

**PROTOCOL – COVID-19 CORONAVIRUS**

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**City on a Hill Health Clinic  
COVID-19 Response Plan and  
Continuation of Services Plan**

# City on a Hill Health Clinic COVID-19 Response Plan and Continuation of Services Plan

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## Purpose

The purpose of this plan is to detail the steps City on a Hill Health Clinic will take to respond to the outbreak of COVID-19. This plan will guide response actions and decisions to promote staff and patient safety and enable the health center to continue to care for the community.

## Situation

COVID-19 was first identified in December 2019; it has since spread around the world and is continuing to spread at a rapid rate. On March 11, 2020 the World Health Organization declared COVID-19 a pandemic, meaning there is worldwide spread with human-to-human transmission and fatalities. The exact rates of transmission and mortality are unconfirmed and regularly being adjusted as the disease spreads and more information is gathered. Symptoms of infection are primarily fever, cough, and shortness of breath. Cases range from asymptomatic to cold or flu-like, with extreme cases resulting in hospitalization or death. While people of all ages are confirmed to have had the virus, those over 60 or with preexisting conditions have the highest rate of significant complications and mortality. International guidance for community member personal protection has so far focused on washing hands, avoiding hand-to-face contact, and avoiding crowds. Those at high risk are encouraged to stay home as much as possible.

**The situation is rapidly evolving. This plan will be updated weekly to reflect the most recent guidance and requirements.**

## Assumptions

- The virus will continue to spread for an unforeseen amount of time.
- Clinic staff and patients will be affected.
- Resources – primarily personal protective equipment (PPE) – will be difficult to obtain.
- Widespread testing and contact tracing is limited at this point. The clinic has no means for testing at this time.
- **Potential sources to spread COVID 19** are patients, volunteers, staff and any member of the general public or partner ministries entering the clinic.
- Guidance and requirements from the government will change with the situation.

## Key Roles Within Clinic

Staff have been assigned specific roles during the outbreak. These roles are to ensure key tasks are accomplished and staff and patients are kept as safe as possible. Each person will be trained on the expectations of each role. Staff not listed will be assigned tasks by their supervisor.

Position	Primary Person	Secondary Person
Response Manager/Incident Commander	Christine Plummer RN MSN 616-748-6009	Nancy Bierema CHW 616-748-6067
Patient Outreach	Christine Plummer RN MSN 616-748-6009	Nancy Bierema CHW 616-748-6067
Staff Outreach	Christine Plummer RN MSN 616-748-6009	Nancy Bierema CHW 616-748-6067
Inventory and Supply Management	Christine Plummer RN MSN 616-748-6009	Nancy Bierema CHW 616-748-6067
Health Center Signage	Christine Plummer RN MSN 616-748-6009	Nancy Bierema CHW 616-748-6067
Facility Cleaning	Christine Plummer RN MSN 616-748-6009	Stacey DeJonge MA 616-748-6009
Potential Exposure Tracking	Christine Plummer RN MSN 616-748-6009	Nancy Bierema CHW 616-748-6067
Mandatory Reporting	Christine Plummer RN MSN 616-748-6009	Nancy Bierema CHW 616-748-6067
Case Tracking	Christine Plummer RN MSN 616-748-6009	Nancy Bierema CHW 616-748-6067
Media	Christine Plummer RN MSN 616-748-6009	Nancy Bierema CHW 616-748-6067
PPE Training and Enforcement	Christine Plummer RN MSN 616-748-6009	Nancy Bierema CHW 616-748-6067

## Communications

### Communication with Staff and Training

The clinic will send regular updates by email to all staff at least monthly. Staff should address all questions and concerns to Christine Plummer RN MSN. Staff members who are unable to come to work due to illness for themselves or a family member must contact their direct supervisor immediately.

Training for this protocol will be communicated via email and by PowerPoint presentation. Ongoing communication will occur with new employees and new volunteers. Evaluation of this plan will be conducted by the clinic management and will be determined to be effective as evidenced by the staff/volunteers use of PPE and other environmental controls (social distancing, handwashing etiquette, respiratory etiquette).

