

Revised May 19, 2020

**(Original document dated 5/11/20)**

**Update in response to NJ DCA Administrative Order No 2020-07 Healthcare Services in Office Practices issued 5/18/20**

**Rutgers Robert Wood Johnson Medical School Practices:  
Ambulatory Guidelines For Time-Sensitive Clinical On Site Services**

Somerset: Pediatrics expected to reopen on or about 5/7/20.

Somerset: Dermatology increase office capabilities on or about 5/18/20-**Separate considerations from REHS and infection control. N95 grade PPE required for MOHS surgery and other surgical practices when there is use of cautery. Will not perform procedures until cleared from REHS and these considerations have been satisfactorily addressed. High risk practices.**

Monroe/CAB: Expected to reopen on or about 5/11/20

CHI/CAB/Neurosurgery: Increase in person capabilities on or about 5/11/20

ENT: Increase office capabilities on or about 5/18/20- **Separate considerations from REHS and infection control procedures. N95 grade PPE required for ENT office scope procedures. High risk practices.**

Primary Care: Sick visit sites are being identified and pathways/procedures for patient flow investigated.  
TBD

**Guiding Principles and Limitations for Clinical On Site Services:**

- NJ executive orders for stay at home and social distancing are still in effect, as well as Governor's mandate regarding postponing any unnecessary elective procedures. Current restrictions on elective surgeries and procedures will end on May 26, 2020.
- Faculty and staff safety in the work environment is paramount to maintaining services to our patients in the ambulatory and hospital environment.
- Sufficient supplies of appropriate PPE must be available for faculty, staff, and patients
- Ability to procure sufficient quantities of supplies may severely limit ability to sustain high risk procedural and other areas of ambulatory operations.
- Telehealth visits should continue to be a primary mode of care delivery except where benefit to the patient outweighs the risk of in person visit, or care cannot be delivered adequately via telehealth.

**Facilities:**

- 1) Installation of tempered glass barriers at check-in and checkout points at all our facilities (installation is occurring over next 2 weeks).
- 2) Preparation cleaning of practice sites that have been temporarily closed is being completed
- 3) Placement of signage for 6 foot social distancing in waiting areas for seating and approach to check-in areas

**Daily Screening Procedures: All current processes in place for staff and patient screening will continue**

- 1) Daily Check-in temperature check and COVID-19 symptom screening for all patients and staff before entering clinical buildings.

- 2) Staff will be sent home with instruction to call their manager and employee health if they arrive to work with symptoms/fever for further guidance.
- 3) Patients arriving with fever or screening consistent with COVID19, will be given a medical grade mask and the provider notified prior to sending patient home.
- 4) Patient pre-visit screening calls within 2 days of in-person visit, via electronic means (Phreesia), or email.
- 5) In accordance with CDC/DOH recommendations, universal masking is required for patients and staff.
  - Patients may wear a face covering or mask that they bring from home. If patient arrives without a mask, one will be provided for them.
  - Patients under 2 years of age, patients in respiratory distress, having trouble breathing, or anyone who is severely incapacitated or unable to remove the mask without assistance are exempt from masking.
  - A medical grade mask will be given to any patient who arrives exhibiting respiratory symptoms (coughing, sneezing, fever).

### **Patient Visits: In Person and Alternative Care**

Decisions to bring a patient for an in person visit should be a deliberate decision based on physician/provider judgement that telehealth is not an acceptable alternative, or the patient is refusing a telehealth visit and physician agrees that patient should be seen in-person.

- The benefit of the visit should outweigh the risk to the patient.
- Care has been delayed for several weeks due to restrictions and now requires in person attention
- Condition has been managed with telehealth and has reached limits requiring in person attention
- Considerations given to high-risk patient populations including elderly, chronic disease, or immunocompromised patients. Telehealth visit if possible.
- Staff provide counseling for patients on wearing a mask when patient leaves home for the visit, social distancing during transit and on arrival to the clinic.
- Staff provide information that only one support person is allowed to accompany the patient during the visit. It is preferred, when possible that patients come unaccompanied to the appointment. Exceptions for patients with disabilities that may require additional support, young children where mother must bring other children
- In general, there will be no aerosolizing procedures conducted in the clinical areas including nebulized medications. Exceptions are clinical areas that have been evaluated in consultation with REHS and infections control. Separate guidelines documents have outlined special considerations and precautions above what is outlined in this document.
- Medically necessary and therapeutic office based procedures where delaying causes a potential risk to the patient should be scheduled. The areas that have been identified as aerosol generating and have been evaluated as to required precautions includes:
  - Otolaryngology endoscopic procedures
  - Dermatology MOHS surgery and other procedures

- Any procedure where cautery will be used

### **Scheduling/Planning for in person ambulatory sessions**

- In person sessions will be scheduled at volumes no greater than 50% of pre-covid provider schedules and spaced throughout the session so that back up of patients does not occur in waiting areas.
- There will be no double booking of patient appointments.
- Patients should be roomed immediately after check-in if possible or as soon as possible after arrival.
- Plan to spend minimal amount of time in the exam room with patients. Obtain history, ROS, and medication reconciliation before the visit via telephone/video telehealth, or during the visit via telephone when possible.
- The number of providers that will be having simultaneous in person sessions will be limited to ensure that waiting areas have no more than 4 patients at any one time, and 6-foot distancing can be comfortably maintained.
- Parking facilities at Monroe and Somerset sites are suitable for having patients wait in their car until exam room ready for visit to reduce need for use of waiting room.
- Do NOT instruct patients to arrive early 20 minutes early for visit. Patients should be instructed to arrive on time for their visit to avoid having people in the waiting areas.

