

Clinic Structure for COVID-19 in Higher Education

CREATED: 05/20/2020

UPDATED: 06/15/2020

This document has been reviewed by MDH; this document was originally developed by the COVID-19 higher education workgroup focused on Clinic Structure. This document will continue to be updated as new information is gathered.

See Appendix E for list of workgroup members.

Literature review: These recommendations are informed by American College Health Association (ACHA) guidelines, the Centers for Disease Control and Prevention (CDC), World Health Organization (WHO), American Medical Association (AMA), Johns Hopkins University and the Minnesota Department of Health (MDH) guidelines.

Facility considerations

- First decide whether your facility is going to conduct COVID-19 testing onsite.
- Currently, laboratory testing is being conducted at public health laboratories. As the availability of diagnostic testing increases, clinics will be able to access lab tests through clinical laboratories authorized by the FDA under an Emergency Use Authorization. The AMA recommends clinicians should first consult with their local or state health department or the labs that perform their diagnostic services.
- After consulting with their local or state health department, should a Student Health Service (SHS) decide to offer COVID-19 testing onsite, they need to take extra precautions to avoid any unnecessary exposure to their staff.
- Determine with administration/facilities/necessary parties where respiratory clinic could be housed.
- Prepare space with same parameters as described later in this document
- If at all possible, choose space that does NOT share air flow with other areas
- Evaluate staffing needs, potential for hiring additional MAs, LPNs, RNs, etc. for screening and assistance to provider on duty.
- Consider hiring additional providers anticipating high need with both influenza and COVID cases
- Calculate PPE needed to host this daily clinic, and project needs long-term to determine sustainability of seeing ill students. If not sustainable, use telephone triage and remote visits to assess all sick persons, and refer to testing resources in community.

- It is recommended that SHS implement designated hours for testing every day when the least number of staff would be exposed and restrict symptomatic patients to using one designated entrance and exit to avoid any unwanted contact with others.
- Specimens should be collected with appropriate infection control precautions. Current guidance for COVID-19 infection control precautions are available at the CDC’s website (see links provided in “Where can I go for updates and more information” section). Use appropriate personal protective equipment when collecting and handling specimens from individuals suspected of being infected with COVID-19 as outlined in the CDC Interim Laboratory Biosafety Guidelines for Handling and Processing Specimens Associated with Coronavirus Disease 2019 (COVID-19). For additional information, refer to CDC Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons Under Investigation (PUIs) for Coronavirus Disease 2019 (COVID-19) (see links provided in “Where can I go for updates and more information” section).
- For Student Health Services not conducting COVID-19 testing onsite, segregate waiting areas for ill vs. well patients.
- If not possible in your facility, consider a tent (not probable in MN during flu season) or “satellite space.”
- Consider seeing ill patients during one “portion” of the day and non-ill persons during another time to further segregate persons (i.e. morning sick clinic, afternoon well clinic with cleaning over noon period).
- Reconfigure waiting area to promote physical distancing (remove chairs so there is 6 ft between them). Or consider removing all lobby seating. Accommodations will be made for those who are unable to stand for an extended period as needed.
- Segregate waiting room into sick area and non-sick area if possible.
- Implement signage with appropriate screening questions and that reinforces physical distancing (Appendix A).
- Consider methods to limit walk-in access to facility to ensure appropriate screening of patients prior to in person contact (locked doors?, campus-wide communications outlining best methods to access care, curbside check-ins/triage).
- Signage in employee areas with PPE instructions for employees and interns. (Appendix B)
- Ensure adequate alcohol- based sanitizer, face masks, tissues, and closed bins for disposing of tissues.
- Provide plexiglass/clear barriers between waiting area and staff area in waiting room.
- Remove all toys, reading materials, and communal objects from the lobby and treatment rooms.
- Tissues, trash cans, and alcohol-based hand sanitizer will be accessible in the lobby and in each treatment room.

