COVID-19 Outpatient Infection Control Quick Guide

Strict adherence to infection control procedures is critical to limit ongoing transmission of COVID-19 from known and potential COVID-19 patients, especially asymptomatic or presymptomatic carriers. The following recommendations are designed to help facilities ensure appropriate precautions are in place to protect patients and staff from exposures to COVID-19 and other viral respiratory infections.

✓ Minimize unnecessary exposures in the health care setting.
  • Perform an initial evaluation of patients with fever and other acute symptoms remotely via telephone, messaging or video whenever possible.
  • Advise patients with COVID-like illness (CLI)\(^1\) who need in-person assessment on what precautions to take when traveling to and arriving at the clinic (e.g., wear a face covering, avoid public transportation).
  • Consider use of COVID-19 testing sites to avoid risk in other clinical spaces.

✓ Consider having specific hours and teams to see patients with CLI.
  • Schedule these visits later in the day, if possible, prior to cleaning and disinfection.
  • Utilize COVID-19 staff teams with dedicated rooms/areas to minimize exposure risks and maximize supplies of personal protective equipment (PPE).

✓ Screen all patients, accompanying companions and visitors for symptoms.
  • Conduct screening outside of the facility entrance if possible.

✓ Ensure universal source control.
  • Everyone entering the facility should wear a face covering or face mask since they could potentially be infectious, even without showing symptoms. Have a supply of face masks or coverings ready to provide to people entering the clinic if needed.
  • All staff should wear a face mask at all times while working in a health care setting.

✓ Implement measures to ensure physical distancing in entry areas and waiting rooms.
  • Use methods such as signage, chair arrangements, floor markers indicating 6-feet distance, elevator capacity limits, etc.

✓ Follow current PPE recommendations.
  • When evaluating or coming into prolonged close contact\(^2\) with patients with confirmed or possible COVID-19, the NYC Health Department recommends the use of standard contact and droplet precautions with eye protection.

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\(^1\) COVID-like illness (CLI) is defined as one or more of the following: cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat or new loss of smell or taste. Other symptoms may include gastrointestinal symptoms like nausea, vomiting or diarrhea. Older patients may present with atypical signs or symptoms, such as delirium or falls.

\(^2\) Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Until more is known about transmission risks, it is reasonable to consider an exposure of 15 minutes or more as prolonged.
PPE should include:

- Face mask (procedure or surgical mask) and gown and gloves and eye protection (face shield or goggles)
- Fit-tested N95 respirator or Powered Air Purifying Respirator (PAPR) – recommended for potential aerosol-generating procedures (e.g., nebulizer treatments)

For all other clinical encounters, health care workers (HCWs) should wear a face mask and eye protection.³

✓ Have staff self-monitor for fever and symptoms of COVID-19 during periods of ongoing community transmission.

- Staff should monitor for fever and symptoms at least daily before each shift and should immediately exclude themselves from duty and isolate if symptoms develop.
- If testing is readily available, HCWs should be tested for COVID-19 with a molecular-based test. Serologic (antibody) tests should not be used to diagnose acute COVID-19, nor should they be used to determine immune status to SARS-CoV-2 (the virus that causes COVID-19).

✓ Give instructions for self-isolation to symptomatic staff and staff with positive SARS-CoV-2 viral testing who can safely care for themselves at home.

- Staff should self-isolate until a negative test result is confirmed or for at least 10 days from symptom onset; and absence of fever for the prior 3 days without the use of antipyretics; and their overall illness has improved.
- Health care workers who are unable to safely isolate at home (e.g., have high-risk household contacts) may be eligible for housing through the NYC COVID-19 Hotel Program.

✓ Check regularly for updates to infection control and testing guidance.

- Recommendations on testing for health care workers and patients will continue to evolve.
- Updated NYC Health Department recommendations will be shared through the NYC Health Alert Network or through updated guidance on the NYC Health Department COVID-19 provider page: nyc.gov/site/doh/covid/covid-19-providers.page.

✓ Remember that PPE is only one element of an overall infection control program designed to keep health care workers safe. The infection control program should include rapid identification and source control of symptomatic patients (masking and separation), strict adherence to respiratory and hand hygiene practices, training staff on correct use of PPE and rigorous environmental cleaning and disinfection of surfaces and equipment.

The NYC Health Department may change recommendations as the situation evolves. 5.23.20

³ For facilities in areas with moderate to substantial community transmission, the CDC recommends eye protection for staff in addition to facemasks to ensure the eyes, nose and mouth are all protected from splashes and sprays of infectious material from others. https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-faq.html.
## Outpatient Facility Infection Control Recommendations

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| Registration and waiting areas | Patient with CLI  
- Optimize engineering controls, such as plexiglass barriers, to limit direct contact | Face mask or other face covering; immediately separate from others; place in private room with door closed | Face mask                                                | Face mask                                                |
| Exam room                    | Place patient with CLI in a private room with door closed.                | Initial evaluation of patient with CLI                    | Face mask                                                | Avoid entering the room                                   |
|                              |                                                                          | Face mask or other face covering                           | Face mask                                                | - Face mask, eye protection, and gloves if entry required |
|                              |                                                                          | Patient determined to be low suspicion for COVID-19       | Face mask                                                | Face mask                                                |
|                              |                                                                          | Face mask or other face covering                           | Face mask                                                | Eye protection                                            |
|                              |                                                                          | Specimen collection for COVID-19 testing                   | Face mask                                                | Eye protection                                            |
|                              |                                                                          | - Nasopharyngeal, oropharyngeal, nasal swabs or saliva    | Face mask                                                | Gown                                                     |
|                              |                                                                          | Any potential aerosol-generating procedure (AGP) with symptomatic patient (e.g., nebulizer treatment) | Face mask or other face covering; only remove when necessary for treatment | Minimize close contact (<6 feet) N95 respirator Gown Gloves | Do not enter room during procedure and for up to two hours afterward. |
| All areas                    | Room cleaning after a patient with possible COVID-19 vacates room        | Face mask or other face covering                           | Face mask                                                | Face mask                                                |
| (Environmental Cleaning)      | - Can enter room immediately after patient leaves unless AGPs were performed. |                                                            | Eye protection if risk of splash Gown Gloves             | Eye protection if risk of splash Gown Gloves             |

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4 After a potential aerosol generating procedure, entry into the room without PPE should be restricted for two hours or until enough time has elapsed for enough air changes to remove potentially infectious particles. [https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-faq.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-faq.html).