Bree Infectious Control Workgroup 4.11.22
Draft Recommendation Outline

A. **Outpatient Health System**

Outpatient Health Systems

Prevention

Educate patients on risk of infection

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

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

Educate and encourage appropriate vaccination (ACIP, CDC)

Vaccinate staff and maintain records of exemptions (required for clinics receiving funding from CMS)

Treat prophylactically with anti-viral medication high risk populations (eg Tamiflu, monoclonal antibodies, Evusheld) based on current evidence and guidelines.

Monitoring/Disease Surveillance

~~Have an Infectious Disease board in waiting room notifying public of current community transmission rates~~

Provide information to patients about the prevalence of circulating communicable diseases as available from local public health jurisdictions, Washington state Department of Health, the Centers for Disease Control, and other sources.

Coordinate with public health to announce prevalence of disease (which level of public health? Local health jurisdictions, DOH, etc?)

Consider providing point-of-care testing (for patients or staff members or both?) or offer resources regarding where testing is available if unavailable in the outpatient setting. (CDC, DOH)

Administration

Assign at least one individual trained in infection prevention to coordinate the outpatient setting's infection control program.

Use proper PPE based on standard and transmission-based precautions according to the CDC (Standard Precautions and Transmission-Based Precautions)

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

Ensure physical environment is optimized in consideration of infection prevention and control, including placement, and spacing of furniture and ability to clean furniture and other shared items.

Ensure infection control training and competency for staff (CDC)

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

Provide appropriate time off for infectious disease considering potential incubation period and infectious period (in alignment with DOH recommendations for staff exposure risk and staff shortage requirements)

Minimizing Exposure

Currently Infected Patient (Individuals Identified as Having a Communicable or Highly Infectious Disease)

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? Use an EPA-registered healthcare disinfectant

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 and necessary for higher level of care or if infection prevention and control requirements exceed that of the facility.

High risk patients-during periods of high prevalence of disease <mark>(COVID specific? What criteria should be used to determine risk for COVID or other infections?)</mark>

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

Environmental Cleaning and Disinfection

Maintain ventilation systems (OSHA)

Sterilization and High-Level Disinfection

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

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 and surgical masks as appropriate as well as PPE required by the position (OSHA)

<u>Monitoring/Disease Surveillance</u>

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

<u>Staffing/Administration</u>

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, CDC) 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)

<u>Minimizing Exposure</u>

Follow other applicable mandatory Washington state Labor and Industry standards

<u>Environmental Cleaning and Disinfection</u>

Perform routine cleaning and disinfection (OSHA) (For COVID-19 or general?)

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

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

<u>Sterilization/High-Level Disinfection</u>

<u>Community Spread</u>

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

C. **Insurers** (Do we want to include insurers or are they out of scope?)

<u>Prevention</u>

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

<u>Monitoring/Disease Surveillance</u>

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. **Public Health** ==(Who is the audience – Local Public Health, Department of Health? Do we want to encourage recommendations toward those agencies, or mainly encourage alignment across agencies?)==

Prevention

Monitoring/Disease Surveillance

Develop and maintain accessible dashboards for communicable diseases (TB, etc)

Staffing/Administration

Minimizing Exposure

Environment/Sterilization

Community Spread

E. **Patients (**==Are these recommendations toward patients or recommendations to educate and empower 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