

COVID-19 Pandemic Preparedness Checklist for Outpatient Settings

Item	Recommendation	Action item	Responsible Parties	Due Date	Status
IDENTIFY PLAN AND RESOURCES					
1.1	Keep informed. COVID-19 guidance is regularly updated as we learn more: <ul style="list-style-type: none"> • Federal: cdc.gov/coronavirus/2019-ncov/index.html • State: health.ny.gov/diseases/communicable/coronavirus • Local: on.nyc.gov/covid19provider 				
1.2	Review CDC’s “Steps Healthcare Facilities Can Take” for an overview of the steps facilities should take to prepare for an outbreak of COVID-19 and protect patients, visitors and staff. Information can be accessed at: cdc.gov/coronavirus/2019-ncov/healthcare-facilities/steps-to-prepare.html .				
1.3	Review and update your pandemic preparedness plan. Ensure it considers the presentation and demands of an outbreak and it includes triggers for activation (e.g., circumstances and by whom).				
1.4	If you do not have a plan, a template can be found here: cdc.gov/h1n1flu/guidance/pdf/abb_pandemic_influenza_plan.pdf Follow these steps to develop a pandemic plan: <ul style="list-style-type: none"> • Assign a person to coordinate preparedness planning and a pandemic response coordinator. • Create a multidisciplinary planning committee or team to specifically address pandemic preparedness planning. The committee should include: <ul style="list-style-type: none"> o Facility administrator o Medical staff o Nursing o Reception personnel o Environmental services • Identify a point of contact (internal or a consultant) for questions related to infection control. 				

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1.5	<p>Determine if your clinical setting can safely evaluate possible COVID-19 patients — those showing influenza-like illness (ILI) symptoms, such as fever $\geq 38.0^{\circ}\text{C}$ [100.4°F], cough, shortness of breath or sore throat:</p> <ul style="list-style-type: none"> Identify a room or rooms where patients can be placed, ideally near the entrance or triage area. Assess waiting areas for how you might separate patients with ILI from others by at least 6 feet. Assess if there is a clinic section, unit, or floor that can be dedicated to seeing suspect COVID-19 patients with ILI symptoms. Identify a space to see potentially infectious patients separately. 				
PATIENT MANAGEMENT					
2.1	<p>Implement measures to identify, isolate and manage patients who may have COVID-19:</p> <ul style="list-style-type: none"> Call scheduled patients prior to their appointment to prescreen for symptoms of and advise them on what to do if they have symptoms, including where they can get tested, whether they will have an initial evaluation remotely, and what infection control precautions to take at home and if they are to be seen in the clinic. Place a staff member at the entrance or outside of the facility to screen subjective or measured fever or chills, cough, shortness of breath, sore throat, fatigue, muscle or body aches, headache, new loss of taste or smell, congestion or runny nose, nausea or vomiting, or diarrhea. Place face mask on patients with COVID-19 symptoms. Consider policies to discourage walk-in visits. Patients should be encouraged to call ahead for a pre-screen before entering the clinic. Place visible signage upon entry to the facility directing visitors with COVID-19 like symptoms (e.g., cough, shortness of breath or sore throat) to notify staff. Examples of posters can be found at: nyc.gov/site/doh/providers/health-topics/novel-respiratory-viruses.page Train staff to place face masks on patients with COVID-19 symptoms and ensure facial tissues, disposal receptacles, and hand hygiene materials are available. Keep face masks secured in registration area. 				

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2.2	Separate patients with symptoms of COVID-19 from others, ideally in a private room with the door closed. If no rooms immediately available, keep patient separated from others by at least 6 feet.				
2.3	Screening should include exposure to COVID-19 and symptoms, including fever $\geq 38.0^{\circ}\text{C}$ (100.4°F), exposure to COVID-19, and new or worsening cough, new or worsening shortness of breath, sore throat, fatigue, muscle or body aches, headache, new loss of taste or smell, congestion or runny nose, nausea or vomiting, or diarrhea.				
2.4	Develop care plans that reduce the number of staff caring for possible or confirmed cases and protocolize care.				
2.5	Plan for the safe disposition of patients.				
2.6	<p>Determine at-risk and functional needs populations (e.g., age 50 years or older or who have underlying medical conditions) that may be impacted.</p> <ul style="list-style-type: none"> • Take measures to assure they have access to care and essential medications. • Provide education on how to stay safe. • Provide remote consultation options to prevent unnecessary visits during widespread community transmission of COVID-19. 				
INTERNAL AND EXTERNAL COMMUNICATION					
3.1	Implement a communication plan which includes how signs, phones, email, or other methods of information will be used to communicate with staff, patients or other persons coming into the facility.				
3.2	Establish an emergency communication plan for staff working in the office and medical and nursing personnel.				
3.3	Ensure staff have ready access to key clinic and public health points of contact, such as the NYC Health Department Provider Access Line: 866-692-3641				

