



Guidance for Ambulatory Care Settings for Infection Prevention with COVID-19

Updated: November 22, 2021

COVID-19, the disease caused by SARS-CoV-2, continues to affect people across the United States. Since April 2021, when Rhode Island received vaccine supply that exceeded demand, COVID-19 has been a preventable disease. Additionally, since January 2021, Rhode Island has had a consistent and reliable supply of monoclonal antibody (MABS) that is used to treat patients who test positive for COVID-19 and to help prevent serious illness.

Decreasing the risk of transmission to patients and staff by following best infection control practices is expected. The pandemic has highlighted important practices that ambulatory care facilities should follow. There is no requirement to get a negative COVID-19 test result before seeing a patient in an ambulatory care setting. Compliance with healthcare worker vaccination regulations and promotion of booster doses of COVID-19 vaccine is a critical measure to protect ambulatory care staff. It is the expectation that patients with 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.

This guidance highlights the areas ambulatory care settings should evaluate to ensure they are meeting acceptable standards regarding infection prevention. For the purposes of this guidance, ambulatory care is defined as:

- Outpatient specialty and primary care clinics;
- Physical, occupational, and speech therapy;
- Optometry;
- Chiropractors;
- Acupuncture;
- Other allied health and ancillary services;
- Hospital outpatient departments;
- Ambulatory surgical centers;
- Specialty care centers (dialysis or infusion);
- Urgent care clinics;
- Home-based healthcare services that provide skilled nursing; and/or
- Other services that are certified or registered with the Rhode Island Department of Health.

In addition, ambulatory care settings should build on previously accepted standards of infection prevention, such as the Centers for Disease Control and Prevention [guide](#) entitled *Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care*. **Another resource for education regarding infection control is [CDC's Project Firstline](#).**

Vaccination for healthcare workers is required in Rhode Island according to [these regulations](#). Additionally, ambulatory care settings where patients are more likely to be vaccinated have a lower risk of spreading COVID-19.

Ambulatory care settings should consider the following overarching concepts when customizing infection prevention plan for in-person indoor visits for all patients:

- Assure compliance with State vaccination regulations. Staff must either be fully vaccinated or have a medical exemption on file.
- Promote COVID-19 vaccination for all patients.

- Promote booster doses of COVID-19 vaccine to anyone who is eligible and additional doses for anyone who is moderately or severely immunocompromised.
- Ensure [adequate indoor ventilation and air circulation](#).
- Provide masks for staff and patients in all areas.
- Provide appropriate access and promote proper use of personal protective equipment (PPE), including N-95 respirators and eye protection.
- Practice appropriate physical distancing. Minimize crowding in waiting rooms and consider having patient who have ILI symptoms seated separately or wait in their vehicle.
- Provide access to 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 to 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-like illness to a local emergency department or urgent care. This creates an undue burden on these services, exacerbates crowding challenges, and creates long wait times for patients.

Standards for Infection Prevention for COVID-19

Given that COVID-19 transmission occurs via respiratory droplets, aerosols, and to a lesser extent, contact, recommendations include:

- Physical distancing should be maintained in common waiting areas so there is appropriate distance between individuals of 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 appointment so they are appropriately triaged for their visit 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 facilities 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 policies are in place to address infection control.
- Have appropriate procedures and protocols in place for COVID-19 vaccination and testing and MABS treatment, either onsite or by referral.

Although indoor mask mandates have been lifted for fully vaccinated individuals, **this does not apply to healthcare settings**. Patients who are immunocompromised should consider wearing a high-quality mask when they are around other people in any setting.

Conclusion

Individual ambulatory care practices should review this guidance and customize it for their clinical setting. It is expected that patients who are ill, even those with COVID-like symptoms will be handled by ambulatory care and **not** automatically referred to an emergency department. **There is no requirement to obtain a negative COVID test prior to seeing a patient in an ambulatory care setting.** This guidance represents the minimum standards, and some practices may choose to exceed these standards. Practices are encouraged to make adaptations that best fit their needs.

Additional Resources

- Wear a mask that protects your household from COVID-19
 - [Flyer](#)
 - [Poster](#)
- [Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination](#)
- [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)