Introduction

This advisory is intended to provide recommendations for our members and other physicians and providers for protecting our patients, personnel and ourselves, as SARS-CoV2, the agent of the disease COVID-19, spreads through our community. Healthcare personnel are not only at increased risk of acquiring this virus, but are also at increased risk of transmitting it to especially vulnerable patients. While we may not in the long run prevent widespread infection with this virus, if we can slow and attenuate the epidemic, it will prevent a surge of illness that could paralyze healthcare and jeopardize patients who require care for other reasons. The current strategy focuses on keeping infective persons out of our emergency rooms, clinics, offices and urgent care centers. This strategy consists of triage of patients presenting with respiratory symptoms and fever into actionable categories. As our understanding of this epidemic improves, guidance will change. Expect regular updates accordingly.

The Strategy for Outpatients. Keeping patients with respiratory symptoms and fever out of offices, urgent care facilities and waiting areas. The Washoe County Health District has a COVID Hotline for patients with these symptoms: 328-2427, although it is currently understaffed and is only available 8 to 5.

For offices that see patients by appointment only

For offices which see patients by appointment, most of those patients who call with respiratory symptoms and fever should be asked to self-quarantine at home for 14 days. Recommendations
can be made over the phone for decongestants, antihistamines, cough suppressants and acetaminophen as appropriate. However, patients with **dyspnea or faintness that limits normal activity** should be referred to an emergency room. Special consideration must be given to patients with compromising comorbidities, e.g. chronic lung, heart and renal disease, immunocompromise and pregnancy.

Our emergency rooms have been preparing with appropriate personal protective equipment (PPE) that is not available in physician offices. In the ER, patients will be screened by influenza rapid antigens and the rapid streptococcal test before testing for SARS-CoV2. In some emergency rooms, patients may be screened for other respiratory viruses with a respiratory PCR panel before COVID-19 testing. Those who test negative for other agents, will be tested for SARS-CoV2.

CDC has also recommended use of telemedicine to avoid physical contact and reduce face to face care for respiratory illness during the epidemic. Here is a list of telemedicine companies should you elect that option. A fast streaming connection is important for best quality. Americanwell.com seems particularly well versed in COVID-19 issues, but none of these has been vetted by our society:

- Americanwell.com
- Kareo Telemedicine
- Zoom for Healthcare
- Oncall Health

For offices that accept walk-in patients

For offices which accept walk-in patients, the process must change for those with fever and respiratory symptoms. A sign should be posted on the outer door advising patients with fever and respiratory symptoms to return home and self quarantine for 14 days. Advice on treatment may be offered by telephone. Patients with dyspnea or faintness in addition to fever, should be directed to an emergency room. Patients who are sent home should be advised of later symptoms that should lead them to the ER, namely dyspnea and faintness that limit normal activity.

Preparing your office, clinic or facility for patients with respiratory illness. If you accept walk-in patients who cannot be triaged by telephone and diverted to home or ER, then these measures are essential to reduce transmission of SARS CoV2.

a. Face masks and hand sanitizer should be available at the entrance. Persons with respiratory symptoms should be instructed with a sign on the door to put a mask on themselves. All persons should be instructed to use the hand sanitizer upon entry.

b. Hand sanitizer should be placed outside each examining room and both personnel and patients should be instructed to use it before entering and upon leaving.

c. Patients with respiratory symptoms should be segregated in waiting rooms from other patients, and their chairs should be 6 feet apart from any other patients.

d. Your receptionist should be fit tested for an N95 mask, should be educated on transmission of SARS CoV2 and triage questions for
patients signing in, and should be responsible for enforcing the rules. Consider how to maintain distance between the receptionist and patients signing in.

e. If you allow walk-ins, your personnel should be provided with personal protective equipment, including fit tested N95 masks, gloves, goggles (or glasses), and gowns. This may be an insuperable obstacle, in which case you should consider temporarily suspending your walk-in policy.

f. Patients with clinically significant dyspnea or faintness, or evidence of SIRS should be referred to an emergency room, while notifying the ER of the referral.

Criteria for testing.

