

Bree Infectious Control Workgroup 2.14.

Draft Recommendation Outline

A. Providers

Outpatient setting

Notification and education

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

Coordinate with public health to announce prevalence of disease

Currently infected

In Office Visit

Notify arrival prior to entry of building

Encourage on line check in

Take a home test if available to confirm disease

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

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

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

B. Employers

Prevention

Provide incentives for vaccination as a preventative measure

Provide appropriate time off for infectious disease based off transmission time

And/or current physical symptoms

Follow current guidelines for quarantine or isolation procedures for infected

and exposed employees

Provide appropriate PPE and spacing if deemed necessary for infectious control

C. Insurers

Cover home tests

D. Government/Public Health

E. Patients