COVID-19 Infection Prevention Guidance
for Ambulatory Care Settings
Updated: May 19, 2022

Summary
Ambulatory care settings are asked to review this guidance and customize it for their clinical settings. The Rhode Island Department of Health’s (RIDOH) expectation is that patients who are ill, even those with COVID-19-like symptoms, will be cared for by ambulatory care providers and not automatically referred to an emergency department.

There is no requirement to obtain a negative COVID-19 test prior to evaluating a patient in an ambulatory care setting. This guidance represents suggested recommendations, and some ambulatory care practices may choose to exceed this guidance. Practices are encouraged to make adaptations that best fit their needs.

This guidance highlights the areas ambulatory care settings should evaluate to ensure acceptable infection prevention measures are being implemented in the setting. For the purposes of this guidance, an “ambulatory care setting” is broadly defined to mean an outpatient location where healthcare is provided and that does not require an overnight stay.

Background
COVID-19, the disease caused by SARS-CoV-2, continues to affect people across the United States. COVID-19 is now a preventable and treatable disease, as Rhode Island has a consistent and reliable supply of monoclonal antibodies (MABS) and oral antiviral medications to treat patients who test positive for COVID-19, as well as pre-exposure medication to help prevent serious illness.

Decreasing the risk of COVID-19 transmission among patients and staff by following best infection control practices is necessary. The pandemic has highlighted important practices that ambulatory care settings should follow as below:

- There is no requirement for a patient to get a negative COVID-19 test result before being evaluated in an ambulatory care setting.

- Ambulatory care settings should meet all applicable state and federal COVID-19 vaccine requirements and align policies with public health recommendations and requirements.


- Ambulatory care settings that are certified by and receive funding from the Centers for Medicare and Medicaid Services (CMS) should follow CMS vaccination regulations.

- It is the expectation that patients with COVID-19-like illness (CLI) or influenza-like illness (ILI) symptoms or respiratory symptoms should not be automatically triaged to an emergency department unless the patient displays acute and urgent symptoms.
• Promote being up to date on COVID-19 vaccines for all patients.

• Ensure adequate indoor ventilation and air circulation.

• Provide masks for patients in all areas.

• Provide appropriate access and promote proper use of personal protective equipment (PPE), including N-95s and eye protection for staff.

• Practice appropriate physical distancing. Minimize crowding in waiting rooms and consider having patients who have CLI or ILI symptoms sit separately or wait in their vehicles.

• Provide access to hand washing and hand sanitizer.

• Conduct COVID-19 symptom screening and encourage staff to stay home if they are sick.

• Provide management and care of patients with respiratory symptoms.

Level of Care Provided

Healthcare delivered remotely via telehealth has been effective during the pandemic and could be considered for certain patients. However, there are healthcare visits that do not lend themselves to telehealth. Examples include:

• Visits for healthcare maintenance and immunizations;
• Surgical procedures;
• Illnesses (including respiratory) where a physical exam is essential for a correct diagnosis and treatment plan; and
• Patients uncomfortable with technology.

With the availability of vaccines and a reliable supply of PPE, it is not appropriate for ambulatory care practices to defer illness care or refer patients with COVID-19-like illness to a local emergency department or urgent care facility.

Practices should also be prepared to evaluate patients with COVID-19-like illness and perform rapid testing, if indicated. Although providers may opt to administer a rapid test prior to a patient’s assessment, a negative test should not be required to gain entry to your office. Instead, customary infection prevention practices should be used to safely see these patients. Sending patients to urgent cares or emergency departments creates an undue burden on these services, exacerbates crowding challenges, may spread disease, and creates long wait times for patients.

Standards for Infection Prevention for COVID-19

Given that COVID-19 transmission occurs via respiratory droplets and aerosols, recommendations include:

• Physical distancing should be maintained in common waiting areas so there is appropriate distance between individuals from different households.
• Structured queuing (e.g., waiting in cars until ready to go into an exam room or separate care areas for symptomatic patients), particularly for symptomatic patients, is a strategy to minimize contact between individuals.

• Screen patients and visitors for COVID-19 symptoms before they arrive for their appointments so they are appropriately triaged for their visits following infection prevention policies.

• Screen all staff for COVID-19 symptoms (can be self-screening).

• Make standard medical masks and hand sanitizer readily available for all patients and visitors.

• Ensure that ventilation has been evaluated in all settings and is optimized to prevent COVID-19 transmission (i.e., filtration and air exchanges). Avoid use of nebulizer treatments - use metered-dose inhalers instead.

• Ensure appropriate PPE is properly worn when engaging patients who have respiratory illness or other COVID-like symptoms.

• Ensure that staff have been appropriately trained and that polices are in place to address infection control.

• Have appropriate procedures and protocols in place for COVID-19 vaccination and MABS treatment, either onsite or by referral.

• Healthcare providers should consider recommended treatment options for all eligible patients.

• Find information at RIDOH’s COVID-19 therapeutics page.
  o Some of the nation’s largest pharmacy chains are participating in Test to Treat: Click here to view the COVID-19 Therapeutics Locator.

• Have appropriate procedures and protocols in place for point-of-care COVID-19 testing or referrals to clinical laboratories.

• Have protocols in place for patients who may call in with positive results on a COVID-19 self-test and seek clinical guidance.

**Masking**

Although indoor mask mandates have been lifted, patients who are immunocompromised or not up to date on their vaccines should, in consultation with their primary care physicians, consider wearing a high-quality mask when around other people in any setting.

Ambulatory care settings should consider requiring all staff and patients to wear masks indoors during elevated COVID-19 community levels. Individuals at increased risk for severe illness should consider masking in indoors areas (e.g., waiting room).

**Additional Resources**

Finally, ambulatory care settings should build on previously accepted standards of infection prevention, such as the Centers for Disease Control and Prevention (CDC) guide entitled, "Non-Hospital Settings and COVID-19." Another resource for education regarding infection control is CDC’s Project Firstline.

• Wear a mask that protects your household from COVID-19
  o Flyer
• Communication Resources | CDC
• Managing Healthcare Operations During COVID-19 | CDC
• Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care | HAI | CDC
• COVID.gov - Find COVID-19 guidance for your community