- Prepare front desk, shared office space and break rooms to ensure social distancing of 6' when possible.
- Workstations, phones, headsets, and writing utensils will be provided for individual use unless thoroughly cleaned between employees.
- Develop protocols for environmental management including clinic cleaning and decontamination.
- Assess air exchange for exam rooms and determine time required between uses in event of a known or suspected COVID-19 patient
- Prior to opening each day clean all high touch areas using EPA registered disinfectants.
- Arrange treatment rooms to ensure maximum social distancing and close off any unused rooms.
- Ensure adequate resources to support telemedicine and telemental health
- Space Suitability
- In settings where counseling and health are integrated, recommend separating them. For example: well visits + counseling together and sick visits elsewhere
- Would need staffing for both respiratory clinic and well-visit/counseling clinic -- may need to hire for new positions.
- Physical distancing in waiting rooms: Is there space to do so? Recommend not using waiting areas if at all possible.
- Recommend staggering appointment times. Scheduling fewer people in a day so as to not have waiting rooms in use by multiple people. Implement “lobby-less” check-in as many healthcare facilities are doing. Eliminate chairs in the waiting room. Allow patients to wait in their car or dorm room until contacted by the appointment desk that it is their turn to be seen in the clinic.
- Airflow within space
- Recommend IHEs have facilities staff do airflow assessments and help to determine how long it would need to be between patients to clear the air. This is especially true when a clinic is physically located within a dormitory building and exchanging air with the dormitory rooms.

Training of employees and interns

- Scheduling staff are trained to inquire and document screening questions used to determine if the patient can be seen on site (see below)
- Prior to entering the clinic all employees and interns will have their temperature taken and be screened for symptoms or high-risk activities. If identified, the employee or intern will not be allowed on premises. If an employee or intern develops symptoms while on premises, they will be asked to leave and return home.

- Clinicians and interns are trained to inquire and document screening questions used during the visit to determine if the patient can be treated at the time of service.
- Employees and interns are trained on proper hand hygiene. See Appendix C
- Employees and interns are trained on how to properly wear, take off and dispose of PPE. See Appendix B and D
- Employees and interns are trained on how to sanitize high touch areas between each patient.
- Employees and interns are trained on how to properly handle clothing upon arrival at their residence at the end of their shift.

Screening of patients when scheduling

- CDC Questions
- Recent travel history (This is mostly irrelevant now as we have local community spread, everywhere)
- Recent history of fever
- New onset shortness of breath without exertion
- New onset cough not related to seasonal allergies
- Chills
- New loss of taste or smell
- Sore throat
- Close contact with an individual with a history of cough, shortness of breath, or fever
- Close contact with an individual with suspected or confirmed COVID-19 virus.
- Do you work in an environment that has an increased exposure to COVID-19, and, if so, are you taking proper exposure precautions?
- If any of the above questions are answered “yes,” triage to the appropriate facility for COVID testing. Until they are able to get tested, ask them to self-isolate
- *If people are wondering if they should be tested for COVID-19, they can call the Minnesota Department of Health (651) 201-3920 for assistance. Consider having personnel in place on campus to assist with this decision, if qualified, to alleviate calls to MDH. Also, collaborate with local clinical resources to set up easy access to testing and triage lines.*

Communication to patients

- Patients are advised in advance of precautions via phone, text, email or in writing.
- Precautions clearly posted on home page of clinic website.

- Signs will be posted at entrances and in the waiting area with prevention actions.
- Patients will be screened for symptoms or high-risk activities when scheduling and when presenting at the time of an appointment.
- Patients will be advised verbally and with a phone call that all non-acute or non-urgent appointments will be rescheduled to a later date.
- Patients over the age of two will be asked to arrive at the clinic wearing a mask if able. If they don't have a mask, one will be provided at the visit.

Clinic Flow

- Patients to make appointments online or call - no walk-in appointments. Utilize communication channels at the college to implement this.
- Require that students complete intake forms in advance of appointment on their own devices in-patient portal.
- Continue to utilize telemedicine when appropriate; consider using telemedicine (phone, video, etc) to see all patients initially and determine need and safety of in-person care.
- Develop online or telephone process for check-in.
- Update screening forms to ensure all COVID-19 symptoms are present on the form.
- Screen all patients and staff prior to entering clinic for respiratory symptoms and check temperature
- Protocols for managing patients with respiratory symptoms: masking patient, quickly rooming, limiting number of staff who come in contact with patient, limit movement throughout health center, cleaning of space patient occupied
- Avoid nebulizers and peak flow which generate additional aerosols.
- Require all patients and anyone accompanying them to wear masks/cloth face covering
- Develop relationship with local ED to accept ill patients requiring higher level of care
- Develop plan for transporting students with respiratory symptoms
- When patients arrive, if possible, have them go directly to the exam room, no waiting in small waiting rooms (scheduling times would need to be longer to allow cleaning rooms between patients.)
- Batching patient types, usual visits AM/ COVID-19 related visits PM.
- Limit patient visitors to one individual deemed essential.
- Each patient will be provided hand sanitizer upon entrance into the clinic
- Patients will be escorted to their treatment rooms for care