### Communication with Patients

The clinic will communicate with patients via telephone, telemedicine or mail. In the event a person who was in the clinic tests positive for COVID-19, Christine Plummer RN MSN will call everyone who may have come in contact with the ill individual in accordance with Ottawa County/State of Michigan requirements.

General questions and concerns about COVID-19 will be directed to the Ottawa County website.

If the disease becomes widespread and the health center has to adjust operations in response, the reception staff will be responsible for contacting scheduled patients to reschedule visits as needed.

Signage on [stopping the spread of germs](#) and [identifying potential COVID-19 symptoms](#) will be posted in the following locations:

- Entrances to Health Center
- Waiting rooms
- Examination Rooms

See plan resources for links to printable posters.

## Staff Safety

Staff are required to wear masks at all times in the clinic. The following have been implemented to reduce the amount of exposure to volunteers and staff:

- Telemedicine visits
- No family members or other persons in the clinic except the patient
- Telephone screening, patients to remain in vehicles in parking lot until staff is ready to see them in the clinic.

Updated PPE recommendations can be found from the [CDC](#) or [WHO](#).

## Cleaning

The clinic will be increasing the regular cleaning schedule to daily/several times a day. Cleaning supplies are available for disinfecting and staff are encouraged to keep their areas and public areas as clean as possible. Staff should use disposable germicidal wipes to disinfect. Infection prevention and control training will be provided to all staff weekly. Regular housekeeping practices are being implemented, including routine cleaning and disinfecting of work surfaces, equipment, tools and machinery, and areas in the work environment, including restrooms, break rooms, lunchrooms and meeting rooms. Frequent cleaning and disinfecting will be conducted in high-touch areas, such as phones, keyboards, touch screens, controls, door handles, elevator panels, railings, copy machines, etc

Volunteer nurses/receptionists/providers are responsible for monitoring their assigned areas for infection prevention standards.

## Staff Sick Leave Policy

Staff are required to stay home if they are sick. This can include potential COVID -19, as well as other seasonal illnesses such as colds and flus. Staff at high risk or in close contact with someone at high risk from COVID -19 are encouraged to speak with their managers directly. If staff begin feeling ill while at work, they will be sent home as quickly as possible. If staff begin to feel unwell while at home, they are to contact their supervisor as soon as possible. The supervisor will relay that information to the Response Manager. Staff cannot return to work until they have been cleared to return by a healthcare provider.

If staff come into close contact with an individual strongly suspected of having COVID-19 outside of work, or travel to an area where the virus is widespread, the following procedures will be implemented.

- Document exposure
- Ongoing screening for symptoms during estimated 14-day incubation period
- Possible self-quarantine during incubation period even if asymptomatic, depending on confirmation of and degree of positive exposure
- Test for COVID-19 as soon as possible if symptomatic
- Communicate information with other individuals who might have been exposed
- Report to local government as required

### Staff/Volunteer Risk Assessment

From CDC.gov:

#### “Classifying Risk of Worker Exposure to SARS-CoV-2 (COVID 19)

Worker risk of occupational exposure to SARS-CoV-2 during a pandemic may depend in part on the industry type and the need for contact within 6 feet of people known to be, or suspected of being, infected with SARS-CoV-2. Other factors, such as conditions in communities where employees live and work, their activities outside of work (including travel to COVID-19-affected areas), and individual health conditions, may also affect workers' risk of getting COVID-19 and/or developing complications from the illness.

OSHA has divided job tasks into four risk exposure levels: very high, high, medium, and lower risk, as shown in the occupational risk pyramid, below. The four exposure risk levels represent the probable distribution of risk. Most American workers will likely fall in the lower exposure risk (caution) or medium exposure risk levels



#### ***Lower Exposure Risk (Caution)***

Jobs that do not require contact with people known to be, or suspected of being, infected with SARS-CoV-2. Workers in this category have minimal occupational contact with the public and other coworkers. Examples include:

- Remote workers (i.e., those working from home during the pandemic).
- Office workers who do not have frequent close contact with coworkers, customers, or the public.
- Manufacturing and industrial facility workers who do not have frequent close contact with coworkers, customers, or the public.
- Healthcare workers providing only telemedicine services.
- Long-distance truck drivers.