These criteria will be loosened steadily as testing becomes more available. Patients who should be tested in order of priority are:

a. Those with fever and cough who have recently traveled from a level 2 or level 3 country or an implicated cruise ship. While the level 2 or 3 countries will change, they currently include China, Korea, Italy and Japan. The updated list is available at [https://wwwnc.cdc.gov/travel/notices](https://wwwnc.cdc.gov/travel/notices).

b. Those with fever and cough with history of contact with others in category a.

c. Those with fever, cough and severe illness (dyspnea or faintness, especially, but also severe myalgia and malaise) who test negative for influenza on a nasopharyngeal swab and Streptococcus on a pharyngeal swab.

d. Those with respiratory symptoms who wish to be tested and who test negative for influenza and Streptococcus.
**How to get patients tested.**

a. Patients who present to emergency rooms will have access to testing through the hospital laboratory. Nasopharyngeal swabs are placed in universal viral transport media, as for a respiratory virus PCR panel. At some sites, this PCR panel will be used to screen specimens before they are submitted. Samples collected on site will be sent to the Nevada Public Health Laboratory from patients who test negative of influenza and Streptococcus.

b. Those patients not appropriate for referral to emergency rooms may be referred to stations staffed by the Washoe County Health District (WCHD) called “pods”. The locations will be announced by the WCHD this week. Their staff in appropriate PPE will collect samples from patients seated in their cars. Again, those symptomatic patients who test negative for influenza and Streptococcus will be tested of SARS-CoV2. This strategy is intended to keep patients with respiratory symptoms out of waiting rooms, physician offices and urgent care. In addition, a small clinic for patients with acute respiratory illness will be operated by the WCHD utilizing the negative pressure rooms of the TB Clinic at Kirman and 2nd Street. **More information is available at 328-2427.**

c. Availability of testing for SARS-CoV2. As of last week, the NSPHL had 300 test kits in hand and this week it will be 1000 more. Lab Corp and Quest both had test kits in hand at the end of last week. DNA Technologies, a commercial test manufacturer in collaboration with CDC has shipped 700,000 test kits to academic, healthcare and commercial laboratories, and 4 million more will be shipped later this week. With increased availability, the criteria described will be considerably loosened, and will come down to clinician discretion.
**Preparations for all offices.**

a. Commonly touched surfaces, e.g. door knobs, rails, countertops, and keyboards should be disinfected at regular intervals, e.g. hourly if possible. Particular personnel should be designated to assure that this is carried out.

b. Disinfectants that may be used for commonly touched surfaces.

   Clorox Multi Surface Cleaner and Bleach
   Any other Clorox brand bleach
   Lysol Brand Heavy Duty Cleaner Disinfectant Concentrate
   Lysol Brand Cling and Fresh Toilet Bowl Cleaner
   Lysol Brand Lime and Rust Toilet Bowl Cleaner
   Lysol Brand Bleach Mold and Mildew Remover
   Purell Professional Surface Disinfectant Wipes

c. Hand sanitizer should be placed at the entry to the facility with instructions for all to use it. Furthermore, hand sanitizer should be placed outside each examining room with instructions for both patients and personnel to use it upon entering and on leaving.

d. Your personnel should have strict instructions to stay home if ill. This may mean closing your office during the height of the coming epidemic. At the very least, have a plan for increased absenteeism. To quote CDC’s guidance: “Planning for absenteeism could include extending hours, cross-training current employees, or hiring temporary employees.”

e. Consider notifying your patients in advance that their appointments may need to be cancelled and rescheduled to accommodate a surge of sicker patients.
f. Consider reaching out to patients who may be a higher risk of COVID-19-related complications (e.g., elderly, those with medical co-morbidities, and pregnant women) to ensure adherence to current medications and therapeutic regimens, confirm they have sufficient medication refills, and provide instructions to notify their provider by phone if they become ill, including the most dangerous symptoms of dyspnea or faintness.

g. Eliminate patient penalties for cancellations and missed appointments related to respiratory illness.

