



Recommendations for physician offices – CoVID19

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1. Stay informed on public health recommendations and local community conditions, both of which will be undergoing changes. In Indian River County:
 - Dept of Health Hotline 772-794-7411 (M-F, 8a-5p),
 - Emergency Operations Information Center 772-226-4000 (M-Sa, 8a-5p),
 - CCIRH Nurse Triage office 772-226-4846;
 - Florida Dept of Health 866-779-6121 (24/7),
 - and www.FLHealth.gov (information in multiple languages, can be downloaded).
 - Read the daily update from CCIRH (call medical staff services office if not on the email list; there is also a conference call at 5:30 PM every weekday).
 - This document and other information will also be posted at www.IRCMS.org.
2. Use Science. There is no validated treatment, other than supportive, for CoVID19 at present. Do NOT recommend, or agree to provide, “experimental treatments”.
3. Patients or Health Care Professionals (HCP) with mild-to-moderate symptoms of CoVID-19 should STAY HOME and not enter health care facilities. Whether a CoVID-19 test is positive or negative, a STAY HOME strategy reduces potential spread.
4. High risk patients with shortness of breath or severe symptoms should be evaluated in a setting with appropriate safeguards. This generally will be the ED rather than an office.
5. COVID-19 Testing:
 - Cleveland Clinic Indian River Hospital is now performing drive-through testing for COVID-19 by appointment only. Testing will only be performed for individuals who meet [Florida Department of Health criteria for COVID-19](#). These tests are sent to Lab Corp. If individuals do not meet criteria, testing will not be performed. To receive an appointment first call nurse triage hotline at 772.226.4846 between 9 a.m. and 5 p.m daily. Learn more about drive-thru testing at <https://www.indianrivermedicalcenter.com/new-coronavirus-covid-19-updates/>
 - The Indian River County Health Department is currently not testing for CoVID-19 In house and only accepts specimens for patients meeting current guidelines. However, “Expanded testing” specimens can be sent to LabCorp or Quest Diagnostics directly from private offices. Testing should be performed with appropriate safeguards.

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6. Regular surgical masks should be placed on symptomatic patients to reduce droplet spread in public areas. There is little role for anyone else to wear a simple mask in patient care (other than standard use when doing procedures). N95 masks and respirators should be worn by HCP's only after confirming proper "fit" by testing, and only when in contact with potentially infected patients. It is wasteful of scarce resources to use N95 masks inappropriately.

7. Our duties are to inform and calm our patients, and obtain treatment for those who are truly in need.

RECOMMENDATIONS FOR YOUR OFFICE*:

1. Minimize Chance for Exposures

A. Before Patient's Arrival

Non acute care can be postponed or perhaps offered with telemedicine.

- a. Instruct patients to call ahead and discuss the need to reschedule their appointment if they develop fever or symptoms of a respiratory infection (e.g., cough, sore throat, fever¹) on the day of appointment. .
- b. Patients requesting evaluation for a respiratory infection should be screened for shortness of breath; if not present, advise patients to STAY HOME as there is no proven treatment for CoVID19. If shortness of breath is present, patients should be referred to the ED. In other cases, use nurse-directed triage protocols to determine if an appointment is necessary or if the patient can be managed from home. Offices unable to accomplish this can refer the patient to their primary care provider, the CCI RH nurse triage line, or the Dept of Health Hotline
- c. If, after triage, the patient with symptoms must come to the office for medical evaluation, instruct them to take appropriate preventive actions (e.g., follow triage procedures, wear a facemask upon entry and throughout their visit or, if a facemask cannot be tolerated, use a tissue to contain respiratory secretions).
- d. If the office does not have the ability to safely evaluate respiratory symptoms, it is reasonable to refer the patient to a designated appropriate community facility (as of 3/22/2020 in Indian River County, this includes the hospital's EDs)
- e. Cancel group healthcare activities (e.g., group therapy, recreational activities).