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3.4	Identify a person for communicating with public health authorities or local officials during the pandemic.				
3.5	Develop a list of health care entities and contacts you may need to communicate with during the pandemic.				
3.6	Triage all incoming phone calls and regularly scheduled appointments for possible COVID-19 infection, including exposure and symptom history.				
EDUCATIONAL MATERIALS FOR STAFF AND PATIENTS					
4.1	Designate a person in the facility to coordinate education and training on COVID-19.				
4.2	<p>Educate on potential harm of COVID-19 and how to protect self/patients. Education and training should include information on infection control measures to prevent the spread of the pandemic.</p> <ul style="list-style-type: none"> • Appropriate and frequent hand hygiene: cdc.gov/handhygiene/providers/index.html. • Respiratory hygiene and cough etiquette including sneezing and coughing into a tissue or elbow, wearing a surgical mask if needed, place used tissues in waste, and perform hand hygiene immediately: cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm • Staff training on relevant protocols including "How to properly put on, use, and remove PPE" at cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf. • Educate patients to stay at home if they are showing mild symptoms of the disease. 				

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4.3	<p>Plan for providing just-in-time staff education via electronic and other non-classroom means including information about COVID-19 transmission, infection prevention measures, clinical symptoms and course, treatment, risk factors and complications.</p> <ul style="list-style-type: none"> Refer your patients to the NYC Health Department for additional information on COVID-19 at nyc.gov/health/coronavirus. 				
4.4	<p>Provide patients, families and staff with information about stress responses, resilience and available mental health/behavioral health resources. Some resources can be found at cdc.gov/coronavirus/2019-ncov/about/coping.html and nyc.gov/site/doh/covid/covid-19-mental-health.page.</p>				
4.5	<p>Provide patients with resources on COVID-19 including transmission, prevention, usual clinical course, risks for more severe disease, and when to seek medical care. These materials should encourage patients to have at least a 30-day supply of usual medications on hand.</p>				
INFECTION CONTROL PLAN					
5.1	<p>Review and update your infection prevention and control policies and procedures. If you do not have such policies and procedures, review key infection control guidance including:</p> <ul style="list-style-type: none"> CDC’s Minimum Expectations for Safe Care document cdc.gov/hai/settings/outpatient/outpatient-care-guidelines.html CDC Interim Infection Control Guidance for COVID-19 cdc.gov/coronavirus/2019-ncov/infection-control/index.html NYC Health Department’s Outpatient Infection Control Guidance for COVID-19 nyc.gov/assets/doh/downloads/pdf/imm/covid-19-infection-control-outpatient.pdf 				

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5.2	<p>Instruct patients to use available advice lines, patient portals, and online self-assessment tools, or to call the office/clinic if they have symptoms such as fever, cough, shortness of breath or difficulty breathing, sore throat, fatigue, muscle or body aches, headache, new loss of taste or smell, congestion or runny nose, nausea or vomiting, or diarrhea.</p> <ul style="list-style-type: none"> • Identify staff to conduct telephonic and telehealth interactions with patients. Develop protocols so that staff can triage and assess patients quickly. • Determine algorithms to identify which patients can be managed by telephone, which require inperson visits, and which should be sent for emergency care. For an example of this type of algorithm, visit: cdc.gov/coronavirus/2019-ncov/hcp/phone-guide/index.html 				
5.3	<p>Infection control protocols for care of patients with possible COVID-19 should include use of Standard, Contact, and Droplet Precautions with eye protection. An N95 respirator is only needed when performing aerosol generating procedures or when caring for patients in an intensive care unit.</p> <ul style="list-style-type: none"> • Avoid any aerosol-generating procedures in the clinic, including nebulizer treatments and high flow oxygen. • If possible, aerosol-generating procedures should be conducted in airborne infection isolation rooms (AIIR). If AIIR is not available, patient should be treated in private room with the door closed. Limit the number of personnel entering the room. Once the patient leaves, the exam room should remain vacant for up to two hours before anyone enters. • Adequate wait time may vary depending on the ventilation rate of the room and should be determined accordingly. 				
5.4	<p>Protocol for how to properly put on, use, and remove personal protective equipment (PPE) can be accessed at cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html.</p>				

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5.5	<p>Ensure recommended PPE is in stock and available to patients and staff who need it. Implement measures to protect and conserve your PPE.</p> <ul style="list-style-type: none"> Strategies to optimize your PPE supply can be found at cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html and nyc.gov/assets/doh/downloads/pdf/strategies-for-the-conservation-of-respiratory-ppe-february17.pdf Secure all PPE in a locked cabinet or closet but have supply readily available for when patients present with COVID-19 symptoms. 				
5.6	<p>Infection control policy should include the protection of non-clinical personnel including security, reception, and triage personnel. For guidance on appropriate infection control PPE, visit nyc.gov/assets/doh/downloads/pdf/imm/covid-19-infection-control-outpatient.pdf.</p>				
5.7	<p>Designate a specific waiting area for patients presenting with COVID-19 symptoms. This should be a specific, well-ventilated space that allows patients to be separated at least 6 feet apart. Minimize time in waiting room.</p>				
5.8	<p>Review, implement and reinforce a plan to encourage respiratory etiquette through the facility.</p>				
5.9	<p>Make alcohol-based hand sanitizer accessible to patients and staff. Aid individuals who may have difficulty washing hands or using hand sanitizer.</p>				
5.10	<p>Make sure tissues are available and sinks are well stocked with soap and paper towels.</p>				
5.11	<p>Provide suspected/confirmed patient with a mask for source infection control.</p>				