***Positions at COAHHC with Lower Exposure Risk include: There are no workers with this classification at COAHHC.***

### ***Medium Exposure Risk***

Jobs that require frequent/close contact with people who may be infected, but who are not known to have or suspected of having COVID-19. Workers in this category include:

- Those who may have frequent contact with travelers who return from international locations with widespread COVID-19 transmission.
- Those who may have contact with the general public (e.g., in schools, high population density work environments, and some high-volume retail settings).

***Positions at COAHHC with Medium Exposure Risk include: Receptionist, Nurse, MA, Community Health Worker, Licensed Counselor, Clinic Director, Provider (PA, Physician, Nurse Practitioner), Chiropractor, Physical Therapist, Certified Diabetic Educator, Housekeeping, Medical Technician.***

### ***High Exposure Risk***

Jobs with a high potential for exposure to known or suspected sources of SARS-CoV-2. Workers in this category include:

- Healthcare delivery and support staff (hospital staff who must enter patients' rooms) exposed to known or suspected COVID-19 patients.
- Medical transport workers (ambulance vehicle operators) moving known or suspected COVID-19 patients in enclosed vehicles.
- Mortuary workers involved in preparing bodies for burial or cremation of people known to have, or suspected of having, COVID-19 at the time of death.

***Positions at COAHHC with High Exposure Risk include: There are no positions at COAHHC with High Exposure Risk.***

### ***Very High Exposure Risk***

Jobs with a very high potential for exposure to known or suspected sources of SARS-CoV-2 during specific medical, postmortem, or laboratory procedures. Workers in this category include:

- Healthcare workers (e.g., doctors, nurses, dentists, paramedics, emergency medical technicians) performing aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, some dental procedures and exams, or invasive specimen collection) on known or suspected COVID-19 patients.
- Healthcare or laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients (e.g., manipulating cultures from known or suspected COVID-19 patients).
- Morgue workers performing autopsies, which generally involve aerosol-generating procedures, on the bodies of people who are known to have, or are suspected of having, COVID-19 at the time of their death.

***Positions at COAHHHC with Very High Exposure Risk include: There are no positions at COAHHHC with Very High Exposure Risk at this time. There may be some positions that will be classified at Very High Exposure Risk if COAHHHC begins testing.***

### ***Job Duties Affect Workers' Exposure Risk Levels***

As workers' job duties change or they perform different tasks in the course of their duties, they may move from one exposure risk level to another. Additional examples of workers who may have increased risk of exposure to SARS-CoV-2 include those in:

- **Other types of healthcare positions (including pre-hospital and medical transport workers, allied medical care professionals, and support staff)**
- Emergency response (e.g., emergency medical services workers, firefighters, and law enforcement officers)
- Other postmortem care positions (e.g., funeral directors)
- Research or production laboratory workers
- Airline operations
- Retail operations, particularly those in critical and/or high-customer-volume environments
- Border protection and transportation security
- Correctional facility operations
- Solid waste and wastewater management
- Environmental (i.e., janitorial) services
- In-home repair services
- Travel to areas where the virus is spreading
- Pastoral, social, or public health workers in jobs requiring contact with community members who may spread the virus
- Transit and delivery drivers, depending on their degree of close contacts with the public

This list is not intended to be comprehensive, and employers should always rely on thorough hazard assessments to identify if and when their workers are at increased risk of exposure to the virus on the job.

## Response Protocol in the Event of COVID 19 Infection at COAHHC (employees/volunteers)

In the event a **patient is a possible COVID 19 infection that is screened by the clinic staff—refer to the Patient Management section of this document.** Any positive COVID 19 patient discovered after an in person visit at COAHHC, the staff/volunteers who have been in contact with that patient will be notified of possible exposure and asked to monitor symptoms. Due to the stringent protocols at the clinic, the risk for infection from this exposure is expected to be low.

