



## Everyday health and preparedness steps in clinic

*In response to the COVID-19 outbreak, the Academy is highlighting some everyday health and preparedness steps that our members can take now*

Note: this is not an all-inclusive list of actions that you can take to protect your patients, your staff and yourself – see the links below for detailed and current guidance from the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO). This is a fluid situation and this document may be updated daily.

### Screening recommendations to minimize chance for exposure:

#### Prior to Arrival

- **Per current CDC guidance, patients being seen for non-essential or elective medical or surgical services should be rescheduled or offered telemedicine service irrespective of their exposure or symptom status.**
- Prior to arrival, assess the reason for the medical visit. Following this assessment, the patient should be seen based on the urgency and acuity of the condition. Limit non-essential or elective medical or surgical services for all patients, but especially those at high-risk of serious disease from COVID19 (Eg: 60 years and older, and patients with comorbidities including serious chronic medical conditions such as compromised respiratory system, cardiovascular disease, diabetes, severe hypertension, liver disease, kidney disease, internal malignancies, and immunosuppression as well as tobacco product users).<sup>1-3</sup>
- For patients who do need to be seen for urgent or essential visits, measures should be implemented to minimize chance of exposure to COVID-19 before patient arrival, upon arrival, throughout the duration of the patient's visit, and until the patient's room is cleaned and disinfected (using the tactics described later in this document).
  - Prior to arrival for an appointment or on the day before the appointment, reassess the need for the visit to ensure it is urgent or essential.
  - Check with the patient if he/she has developed any symptoms of a respiratory infection (e.g., cough, sore throat, fever or shortness of breath). Additionally, ask the patient if he/she has had any recent contacts with patients either diagnosed with or exposed to COVID-19, so that the team can be appropriately prepared. If the patient has symptoms or recent possible exposures, the patient should be encouraged to be rescheduled for non-urgent medical or surgical services (see the suggested script for screening patients below – Attachment 1).



## Upon Arrival for patients needing urgent or essential dermatologic care:

- Options to consider for social distancing for essential medical services include:
  - Suggest patients arrive alone, unless a companion is required
  - Suggest the patient wait in their car and be notified by cell phone when they can be seen for their appointment without spending time in the waiting room
  - If unable to arrive alone suggest, the individual accompanying the patient could wait in the car for the duration of the appointment
- At the time of patient check-in, ask all patients about the presence of flu-like symptoms (cough, fever, sore throat or shortness of breath) and contact with possible COVID-19 patients. If the visit is not truly urgent, ask them to reschedule to a later date (although the patient should have been screened before arriving at the office as above).
- Consider the necessity of conserving PPE during the pandemic. If you typically wear a mask for surgical procedures, consider wearing the same mask all day. If you don't typically wear PPE there is no current recommendation to do so while treating non symptomatic patients.
- Wearing masks and protective eyewear when taking care of patients may reduce touching facial mucous membranes. Whenever the staff member needs to remove or adjust this PPE, they should first wash their hands with soap and water or rub them with an alcohol rub. (See: PPE Use Recommendations & Supply Chain Advice: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe.html>; and WHO Guidance on rational use of PPE: [https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPE\\_use-2020.1-eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPE_use-2020.1-eng.pdf))
- Consider having staff wear masks and protective eyewear when taking care of patients to reduce touching facial mucous membranes. Whenever the staff member needs to remove or adjust this PPE, they should first wash their hands with soap and water or rub them with an alcohol rub. (See: PPE Use Recommendations & Supply Chain Advice: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe.html>; and WHO Guidance on rational use of PPE: [https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPE\\_use-2020.1-eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPE_use-2020.1-eng.pdf))



- If the patient with symptoms or possible COVID-19 exposure has to be seen that day, apply droplet precautions, which includes providing the patient with a mask. Place the patient in an examination room with the door closed and notify all staff caring for the patient. Take care of their dermatologic condition and refer them for evaluation and testing as guided by your local health department guidance.
- For all patients regardless of symptoms, limit points of entry and ensure patients adhere to respiratory hygiene, cough etiquette, and hand hygiene.
- Proactively minimize the need for in person follow up visits (e.g. post-surgical visits by using absorbable skin sutures or buried skin sutures only).

### Between each patient during a clinic day:

Using the WHO recommended products below, wipe exam tabletops, countertop, exam beds/tables, doorknobs, and exam light buttons/handles between each patient during a clinic day.

