

COVID-19 Clinical Operations Recommendations

LifeBridge Health Medical Group

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Purpose of this Guidance

This document is intended to provide interim guidance, **based on the Centers for Disease Control and Prevention (CDC)**, and outlines best practice recommendations and strategies for all LBH Medical Group Practices in response to community spread of Coronavirus Disease- 2019 (COVID-19). This guidance reflects the need to:

1. Provide best efforts to minimize disease exposure to patients, staff and others while continuing face to face routine appointments into ambulatory practices and continuing/increasing the utilization of virtual visits as appropriate
2. Identify and isolate persons with presumptive COVID-19 disease and implement triage procedures to assign appropriate levels of care
3. Maximize the efficiency of personal protective equipment (PPE) and barriers, such as plexiglass to minimize staff exposure while protecting all healthcare personnel
4. Consistently safeguard the environment of care to appropriately maintain the safety of patients, staff, and the community

Public health guidance will shift as the COVID-19 outbreak continues to evolve as will this document. All LBH Medical Group Practices should be aware of updates to local and state public health recommendations. The recommendations in this document should be used in conjunction with the Maryland Department of Health's (MDOH) and CDC's Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in healthcare settings.

Key Considerations for Medical Practices

- Encourage all healthcare personnel to be vaccinated against COVID-19, unless they have a documented religious exemption, to ensure the health and safety of essential workforce/protect healthcare capacity.
- Booster vaccines are available for those 16 years of age and older. Boosters are given to those persons who are 6 months past their primary vaccination series.
- Screen patients and visitors for fever, respiratory symptoms, or other symptoms before entering your practice. Keep up to date on the recommendations for preventing spread of COVID-19 on CDC's website.
- Ensure proper use of personal protection equipment (PPE). Healthcare personnel who come in close contact with confirmed or possible patients with COVID-19 should wear the appropriate personal protective equipment.

- Routinely conduct an inventory of available PPE and explore strategies to optimize PPE supplies
- Ensure employees remain socially distanced (six feet) in breakrooms and replace masks as soon as they are done eating- stagger breaks whenever possible
- Always encourage sick employees to stay home. Personnel who develop fever, respiratory symptoms, or other symptoms should be instructed not to report to work. Ensure that your sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies. Our staff are one of our most precious resources

Personnel Protective Equipment Recommendations

- **Healthcare Personnel (HCP)**
 - LBH is seeing clusters of employees not following PPE requirements and contracting COVID-19
 - **Per the Maryland Department of Health, three or more positive cases in any healthcare setting is considered an outbreak and can result in an unannounced onsite visit**
 - Continue to follow the infection prevention and control recommendations for unvaccinated individuals when caring for fully vaccinated individuals with moderate to severe immunocompromise due to a medical condition or receipt of immunosuppressive medications or treatments
- **PPE recommendations are as follows:**
 - As of 12/20/2021, due to an increase community and LBH team member cases, the following requirements are in place
 - **All patient facing team members** will return to wearing N95, or other NIOSH approved respiratory type masks, when providing patient care
 - N95s and other respiratory type masks require annual fit testing
 - Observe mild conservation efforts by utilizing one N95, or respiratory type mask, per day
 - Using a face shield, or surgical facemask over the respirator, may reduce contamination, especially during aerosol generating procedures or procedures that might generate splashes and sprays
 - N95 or other respirator masks should be discarded when contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients

- Face Shields / Eye Protection
 - Eye protection is required for all patient contact
 - This does not include personal eyeglasses
 - Goggles or face shields are required
- Consider additional PPE, including contact and droplet precautions (e.g. gowns, full-face shields, or other coverings) when caring for high risk patients
- These requirements are particularly important for patients, **regardless of their vaccination status**, who live or work in any area with substantial to high community transmission or who have:
 - Not been fully vaccinated; or
 - Suspected or confirmed SARS-CoV-2 infection or other respiratory infection (e.g., those with runny nose, cough, sneeze); or
 - Had close contact (patients and visitors) or a higher-risk exposure (HCP) with someone with SARS-CoV-2 infection for 14 days after their exposure, including those residing or working in areas of a healthcare facility experiencing SARS-CoV-2 transmission (i.e., outbreak); or
 - Moderate to severe immunocompromise; or
- Front desk and other non-clinical office staff are required to wear a surgical or procedural type mask at all times
 - Eye protection should be added with any patient or family contact
 - Staff may remove masks if sitting in a private closed office
 - Staff sharing desk or office space should wear their masks consistently
- Staff who are screening patients and family at a front or back door should observe clinical staff guidelines
- A quick reference guide for PPE recommendations can be found in appendix 1 of this document

Always encourage patients, their families, or employees to tested and quarantine if SARS-CoV-2 is suspected to mitigate the spread of the virus.

