



System-wide Recovery Guidelines

Team: Facilities
Date: May 14, 2020

III. Waiting Room and Clinic Re-Opening

a. COVID-19 Symptom Screening

- ☐ Considerations should be taken to ensure privacy of patients' PHI
- ☐ Explore options for non-staff facing data collection, such as using a patient survey phone booth with motion-activated or touch-screen telemedicine or mobile interview
- ☐ Patient temperature should be taken as part of the patient visit; if available, facilities could consider using infrared
 - ☐ If a traditional thermometer is used, staff will be required for patient intake and should follow appropriate policies for disinfection and disposal collection

b. Space Layout

Reception Desk Configuration

- ☐ Utilize a plexiglass divider to create physical barrier between staff and patients particularly in high-volume practices or areas with high volume of COVID-19 suspect patients
- ☐ Provide all reception staff with surgical masks and make available hand hygiene products
- ☐ Utilize touch-free tools for co-pay transactions

Physical Layout of Waiting Area

- ☐ Consider the development of COVID-19 care areas, which could include separate or divided waiting areas



- ☐ Consider how social distancing is maintained/policed (greeters, public safety, signage, etc.)
- ☐ Avoid the creation of “line of sight” issues in waiting areas
- ☐ Consider what options exist for “remote” waiting, multi-location waiting, communication systems if alternative waiting are options exist (i.e. pagers/text message)
- ☐ Determine the minimum number of chairs necessary to provide adequate seating while adhering to appropriate social distancing guidelines (for both patients and essential escorts) and remove extra seating.
 - ☐ Place chairs 6 feet apart where feasible.
 - ☐ Patients accompanied by an escort requires chairs to be set up in pairs. Six (6) feet separation rule applies from edge of chair groupings
 - ☐ Consider the appropriate waiting locations for those with appointments as well as those accompanying them (essential escorts)
 - ☐ If the waiting room does not have 6 feet of available space to allow for proper social distancing, consider use of barrier (such as a curtain) set up between chairs
- ☐ Remove reading/paper materials/television remote controls

ADA Compliance

- ☐ ADA compliance must be considered in all COVID-19 countermeasures

Exam Room Considerations

- ☐ Remove all fabric items; all surfaces must be cleanable
 - ☐ If possible, use only washable furniture
- ☐ Loose equipment should be placed in closed casework
- ☐ Consider implementing voice-activated dictation tools



- ☐ Computer keyboards should have removable covers. Minimize the use of laptops brought from room to room.
- ☐ Per the ACGME, residency group rounding in patient care areas should be limited to those essential to care
- ☐ Area clinical consumables must be discarded as trash or red bag, as appropriate per institutional standards

Multi-Disciplinary Clinical Work Room Considerations

- ☐ Staff should be masking in accordance with hospital policy while in work rooms
- ☐ Create a cleaning and surface disinfection schedule as directed by infection control and environmental services
- ☐ Set occupancy limits while observing social distancing limits based on room size

Staff Break Room Considerations

- ☐ Staff should wear surgical masks except when eating or drinking. Staff should stagger breaks and sit 6 feet apart as much as possible
- ☐ Create a cleaning and surface disinfection schedule as directed by infection control and environmental services
- ☐ Set occupancy limits while observing social distancing limits based on room size

c. Social Distancing

Patient Staging

- ☐ Evaluate if staging of phone lot concept can be used (e.g., in parking lots or larger open areas in the hospital, such as the cafeteria)

Patient Flow While Complying with Social Distancing Requirement

- ☐ Utilize wayfinding signage to guide the patient and avoid crossing paths with other patients (i.e., uni-directional travel)



- ☐ Consider using floor markings (more permanent cleanable solutions, such as different colored VCT tiles, carpet tiles or cutting in arrows/dots/"X" in broadloom and sheet goods)
- ☐ Ensure all access and egress paths are reviewed and that Floor Evacuation Plans are updated to reflect any changes

d. Storage and Surface Disinfection

Dedicated Storage Areas within Clinics

- ☐ Storage for PPE required for Patient Care
- ☐ Easy access provisions for disinfecting wipes
- ☐ Dedicated areas for donning and doffing PPE
- ☐ Dedicated soiled holding area
- ☐ N95 and surgical mask recycling collection and return
- ☐ Hand hygiene product dispensing stations

Disinfection of High-Touch Services

- ☐ Local ownership of disinfection process is preferred. Labor Relations issues should be considered before establishing a policy/procedure
- ☐ Environmental Services (EVS) should be engaged in this discussion to establish a manageable cleaning schedule (e.g., local ownership of clinic disinfection between patient visits; EVS periodically throughout the day)

e. Fire Safety

Sprinkler Coverage

- ☐ Separation barriers must terminate 18 inches below the ceiling to ensure sprinkler coverage
 - ☐ Plexiglass partitions can disrupt sprinkler coverage. Ensure that each plexiglass subdivision has at least one sprinkler head within each work area (consult your NFPA expert)



Smoke Control

- ☐ Evaluate Smoke Detector coverage before placing hard barriers to ensure NFPA compliance

Fire Alarm

- ☐ Evaluate Fire Alarm Pull Station accessibility before placing a barrier
- ☐ Evaluate Fire Extinguisher Cabinet accessibility