Ministry of Health
Infection Control Directorate

Outpatient Infection Control Guide during COVID-19 pandemic

The following recommendations are designed to help facilities ensure appropriate precautions are in place to protect patients and healthcare workers (HCWs) from exposures to COVID-19 and other viral respiratory infections.

Minimize unnecessary exposures in the health care setting
- Perform an initial evaluation of patients with fever and other acute symptoms remotely via telephone, messaging or video whenever possible.
- Advice patients with COVID-like symptoms who need in-person assessment on what precautions to take when traveling to and arriving at the outpatient area.
- Use virtual assessment of patients whenever possible.

Ensure universal source control
- Everyone entering the facility should wear a face covering or face mask since they could potentially be infectious, even without showing symptoms.
- All HCWs should wear a face mask at all the time.
- Have a supply of face masks ready to provide to people entering the outpatient area if needed.

Self and active monitoring of HCWs for fever and symptoms of COVID-19 every work shift
- Staff shall be monitored for fever and symptoms at least daily before each shift. If they develop any COVID-like symptoms, they should immediately exclude themselves from duty and report it.

Symptom screen all patients, accompanying companions and visitors for symptoms
- Conduct screening outside of the facility entrance if possible or at dedicated area.

Implement measures to ensure physical distancing in entry areas and waiting rooms:
- Use signage, chair arrangements, floor markers indicating 1-2m distance, elevator capacity limits, etc.

Follow current PPE recommendations
- When evaluating or coming into close contact with patients with possible/confirmed COVID-19, or any patient with respiratory symptoms, use standard, contact and droplet precautions with eye protection.
- PPE should include:
    - Face mask (procedure or surgical mask), gown, gloves and eye protection (face shield or goggles)
    - N95 respirator or equivalent is only recommended for potential aerosol-generating procedures (e.g., nebulizer treatments)
- For all other clinical encounters, HCWs should wear a face mask only and practice standard precautions, if splash is anticipated to the face consider using face shield, to the body consider wearing a gown.

Environmental cleaning and disinfection
- Once daily: Thorough cleaning and disinfection of low-touch surfaces, high-touch surfaces (such as light switches, bed rails, door handles, intravenous pumps, tables, water/beverage pitchers, trays, mobile cart rails and sinks), then floors (in that order); waste and linens removed, examination bed cleaned.
- Cleaning is performed by neutral detergent and then followed by disinfection by using either Ethanol 70-90% or Chlorine-based products at 1000 ppm for general environmental disinfection or 5000 ppm for blood and body fluids large spills.
- After each patient, clean only high touch areas.
- After a patient with respiratory symptoms, clean the whole room and then HCW can enter room immediately after the patient leaves unless AGPs were performed (vacates the room for 20 minutes).
- The number of cleaning staff should be planned to optimize cleaning practices.

Infection control summary guidelines in outpatient healthcare facilities				
Setting	**Target personnel or patients**	**Activity**	**Type of PPE**	**Recommendations**
Administrative areas	All staff, including healthcare workers	Administrative tasks	- Medical mask	- Practice universal source control - Provide patients and visitors with a face mask - Every work shift, monitor all HCWs for fever and COVID like symptoms
Triage areas	Healthcare workers (HCWs)	Preliminary screening not involving direct contact	- Maintain spatial distance at least 1m - Medical mask and eye protection	- Symptom screen all patients - Provide patient with a face mask - Immediately move any patient with respiratory symptoms to an isolation room or separate area away from others. - Direct the patient to respiratory clinic (if available) and inform the physician. - Focus on cleaning of high-touch surfaces.
		Triage personnel with direct patient contact (e.g. taking vital signs)	- Medical mask - Gown - Gloves - Eye protection (goggles or face shield)	
	Patients	Any	- Provide medical mask if tolerated. - Maintain spatial distance at least 1m	
Waiting room	Patients with respiratory symptoms	Any	- Provide medical mask if tolerated.	- Provide a separate waiting area for any patient with respiratory symptoms, if this is not feasible, ensure s distance of at least 1 m from other patients.
	Patients without respiratory symptoms	Any	- Medical mask	- Provide hand rub, tissue and waste receptacles. - Provide hand hygiene and cough etiquette signage. - Avoid sharing toilets between staff and patients.

Consultation room	Healthcare workers	Physical examination of patient with respiratory symptoms	- Medical mask
			- Gown
			- Gloves
			- Eye protection (goggles or face shield)
				- Use virtual assessment whenever possible.
				- Consider having specific appointment timing.
				- Avoid entering the room for non-essential staff.
				- Any potential aerosol-generating procedure (AGP) with symptomatic patient (e.g., nebulizer treatment) shall be avoided whenever possible. Consider safer alternatives (e.g., metered dose inhaler with spacer)
				- Environmental cleaning and disinfection:
				  - Once daily low-touch surfaces, high-touch surfaces, floors (in that order); waste and linens removed, examination bed thoroughly cleaned and disinfected.
				  - After each patient, clean only high touch areas.
				  - Room cleaning is performed only after a patient with respiratory symptoms and HCW can enter room immediately after patient leaves unless AGPs were performed (vacates the room for 20 minutes).

		Physical examination of patients without respiratory symptoms.	- Medical mask - PPE according to standard precautions and risk assessment	
	Patients	Any	- Provide medical mask if tolerated.	
	Cleaners	After and between consultations with patients with respiratory symptoms	- Medical mask - Gown - Heavy duty gloves - Eye protection (if splash) - Closed work shoes	

Remember that PPE is only one element of an overall infection control program:
It should include rapid identification and source control of symptomatic patients and healthcare workers, strict adherence to respiratory and hand hygiene practices and rigorous environmental cleaning and disinfection of surfaces and equipment.