Practice Considerations

- Determine the services you will perform safely in the practice and those that can be served via telehealth
- Consider dedicating a specific exam room, and medical equipment, to patients deemed high risk with fever, respiratory symptoms, or exposure
- Consider allowing staff with appropriate position, roles, and responsibilities to continue to work remotely (financial counselors, billing, or charge entry staff)
- Consider options for cross-training staff or equipping them to perform new or additional duties
- Offer and certify doffing and donning protocol training- available in HealthStream, in addition to information on the CDC website
https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf
 - As a part of new staff onboarding
 - Annually at a minimum
- Update front and back staff JOB DESCRIPTIONS, if not already done, to accommodate new required cleaning processes, social distancing, and PPE requirements

Before Patients Arrive

- **Preparing the practice**
 - Understand which patients are at a high risk for contracting, and/or at a high risk for increased adverse outcomes to COVID-19, by performing a chart prep or a brief chart review prior to seeing all patients
 - Continue to proactively reach out to patients at a higher risk of COVID-19-related complications such as the elderly (65+), those with medical co-morbidities, respiratory diseases, and pregnant women to ensure adherence to current medications and therapeutic regimens
 - Confirm patients have medication refills and provide instructions to notify their provider by phone if they become ill
 - Utilize modified scheduling process' to separate well and sick patients and to incorporate modified volumes of each to ensure social distancing
 - Special consideration should be taken for patients who have acute respiratory illnesses; where possible, every practice should identify a "hot room" to see potentially infectious patients

- If a dedicated exam room is not feasible consider seeing patients in their vehicle
 - In person visits should be staggered leaving adequate time to clean every room thoroughly between patients
 - Contact the Maryland Department of health (MDOH) as all positive results must be reported
 - Consider eliminating patient penalties for cancellations and missed appointments related to respiratory illness
 - Continue to encourage staff to review all payer lists for care gaps during any downtime to care for patients appropriately
 - In conjunction with the practice's providers, plan for and encourage telemedicine appointments whenever clinically appropriate
- **Visual Alerts/Signage**
 - Post visual alerts at all entrances instructing patients, and persons who accompany them, to inform HCPs of symptoms of a respiratory infection when they first check in
 - Please ensure you have the latest LBH signage
 - Signage is available from LBH marketing and can be found on the Ambulatory COVID-19 Workgroup teams' site under files
 - Please refrain from using signage outside of what has been provided
- **Obtaining Personnel Protective Equipment and Cleaning Supplies**
 - Assess, procure, and secure PPE and cleaning supplies on a regular schedule; minimally weekly
 - Continue to utilize pre-COVID vendors for PPE, medical and cleaning supplies
 - Maintain a minimum of seven days of supplies needed for your average daily appointments
 - Procure and maintain only approved cleaning supplies per CDC guidelines for regular office cleaning
 - List of EPA approved disinfectants for COVID-19
<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
- **Practice enhanced infection control measures**
 - Staff will be responsible to routinely clean and disinfect all frequently touched surfaces in patient rooms between every encounter; more frequent cleaning and disinfection may be required based on the level of use or risk of infection

- High touch surfaces include the patient exam table, all counter tops and horizontal surfaces, cabinet pulls, chairs, doorknobs, and any equipment used during patient care
- Patient waiting areas and staff workspaces should be immediately disinfected by practice staff if utilized by staff, patients and family who are ill, high risks or suspicious for COVID-19
- For additional infection control information please refer to appendix 2
- **Communicating with patients**
 - Continue reminder calls and patient screenings including sore throat, cough, temperature, exposure to another person with COVID-19
 - Identify whom will be available and responsible in the practice to provide answers to questions about safety protocols and scheduling processes
 - When appropriate and available utilize Tavoca for texts, blast emails or phone calls for updates to protocols
 - Provide specific instructions, based on your practice's protocols, i.e. arrival time and screening processes
 - Remind all patients that they, and their approved companion, must always wear a mask
 - Remind patients of our no-visitor policy
 - Our policy limits ONE parent or guardian with a minor, NO visitors/companions with adults, and only ONE visitor/companion with cognitively or physically impaired patients
 - For pediatric patients-
 - Only one person can accompany a child, except under rare necessary circumstance (i.e. Newborn with Mom requiring assistance, or twins/triplets requiring more than one adult)
 - No siblings unless they also have a checkup appointment
 - Consider allowing virtual access to visits for a parent and other approved visitors who are not permitted to enter
- **Prepare the waiting area**
 - In situations when unvaccinated patients could be in the same space (e.g., waiting rooms, hallways, etc.), arrange seating so that patients can sit at least 6 feet apart, especially in any areas with substantial or high transmission
 - This might require scheduling appointments to limit the number of patients in waiting rooms, treatment areas, or participating in group activities
 - Your front desk should have plexiglass barriers in place; if your practice has a need you may place a facilities request

