

UCSF Health Infection Prevention Guidance for the Care of Patients with COVID-19

Purpose

- This document is meant for patients with positive COVID-19 testing who must return to the clinical environment prior to full clearance and removal of precautions. This document also provides recommendations on the removal of precautions. These guidelines are meant to protect our patients and healthcare workers.

Audience

- Clinical providers and staff in all UCSF Health Ambulatory settings.
- Please note: Some clinics may have more detailed guidance that is specific to their setting. Contact your program manager for details. This document should serve as a baseline to inform those additional workflows.

Scheduling of Appointments

- For known COVID-positive patients, recommend to reschedule any non-essential appointments. Consider telemedicine options when possible.
- If the patient needs to come into the clinic for essential appointments:
 - Schedule their appointment at the end of the day or during the clinic's least busy time frame
 - Schedule all visit components to occur in the same room (i.e. blood draw, provider appt should occur in the same location)
 - If radiology imaging is required, it must be scheduled as the last appointment of the day and the department should be notified
 - Consider adding to Appointment Note: "COVID Positive Protocol Required"
This note indicates to the receiving team that COVID+ protocol is required to be followed in order to treat the patient (See Day of Appt instructions below)

Prior to Patient Arrival

- Patients should be instructed on the steps to minimize exposure when they arrive to the clinic. These instructions include:
 - Direction on how to arrive at the clinic, including which entrance to use (prefer to entrances that avoid the uses of elevators, or crowded lobbies, if possible).
 - Before entering the clinic, patients should call the care team to inform of their arrival so that they may be roomed right away. Per clinic availability and preference, patients may be escorted from their car or entrance by one of the clinic staff members.
 - Patients should wear a mask at all times in the clinical space. If possible, they should wear a mask from home before entering the clinic. If they do not have any mask available at home, patients can cover their mouth and nose with a bandana or scarf

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until the clinic can provide a mask. There are masks available at the front entrances, which can be requested upon arrival or delivered by clinic staff.

- Caregivers, if needed to escort the patient, should wear a mask as well. Otherwise, no visitors will be allowed with the patients.
- Patients should try to maintain a social distance of at least 6 feet from other patients and staff members outside of an exam room.
- Patients should contact their clinical team for questions regarding the discontinuation of these precaution measures

Day of the Appointment

- Patients should wear a mask at all times in the clinic, even in an exam room. Patients should only remove mask if required for patient care activities (i.e. an oral exam).
- Patients should be roomed as soon as possible and placed in private room with the door closed.
- Limit the amount of healthcare workers that enter the room as much as possible.
- Healthcare personnel should adhere to **Standard, Contact, and Droplet Precautions, including the use of eye protection** (e.g., goggles or a face shield) when caring for patients with COVID-19 infection. These precautions include the use of the following PPE:
 - Facemask (i.e. surgical mask)
 - Eye protection (i.e. goggles, disposable face shield, or mask with face shield attached)
 - Gown
 - Gloves
- Avoid performing any aerosol-generating procedures, if possible
 - Aerosol generating procedures include bronchoscopy, endotracheal intubation, non-invasive positive pressure ventilation, cardiopulmonary resuscitation, suctioning, non-invasive positive pressure ventilation, and nebulizer therapy
 - If an aerosol-generating procedure is necessary it should ideally be performed in an airborne isolation room. Place "Aerosol-Generating Procedure" sign on door during the procedure and for 1 hour after.
 - Clinicians and staff must wear appropriate PPE: gown, gloves, approved and fit-tested N95 respirator or PAPR, and eye protection. Clinicians and staff should continue to wear PPE when entering the room for 1 hour after.
 - Additional PPE information is available on the UCSF infection control website:
https://infectioncontrol.ucsfmedicalcenter.org/sites/g/files/tksra4681/f/Guidance_for_PPE_use_for_High_Risk_Aerosol_Generating_Procedures.pdf
- Use dedicated or disposable noncritical patient-care equipment (e.g., blood pressure cuffs, stethoscopes), when possible. If equipment will be used for more than one patient, clean and disinfect such equipment according to manufacturer's instructions before use on another patient.
- After the patient leaves, clean the room, including all high touch surface areas with disinfectant wipes. **If an airborne procedure is performed, please let the room stand empty for one hour, prior to cleaning.** The person cleaning the room should wear gown and gloves. There should be

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prior coordination with environmental services for their immediate attention following patient's departure.

- Sani-Cloth AF3, Super Sani-Cloth, Clorox Bleach Wipes, and Clorox Hydrogen Peroxide Wipes are all effective at killing COVID-19

Discontinuing Transmission-based Precautions

Clinical Presentation	Criteria to discontinue precautions
Full resolution of symptoms	<ul style="list-style-type: none"> • At least 14 days since onset of symptoms; AND • 72 hours after resolution of fever (without the use of fever-reducing medication); AND • Complete resolution of respiratory symptoms. Clinics may consider a provider video visit for visual assessment and confirmation of the absence of residual symptoms. • If patient was asymptomatic and tested positive, can use positive test date as the symptom start date <p>If immunocompromised patient:*</p> <ul style="list-style-type: none"> • If the patient must return to the clinics within 28 days of symptom onset, a negative PCR should be documented to discontinue isolation. For those returning after 28 days, no additional testing is needed. <ul style="list-style-type: none"> ○ Symptom onset < 14 days, patient masks and staff use COVID+ PPE ○ Symptom onset 14-28 days, if no symptoms and re-test negative, staff discontinue COVID+ PPE, patient continues to mask per UCSF universal masking policy ○ Symptoms resolved but positive repeat test, continue patient mask and COVID+ PPE for staff; after 28 days, staff can discontinue PPE, patient continues to mask per UCSF universal masking policy • If repeat testing is positive, consider discussing next steps with transplant ID team via E-consult, particularly if time-sensitive therapy is being held <p><i>*Immunocompromised patient defined as: BMT/ hematologic malignancy, solid organ transplant recipients, solid tumor malignancy on active treatment plans, primary immunodeficiency (e.g., CVID, hyper-IgE), HIV with CD4<200</i></p> <p>COVID testing should ONLY be performed when patients meet the first three criteria</p>
Continued/persistent symptoms	<p>If symptoms persist ≥ 14 days:</p> <ul style="list-style-type: none"> • Obtain two negative COVID-19 tests collected ≥24 hours apart

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	<ul style="list-style-type: none">• Patients should be scheduled for a video visit with their provider to further assess symptoms.
Patients living with or ongoing close contact with a COVID-19+ person	<ul style="list-style-type: none">• No concerning symptoms in the patient; AND• Whichever time period is the longest:<ul style="list-style-type: none">○ 14 days since the last unprotected contact with the COVID+ person; OR○ If isolation from infected person cannot be ensured, 14 days since the COVID+ person's illness has resolved (beginning at least 3 days since last fever)• If the patient needs to come into clinic during this isolation period and remains asymptomatic, patient is required to wear mask and providers are required to wear PPE consistent with a known COVID+ case.