In the event a staff member or volunteer is positive for COVID 19, the following protocol will be followed:

- In the event a person who was in the clinic tests positive for COVID-19, Christine Plummer RN MSN will call everyone who may have come in contact with the ill individual in accordance with Ottawa County/State of Michigan requirements.
- All staff/volunteers working closely with the staff/volunteer will be notified and asked to monitor symptoms. Due to the strict protocols in place, this exposure risk is expected to be low.
- The staff member's office or workspace will be thoroughly cleaned following CDC/OSHA cleaning guidelines. See **Cleaning** section of this document.
- **Return to work:** Employees who have been ill with symptoms of an upper respiratory illness\* can return to work 7 days after symptoms started and 72 hours after fevers have resolved without the use of fever reducing medications and symptoms improved—whichever is longer. \* Defined as new onset of fever (subjective or temperature of  $\geq 100.4^{\circ}\text{F}$  or  $37.8^{\circ}\text{C}$ ) OR symptoms of possible COVID-19 (cough OR shortness of breath OR sore throat).
- Employees who have been close contacts to a suspect or known case of COVID-19 should self-quarantine at home for 14 days. If they develop symptoms while in quarantine, they should follow the return-to-work guidelines noted above (7 days after symptoms started and 3 days after fevers have resolved and symptoms improved—whichever is longer).

## Patient Management

### Screening

**All patients must be screened with questions below through Practice Fusion EMR . In PF, go to the patient's visit, and under SOAP note (S) pick the template COVID19 and answer the questions there:**

Does the patient have:

\_\_\_\_\_ Fever **or** signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)

\_\_\_\_\_ Any contact with a person, including healthcare workers who has had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset, or under surveillance for possible infection.

\_\_\_\_\_ Recent travel from deemed "hotspots" (Detroit, New York, etc.)?

Clinical Features	&	Epidemiologic Risk
Fever <sup>1</sup> <b>or</b> signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	<b>AND</b>	Any person, including health care workers <sup>2</sup> , who has had close contact <sup>3</sup> with a laboratory-confirmed <sup>4</sup> COVID-19 patient within 14 days of symptom onset
Fever <sup>1</sup> <b>and</b> signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	<b>AND</b>	A history of travel from affected geographic areas <sup>5</sup> (see below) within 14 days of symptom onset
Fever <sup>1</sup> with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization <sup>4</sup> and without alternative explanatory diagnosis (e.g., influenza) <sup>6</sup>	<b>AND</b>	No source of exposure has been identified

1. All patients will be screened by phone when scheduling appointments and on arrival at the clinic to determine if they may have been exposed to COVID-19 or are symptomatic.
2. Patients will be asked to park in the lot by the clinic doors and call the clinic upon arrival. The receptionist will bring the patient paperwork, a mask and take the patient's temperature. The patient will also be asked symptom questions.
3. Patients are to remain in their vehicles until the nurse retrieves them from the parking lot. *There will be no patients in the waiting area (unless patient does not have vehicle).*
4. Patients **MUST** agree to following these guidelines or will be denied access to the clinic.
5. Staff will refer patients to alternate locations as needed to best provide care and keep the patients safe:
  - Exposed or symptomatic patients will be immediately provided with the number to the COVID-19 hotlines (Spectrum Health 1-833-559-0659, Holland Hospital 616-394-2080) or directed to the nearest emergency room if experiencing life threatening symptoms.
  - Additional referrals will be made to partners as needed.

## Waiting Areas

There will be **NO** patients in the waiting area unless there are extenuating circumstances. This will be reviewed on a case by case basis.

## Respiratory etiquette: Cover your cough or sneeze

Workers and visitors are being instructed to cover their mouth and nose with their sleeve or a tissue when coughing or sneezing and to avoid touching their face, in particular their mouth, nose and eyes, with their hands. They should dispose of tissues in the trash and wash or sanitize their hands immediately afterward. Respiratory etiquette will be demonstrated on posters and supported by making tissues and trash receptacles available to all workers and visitors.