### At the end of each clinic day:

Using the WHO recommended products below, wipe all common high-touch areas at the end of the day, including but not limited to:

- Exam room: exam tabletops, countertop, exam beds/tables, doorknobs, and exam light buttons/handles, chairs including arm rests, and faucet handles.
- Bathroom: all bathroom surfaces, urine sample pass through areas/trays, and toilets.
- Reception: all countertop surfaces and chairs including arm rests.
- Offices: all surfaces and chairs including arm rest.
- Lab: all surfaces and countertops.
- Kitchen/break room: all surfaces.
- Trash cans: empty all trash cans, then use cleaning cloths to wipe the inside and outside of the garbage can thoroughly.

### For the COVID-19 virus, the WHO recommends the use of:

- 70% ethyl alcohol to disinfect small areas between uses, such as reusable dedicated equipment (for example, thermometers).
- Sodium hypochlorite at 0.5% (equivalent to 5000 ppm) for disinfecting surfaces.

### Other steps to prevent virus spread include:

- Place additional hand sanitizers and wipes in the waiting area, exam rooms, bathroom, reception area, and throughout the clinic.



- Cleaning hands with soap and water or an alcohol-based hand rub between each patient and when in and out of the exam room (See Attachments 2&3 below: The World Health Organization's recommendations on how to handwash and handrub).
- Practice social distancing. Greet patients and staff with a nod, smile and/or wave. Do not shake hands or hug. Rotate staff if resourcing permits.
- Reduce chairs in waiting room and appropriately space them apart.
- Remove magazines and other reading materials from patient care areas.
- Educate patients on signs and symptoms of COVID-19 infection. Tell them to call their primary care physician or refer them to the appropriate agency in your community if he/she develops symptoms and has been in close contact with a person known to have the disease or if he/she has recently traveled from an area with widespread or ongoing community spread of the disease.
- Educate staff if they experience symptoms or exposure to a confirmed case to not come to work and be evaluated by their PMD or refer them to the appropriate agency for your community for COVID-19. If positive, follow CDC guidelines (<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>) for healthcare workers to refrain from coming in to work for the appropriate timeframe and inform your office of the result. Remaining office staff should also be tested, and the office potentially shut down as per state and local health department instructions

## Other resources for ensuring the safety of your clinic:

- See Attachment 4. CDC – Get Your Clinic Ready for Coronavirus Disease (COVID-19).
- See Attachment 5. Helpful Internet Resources

### References

1. Wang T, Du Z, Zhu F, et al. Comorbidities and multi-organ injuries in the treatment of COVID-19. *Lancet*. 2020.
2. Yang J, Zheng Y, Gou X, et al. Prevalence of comorbidities in the novel Wuhan coronavirus (COVID-19) infection: a systematic review and meta-analysis. *Int J Infect Dis*. 2020.
3. Fang L, Karakiulakis G, Roth M. Are patients with hypertension and diabetes mellitus at increased risk for COVID-19 infection? *Lancet Respir Med*. 2020.



## Attachment 1. Sample Script for Rescheduling at Risk Patients

It is important to screen patients for non-essential healthcare services, which should be rescheduled to a safer time or offered teledermatology services.

To the Patient:

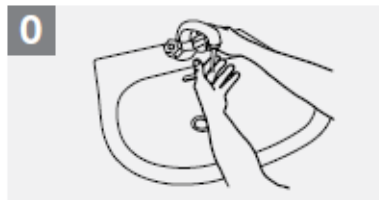
Out of an abundance of caution and in response to the COVID-19 pandemic we are screening patients based on the urgency and acuity of your need for a face to face encounter. If your care is deemed a non-essential healthcare service, your appointment will be rescheduled to a safer time or you will be offered teledermatology service using your computer or smartphone.

If you will be coming to the office due to the essential or urgent nature of your skin condition, due to the necessity of social distancing, we are asking that patients wait in their car after checking in with the front desk. We will call or text your cell phone when the clinic is ready to receive you [In locations where this is a practical option]. If you are accompanied by a companion(s), we suggest that they wait in the car for the duration of the visit.

If you develop flu-like symptoms such as cough, fever and/or shortness of breath, contact your primary care doctor for management and reschedule your appointment with our office to a later date.

These steps protect you, your companion(s), and our clinic staff. Thank you for your cooperation during this challenging time.