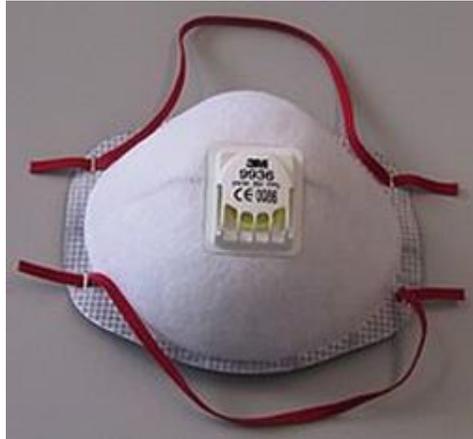
- Provide supplies for patients in waiting areas including- surgical masks, tissues, alcohol-based hand sanitizer and trash cans
- Provide signage regarding respiratory etiquette- ask if needed
- Floor stickers for proper distancing are available from marketing
- No toys, children's books, magazines, reading materials, or other communal objects; provide pamphlets to patients directly as needed
- No water dispensers in public areas; provide water as requested
 - If the water dispenser is connected to a water line, remove all cups, and place an out of order sign
 - If the water dispenser is free-standing, remove from the public area to another area in the practice, offer cups of water as needed
- Remove communal candy, lollipop bowls, etc.

- **Telehealth**
 - Manage patients with mild symptoms via telehealth
 - With the assistance of the practice's providers, ensure all practice staff understand which patients may utilize telehealth visits and which patients should be seen in person

When Patients Arrive

- **Arrival/Visit**
 - Continue to encourage all patients to call or text the practice from outside upon arrival for further instructions
 - Prior to entering, ensure all patients and visitor/companions are screened again for symptoms (including sore throat, cough, fever, or exposure to a person with COVID-19)
 - If your practice is collecting copays or deductibles, this may be completed at a typical check in space, but is encouraged to be collected after the patient is taken directly to an exam room
 - Always expedite the transfer of patients out of the waiting room and place the patient in a private exam room; use waiting areas as minimally as possible
 - Use dedicated or disposable noncritical patient-care equipment whenever possible
 - Equipment used for more than one patient must be cleaned and disinfected according to the manufacturer's instructions before use on another patient
 - Ensure all patients and visitors wear facemasks to cover mouth and nose

- Patients that enter the office with actual industry standard “ear looped surgical masks” or a non-valve N95 mask are appropriate and permitted during their visit
- Any N95 Masks that has a valve is **NOT PERMITTED** as it is designed to only protect the user as unfiltered air is expelled from the valve (example shown below)



- Once the patient is roomed, only limited, and essential staff (in recommended PPE) should enter
- Where space permits, consider outdoor seating and/or overhead coverage for patients who are waiting to be seen, or in their vehicles if appropriate
- **Temperature and Screening Specifics**
 - Temperature screening is not required for patients or staff
 - If your practice has screeners in place, you may continue this workflow
 - Screening questions should include:
 - Temperature of 100.4 F (38C) or higher
 - Cough
 - Chills
 - Muscle Pain
 - Shortness of breath
 - Sore throat
 - Loss of taste or smell
 - Signage and verbal directions should clearly direct patients where to stand/stop upon entering the practice
 - For ill patients, consider reaching out via phone to the patient, once to set up a curbside car visit, telehealth visit, remote visit, or other arrangements for care
 - Patients who screen positive for fever should exit the building immediately, along with any parent or companion