- At all times while on premises, the patient will be escorted by the provider, patient services coordinator (PSC), or clinic administration. This includes the reception area and bathroom. **MDH question: Why?**
- Following care, all patients will be escorted to exit and provided hand sanitizer before exiting the building
- All patient financial responsibility or follow up scheduling will be handled over the phone

Cleaning procedures post-visit

- Treatment rooms will be rotated to ensure one room is ready while one is being cleaned.
- A room will not be utilized until properly cleaned
- Individuals cleaning the rooms will wear respirator masks and gloves
- Dispose of soiled face paper into lined garbage cans
- Wipe down all high contact surfaces with EDA approved products
 1. Treatment tables
 2. Chair armrests
 3. Desktops
 4. Clinician stools
 5. Keyboards and mice
 6. Doorknobs
 7. Light switches
 8. Pens and electronic tablets
- Spray all surfaces with Virucide and allow to sit undisturbed per the product recommendations.
- All pillows will have plastic coverings
- All treatment equipment will be cleaned after each use.

End of Day

- Each room is checked to make sure it has been cleaned since last use
- Room is sprayed with Virucide and door is closed to indicate being cleaned
- Lobby, doorways and entryway will be wiped down.

Additional Considerations for Staff of SHS

- Ensure adequate PPE and training on its use
- Develop employee health protocols for management of exposed and ill staff
- Ensure staff are knowledgeable about COVID-19 symptoms, transmission, relevant protocols and updated CDC guidelines
- Determine how SHS will handle work assignments for high-risk staff
- Develop plans for mass immunization clinic
- Develop Surge Plan for clinic flow if number of cases in community increase

Consider foundations of disease prevention and transmission

- Droplet vs. Aerosol - In general, COVID-19 isn't airborne. It can, however, be aerosolized if an aerosolizing procedure is being done, at that time extra precautions need to be taken. The length of time between an aerosolizing procedure and when it is safe to reuse the room is dependent upon the airflow of the room and how long it takes for the air in the room to be exchanged. For more information on this, see [Aerosol-Generating Procedures and Patients with Suspected or Confirmed COVID-19 \(PDF\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/aerosol.pdf) (<https://www.health.state.mn.us/diseases/coronavirus/hcp/aerosol.pdf>).
 - If SHS is doing contact tracing (staff/ faculty/ students); training.
 - Per CDC, a Close contact is defined as—
 - Being within approximately 6 feet (2 meters) of a COVID-19 case; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case
- NOTE: MDH is using “within 6 feet for greater than 15 minutes” as definition of a contact that needs to quarantine.
- Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)
 - Handwashing/sanitizing → will there be adequate access to hand sanitizer by fall? What about sani-wipes for cleaning exam rooms/equipment?
 - MDH COMMENT: Let us know if this continues to be a problem.

Additional Considerations

- If seeing students with respiratory illness is part of clinic structure, then screening is likely a part of clinic structure. Considerations to then factor in for IHE clinic setting include

- Availability of PPE and supplies -- Many institutions donated nearly all of PPE when Governor Walz requested. Will we even be able to access necessary PPE to protect our staff and students?
- MDH COMMENT: We are bringing this up to the state level workgroups.
- Need extra staff to perform symptom screens and temp checks at entrances for ALL patients, especially if attempting to segregate ill and well patients.