### **Patients who are calling or having a telehealth visit with symptoms of acute respiratory infection**

If the patient is experiencing severe respiratory symptoms, or based on provider assessment needs to be evaluated in person urgently/emergently due to possible need for hospitalization, the patient should be advised to go to the nearest ED. Provider or clinic staff to call the ED to alert them that patient with possible symptoms of COVID-19 is arriving.

Other patients calling with acute respiratory or febrile illness should be offered a telehealth video visit on the same day if possible, or the following day. High risk patient populations should be of particular concern and followed closely during the period of illness.

Considerations as to need for coronavirus and/or other testing can be determined on the telehealth visit. Ask patient to stay home unless advised to come out for testing, or there is a need for urgent medical care.

### **Supplies and emergency management**

Supplies are being carefully monitored as well as PPE usage and reported to university procurement. Six-month estimates are being calculated via the CDC burn rate calculator.

N95 masks will be needed in certain areas of the outpatient practice where high-risk procedures are being performed.

We are investigating obtaining viral filters that can be placed in the event of a medical emergency requiring bag valve mask ventilation. These will be made available in the emergency bags on each floor as soon as available.

### **PPE Guidelines**

- Patient and staff screeners
  - Surgical or procedural masks
  - Eye protection (goggles or face shields)
  
- Front desk check-in staff
  - Surgical or procedural masks
  - Eye protection (goggles or face shields)
  
- Providers/Direct Patient Care Encounters- Asymptomatic patients screening negative for COVID related illness or exposure, patients who are at least past 10 days from confirmed COVID illness, or presumed COVID illness, and meet CDC/DOH criteria for release from quarantine (afebrile greater than 72 hours without antipyretics **and** improvement in respiratory symptoms). **OR** Asymptomatic high risk exposed patients (must be 14 days past the exposure and remain asymptomatic to meet release from quarantine recommendations).
  - Mask surgical/procedural
  - Eye Protection- goggles or shield
  - Gloves
  
- Providers/Direct Patient Care Encounters-Patients that do not meet criteria for release from quarantine, have had positive COVID-19 tests within the past 10 days, remain symptomatic, or have high-risk exposures within past 14 days who require post-operative or other required time-sensitive ambulatory care. **Separate guidelines document for process/procedures to accommodate these patients will follow.**
  - N95 or equivalent respirator
  - Eye Protection goggles or shield
  - Gown
  - Gloves
  - Hair covering
  
- Providers/Direct Patient Care Encounters involving in office procedures: MOHS, ENT scoping procedures, and designated high-risk practice area where aerosolizing procedures are being performed (any area where cautery used during the procedure), patients must screen negative for COVID 19 be asymptomatic on the day of the procedure. COVID-19 testing will be done 48 hours prior to the procedure when possible and does not delay urgent evaluation or treatment.
  - N95 or equivalent respirator
  - Eye Protection goggles or shield
  - Gown
  - Gloves
  - Hair covering
  
- Providers/Direct Patient Care Encounters involving non-aerosolizing office procedures such as cystoscopy, OB-GYN procedures, other office procedures where provider may have contact with non-respiratory body fluids, require that patients must be asymptomatic on the day of the procedure. Need for COVID testing prior to the procedure is at the discretion of the provider.
  - Mask surgical/procedural/N95 if indicated
  - Eye Protection goggles or shield
  - Gown

- Gloves
- Providers collecting nasal, oral, or nasal-pharyngeal swabs for COVID19 testing
  - N95 mask or equivalent respirator
  - Eye Protection goggles or shield
  - Gown
  - Gloves

Faculty and staff competency with donning/doffing required for the proper use of PPE to avoid contamination. The following video demonstrates the procedure.

<https://www.youtube.com/watch?v=of73FN086E8&feature=youtu.be>

#### Cleaning in the Clinical Areas

- All patient equipment, exam room surfaces, and exam tables will be wiped down with sanitizing wipes after each patient visit as per routine protocol. This includes BP cuffs and other non-disposable equipment.
- Specialized equipment to be cleaned according to protocol and manufacturer's IFUs.
- Waiting room front desk surface and other high-touch areas (handles at water coolers) to be wiped with sanitizing wipes at least 2X/day.
- EVS has increased cleaning during the day and is wiping down elevator surfaces, lobby seating areas, and other high touch areas throughout the clinical buildings.
- EVS cleaning of clinical and public areas nightly.
- Decrease or eliminate all paper forms as much as possible (complete paperwork via phone the day prior where possible)

#### Operations

Provision of necessary onsite clinical care and procedures safely, is highly dependent on faculty and staff vigilance and strict adherence to all current guidelines to prevent the transmission of COVID-19.

Frequent hand hygiene is critical to self-protection and for the protection of others.

Additional content will be developed as needed and changes to current guidelines may occur as more is learned about COVID-19, and as public health agencies recommendations evolve.

#### References

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

The Joint Commission Statement on Universal Masking of Staff, Patients, and Visitors, in Healthcare Settings April 29, 2020 [Statement on Universal Masking](#)

<https://www.facs.org/covid-19/clinical-guidance/surgeon-protection>

<https://www.njconsumeraffairs.gov/COVID19/Documents/DCA-AO-2020-07.pdf>