

COVID-19

CORONAVIRUS DISEASE

VISION: To improve the health of all Texans.

MISSION: TMA supports Texas physicians by providing distinctive solutions to the challenges they encounter in the care of patients.



Physicians Caring for Texans

COVID-19 Infection Prevention and Control Frequently Asked Questions (FAQs)

TMA COVID-19 Task Force

MARCH 2020

What can you do to help prevent exposure to COVID-19 in your clinic? ([CDC 3/3/2020](#))

1. Stress to your patients that they absolutely MUST call ahead before visiting your practice.
Screen every patient prior to any in-person visit over the phone ([CMS 3/9/2020](#)):
 - A. Do you have fever, cough, sore throat, or difficulty breathing?
 - B. Have you had contact with someone with known or suspected COVID-19?
 - C. Do you live in a community with confirmed sustained community transmission of COVID-19?
 - D. Have you traveled within the last 14 days to any location either domestically or internationally with confirmed sustained community transmission of COVID-19?
 - a. (Refer to [CDC Coronavirus Disease 2019 Information for Travel](#))IF they say “YES” to question A; AND
“YES” to any questions B through D, please refer to **“What do you do if a potential COVID-19 patient calls your clinic for care?”**
2. When scheduling appointments for routine medical care (e.g., annual physical, elective surgery), reschedule their appointment if they develop symptoms of a respiratory infection (e.g., cough, sore throat, fever) on the day they are scheduled to be seen. Refer to screening questions listed above to evaluate the patient for potential COVID-19. ([CDC 3/6/2020](#))
3. Reinforce policies that you should already have in place requiring all staff to STAY HOME if they are sick, especially if they exhibit fever or symptoms of a respiratory infection, such as a cough, sore throat, or difficulty breathing. ([CDC 2/29/2020](#))
4. Consider offering and implementing [telemedicine services](#) for your patients, in order to establish social distancing and yet still provide your patients the care they need. ([CDC 3/6/2020](#))

What do you do if a potential COVID-19 patient calls your clinic for care?

If you screen a patient over the phone and the patient has a fever/cough/sore throat/difficulty breathing AND either lives in a community with confirmed sustained community transmission of COVID-19 OR have traveled within the last 14 days to an area with confirmed sustained community transmission of COVID-19 OR have had contact with someone with known or suspected COVID-19, then the patient is considered a **suspected case** and these are the steps you should take ([CMS 3/9/2020](#)):

1. CALL the Texas Department of State Health Services (DSHS) at **(800) 705-8868** and tell them that you have a suspected case. ALL suspected novel coronavirus or COVID-19 cases are classified as a [notifiable condition](#). Discuss with DSHS what your next steps should be, which could include working with your [Local Health Department](#) (LHD) to determine how to collect samples for testing and where to send the samples. ([DSHS 3/12/2020](#))
2. If the patient is having difficulty breathing and, using your clinical judgment, it is an EMERGENCY situation, refer the patient immediately to an emergency department (ED) and CALL the ED immediately IN ADVANCE of the patient showing up to the ED, so that the ED can prepare for the patient. Do NOT automatically send the patient to your local ED unannounced. ([CDC 3/6/2020](#))

What do you do if a potential COVID-19 patient is coming to your clinic?

In consultation with DSHS or your LHD, if the patient needs to come to your clinic (e.g., to collect samples for testing), be sure to implement appropriate **infection control protocols** ([CDC 3/7/2020](#)):

1. Properly train staff on the use of, and have available, the personal protective equipment (PPE) recommended when caring for a patient with known or suspected COVID-19. This includes ([CDC 3/10/2020](#)):
 - a. N95 respirators (or respirators that offer a higher level of protection than a facemask if N95s are unavailable; or a facemask if respirators are unavailable);
 - b. Eye protection (such as goggles or a disposable face shield);
 - c. Gloves (clean, non-sterile, disposable); and
 - d. Gowns.

More details on PPE:

- [Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 \(COVID-19\) or Persons Under Investigation for COVID-19 in Health Care Settings](#)
 - CDC: [How to properly put on, use, and remove PPE](#)
 - [Strategies for Optimizing Supply of N95 Respirators](#)
2. Follow these precautions when caring for the patient ([CDC 3/10/2020](#)):
 - a. Place the patient in a single-person room with the door closed. If an aerosol-generating procedure will be performed with the patient, use a negative pressure (airborne infection isolation) room. Preliminary research suggests that the SARS-CoV-2 virus, which causes the COVID-19 disease, is capable of remaining viable in the air of a room up to three hours after performing aerosol-generating procedures. ([New England Journal of Medicine, 3/2020](#))
 - b. If medical evaluation is necessary but not urgent, try to schedule the patient at the end of the day.
 - c. If COVID-19 testing is indicated, consider collecting the specimens for testing while the patient is in the car or otherwise outside the facility. (For more information on testing, please refer to [TMA's COVID-19 Resource Page](#) or our TMA FAQs on COVID-19 Testing).
 - d. Ask the patient to alert you before entering the facility and provide them a surgical mask before entry. If a surgical mask is unavailable or if your facility must reserve its PPE, use other practical means of source containment such as a tissue or a scarf to contain respiratory secretions during transit through common areas.
 - e. Bypass the waiting room if possible, and do not allow the patient to remain in the waiting area or other common areas.
 - f. Immediately place the patient in a private room, and keep the door closed.

