COVID-19, the disease caused by SARS-CoV-2, continues to affect people across the United States. COVID-19 is a preventable and treatable disease. Decreasing the risk of transmission to patients and staff by following best infection control practices remains crucial. The pandemic has highlighted important practices that ambulatory care groups should continue to follow as they see patients indoors, including those who are symptomatic.

Most important, at a minimum, all businesses including healthcare facilities must follow Rhode Island’s safe activities regulations, which are continuously updated.

The following 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, we define ambulatory care as:

- Outpatient specialty and primary care clinics;
- Dental offices;
- 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
- 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 (CDC) Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care, and Summary of Infection Prevention Practices in Dental Settings.

Ambulatory care settings where more staff are vaccinated have a much lower risk of staff becoming infected than those with lower vaccination rates. Ambulatory care settings where patients are more likely to be vaccinated also have a lower risk of transmission. Efforts should be made to promote full vaccination among staff and patients.

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

- Fully vaccinate as many staff and patients as possible.
- Provide adequate ventilation – review RIDOH’s guidance on indoor air circulation.
- Provide masks for staff and patients in all areas.
- Provide appropriate access and promote use of personal protective equipment (PPE), including N-95 respirators and eye protection.
- Practice appropriate physical distancing.
- Provide access to hand sanitizing supplies.
• Conduct 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
• Patients uncomfortable with technology

With the availability of vaccines, COVID-19 is now a preventable disease. It is therefore not appropriate for ambulatory care practices to defer all illness care to a local emergency department or urgent care, as this creates an undue burden on these services and is not sustainable.

Standards for Infection Prevention for COVID-19

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

• Maintain physical distancing in common waiting areas so there is appropriate distance between individuals of different households.
• Create 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, as a strategy to minimize contact between individuals.
• Screen patients and visitors for COVID-19 symptoms before appointments so they are appropriately triaged for their visit and are aware of infection prevention considerations.
• 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 filtration and air exchanges have been evaluated in all facilities and are optimized to prevent COVID-19 transmission.
• Ensure appropriate PPE is worn when engaging with patients with respiratory illness or who have other COVID-19 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 testing, as well as monoclonal antibody (MABS) treatment, either onsite or through referral.

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

Conclusion

Individual ambulatory care practices should review this guidance and customize it for their clinical setting. This guidance represents the minimum standards, and some practices will choose to exceed these standards. Practices are encouraged to make adaptations that best fit their needs.
Additional Links

- Mask Resources
  - COVID-19 and Wearing Masks (web page)  [English] | [Spanish] | [Portuguese]
  - A mask MUST be worn here at all times (poster)  [English] | [Spanish] | [Portuguese]

- CDC Guidance
  - 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