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ENVIRONMENTAL CLEANING					
6.1	Review CDC recommendation on environmental infection control for COVID-19: cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html#infection_control .				
6.2	Regularly disinfect high-touch surfaces including doorknobs, elevator buttons and shared bathrooms.				
6.3	Products approved by the Environmental Protection Agency (EPA) for emerging viral pathogens claims are recommended for use against COVID-19. Find a list of approved products at epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2 . If there are no available EPA-registered products that have an approved coronavirus or emerging viral pathogen claim for COVID-19, products with label claims against human coronaviruses should be used according to label instructions.				
6.4	Provide disposable wipes so employees can wipe down frequently used surfaces before and after using them.				
STAFF OCCUPATIONAL SAFETY PLAN					
7.1	Enact a policy for a liberal/non-punitive sick leave (e.g., not requiring a provider's note, allowing extra days when staff's paid sick leave has been used) and for addressing the needs of symptomatic personnel. Policy should address: <ul style="list-style-type: none"> • Staff becoming symptomatic at home and while working. • Personnel who need to care for an ill family member. • Personnel returning to work after having COVID-19. Follow applicable public health guidance. For NYC, refer to https://www1.nyc.gov/assets/doh/downloads/pdf/han/advisory/2020/covid-19-health-care-ppe-restrictions.pdf and https://www1.nyc.gov/assets/doh/downloads/pdf/han/advisory/2020/covid-19-update-05142020.pdf. 				

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7.2	Plan to educate staff to self-assess and report symptoms of COVID-19. <ul style="list-style-type: none"> Consider monitoring symptoms and temperatures of staff twice daily, one prior to each shift. Personnel and volunteers should not report to work if they have <u>symptoms of COVID-19</u> such as fever, cough, shortness of breath or sore throat. 				
7.3	Plan for managing personnel at higher risks for complications from COVID-19 and try to accommodate them on administrative leave or altering their work location. <ul style="list-style-type: none"> Plans should include policies and plans for working remotely. 				
7.4	Provide list of mental health and faith-based resources to personnel during the pandemic. CDC's mental health resources can be found at cdc.gov/coronavirus/2019-ncov/about/coping.html .				
SURGE CAPACITY PLANNING					
8.1	Include plan for cancelling nonessential appointments and/or blocking off dedicated blocks of time to see potential COVID-19 patients.				
8.2	Have systems in place for remote triage and assessment of patients to determine who requires a medical evaluation to limit office visits to those that are medically necessary. <ul style="list-style-type: none"> Use telemedicine and other remote options whenever possible. 				
8.3	Consider alternate triage spaces and/or block times for patients presenting with symptoms of COVID-19 and those with non-COVID-19-related symptoms.				
8.4	Consider which clinics could be converted into in-patient units (e.g., surgical centers) when there is a surge of patients.				

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8.5	Consider plans for clinically managing higher acuity patients who you would ordinarily recommend seek care at an emergency department.				
8.6	Plan for staffing shortages: <ul style="list-style-type: none"> • Cross-train staff in different duties, especially for essential services. • Consider how less-trained personnel could assist with operations. • Plan for the use of temporary staff and/or medical volunteers. 				
8.7	Develop staffing plan to allow extended or decreased hours of service when needed.				
8.8	Ensure the specific needs of pediatric and populations at-risk for severe COVID-19 are addressed in surge capacity planning.				
8.9	It is now recommended that all New Yorkers be tested for COVID-19. For additional detail, visit: nyc.gov/site/doh/providers/health-topics/novel-respiratory-viruses.page .				
8.10	Develop a plan to address likely supply shortages. <ul style="list-style-type: none"> • Contact your suppliers and vendors to confirm availability. • Review recommendations for mitigating risk when there are limited PPE supplies: cdc.gov/coronavirus/2019-ncov//hcp/ppe-strategy/index.html. 				

References:

- 1) U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response: COVID-19 Healthcare Planning Checklist. phe.gov/Preparedness/COVID19/Documents/COVID-19%20Healthcare%20Planning%20Checklist.pdf.
- 2) CDC. Interim Guidance for Healthcare Facilities: Preparing for Community Transmission of COVID-19 in the United States. cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html.
- 3) U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response: Medical Offices and Clinics Pandemic Influenza Planning Checklist. cdc.gov/flu/pandemic-resources/pdf/medofficesclinics.pdf.

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

7.9.20