Resources website once available.

- Some examples to consider include: decreasing the number of waiting room chairs, adding floor tape boundaries, or having patients wait outside or in their cars once they have completed the check-in process to be notified when they are ready to be seen.
- Signage should be placed to remind patients/visitors of physical distancing requirements. MedStar Health has created standardized signage that should be used and can be accessed [here](#)
- Marketing has developed extensive signage, decals, and floor graphics to support physical distancing. Please contact Marketing for order forms and information.
- **Masking: All patients and visitors** are required to wear a mask and should be brought from home. Clinic staff should ensure that this step is done prior to registration and before the patient moves within the clinic space.
  - If patient does not have a mask, provide with a mask from MedStar supply.
    - Asymptomatic patients and visitors should be given an Under Armour cloth mask. Assembly instructions are available at this [link](#).
    - Patients with recent (within 10 days) diagnosis of COVID-19 or who have COVID-19 symptoms should be given a procedural mask.
    - Masking and visitor policy can be found at this [link](#).
- **Onsite Registration Screening:** All patients and visitors should answer screening questions at time of entry to the clinic using a standard Medstar front desk screening tool. Patient temperature screening may be administered at time of entry to clinic at pilot facilities (see below).
  - Primary Care Front Desk Screening Form can be found at this [link](#)
    - If a patient indicates they are experiencing symptoms or has been previously positive for COVID-19 within the last 10 days, ensure they are wearing a procedure mask.
      - Patient should be handed the patient screening questionnaire to complete, which can be found at this [link](#). If the screening form shows COVID-19 symptoms, the registrar should immediately notify an MA/RN to coordinate escorting the patient to an empty exam room.
      - Personal protective equipment and cleaning protocols below should be followed
      - Any other clinic-specific protocols should be followed
  - Non-primary care Front Desk Screening Forms can be found via these links: [specialty clinic/radiology](#), [physical therapy](#)
    - If a patient has a fever (>100.0), indicates that they could be experiencing COVID-19 symptoms, or has been previously positive for COVID-19 in the last 10 days, ensure they are wearing a procedure mask.
      - The provider should determine if a patient should be seen and taken to an exam room, referred to MedStar Urgent Care or primary care, or rescheduled.
      - Personal protective equipment and cleaning protocols below should be followed
      - Any other clinic-specific protocols should be followed
  - If a visitor reports COVID-19 symptoms or recent diagnosis, he/she should not be permitted entry to the clinic as a visitor. If the clinic evaluates patients for COVID-19 (e.g. urgent care, primary care), the visitor may be offered to be seen as a patient if possible.
    - If the primary patient required the visitor to accompany them to the visit, the clinic staff should consider rescheduling the primary patient's appointment.
- **Cleaning and Disinfection:** Surfaces should be frequently cleaned/disinfected, in both the clinical and waiting/check-in areas. Staff should follow standard disinfection protocol and use disinfectants approved for

COVID-19. Note that the EPA maintains a list of approved products for use on COVID-19 and is available on the following [link](#).

- Non-porous, high-touch areas, and horizontal surfaces in common spaces (e.g. waiting areas) should be cleaned/disinfected on a frequent and consistent basis (at least twice per day).
- Clinical areas and equipment should be cleaned/disinfected after each patient encounter or use.
- For room disinfection (including in-room equipment):
  - After use by a known COVID+ patient in the first 10 days after diagnosis:
    - If patient's mask is removed during visit: wear gown, gloves, procedure or surgical mask and eye protection.
    - If patient's mask is NOT removed during visit: wear surgical/procedural mask and gloves.
  - After use by all other patients: wear surgical/procedural mask and gloves.
- Hand sanitizer should be made available to patients and associates throughout the clinic.
  - Associates should perform hand hygiene before and after each patient encounter, after removing PPE, before and after eating, after handling specimens, and after using the bathroom.
  - Patients should be reminded to perform frequent hand hygiene.

#### Provider Operating Principles

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- **Masking:** All staff to wear surgical or procedural masks at all times, per the MedStar Health Universal Masking Policy (the full policy is available at this [link](#) ). Masking and physical distancing are additive.
- **Personal Protective Equipment (PPE):** Appropriate level of PPE to be worn for patient visits, procedures or immunocompromised patients, to ensure protection to associates:
  - For all PUI and COVID positive patients, associates and providers should wear surgical/procedural mask, eye protection, gown gloves.
- **Pre-op testing on an asymptomatic patient:** wear gloves and surgical/procedural mask.
  - For non-COVID+/non-PUI patients:
    - Office visits: Surgical or procedural mask and standard precautions
  - For known COVID+ patients whose visits cannot be deferred or converted to telehealth visits, the following PPE is recommended for the provider/clinical staff:
    - In-person visits:
      - Days 1-10 after COVID-19 diagnosis:
        - If patient's mask remains in place, associate/provider wears surgical mask and gloves.
          - Temporal temperature are preferred. If an oral temperature is taken: Patient slightly lifts mask (does not remove)
        - If patient's mask will be removed, associate/provider wears eye protection, surgical mask, gown and gloves.
      - Day 11 after COVID-19 diagnosis and beyond: surgical mask and universal precautions.
      - Selected, highly-immunocompromised patient populations (e.g., transplant patients) returning for office visits or procedures in the clinic should be managed on a case-by-case basis with local Infection Prevention and/or Infectious Disease input, as PPE requirements may vary.
    - AGPs: If aerosol generating procedures must be performed within 30 days of COVID-19 diagnosis, then full COVID-19 precautions (eye protection, N95, gown and gloves) should be



used and appropriate room cleaning/disinfection and air handling requirements should be followed.

**Additional Resources for Ambulatory Practices:**

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*Note that all resources are available at [www.MedStarHealth.org/covid19resources](http://www.MedStarHealth.org/covid19resources)*

*A compilation of Ambulatory Guidance Materials is available at*

*<https://covid19.medstarapps.org/2020/05/20/ambulatory-resource-page/>*

Discontinuation of Isolation for COVID positive patients:

<https://covid19.medstarapps.org/wp-content/uploads/2020/04/Discontinuation-of-Isolation-for-COVID-Positive-Patients-4.20.20.pdf>

Who to Test: Green/Yellow/Red Testing Algorithm:

<https://covid19.medstarapps.org/wp-content/uploads/2020/05/Red-Yellow-Green-COVID-19-Testing-Decision-Algorithm.pdf>

Pre-procedure testing (for aerosol generating procedures or procedures requiring moderate sedation):

<https://covid19.medstarapps.org/wp-content/uploads/2020/04/Pre-Op-OUTPATIENT-testing-Protocol-COVID.pdf>

Universal masking in healthcare facilities:

<https://covid19.medstarapps.org/2020/04/29/universal-face-mask-use-for-patients-associates-and-visitors-in-clinical-care-locations/>

Ambulatory PPE guidance:

<https://covid19.medstarapps.org/wp-content/uploads/2020/04/COVID19-Personal-Protective-Equipment-for-AMBULATORY-Locations-4.15.20.pdf>