Attachment 2: How to handwash (WHO 2009 <sup>[1]</sup>):



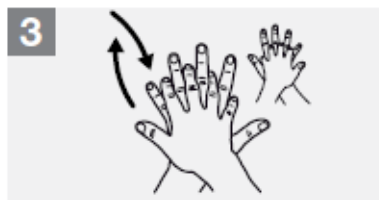
**0** Wet hands with water;



**1** Apply enough soap to cover all hand surfaces;



**2** Rub hands palm to palm;



**3** Right palm over left dorsum with interlaced fingers and vice versa;



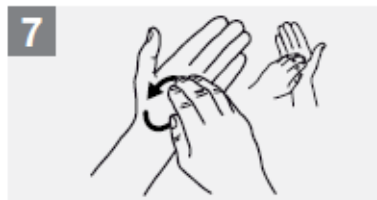
**4** Palm to palm with fingers interlaced;



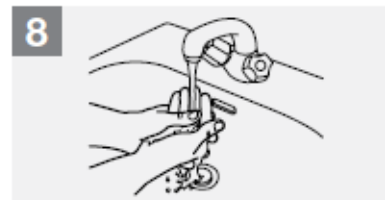
**5** Backs of fingers to opposing palms with fingers interlocked;



**6** Rotational rubbing of left thumb clasped in right palm and vice versa;



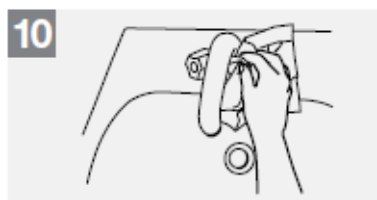
**7** Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



**8** Rinse hands with water;



**9** Dry hands thoroughly with a single use towel;



**10** Use towel to turn off faucet;



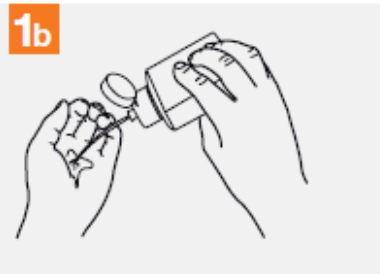
**11** Your hands are now safe.

[1] World Health Organization, *Hand Hygiene: Why, How & When?* 2009. Available from: [https://www.who.int/gpsc/5may/Hand\\_Hygiene\\_Why\\_How\\_and\\_When\\_Brochure.pdf](https://www.who.int/gpsc/5may/Hand_Hygiene_Why_How_and_When_Brochure.pdf).

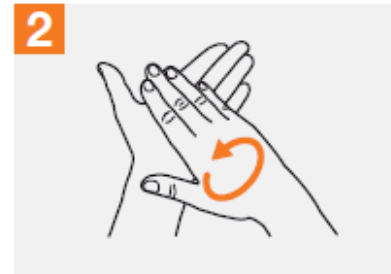
Attachment 3: How to use alcohol-based hand rub (WHO 2009 <sup>[1]</sup>):



**1a** Apply a palmful of the product in a cupped hand, covering all surfaces;

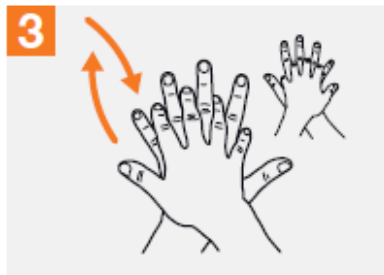


**1b**



**2**

Rub hands palm to palm;



**3** Right palm over left dorsum with interlaced fingers and vice versa;



**4**

Palm to palm with fingers interlaced;

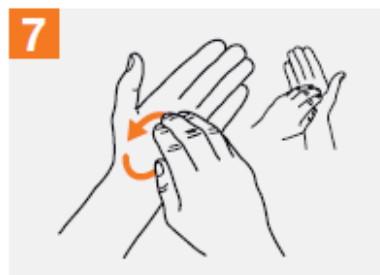


**5**

Backs of fingers to opposing palms with fingers interlocked;

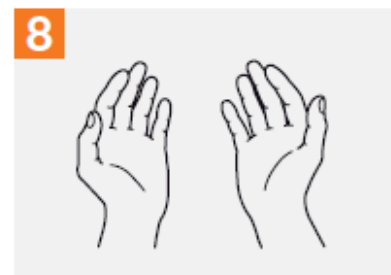


**6** Rotational rubbing of left thumb clasped in right palm and vice versa;



**7**

Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



**8**

Once dry, your hands are safe.

[1] World Health Organization, *Hand Hygiene: Why, How & When?* 2009. Available from: [https://www.who.int/gpsc/5may/Hand\\_Hygiene\\_Why\\_How\\_and\\_When\\_Brochure.pdf](https://www.who.int/gpsc/5may/Hand_Hygiene_Why_How_and_When_Brochure.pdf).

Attachment 4. CDC – Get Your Clinic Ready for Coronavirus 2019 (COVID-19)

# Get Your Clinic Ready for Coronavirus Disease 2019 (COVID-19)

**A new respiratory disease—coronavirus disease 2019 (COVID-19)—may impact your community.**

Get ready! Steps you take to prepare your clinic for flu can also help protect your patients and healthcare workers from COVID-19:

**Before Patients Arrive**



- **Prepare the clinic.**
  - Know which of your patients are at higher risk of adverse outcomes from COVID-19.
  - Consider and plan for providing more telemedicine appointments.



