Bree Infectious Control Workgroup 3.14.22 Draft Recommendation Outline

A. Providers

Outpatient setting

Prevention

Educate patients on risk of infection

Practice proper hand hygiene, respiratory hygiene/cough etiquette, mask guidelines, and injection safety practices (CDC)

Enact proper standard, contact, and droplet precautions for healthcare providers (DOH)

Educate and encourage appropriate vaccination (ACIP)

Treat prophylactically with anti-viral medication high risk populations (eg Tamiflu, monoclonal antibodies, Evusheld)

Monitoring/Disease Surveillance

Have an Infectious Disease board in waiting room notifying public of current diseases in community

Coordinate with public health to announce prevalence of disease

Consider offering point-of-care testing or refer out to testing centers (CDC, DOH)

Administration

Use proper PPE based on risk status of person in contact (CDC)

Improve infrastructure for infection control (CDC) eg spacing of furniture in waiting room, plastic barriers, no magazines, etc

Ensure infection control training and competency for staff (CDC)

Manage the risk of staff infections according to current guidelines (DOH)

Minimizing Exposure

Currently Infected Patient

In Office Visit

Notify arrival prior to entry of building

Encourage on line check in

Take a home test if available to confirm disease

Patient to wear appropriate PPE including mask (surgical vs N95) type depends on latest evidence

Wash hands and limit contact with objects

Room immediately upon arrival

Let room stand or thorough cleaning? Clean per OHSA

guidelines?

Exit separately if plausible

Telehealth

Offer phone or virtual visit if triage for visit appropriate

Follow Bree Collaborative Telehealth guidelines

Referral

Refer to Urgent Care or ER if appropriate

High risk patients-during periods of high prevalence of disease

Educate patients who is high risk

Have signs in office for this risk group

Coordinate with local public health for public outreach

In Office visit

Notify arrival prior to entry of building

Encourage on line check in

Patient to wear mask (surgical vs N95) type depends on latest evidence

Wash hands and limit contact with objects

Room immediately upon arrival

Let room stand or thorough cleaning?

Exit separately if plausible

Telehealth

Offer phone or virtual visit if triage for visit appropriate

Follow Bree Collaborative Telehealth guidelines

Referral

Refer to Urgent Care or ER if appropriate

Low risk

Follow standard in office registration and rooming procedures

Environment/Sterilization

Develop plans for routine device sterilization and environmental cleaning (OSHA/CDC)

Maintain ventilation systems (OSHA)

Practice proper reprocessing and sterilization of reusable devices (CDC)

B. Employers

Prevention

Provide incentives for vaccination as a preventative measure (OSHA) Provide workers with face coverings or surgical masks as appropriate (OSHA)

Monitoring/Disease Surveillance

Record and report COVID-19 infections and deaths (OSHA)

Staffing/Administration

Provide appropriate time off for infectious disease based off transmission time and/or current physical symptoms (OSHA)

Follow current guidelines for quarantine or isolation procedures for infected and/or

exposed employees (OSHA) and create policy for management and staff

Provide appropriate PPE and spacing if deemed necessary for infectious control (OSHA)

Implement protections from retaliation for employees who report failures to comply

(OSHA)

Minimizing Exposure

Follow other applicable mandatory OSHA standards

Environment/Sterilization

Perform routine cleaning and disinfection (OSHA)

Improve infrastructure for infection control (CDC) eg spacing and barriers

Create workflows to minimize exposure utilizing virtual meetings, work from home and physical distancing

Community Spread

Educate workers on COVID-19 Infectious Disease policies and procedures in accessible formats (OSHA)

C. Insurers

Prevention

Provide incentives for vaccination as a prevention measure

Cover cost of vaccination and administration

Cover PPE costs as medical equipment for infected clients

Consider increase physician payment for patient infectious disease control

Monitoring/Disease Surveillance

Cover at-home and in-person testing for circulating illness

Assist disease reporting to Public Health officials using charge data

Staffing/Administration

Minimizing Exposure

Cover prophylactic treatments for high risk populations

Environment/Sterilization

Increase infected patient payments to cover additional environmental costs

Community Spread

D. Government/Public Health

<u>Prevention</u>

Monitoring/Disease Surveillance

Staffing/Administration

Minimizing Exposure

Environment/Sterilization

Community Spread

E. Patients

Prevention

Have COVID 19 home tests available

Have appropriate masks at home like surgical and N-95

Get appropriate vaccinations per ACIP schedule

Stay home if have fever or currently contagious

Monitoring/Disease Surveillance

Educate and stay current on prevalence of disease in community using local and national web tools or other available sources.

Educate or discuss with provider personal risk with community infectious diseases

Test for disease and report to authorities to assist with disease prevalence data

Staffing/Administration

Minimizing Exposure

Follow CDC Mask Guidelines for indoors

Environment/Sterilization

Community Spread