

A. Outpatient Health System

Outpatient health systems are clinics and health delivery sites outside of inpatient hospitals. These recommendations are meant to be generalizable to most outpatient settings.

Outpatient Health Systems

Prevention

Providers, Staff and Patients

Inform patients on risk of infection and educate patients on how to mitigate risk

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

Educate staff on all infection control procedures, including hand hygiene, injection safety, and standard precautions.

Educate and encourage appropriate vaccination for patients, staff and providers based on the [CDC Immunization Schedule](#) and [ACIP Vaccine Recommendations](#). Consider motivational interviewing to address vaccine hesitancy.

Vaccinate staff and providers based on CDC [recommended vaccines for healthcare providers](#) and maintain records of exemptions (required for clinics receiving funding from CMS)

Staff, providers and patient practice proper hand hygiene, respiratory hygiene/cough etiquette, and mask guidance, injection safety practices (CDC)

Staff and providers practice proper injection safety practices (CDC)

Treat high-risk populations prophylactically (eg using ~~COVID-19~~ antivirals such as Tamiflu, monoclonal antibodies, Evusheld) based on current evidence and guidelines.

Administration

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

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

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](#))

Monitoring/Disease Surveillance

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 appropriate level of public health for reportable infectious diseases. (Notifiable conditions for Washington state can be found [here](#).)

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

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 online check in

Take a home test if available to confirm disease

Patient to wear appropriate PPE including mask (surgical vs N95) type according to current guidelines

Wash hands and limit contact with objects

Room immediately upon arrival

Use an EPA-registered healthcare disinfectant with consideration of pathogens that are a high-risk according to manufacturer's instructions with focus on high-touch areas.

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 (Determine risk based on the specific pathogen)

Educate patients who are 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 online 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

Use an EPA-registered healthcare disinfectant with consideration of pathogens that are a high-risk according to manufacturer's instructions with focus on high-touch areas.

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.

Low risk

Follow standard in office registration and rooming procedures

Follow standard precautions (such as using proper PPE for aerosolizing procedures, practicing proper masking/cough etiquette)

Environment of Care

Maintain ventilation systems (OSHA)

Provide easily accessible masks, hand sanitizer, and garbage cans

Ensure all surfaces are cleanable

Ensure clear separation between clean and dirty storage

Appropriate storage of supplies and regular review expiration dates of medications and equipment

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.

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)

Community Spread

Participate in community health meetings and establish relationships prior to an outbreak (find examples)

Partner with community leaders and media for information campaigns

B. Employers

Prevention

Provide incentives for vaccination as a preventative measure (OSHA). Educate and encourage appropriate vaccination based on the [CDC Immunization Schedule](#) and [ACIP Vaccine Recommendations](#). Provide educational sessions with experts to address vaccine hesitancy and misinformation.

Provide workers with face coverings and surgical masks as appropriate as well as PPE required by the position (OSHA)

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)

Monitoring/Disease Surveillance

Record and report ~~COVID-19~~ reportable infections and deaths to the appropriate authority (OSHA)

Minimizing Exposure

Follow other applicable mandatory Washington state Labor and Industry standards

Environment

Perform routine cleaning and disinfection (OSHA)

Improve infrastructure for infection control (CDC) such as spacing and barriers

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

Sterilization/High-Level Disinfection

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. Educate and encourage appropriate vaccination based on the [CDC Immunization Schedule](#) and [ACIP Vaccine Recommendations](#).

Cover cost of vaccination and administration

Cover PPE costs as medical equipment for infected clients

Consider increase physician payment for patient infectious disease control measures, and vaccine education including addressing hesitancy.

Monitoring/Disease Surveillance

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

Assist disease reporting to Public Health officials using charge data

Minimizing Exposure

Cover prophylactic treatments for high-risk populations

Environment of Care

Increase infected patient payments to cover additional environmental costs

Sterilization/High-Level Disinfection

Community Spread

Participate in educational campaigns to support current preventive and treatments

- 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