**Assessing patient suitability for care at home.**
These criteria are directly from CDC’s Interim Guidance for Implementing Home Care for the 2019 Novel Coronavirus, Feb. 20, 2020, and is fundamentally common sense.

a. The patient is stable enough to receive care at home.

b. Appropriate caregivers are available at home.

c. There is a separate bedroom where the patient can recover without sharing immediate space with others.

d. Resources for access to food and other necessities are available.

e. The patient and other household members have access to appropriate, recommended personal protective equipment (at a minimum, gloves and facemask) and are capable of adhering to precautions recommended as part of home care or isolation (e.g., respiratory hygiene and cough etiquette, hand hygiene);

f. If there are household members who may be at increased risk of complications from COVID-19 (e.g., people >65 years old, young children, pregnant women, people who are immunocompromised or who have chronic heart, lung, or kidney conditions), those persons must be monitored at home as well and referred to the ER should they become symptomatic.
CDC Guidance for Hospitals as community wide transmission increases.

These are general guidelines and each hospital has developed its own detailed plan for accommodating patients in its ER and wards, with ample support from public health authorities. You should be familiar with the plan of each hospital in which you practice.

a. Reschedule elective surgeries as necessary.

b. Shift elective urgent inpatient diagnostic and surgical procedures to outpatient settings, when feasible.

c. Strictly limit visitors to COVID-19 patients.

d. Plan for a surge of critically ill patients and identify additional space to care for these patients. Include options for:

e. Use alternate and separate spaces in the ER, ICUs, and other patient care areas to manage known or suspected COVID-19 patients.

f. Separate known or suspected COVID-19 patients from other patients (“cohorting”).

g. Identify dedicated staff to care for COVID-19 patients. Those staff must be thoroughly trained and supported in the use of PPE.

**Personal Protective Equipment.**

The following is taken from the CDC website, slightly edited, and prescribes use of masks (N95 or PAPRs), gowns, face shields, and gloves for contact with suspected or known cases of COVID-19. Personnel must be trained in the procedure for donning and doffing PPE. Posters outlining the procedure for training and for reminders are online at the CDC.gov website.

a. **Gloves**
Perform hand hygiene (20 second hand washing with soap or application of hand sanitizer), then put on clean, non-sterile gloves upon entry into the patient room or care area. Change gloves if they become torn or heavily contaminated. Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene.

b. **Gowns**

Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. An ample container is required to prevent overflow with heavy use. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use.

c. **Respiratory Protection**

Use respiratory protection (i.e., a respirator) that is at least as protective as a fit-tested NIOSH-certified disposable N95 filtering facepiece respirator before entry into the patient room or care area. Bearded personnel cannot use N95 masks effectively, and must use PAPRs (powered air purifying respirators). Since PAPRs may be impractical in most outpatient settings, some personnel may need to relinquish their beards during the epidemic.

Disposable respirators should be removed and discarded after exiting the patient’s room or care area and closing the door. Perform hand hygiene after discardng the respirator.

If reusable respirators (PAPRs) are used, they must be cleaned and disinfected according to manufacturer’s reprocessing instructions prior to re-use.

Staff should be medically cleared and fit-tested, if using a NIOSH-certified disposable N95 and trained in the proper use of respirators, safe removal and disposal.
d. **Eye Protection**

Put on eye protection upon entry to the patient room or care area. A disposable face shield that covers the front and sides of the face is preferred, although goggles are permitted under CDC guidelines. Remove eye protection before leaving the patient room or care area. Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer’s reprocessing instructions prior to re-use. Disposable eye protection should be discarded after use.

e. **Use Caution When Performing Aerosol-Generating Procedures**

Some procedures performed on COVID-19 patients could generate infectious aerosols. In particular, procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways) should be performed cautiously and avoided if possible. If performed, these procedures should take place in an airborne infection isolation room (AIIR) and personnel should use PPE as described above. In addition: Limit the number of HCP present during the procedure to only those essential for patient care and procedural support. Clean and disinfect procedure room surfaces promptly.

f. **Diagnostic Respiratory Specimen Collection**

Collecting diagnostic respiratory specimens (e.g., nasopharyngeal swab) are likely to induce coughing or sneezing. Individuals in the room during the procedure should, ideally, be limited to the patient and the healthcare provider obtaining the specimen.

HCP collecting specimens for testing for SARS-CoV-2, the virus that causes COVID-19, from patients with known or suspected COVID-19 (i.e., PUI) should adhere to Standard, Contact, and Airborne Precautions, including the use of eye protection.
These procedures should take place in an AIIR, outdoors, or in an examination room with the door closed. Ideally, the patient should not be placed in any room where room exhaust is recirculated within the building without HEPA filtration.

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