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B. Upon Patient's Arrival and During the Visit

- a. Consider limiting points of entry to the facility, and establishing triage stations outside the facility to screen patients before they enter.
- b. Post [visual alerts](#) (e.g., signs, posters) at the entrance and in strategic places to provide instructions (in appropriate languages) how to use tissues to cover nose and mouth when coughing or sneezing, to dispose of tissues and contaminated items in waste receptacles, and how and when to perform hand hygiene using alcohol-based hand rub (ABHR) with 60-95% alcohol.
- c. Provide supplies for above.
- d. Use physical barriers (e.g., glass or plastic windows) at reception areas.
- e. At the time of check-in or outside-the-facility triage, all patients are asked about the presence of symptoms of a respiratory infection and history of travel to areas experiencing transmission of COVID-19 or contact with possible COVID-19 patients. Reschedule uncomplicated patients who have symptoms, if possible.
- f. Isolate a patient with symptoms in an examination room with the door closed. If an examination room is not readily available ensure the patient is not allowed to wait among other patients seeking care.
- g. Identify a well-ventilated space that allows waiting patients to be separated by 6 or more feet, with easy access to respiratory hygiene supplies. Patients might opt to wait in a personal vehicle or outside the healthcare facility where they can be contacted by mobile phone when it is their turn to be evaluated.
- h. Once a patient with symptoms has left the exam room, HCP, including environmental services personnel, should refrain from entering the vacated room until sufficient time has elapsed for enough air changes to remove potentially infectious particles (more information on clearance rates under

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differing ventilation conditions is available). After this time has elapsed, the room should undergo appropriate cleaning and surface disinfection before it is returned to routine use

- i. Disinfect chairs, exam tables, surfaces, and waiting rooms regularly

2. Adhere to Standard and Transmission-Based Precautions

a. Hand Hygiene

- HCPs should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.
- HCPs should perform hand hygiene by using ABHR with 60-95% alcohol or washing hands with soap and water for at least 20 seconds.

b. Personal Protective Equipment

Employers should select appropriate PPE and provide it to HCP in accordance with [OSHA PPE standards \(29 CFR 1910 Subpart I\)external icon](#). HCP must receive training on and demonstrate an understanding of:

- when to use PPE
- what PPE is necessary
- how to properly don, use, and doff PPE in a manner to prevent self-contamination
- how to properly dispose of or disinfect and maintain PPE
- limitations of PPE.

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Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses. Facilities should have policies and procedures describing a recommended sequence for safely donning and doffing PPE.

The PPE recommended when caring for a patient with known or suspected COVID-19 includes:

(1) **Respirator or Facemask**

- Put on a respirator or facemask (if a respirator is not available) before entry into the patient room or care area.
- Disposable respirators and facemasks should be removed and discarded after exiting the patient's room or care area and closing the door. Perform hand hygiene after discarding the respirator or facemask. For guidance on temporary extended use of respirators during a supply shortage, refer to [Strategies to Optimize the Current Supply of N95 Respirators](#)

(2) **Eye Protection**

- Put on eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face) upon entry to the patient room or care area. Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
- 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.

(3) **Gloves**

- Put on clean, non-sterile gloves upon entry into the patient room
 - Change gloves if they become torn or heavily contaminated.
- Gloves



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(3) **Gloves** Continued:

- Remove and discard gloves when leaving the patient room and immediately perform hand hygiene.

(4) **Gowns**

- Care activities which would require gowns are generally not appropriate in an office setting for a symptomatic patient, and such patients should be referred to the ED.

3. Collection of Diagnostic Respiratory Specimens

When collecting diagnostic nasopharyngeal swab from a possible COVID-19 patient:

- a. HCPs should wear an N-95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown.
- b. The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for specimen collection.
- c. Specimen collection should be performed in a normal examination room with the door closed, or outside the office (e.g., “drive through”).

Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control

*This material is largely drawn from:

https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html accessed 2020-03-18

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