



System-wide Recovery Guidelines

Team: BILH Primary Care (BILHPC)
Date: May 29, 2020

I. Safety and Quality for our Patients and Care Team Members

a. Ensure adequate PPE supply and proper PPE use

The provision of safe care is of paramount importance. Operations must be modified if patients and/or staff cannot be adequately protected from infection as a result of inadequate PPE supplies.

- Practices should adhere to appropriate PPE usage for staff and patients in line with BILH system policies
- Practices should:
 - **Project PPE usage** based on staffing and anticipated in-person visit volume
 - **Track PPE inventory and report PPE levels** via manager/local leadership up to BILHPC Incident Command
 - **Stock adequate PPE** supply on-site for staff, patients, and their escorts in order to maintain a safe environment
 - **Preserve PPE** by following current extended use and reuse recommendations
 - All care team members should be trained on proper donning and doffing techniques

If resumption of care results in an unsustainable increase in PPE usage, practice operations may need to be adjusted or held steady. In this scenario, practices should adapt preservation measures (and contingency plans) in coordination with leads overseeing the local supply situation.

b. Standardize cleaning and disinfection protocols

Standardized protocols for cleaning and disinfection of practice areas are a requirement for resuming in-person practice operations. Cleaning will involve daily cleaning by our staff and/or a sub-contracted cleaning company paired with appropriate surface disinfection of each room and treatment space, including patient equipment, between each patient encounter by the clinic staff.

- Practices should follow standard clinic space cleaning processes and frequency as specified by BILH protocols
 - Disinfect all desktops, counters, doorknobs and computer keyboards



- Use approved germicidal wipes or sprays that are effective against human coronaviruses
- Use proper supplies and implement protocols for disinfecting exam rooms and equipment
 - Use approved disinfectants
 - Disinfect all shared medical equipment before and after each use (e.g., stethoscope, thermometer, pulse oximeter)
- Train MAs on proper cleaning and disinfection protocols

c. Mitigate exposure risk for patients and staff

- Universal precautions will be utilized at all times
- Designate specific hours for high-risk patient visits (e.g., infants <2yo, elderly, immunocompromised)
- Develop designated COVID-19 positive (as indicated by PCR test) or suspected COVID-19 positive care areas by time (e.g., specific clinic sessions/day)
 - Where feasible, develop designated COVID-19 positive (as indicated by PCR test) or suspected COVID-19 positive care areas (e.g., side of waiting room, specific clinic rooms)
- Reach out to scheduled patients on day of visit (day prior for next day AM visits) to screen for Influenza-like Illness (ILI) and COVID-19 symptoms as well as recent COVID-19 diagnosis and exposures
- Perform symptom and history screen of all patients and essential escorts by phone, including temperature, prior to all visits
 - Continue to enforce escort policy, as specified by BILH guidance
- Manage practice flow and facility set up to adhere to social distancing guidelines
- Manage patient schedule to allow time for cleaning and disinfection of exam rooms
 - 30-minute visit slots
 - 3 exam rooms per provider/care team, if possible
 - For patients with positive symptom/exposure screens in whom an aerosol-generating procedure (AGP) must be performed,
 - If negative pressure isolation room or portable HEPA are used, room should be vacant for 30 minutes before cleaning
 - If neither are available, wait 60 minutes after AGP prior to cleaning
 - For patients with negative symptom/exposure screens in whom an AGP must be performed, no wait time is necessary before cleaning
 - Patient roomed in each room every 60 minutes (unless need for 30 to 60-minute vacancy due to AGP in screen-positive patient)
- Minimize time spent in physical proximity with patients by maximizing history taking by telephone
 - Whenever possible, start the check-in process by phone regardless of whether patients are still in their cars or whether patients are arriving without a car and proceeding to the exam room immediately
 - MA escorts patient directly from car/practice entrance to exam room
 - MA and provider take history via phone outside of exam room



- Avoid bringing laptop computers into exam rooms
- d. Communicate safety and patient triage protocols effectively**
 - Implement clear phone tree algorithms for each care team and set communication expectations (e.g., if using the trigger word tool and the patient has a red category symptom, keep the patient on phone while calling a clinical team member immediately)
 - Implement daily safety briefings to discuss staffing, flow busters, safety issues, etc.
- e. Provide appropriate COVID-19 testing for patients in a timely manner**
 - Educate providers and care team members about testing options and indications
 - Maintain updated database of [testing capacity and operational details](#)
 - Establish a reliable mechanism for closing the loop on test results
- f. Optimize workforce physical and psychological safety**
 - Continue daily employee symptom screening and monitoring system
 - Adhere to BILH Employee Health policies, including policies for evaluation and work restriction, when symptomatic
 - Develop redundancy in staffing model in the event of employee illness
 - Adhere to current BILH return to work policy
 - Optimize infection prevention practices in break room, lunch room, conference rooms, and at clinic front desk
 - Maintain proper social distancing in these areas
 - If not possible due to space constraints, implement a sign-up rotation
 - Attention to thorough hand hygiene
 - Disinfect countertops, microwave, etc. after use
 - Identify a care team member who will be the safety coach for each “re-opened” practice. The safety coach will support safety on the front lines by facilitating regular team safety briefings and sharing learnings/best practices with other safety coaches across BILHPC
 - Implement standardized team safety briefings twice per day to foster situational awareness and solidarity
- g. Maintain contingency plans to create capacity for potential surge**