OBGYN Workflow for KNOWN or PUI (Person Under Investigation) COVID-19 for essential clinic visits

Scheduled essential clinic visits must be reviewed in Epic by provider 1 day in advance of in-person appointment**, you are looking for the COVID banner. NST RN's to review NST's, Ultrasound reviewed by Marissa Crouse, Beacon reviewed by the FP Fellows

1) Pt is identified as COVID + or r/o: Provider contacts the patient to review symptoms and determine if in-person visit is truly essential or can be delayed**. If essential:

2) Pt is instructed to come in her own transportation, (not UBER, Cab or Bus), preferably by herself and should be asked to present with a mask on if she has one at home, otherwise she will be given one upon arrival at the front of the hospital. Patient is told she will be greeted by an OBGYN staff member at the front door of Menino.

3) OBGYN Staff member properly don's PPE (Mask, Face Shield, Gown & Gloves) and meets the patient at the front door of Menino (which has been coordinated by phone in advance) and checks the patient in with the lobby screening team. PPE kit available in Nursing office on Yawkey 6, or in GPU, Yawkey 5.

4) OBGYN staff member escorts patient directly to appointment location, where four identified rooms have been marked as a COVID room, one in each hallway/space (Ultrasound, NST, Clinic, GPU), marked with a (+) neon pink sign on the door. These rooms have been prepped in advance if possible, taking precaution to have no extra supplies on open counter space (ie: glove boxes) and are located at the front of the clinic areas. Patient will be placed in one of these rooms depending on her appointment type (Ultrasound, NST, Clinic, Beacon). She does not stop at registration; the staff member will assist with getting the patient registered once the patient is roomed.

5) Patient then seen for visit. Depending on the visit type, staff should be strategic and minimize the amount of times in/out of the room and condense the number of people caring for the patient directly without compromising clinical care. Aim to have consistency in staffing (ie: the person that escorted the patient into the building will also escort the patient out of the building), also helps to conserve PPE.

6) All follow-up appointments are booked in the room, patient is escorted out of the building by the same person who escorted her in and does not stop at check-out.

7) The room remains closed and EVS is paged (5183) for terminal clean. Staff should not attempt to clean the room. Ok for to resume regular use after cleaning is complete.

- All staff who are caring for a PUI or known COVID+ case must wear gown, glove, mask, face shield.

- If it becomes apparent in clinic that an unknown patient may be sick, please immediately give the patient a mask and leave the room. Alert the care team (provider, MA, front desk staff, Sarah/Megan) and donn appropriate PPE (Gown, glove, mask, face shield) and assess patient using symptom/exposure algorithm and testing decision tree.
- If a patient needs to use a restroom while in clinic, the bathroom will also need to be cleaned by EVS, pager 5183, and marked "Out of Service" until cleaned.
- Ambulatory algorithms are posted in the Provider touchdown space for quick reference (employee exposure, patient exposure, symptomatic patient in clinic and testing guidelines)
- *If patient is not essential and a visit can be delayed, patient is rescheduled for her appointment and provider should again touch base with the patient the day before the new visit to assess symptoms and again consider delaying the appointment if clinically appropriate.
- Current CDC recommendation for persons with COVID-19 who have symptoms may discontinue home isolation under the following conditions:

    -At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and,**

    -At least 7 days have passed *since symptoms first appeared*. The number of days will be different for each individual case.