- Know how to contact your health department.
- Stay connected with your health department to know about COVID-19 in your community. Step up precautions when the virus is spreading in your community.
- Assess and restock supplies now and on a regular schedule.

- **Communicate with patients.**
  - Ask patients about symptoms during reminder calls.
  - Consider rescheduling non-urgent appointments.
  - Post signs at entrances and in waiting areas about prevention actions.



- **Prepare the waiting area and patient rooms.**
  - Provide supplies—tissues, alcohol-based hand rub, soap at sinks, and trash cans.
  - Place chairs 3–6 feet apart, when possible. Use barriers (like screens), if possible.
  - If your office has toys, reading materials, or other communal objects, remove them or clean them regularly.

**When Patients Arrive**



- **Place staff at the entrance to ask patients about their symptoms.**
  - Provide symptomatic patients with tissues or facemasks to cover mouth and nose.



- Limit non-patient visitors.
- **Separate sick patients with symptoms.**
  - Allow patients to wait outside or in the car if they are medically able.
  - Create separate spaces in waiting areas for sick and well patients.
  - Place sick patients in a private room as quickly as possible.

**After Patients are Assessed**



- **After patients leave, clean frequently touched surfaces** using EPA-registered disinfectants—counters, beds, seating.



- **Provide at-home care instructions** to patients with respiratory symptoms. Consider telehealth options for follow up.
- **Notify your health department** of patients with COVID-19 symptoms.

**Train and prepare your staff now**

- Ensure that clinical staff know the right ways to put on, use, and take off PPE safely.
- Recognize the symptoms of COVID-19— fever, cough, shortness of breath.
- Implement procedures to quickly triage and separate sick patients.

- Emphasize hand hygiene and cough etiquette for everyone.
- Ask staff to stay home if they are sick.
- Send staff home if they develop symptoms while at work.







## Attachment 5. Helpful internet resources:

### General Information & Patient Communication Resources:

CDC FAQs: <https://www.cdc.gov/coronavirus/2019-ncov/faq.html>

CDC Fact Sheets: <https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html>

Information for Exposed Patients: <https://www.cdc.gov/coronavirus/2019-ncov/about/steps-when-sick.html>

Information for preparing Households for COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/community/home/get-your-household-ready-for-COVID-19.html>

WHO COVID-19 Advice for the Public: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

What is COVID-19 One-pager: <https://asm.org/ASM/media/Press-Releases/2019/COVID-19-One-Pager-Global.pdf>

### Practice Preparation:

CDC Steps to prepare healthcare facilities: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/steps-to-prepare.html>

WHO guides on preventing the spread of COVID-19 in your practice/facility:

<https://iris.wpro.who.int/bitstream/handle/10665.1/14482/COVID-19-022020.pdf>

### Personal Protection Equipment:

CDC Recommended Infection Prevention & Control Practices:

<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

PPE Use Recommendations & Supply Chain Advice: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe.html>

Strategies for Optimizing the Supply of N95 Respirators: [https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Frespirator-supply-strategies.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Frespirator-supply-strategies.html)

WHO Guidance on rational use of PPE:

[https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPE\\_use-2020.1-eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPE_use-2020.1-eng.pdf)

### What to do if you have been exposed:

CDC Guidance for exposed healthcare workers: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

### Diagnosing Patients:

Criteria for testing & accessing testing: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>

IDSA Testing Resources: <https://www.idsociety.org/globalassets/idsa/public-health/covid-19-idsa-testing-intro.pdf>

### Managing Patients Diagnosed with COVID-19

WHO Patient Management Technical Guidance: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/patient-management>



CDC Management Guidance: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>

**Reporting a Suspected COVID-19 Case:**

Find your state health department contact: <https://www.cste.org/page/EpiOnCall>

**Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (Interim Guidance)**

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>

**Coronavirus Education Resources:**

Accredited Continuing Education Activities about Coronavirus: <https://www.accme.org/coronavirus-resources>

NEJM COVID-19 Resources: <https://www.nejm.org/coronavirus>

The Lancet COVID-19 Resource Center: [https://www.thelancet.com/coronavirus?dgcid=etoc-edschoice\\_email\\_tlcoronavirus20](https://www.thelancet.com/coronavirus?dgcid=etoc-edschoice_email_tlcoronavirus20)

John Hopkins Map of Coronavirus Global cases:

<https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>