

# COVID-19 Ambulatory Guidance & Clinic FAQs – November 18, 2020 1100

Spectrum Health Contact: Dr. Daliya Khuon \*Highlight denotes new content  
Document Reviewed: November 18, 2020

## Q. What training resources are available to providers and staff?

A. COVID-19 [Health Care Professionals Resource Page](#) has a wealth of knowledge. See list above for documents that are relevant to Ambulatory settings.

## Q. What resources are relevant to ambulatory settings?

1. [Ambulatory Guidance & Clinic FAQ's \(this document\)](#)
2. [PPE Selection in Ambulatory Setting](#)
3. [Ambulatory Process](#)
4. [Severe Respiratory Isolation Precautions](#)
5. [Discontinuation of Positive COVID-19 Patient](#)
6. [Eye Protection Guidelines & FAQ](#)
7. [Procedural Interventions](#)
8. [Cleaning Guidelines](#)
9. [Donning & Doffing Guidance](#)

## Q. What does the workflow look like when patients enter ambulatory offices?

A. Screen patients upon entering the office for major COVID-19 symptoms. Isolate patients with major COVID-19 symptoms by rooming them immediately and adding appropriate signage at the door. See “Ambulatory Process” for details on process and see “Severe Respiratory Isolation Precautions in Ambulatory Setting” document for door signage.

## Q. When seeing suspected or confirmed COVID-19 patients, what PPE is required?

A. Face Mask, Face shield/goggles, and gloves. Gowns to be worn if providers will have close contact with patient (body to body). See “Ambulatory PPE Selection” document. N95 is not required in the ambulatory spaces unless Aerosol Generating Procedures are performed.

## Q. Is eye protection required?

A. The Centers for Disease Control and Prevention (CDC) has released new guidance regarding eye protection use for all healthcare providers working with any patient in areas with moderate to substantial community transmission of COVID-19. At this time, West Michigan is labeled “Medium - High Risk” for disease transmission. For more information, see “Eye Protection Guidelines & FAQ”.

## Q. When can isolation be discontinued for a confirmed COVID-19 patient?

A. See “Discontinuation of Positive COVID-19 Patient” document.

## Q. How can we safely see well and sick patients in the ambulatory setting?

A. Strategies to minimize risks to patients as space and staffing allow include:

- Using a separate entrance for sick patients
- Having a separate waiting area for sick and well patients
- Place chairs in waiting area to observe 6 ft social distancing guideline

- Seeing well (patients without symptoms consistent with COVID-19) in the AM and sick patients in the PM
- Designate certain exam rooms for symptomatic patients
- Designate certain staff to be working with symptomatic patient each day
- Wear appropriate PPE for all suspected COVID-19 patients
- All patients and guests who can tolerate wearing masks should be wearing one
- Protective Equipment Guidelines can be found on the [Health Care Professionals Resource Page](#)

**Q. Can Nebulized treatments be performed in ambulatory settings?**

A. Due to current limitations in fit-testing capacity, nebulizer and other aerosolized treatment is paused in ambulatory clinics. Exceptions are the pediatric and adult pulmonology and allergy clinics. At this time, the albuterol inhaler should be treated as single use and disposed of after treatment with the [appropriate label](#). The spacer and/or mask may be given to the patient if inhaler use will be continued. [Review the SBAR](#) for more information.

**Q. What is the appropriate room turn-over process after use of a patient with known or suspected COVID?**

A. For ambulatory sites, there is NO downtime required after a COVID/suspect-COVID patient is in a room for an exam. However, if you perform an aerosol generating procedure (ex. Nebulizer) in the room for a COVID/suspect-COVID patient, it would need to be down for 1 hour. If a specific practice can let HDVCH Infection Prevention know how many air exchanges per hour there is in their exam rooms, Infection Prevention can see if that would reduce your down time after an aerosol generating procedure.

**Q. Common respiratory illnesses will have overlapping symptoms with COVID. How should we manage these patients in the office:**

A. If patient has major COVID-19 symptoms, it would be recommended to have these patients placed in severe respiratory isolation. Consider separating sick and well patients by time of day or in blocks of rooms. Utilize virtual health whenever possible and appropriate.

**Q. How are infants born to a COVID-19 positive mother identified?**

A. All laboring mothers presenting to a Spectrum Health facility will receive a rapid test. Infants born to a COVID-19 positive mother will be swabbed at 24 hrs of life or 4 hrs prior to discharge, whichever is later. Starting Monday, April 27, 2020, a red alert will be placed in the banner bar for all infants born to positive mothers. At this time, we are not recommending a second test if the infant is asymptomatic and the initial COVID-19 test is negative. If the COVID-19 positive mother presents with the infant to clinic, they should be placed in a room with COVID-19 isolation PPE for 10 days from the date of positive test if asymptomatic or 10 days from onset of symptoms AND 24 hours of being fever-free and improving symptoms.

**Q. How do we counsel our patients who have had a COVID-19 test?**

A. See the "Primary Care Follow up for COVID-19 testing" document.

**Q. What is the performance of SH COVID-19 tests?**

A. See the "Test Performance" document.

**Q. Can ambulatory offices perform COVID-19 testing?**

- A. In the ambulatory setting, COVID-19 testing should only be obtained from anterior nares specimens (PPE includes isolation mask, face shield, gloves, gown). Ideally, the patient would obtain the specimen, but could be assisted by Healthcare Worker if unable to self collect. [Criteria for patient testing](#) in MyChart will change to **at least one major symptom or two minor symptoms**. If the patient does not meet that criteria, they will not qualify to receive testing at a Spectrum Health facility. (Spectrum Health team members and first responders are excluded from this change.)

- 
- Asymptomatic patients who still want to be tested can find options on the State of Michigan [website](#).
  - Patient test results may take several days based on the extremely high demand for testing in our communities. Patients will be given guidance on what to do while awaiting test results.

**Q. Are there any guidelines for giving flu vaccine after testing positive for COVID-19?**

A. There are no evidence-based guidelines. If recovered from COVID-19, influenza vaccine can be administered.