## Social distancing

Social distancing is being implemented in the workplace through the following engineering and administrative controls: Telemedicine visits, patients waiting in cars and not in waiting room,

reduction of number of employees/volunteers in the clinic, maintenance of six foot distance, signage, PPE, sanitizer available, masks, disinfectant, and limiting the number of patients in the building at one time. Workers and visitors are prohibited from gathering in groups and confined areas, including elevators, and from using other workers' personal protective equipment, phones, computer equipment, desks, cubicles, workstations, offices or other personal work tools and equipment.

## Handwashing

Basic infection prevention measures are being implemented at our workplaces at all times. Workers are instructed to wash their hands for at least 20 seconds with soap and water frequently throughout the day, but especially at the beginning and end of their shift, prior to any mealtimes and after using the toilet. All visitors to the facility will be required to wash their hands prior to or immediately upon entering the facility. Some workplaces may have hand-sanitizer dispensers (that use sanitizers of greater than 60% alcohol) that can be used for hand hygiene in place of soap and water, as long as hands are not visibly soiled.

## Continuation of Services

The following protocol will be in place during COVID 19 to maintain services in the clinic:

- **MASKS:** Every effort will be made to minimize contact between staff/volunteers and patients. **ALL** patients and staff volunteers will wear masks at all times when public facing and while in the clinic. Staff/volunteers can choose not to wear masks if they are not in contact with patients (i.e. in their offices). *Patients refusing to wear masks will be turned away from the clinic.*
- **TEMPERATURES:** All staff will have temperatures taken at the door upon arrival for their shifts. All staff will self-report symptoms and exposure at the door upon arrival for their shifts.
- **ROOMING PATIENTS:** Patients will be placed in rooms 5 or 6 as these are the biggest rooms and allow for proper social distancing between provider and patients. Other rooms will be used only if the larger rooms are full.
- **CLEANING:** Cleaning of doorknobs, light switches, tables, chairs and all surfaces will be cleaned between patients as usual. See **Cleaning** section of this document
- **SCREENING:** see above.

### The following section is on hold until testing is available at the clinic:

Patients who are visiting the health center for services not related to COVID-19 will be asked to enter the side door. The waiting area will be reserved for asymptomatic patients and will be sanitized regularly to prevent exposure.

If patient is at the health center and has symptoms (fever, cough, shortness of breath):

- a. Move this patient immediately to the designated isolation room, preferably a negative pressure room if available.

- b. Designated isolation/sick rooms for site: Keep patient outside double doors to clinic (in between push-button doors and doors to clinic. These doors will remain closed during clinic hours and patients will be directed to buzz in to enter clinic.
- c. Place “**Isolation Precaution**” sign on door (to ensure only designated staff enter room)
- d. Limit number of staff assigned to treating and having contact with the patient.
- e. Only designated personnel are allowed to enter designated isolation rooms.
- f. Clinic director and/or MA are responsible for taking samples and Clinic director and/or MA is responsible for sending those samples to nearest lab to be tested.
- g. Alert the following people if a case is suspected:
  - i. On-site point-of-contact: Clinic Director
  - ii. Leadership team point-of-contact: Clinic Director
  - iii. Department of Health point-of-contact:

The health center is required to notify the following organizations/government offices or any suspected/confirmed cases. The clinic director is responsible for reporting.

Agency Name	Contact Information	Reporting Requirements
Ottawa County Health Department	1-888-535-6136	See form

Fill out this form:

[https://www.michigan.gov/documents/mdhhs/MDHHS\\_CDC\\_PUI\\_Form\\_and\\_Cover\\_Sheet\\_Fillable\\_v02\\_03.2020\\_680230\\_7.pdf](https://www.michigan.gov/documents/mdhhs/MDHHS_CDC_PUI_Form_and_Cover_Sheet_Fillable_v02_03.2020_680230_7.pdf)

CDC guidance for isolating a suspected or confirmed case can be found at

<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>.

As the test to confirm COVID-19 takes time, the health center should contact patients, family members, and staff who were in the facility when a suspected case entered.

Clinic Director/MA are responsible for follow-up on patient test results, documentation of results and patient notification.

Clinic director is responsible for maintaining documentation of everyone (patients, family, visitors, and staff) who enters the health center. Documentation should include the date, time of entry, time of departure, and if possible, locations within health center the person visited.