- Patients may present for appointments with a fever that is unrelated to COVID (i.e. sinus infection), utilize measures that provide the least amount of exposure to office staff and other patients
- If a patient with fever must be seen they should be brought directly to an exam room where they would be checked in, examined, and checked out at one time avoiding any waiting areas

After Patients are Assessed

- Provide at-home care instructions to patients with respiratory symptoms
- Consider telehealth options for follow up appointments
- Notify the MDOH of any patients with COVID-19 symptoms and ensure positive results have been reported
- Encourage testing to mitigate spread
- **Obtaining Respiratory Specimens**
 - Limit the number of staff to only those **essential** for patient care and procedure support; visitors should not be present
 - Specimen collection may be performed in an exam room with the door closed; best practice is in the patient's car or outside in a private setting – consider scheduling specific respiratory sample collection times
 - Staff must wear a N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown
 - Rooms should be closed for a minimum of 60 minutes prior to disinfecting
 - The following are acceptable specimens: nasal, mid-turbinate, or nasopharyngeal swab
 - Nasal or mid-turbinate swab collected by the patient is allowable because it does not stimulate a cough
 - See guidance (updated 10/25/21) for collection at <https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html>

Patient Check Out

- Make every effort to reduce a patient’s “idle time” in the office, at the conclusion of the visit, patients should be immediately escorted to an exit
- If a patient needs a follow up appointment, encourage rescheduling in the room, by phone or portal whenever possible
- Welcome patients to keep any masks provide but always provide areas for proper disposal in the event a patient wishes to dispose of them by placing a trash receptacle at every patient exit with signage for mask disposal; ensure receptacles have trash bags for no touch disposal
- After patients leave, clean frequently touched surfaces using LBH system approved and EPA-registered disinfectants—counters, exam tables, seating, etc.
- Refer to the [LifeBridge Medical Group- Environmental Cleaning and Disinfection Recommendations- See appendix 2](#)
- Prescriptions, lab orders/requisitions, physical therapy orders, etc. should be done electronically whenever possible to eliminate the transfer of paper between staff and patients

- **Co-located Practice Sites**
 - Work with any additional practices on site to perform screening in vestibules whenever possible
 - Collaborate with all session holders to ensure total volumes will allow social distancing
 - Post signs at the door instructing clinic patients with respiratory illness to return to their vehicles (or remain outside if pedestrians)
 - Provide telephone numbers for practices so that proper triage can be performed before they enter
 - Encourage social distancing in any elevators
 - Dedicate staircases, whenever possible, to one staircase for traveling up and one for traveling down

Steps to Arrange for Transport

- In the event of an emergency, initiate practice protocol to transfer patients to a health care facility when a higher level of care or infection prevention is needed

- When COVID-19 is suspected prehospital care providers and healthcare facilities **MUST** be notified in advance that they will be caring for, transporting, or receiving a patient who is suspected to have COVID-19

Office Signage

- Routinely “declutter” office signage so that “COVID-19 Signage” is visible and easily identifiable
- Signage should be housed in wipeable plastic sleeves or preferably laminated for ease of cleaning
- Approved signage is available in the Ambulatory COVID-19 Workgroup page on teams; please reach out if help is needed

Maintain Safe Employee Practices

- **Key Items to Address**
 - Continue to encourage social distancing when working in any shared space; consider all break rooms and workspaces
 - Encourage frequent hand washing and provide alcohol-based (at least 60% alcohol) hand sanitizer when soap and water are not available
 - All staff including front office, back office, and providers, **MUST** wear face masks while inside of the practice
 - N95 or other approved respirator masks **MUST** be worn during aerosolizing procedures, ensure fit testing is completed annually
 - Avoiding touching eyes, nose, and mouth and clean and disinfect frequently touched objects and surfaces

Duration of Transmission-Based Precautions

A symptom-based strategy for discontinuing Transmission-Based Precautions, for patients, family, and staff, is preferred in most clinical situations. Per the CDC, the criteria for the symptom-based strategy are:

- Patients with **mild to moderate illness** who are not moderately to severely immunocompromised:
 - At least 10 days have passed since symptoms first appeared **and**
 - At least 24 hours have passed since last fever without the use of fever-reducing medications **and**

- Symptoms (e.g., cough, shortness of breath) have improved
- Patients who were asymptomatic throughout their infection and are not **moderately to severely immunocompromised**:
 - At least 10 days have passed since the date of their first positive viral diagnostic test
- Patients with **severe to critical illness** or who are moderately to severely immunocompromised:
 - At least 10 days and up to 20 days have passed since symptoms first appeared **and**
 - At least 24 hours have passed since last fever without the use of fever-reducing medications **and**
 - Symptoms (e.g., cough, shortness of breath) have improved
- Employees must report and dialogue with LBH Occupational Health staff for instructions to return to work