- g. Have health care workers wear N95 respirators (or respirators that offer a higher level of protection than a facemask if N95s are unavailable; or a facemask if respirators are unavailable), eye protection, gloves, gown; and cleanse hands thoroughly.
- h. Evaluate the patient as quickly as possible and discharge the patient home or, if indicated by your diagnoses, transfer the patient to another facility (notifying the facility in advance) as soon as possible.
- i. Depending on the number of air changes per hour, don't use the examination room for at least three hours after the suspected infectious patient leaves. ([*New England Journal of Medicine*, 3/2020](#))

When should a potential COVID-19 patient be told to stay at home and NOT come into your clinic?

Mildly symptomatic – In consultation with DSHS or your LHD, a patient with mild symptoms may NOT need to come into your office and instead can implement home care and **self-isolation** at home, as there is no treatment for COVID-19. ([*CDC* 3/10/2020](#))

Consider home care only if the patient:

1. Is stable enough to receive care at home;
2. Has appropriate caregivers (if necessary) available at home;
3. Has a separate bedroom where the patient can recover without sharing immediate space with others;
4. Has resources for access to food and other necessities;
5. Has access to appropriate recommended personal protective equipment (at minimum, gloves and facemask) and can adhere to the recommended precautions of home care (e.g., respiratory hygiene and cough etiquette, hygiene); and

Does not have household members at risk of COVID-19 infection complications (e.g., people age 65+, pregnant women, immunocompromised individuals, or those with chronic underlying conditions such as heart, lung, or kidney conditions).

Self-isolation means NO human contact with ANYONE, including family, co-workers, and especially going out into the public. For example, tell your patient to work from home if possible and to have food and groceries delivered to them if possible, either from a service or from friends/family who can leave the food and groceries at the door. This is a means to protect the elderly, the immunocompromised, those with underlying conditions – basically individuals who may have severe complications or even may die from being exposed to this disease. Consider giving your patient an example: “Stay in one room in the house, hopefully with a private bathroom, and have a friend/family member leave a tray of food on disposable ware outside of your room. Disposable ware is important so that it can be thrown away into a trash can located inside the isolation room. You do not want someone having to wash your contaminated dishes only to potentially get infected themselves. Whenever trash needs to be taken out of your room, tie up and leave the trash outside of your room, and then have a friend/family member wearing mask and gloves (or using another trash bag to put over the contaminated trash bag) to dispose the trash.” Indicate the contagiousness and risk severity of this disease to more vulnerable populations. Consider explaining to them that just because their symptoms are mild doesn't mean they can't spread it to someone else and put others at severe risk.

Follow CDC's [Interim Guidance for Discontinuation of In-Home Isolation for Patients with COVID-19](#) to help determine when patients can remove themselves from **self-isolation**.

Asymptomatic – If your patient is asymptomatic but lives in a community with confirmed sustained community transmission of COVID-19 OR has either traveled within the last 14 days to an area with confirmed sustained community transmission of COVID-19 OR have had contact with someone with known or suspected COVID-19, they need to **self-monitor** for any symptoms themselves and practice **social distancing** for 14 days from their last exposure (i.e., from when they last made contact with the known/suspected case or from when they were last in the area with confirmed sustained community transmission). If, during those 14 days of self-monitoring, no symptoms of fever, cough, sore throat, or difficulty breathing occur, then they may continue with their regular daily activities. If, these symptoms do appear, they should undergo **self-isolation**.

Self-monitoring means monitoring themselves for fever by taking their own temperatures twice a day and remaining alert for cough or difficulty breathing. If they feel feverish or develop measured fever, cough, or difficulty breathing during the self-monitoring period, they should self-isolate, limit contact with others, and seek advice by telephone from a health care provider or their local health department to determine whether medical evaluation is needed.

Social distancing means limiting unnecessary human-to-human contact (e.g., elbow bumps instead of handshakes to greet others), remaining out of group activities and congregate settings, avoiding mass gatherings, and maintaining a safe distance (approximately 6 feet) from others when possible.

What do you do if a potential COVID-19 patient walks into your clinic unannounced?

1. Mask the patient immediately. If a surgical mask is unavailable, use other practical means of source containment such as a tissue or a scarf to contain respiratory secretions during transit through common areas.
2. Bypass the waiting room if possible, and do not allow the patient to remain in the waiting area or other common areas.
3. Immediately place the patient in a private room, and keep the door closed.
4. Have health care workers wear N95 respirators (or respirators that offer a higher level of protection than a facemask if N95s are unavailable; or a facemask if respirators are unavailable), eye protection, gloves, and gown; and cleanse hands thoroughly.
5. Evaluate the patient as quickly as possible and discharge the patient home or, if indicated by your diagnoses, transfer the patient to another facility (notifying the facility in advance) as soon as possible.
6. Depending on the number of air changes per hour, don't use the examination room for at least three hours after the suspected infectious patient leaves.

What cleaning products do you use to disinfect the area potentially exposed to SARS-CoV-2 (the virus that causes COVID-19)?

Preliminary research suggests that the SARS-CoV-2 virus, which causes the COVID-19 disease, is capable of living on exposed surfaces such as stainless steel and plastics for up to three days. ([*New England Journal of Medicine*, 3/2020](#))

Routine cleaning and disinfection procedures are appropriate for SARS-CoV-2 in health care settings, including those patient-care areas in which aerosol-generating procedures are performed. Here is a list of [EPA's Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2, the Cause of COVID-19](#).

For other questions not addressed in this document, please refer to TMA's other FAQ pages on COVID-19 or contact:

DSHS COVID-19 Call Center at **(877) 570-9779**, Seven days a week, 7 am-8 pm

DSHS 24/7 Hotline at **(888) 963-7111**

DSHS email: coronavirus@dshs.texas.gov

TMA Knowledge Center (800) 880-7955 or knowledge@texmed.org

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