This list is kept in clinic director's computer under COVID 19.

## Patient Transportation

Confirmed cases needing a higher level of care must be transported to emergency room. Transportation must be done by ambulance prepared to care for a highly contagious patient. Ambulance company will be notified in advance that the patient has, or is suspected to have, COVID-19. Proper PPE will be used by the transportation team and the patient will be given a mask to wear if medically safe.

The patient will remain in an isolation room until the ambulance has arrived. The patient will be taken out using front doors to minimize exposure to others.

## High-Risk Patients

The clinic will take the following additional steps to care for high risk patients:

- Identify high risk patients and contact them directly.
- Encourage personal preparedness and social distancing or isolation.
  - Work with family and neighbors to ensure high risk patients are able to get food and other necessary supplies.
- Work with patients to develop plan to manage pre-existing conditions.
- Conduct telemedicine visits monitor health concerns rather than having the patient come to the health center.
- Refill necessary prescriptions without requiring a visit.

## Clinic Operations

In order to best provide care with staff shortages and/or increased patient numbers, the following services will be prioritized. These services have been chosen to ensure the health clinic is best able to care for critical patients. Staff will be reassigned from non-priority services to ensure priority services are able to continue.

- COVID-19 testing and care
- Community education for COVID-19 safety
- Urgent care injury or illness care
- Chronic condition management
- Prescription refills

The following services will be temporarily suspended in order to reassign staff and resources to the priority services listed above. Temporarily suspended services will be resumed as soon as it is safe to do so. Staff usually assigned to these services will be reassigned to the priority services listed above based on their expertise.

- Well visits
- Routine exams
- Non urgent care
- Non-COVID-19 related community education
- Face to face CHW visits

Temporarily suspended services will not be resumed until:

Governor Whitmer lifts Stay at Home order tentatively **May 15<sup>th</sup> 2020**.

Patients seeking services that have been temporarily suspended will be rescheduled. Reception staff are responsible for contacting already scheduled patients to reschedule.

If operations need to be adjusted, the health center can do the following:

- Expand hours of operations  Yes  No
- Reduce hours to accommodate reduced staffing  Yes  No
- Include weekend/evening services  Yes  No
- Accept walk-in patients  Yes  No
- Accept new patients  Yes  No
- Expand/begin telehealth services  Yes  No
- Provide prescription refills to postpone well visits  Yes  No
- Accept credentialed providers from other sources  Yes  No

If staff illness becomes widespread, the health center will consider temporary closure until a safe minimum level of staffing can be maintained. The minimum number and type of staff needed to operate the clinic is:

Type of Staff	Minimum Safe Number
Provider/Doctor	1
Nurse	1
Administration/Front Desk	1

**Volunteers**

- We will not screen volunteers who enter the clinic as we believe that anyone who might be symptomatic would likely cancel their participation.
- We will take temperatures of each volunteer upon arrival to the clinic.
- If a volunteer appears to be feverish or have persistent cough or shortness of breath, then clinic provider WILL assess their symptoms.
- Even if their symptoms are not related to COVID-19, the volunteer will likely be advised to go home so as not to transmit to others.

**Keep in Mind**

- COAHHC is following the most current CDC COVID-19 disease prevention guidelines and working closely with Public Health to assure the safety of all patients and volunteers.
- Public Health has acknowledged that the general risk from the flu is greater than that of COVID-19.
- Public Health has noted that individuals who have been to Wuhan China, have symptoms or contact with others under investigation for COVID-19, have been very proactive in following recommendations from Public Health and seeking medical

evaluation through preferred channels. Therefore, they are not expected to show up at clinic.

## Resources

Volunteer LPN/Clinic Director are responsible for inventory management and resource acquisition. They are authorized to purchase additional supplies and reach out to new vendors if current vendors are unable to meet resource needs.