Exposures Among HCP and Others

Contact LBH Occupational Health with all concerns around exposures in your practice. Occupational Health will assist with investigating and managing how contact tracing will be performed. Guidance on assessing the risk for exposed patients and practice staff is available in the Healthcare Infection Prevention and Control FAQs for COVID-19 <https://www.cdc.gov/coronavirus/2019-ncov/hcp/fag.html#Infection-Control>.

Engaging Practice Staff

Acknowledge Staff and Celebrate Successes

- To increase and maintain morale, there is an essential need to acknowledge and celebrate the dedication, resilience, and achievements of staff
- Recognition can reenergize and inspire individuals as well as increasing their performance
- This is also an opportunity to reinforce through praise the behaviors that are considered vital to improving patient outcomes in the future, including that successful crisis response relies on leadership and contributions, large and small, from everyone in the practice

Provide Support for Staff Well-being

- Burnout and mental health issues have risen during the pandemic, particularly among health professionals, since many have been traumatized by firsthand experiences or by sustained uncertainty, health risk, and exhaustion
- In addition to their professional work, many have also had to care for elderly relatives and/or manage children at home because of daycare and school closures, as boundaries between work and home lives have blurred deleteriously
- Leaders must demonstrate emotional intelligence, empathy, care and compassion, and the initiative to engage frontline staff in their work environment
- There, leaders should gauge stress levels, understand challenges, solicit feedback based on practice data and/or their experiences, and foster well-being and resilience
- Visiting the front desk and back office clinicians enables leadership to see the impact of their decisions at point of care
- Ensure and encourage mechanisms for staff to provide feedback, ask questions and voice concerns and for practice leadership to respond
- Engage providers and staff with briefings, when possible, to include changes relative to work location, job duties, work hours, and other operational changes, etc. from practice leadership
- Include briefings and AllUser information with updates from LBH
- Share the availability of internal and external experts who can provide support (e.g. HR resources, Care Bridge)
- Always require staff to stay home when sick after appropriate notification to the practice management

Appendix 1

Caring for Symptomatic Pts. or Performing Procedures	Caring for Asymptomatic Patients	Front Desk Staff	All Practice Staff
<div data-bbox="272 422 505 604" data-label="Image"> </div> <div data-bbox="272 653 505 890" data-label="Text"> <p>Full protective gear must be worn by staff and providers when caring for symptomatic patients, patients receiving aerosolizing procedures or procedures that are likely to generate a cough</p> </div> <div data-bbox="272 938 505 1121" data-label="Text"> <p>Full PPE includes eye shields or goggles, an isolation gown- fastened behind, disposable gloves and N95 mask or PAPR</p> </div> <div data-bbox="272 1169 505 1352" data-label="Text"> <p>N95s may be worn until visibly soiled, wet or compromised and face shields should be wiped down in between use with every patient</p> </div> <div data-bbox="272 1400 505 1730" data-label="Text"> <p>Some examples of aerosolizing or cough producing procedures include nebulizer administration, nasopharyngeal swabs, oropharyngeal swabs, induction of sputum, cardiopulmonary resuscitation, spirometry and pulmonary function testing</p> </div>	<div data-bbox="558 422 790 604" data-label="Image"> </div> <div data-bbox="579 621 773 827" data-label="Text"> <p>All clinical staff are to wear a surgical or procedural type mask at all times while in the practice</p> </div> <div data-bbox="579 884 773 1148" data-label="Text"> <p>Clinical staff should wear masks, gloves and eye protection including face shields or goggles when caring for any patient</p> </div> <div data-bbox="579 1205 773 1467" data-label="Text"> <p>Remove and dispose of gloves before leaving any patient's room; staff may wear face masks until visibly soiled, wet or compromised- discard at the end of day</p> </div> <div data-bbox="579 1524 773 1692" data-label="Text"> <p>Ensure strict hand hygiene is performed at all times</p> </div>	<div data-bbox="829 422 1013 604" data-label="Image"> </div> <div data-bbox="846 653 1000 890" data-label="Text"> <p>Front desk staff are to wear a surgical or procedural type mask at all times while in the practice</p> </div> <div data-bbox="846 938 1000 1230" data-label="Text"> <p>Ensure hand hygiene is performed immediately after handling any items from patients and frequently throughout the day</p> </div>	<div data-bbox="1047 422 1230 604" data-label="Image"> </div> <div data-bbox="1063 653 1218 938" data-label="Text"> <p>All staff including front desk, clinical staff and providers are to wear a surgical or procedural type mask at all times while in the practice</p> </div> <div data-bbox="1063 995 1218 1211" data-label="Text"> <p>Masks may be removed when eating, but social distancing (preferably 6 feet) should be observed</p> </div>
<p style="text-align: center;">Personal Protective Equipment Recommendations</p> <p style="text-align: center;">LifeBridge Medical Group</p>			

