



Health Alert



Tips for Outpatient Healthcare Facilities During COVID-19 Community Transmission

March 16, 2020

Summary and Action Items

- Given recent identification of COVID-19 community transmission in Chicago, CDPH recommends the following actions for outpatient healthcare facilities.
- Goals of these actions include protecting healthcare workers and protecting patients from community transmission of the virus.
- CDPH recommends against testing persons with mild illness who can be safely managed at home.

Testing and Home Isolation

Testing resources are in short supply. CDPH recommends against testing persons with mild illness who can be safely managed at home, unless a diagnosis may impact patient management. This will minimize possible exposures to healthcare workers, patients and the public and reduce the demand for personal protective equipment. Do not feel obligated to offer COVID-19 testing to otherwise well individuals. While individuals over age 60 and those with chronic medical conditions are at higher risk for poor outcomes, many are safe to stay home isolated if they know when to reach out for help. As community transmission progresses, it will become less necessary to confirm COVID-19 diagnoses with laboratory tests. Please do not refer patients back to public health to obtain testing as we will no longer provide direct testing services. Patients that will maintain prioritized submission to the IDPH lab are specified on the Chicago HAN page (<https://www.chicagohan.org/covid-19>) along with the updated PUI authorization process and recent updates on PPE.

Instead of recommending testing, develop a guidance for your call center/triage line that recommends people stay home for 7 days from onset of cough and 72 hours from resolution of all symptoms (whichever is longer) in accordance with the guidance available at www.chicago.gov/coronavirus.

Ways to Keep your Staff and Patients Safe

Consider the strategies to prevent patients who can be cared for at home from coming to your facility potentially exposing themselves or others to germs, like:

- Using your telephone system to deliver messages to incoming callers about when to seek medical care at your facility, when to seek emergency care, and where to go for information about caring for a person with COVID at home.
- Adjusting your hours of operation to include telephone triage and follow-up of patients during a community outbreak.
- Leveraging telemedicine technologies and self-assessment tools.
- Cancel elective outpatient surgeries and routine appointments as appropriate.

If patient appointments are determined to be essential and cannot be done by telehealth or phone, (e.g. Newborn check-up, follow-up from hospital discharge) – consider the following environmental controls:

- Cohort sick and well patients in separate waiting rooms.
- Space appointments to avoid crowding in the waiting room which could promote COVID-19 transmission.
- Keep appointments short and limit interactions with front desk and auxiliary medical staff.

See [CDC Steps Healthcare Facilities Can Take Now to Prepare for Coronavirus Disease 2019 \(COVID-19\)](#) for additional information.