In the event of personal protective equipment (PPE) or other critical resource shortages, the following steps may be taken (adjust these steps to match health center policy and procedure):

- Limit the number of staff who encounter patients
- Minimize non-essential services to conserve PPE
- Work with the health department and local hospital to access additional supplies

Additional resources will be procured through existing supply contracts. The health center will also work with the following organizations and companies:

Company Name	Resources Available	Contact Information
AMS	PPE	<a href="tel:704-561-0004">Patti 704-561-0004</a>

## Partners

List the organizations the health center will be working most closely with along with the contact information and any specifics about the partnership. Also list any required contacts, for example required reporting to the Department of Health of any suspected or confirmed cases. As local partners become overwhelmed, the health center will also work with county partners. Non-clinical partners may be contacted to provide additional support.

Organization Name	Contact Information	Capabilities/Reason for Partnership
Ottawa County Health Department	1-888-535-6136	Reporting COVID 19 cases

## Documentation

Clinic director is responsible for maintaining accurate documentation and records of expenses, training, staff illness, and any actions the clinic takes in response to COVID-19.

## Plan Maintenance

This plan will be reviewed and updated weekly by the clinic director. The following sections must be kept current with WHO and CDC guidelines.

- Staff Safety
- Patient Management

## Additional Resources

### World Health Organization (WHO)

- COVID-19 homepage:  
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- Advice for the public from the World Health Organization (WHO) can be found here:  
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>
- PPE guidance:  
[https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPPE\\_use-2020.1-eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPPE_use-2020.1-eng.pdf)

### Pan-American Health Organization (PAHO)

- COVID -19 homepage  
[https://www.paho.org/hq/index.php?option=com\\_content&view=article&id=15696:coronavirus-disease-covid-19&Itemid=4206&lang=en](https://www.paho.org/hq/index.php?option=com_content&view=article&id=15696:coronavirus-disease-covid-19&Itemid=4206&lang=en)
- Hospital Readiness Checklist  
[https://www.paho.org/hq/index.php?option=com\\_docman&view=download&alias=51716-hospital-readiness-checklist-for-a-novel-coronavirus-ncov&category\\_slug=scientific-technical-materials-7990&Itemid=270&lang=en](https://www.paho.org/hq/index.php?option=com_docman&view=download&alias=51716-hospital-readiness-checklist-for-a-novel-coronavirus-ncov&category_slug=scientific-technical-materials-7990&Itemid=270&lang=en)
- COVID -19 technical documents homepage  
<https://www.paho.org/en/technical-documents-coronavirus-disease-covid-19>

### Centers for Disease Control and Prevention (CDC) – US Based Guidance

- COVID -19 homepage:  
<http://www.coronavirus.gov>
- Information for healthcare providers  
<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>
- Specific steps healthcare centers should take can be found here:  
<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/steps-to-prepare.html>
- COVID-19 Facts for the public (printable poster):  
<https://www.cdc.gov/coronavirus/2019-ncov/about/share-facts-h.pdf>
  - Symptoms flyer: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-symptoms.pdf>
- Handwashing guidance posters:
  - For adults: <https://www.cdc.gov/handwashing/fact-sheets.html>
  - For teens and children: <https://www.cdc.gov/handwashing/posters.html>
- PPE Donning and Doffing  
<https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>

- State & Territorial Health Department Websites  
<https://www.cdc.gov/publichealthgateway/healthdirectories/healthdepartments.html>
- Healthcare Professional Preparedness Checklist For Transport and Arrival of Patients With Confirmed or Possible COVID-19  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/hcp-personnel-checklist.html>

### Occupational Safety and Health Administration (OSHA) – US Based Guidance

- Guidance for control and prevention can be found here:  
<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

### Environmental Protection Agency (EPA) – US Based Guidance

- List of disinfectants effective against COVID-19:  
<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

### Other Resources

- Information for the public (including information in Spanish and Portuguese):  
<http://coronavirusnetwork.org/resources/>
- National Association of Community Health Centers COVID-19 homepage:  
<http://www.nachc.org/coronavirus/>
- National Association of Free and Charitable Clinics COVID-19 homepage:  
<https://www.nafcclinics.org/content/coronavirus-disease-2019-covid-19-%E2%80%93-resources-general-information-preparedness-and>