Appendix 2

Environmental Cleaning and Disinfection Recommendations		LifeBridge Medical Group	
In Between Patients	<p>Exam rooms must be cleaned in between every patient, every time to keep patients and staff healthy and safe</p> <p>Staff must wear gloves when cleaning & never shake dirty linens; this may disperse virus through the air</p> <p>Always use system approved cleaning agents, such as hydrogen peroxide wipes, and bleach when C. Diff is suspected</p> <p>High Touch Areas touched frequently by patients and staff, should be of high focus and include, shared workstations, counter tops, chairs, exam tables, door handles, light switches & cabinet pulls</p> <p>Reusable medical devices such as stethoscopes, BP cuffs, glucometers, thermometers, Q2 probes, scale handles, etc., must be cleaned prior to use on every patient, every time</p> <p>Critical Items, such as surgical type instruments, must be sterilized prior to use. Items marked as disposable are for one time use only and may not be reprocessed, always remove organic material prior to sterilization, residual debris reduces the effectiveness of any sterilization process</p> <p>Ensure all PPE is removed and hand hygiene is performed prior to leaving any room</p>	End of Day Cleaning	<p>Staff must wear gloves when cleaning & never shake dirty linens; this may disperse virus through the air</p> <p>In addition to all exam rooms, all work stations for clinical and nonclinical staff should be wiped down at the end of each day including desks, countertops, keyboards, computer mouse, and phones</p> <p>Additional High Touch Areas include check-in and check-out spaces, counter/ledges, waiting room chairs and tables, door handles, light switches</p> <p>Ensure all reusable medical devices such as stethoscopes, BP cuffs, glucometers, thermometers, Q2 probes, scale handles, etc., have been cleaned prior to use on every patient</p> <p>Take special consideration for disinfecting workspaces where staff may have been sent home due to illness including desks, chairs, countertops, keyboards, computer mouse, and phones and patient bathroom surfaces</p> <p>Ensure all critical items, as detailed above, have had all steps completed to be sterilized effectively</p>
“Housekeeping” Responsibilities	<p>Housekeeping responsibilities vary from practice to practice and may be contract based</p> <p>Ensure your practice leadership knows who your house keeping contacts are and their contact information is easily accessible</p> <p>In general, hard surfaces should be wiped down, floors should be swept and mopped, and restrooms should be cleaned nightly</p> <p>Carpet should be vacuumed weekly and as needed; floors should be burnished once a month as well</p> <p>Housekeeping must be made aware of any room or space, which requires special consideration for disinfecting, that was used by a Person Under Investigation (PUI) or positive with COVID-19 in order to don the appropriate PPE (minimally hang a sign)</p>	Cleaning After a High Risk Patient	<p>Close off areas used by all persons and wait as long as practical before beginning cleaning and disinfecting (1 hour minimally) to minimize potential for exposure to respiratory droplets; when possible dedicate rooms and medical equipment for patients with known or suspected COVID-19</p> <p>Patients who were not coughing, sneezing, had no aerosol-generating procedures & occupied a room for a short time, are a low risk to staff and subsequent patients; infectious particles likely dissipate over a matter of minutes</p> <p>Patients who were coughing, sneezing, underwent an aerosol-generating procedure, with an extended visit pose a higher risk. Restrict the number of staff entering the room until a practical time has elapsed to remove potentially infectious particles</p> <p>Staff must don gown, gloves and a mask when cleaning & never shake dirty linens; this may disperse virus through the air</p> <p>Ensure all high touch areas (including the exam room, bathroom or waiting area if applicable) and reusable medical equipment have been disinfected with system approved cleaning agents; follow appropriate contact times as indicated on the product label</p>