Planning/moving forward

- Obtaining PPE
 - At an appropriate time (as determined by institutional timeline for return to campus), contact local public health to inquire about obtaining PPE from reserves. May order some PPE as it becomes available from typical vendors. N95 masks, gowns, face shields, surgical masks for ill patients. Use PPE supply to determine what care can be provided.
- Obtaining Other Supplies
 - Plexiglass or other barrier for waiting area
 - No-touch thermometers
 - Alcohol wipes
 - Alcohol-based hand sanitizer
 - Sani-wipes
 - Testing supplies
 - Both COVID supplies and rapid influenza tests, as well as mono and strep tests
- Partnership
 - Partner with local healthcare facilities
 - Create protocol in conjunction with local healthcare facilities for when students will be advised to transfer to higher level of care (based on VS, symptoms, duration, need for testing, etc)
 - Thresholds will depend on capacity of individual student health center (for example, Xray need, testing need, afterhours need, red flag symptoms)
- SHS to partner with Residential Life to streamline isolation/quarantine
- SHS to partner with designated party who will do contact tracing. It may be SHS staff, may be Office of Health Promotion, may be county public health or DHS.

Resources

Please keep in mind these recommendations are continually evolving based upon the best evidence available at the time of publishing. For the most up-to-date information, please visit any of the following websites:

- [American Medical Association COVID-19 Frequently Asked Questions \(https://www.ama-assn.org/delivering-care/public-health/covid-19-frequently-asked-questions\)](https://www.ama-assn.org/delivering-care/public-health/covid-19-frequently-asked-questions)
- [MDH COVID-19 \(https://www.health.state.mn.us/diseases/coronavirus/index.html\)](https://www.health.state.mn.us/diseases/coronavirus/index.html)
 - [MDH COVID-19 Health Care \(https://www.health.state.mn.us/diseases/coronavirus/hcp/index.html\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/index.html)
- [Centers for Disease Control and Prevention COVID-19 \(https://www.cdc.gov/coronavirus/2019-ncov/index.html\)](https://www.cdc.gov/coronavirus/2019-ncov/index.html)
- [ACHA Considerations for Reopening Institutions of Higher Education in the COVID-19 Era \(PDF\) \(https://www.acha.org/documents/resources/guidelines/ACHA_Considerations_for_Reopening_IHEs_in_the_COVID-19_Era_May2020.pdf\)](https://www.acha.org/documents/resources/guidelines/ACHA_Considerations_for_Reopening_IHEs_in_the_COVID-19_Era_May2020.pdf)
 - [Minnesota Department of Human Services COVID-19 \(https://mn.gov/dhs\)](https://mn.gov/dhs)
- [American College Health Association \(https://www.acha.org/\)](https://www.acha.org/)

Appendix A

- [Please Read Before Entering \(PDF\) \(https://www.cdc.gov/coronavirus/2019-ncov/downloads/Please-Read.pdf\)](https://www.cdc.gov/coronavirus/2019-ncov/downloads/Please-Read.pdf)

Appendix B

- [Use Personal Protective Equipment \(PPE\) When Caring for Patients with Confirmed or Suspected COVID-19 \(PDF\) \(https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE_11x17.pdf\)](https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE_11x17.pdf)

Appendix C

- [Stop Germs! Wash Your Hands \(PDF\) \(https://www.cdc.gov/handwashing/pdf/wash-your-hands-fact-sheet-508.pdf\)](https://www.cdc.gov/handwashing/pdf/wash-your-hands-fact-sheet-508.pdf)

Appendix D

- [Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings \(https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html\)](https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html)

Appendix E

WORKGROUP MEMBERS

Brendan Bannigan	Northwestern Health Sciences University	Vice President of Development
Angel Yackel	Carleton College	APRN
Beth Hepola	Ridgewater College	Safety Administrator
Brent Nielsen	St. Cloud State University	Campus Medical Director
Brian Bradway	Macalester College	Physician Assistant
Christine Sandal	The College of St. Scholastica	RN/ Clinic Manager
Doug Belden	Mitchell Hamline School of Law	Assistant director, marketing

Elizabeth Miller	Bethel University	RN/Director Health Services
Ellen Giere	Macalester College	Nurse Practitioner
Eric Weller	South Central College	EMS Program Manager
Holly Fratzke	Winona State University	Nurse Practitioner
Jessica Braun	Gustavus Adolphus College	Nurse Practitioner
Lindsay Izzard	College of St. Scholastica	Staff Nurse
Maggie Meyer	Dunwoody College of Technology	Human Resources
Marie Sampson	St. Olaf College	Nurse Practitioner/Health Service Director
Tamnnet Kidanu	Carleton College	Associate Director of Health Promotion
Thomas Bergs	Saint Paul College	Public Safety Director
Zachary Babcock	The College of St. Scholastica	Chief of Security