

3/17/22

Infectious Disease Measures for the Ambulatory Walk-in Clinics

Memorandum from Jeffrey Silvers, MD, Medical Director of Pharmacy and Infection Control and Inger Saxe, MS, CPHRM, CQPH, Executive Director for Ambulatory Quality and Patient Safety

Dear Walk-In Center Colleagues,

Please find below a summary of infection control strategies recommended for Sutter Health Walk-In Clinics.

PPE: The Omicron surge is waning nationally. The supply of N95 mask is now stable and appears to be able to meet the demand for the foreseeable future. The CDC has updated their [masking](#) recommendations, separating the extended use of a mask for source control from single event mask usage for protection of the health care worker (HCW) from a patient in airborne or droplet precautions.

- **HCW entering the room of a patient in airborne precautions including known COVID positive or a PUI:**
 - A new fit tested N95 mask or a PAPR should be donned prior to entry into the room and should be removed after exiting the room. A new mask should be donned.
- **HCW entering the room of a patient in droplet precautions**
 - A new procedure mask should be donned prior to entry into the room and should be removed after exiting the room. A new mask should be donned.
- **HCW wearing a mask for source control**
 - When a mask is worn solely for source control, a Sutter-provided procedure mask can be used for an entire shift. It should be replaced if it becomes soiled, damaged or hard to breathe through. An N95 mask can be substituted at any time, if desired.
- N95 masks are no longer mandatory in any location in our health care facilities. Mask usage is now situation-based.
- Patients are required to wear masks during the entirety of the visit whenever physically possible with the exceptions as follows:
 - Patients under 2 years of age should not be masked. Patients who have reached 2 years of age and older must be masked.
 - Some individuals with physical or learning disabilities may be additionally challenged to wear a surgical mask for the entirety of the visit.

Vaccination: As mandated by the state, all Sutter Health staff are required to receive the full vaccine series plus booster (J&J one dose, plus booster; Moderna or Pfizer two doses plus booster). Valid religious and health exemptions are available where required by applicable state and federal law, and in some instances staff are exempted if they work remotely and do not/will not interact in person with co-workers or patients.

Building entry: Posters listing screening instructions are placed at building entrance ways. Additionally, on-line and phone appointment screening prompts instruct patients to disclose any symptoms or illness so that care may be delayed, provided virtually, or provided in person with

additional infection control measures in place (such as observing appropriate room closure time) to prevent disease transmission.

Minimizing instances of Close Contact with a PUI or COVID-19 Positive Patient and Duration of patient visits with clinical staff:

Clinic staff are required to wear at all times either a Sutter-issued N95 respirator or procedural mask as per above in the PPE section.

Staff may only remove their masks to don a new mask, to eat or drink during a meal break, or when they are outside of the building while taking a break.

Patients are required to wear a mask at all times and strongly encouraged to wear a Sutter Health issued procedural mask.

Walk-in Clinic visits are not urgent by nature and generally are conducted within 15 minutes or less. Aerosol generating procedures, which would necessitate use of an N95 respirator, are not performed in the walk-in clinics.

Therefore, the risk of close contact exposure to COVID-19 in the Walk-in Clinic is considered to generally be low.

Close contact is defined as a patient or HCW not wearing appropriate PPE, within 6 feet of a person infectious with COVID-19 for 15 minutes or more. Any HCW known to have had close contact with a contagious COVID positive patient or co-worker would be notified of potential exposure to COVID-19, tested as per either CDC or CDPH guidelines would be advised to monitor and report signs and symptoms. Any symptomatic HCW would isolate at home and not be allowed to return to work as per CDPH requirements.

Air circulation and filtration: Ambulatory clinic room air exchange rates vary. Those Walk-in Clinics that have been measured had ACH rates of 6 air exchanges per hour or greater. All ambulatory sites have been advised, if they conduct an aerosol generating procedure or if a patient is unmasked for a duration of 15 minutes or more, to keep the rooms that are occupied by these patients closed following their exit from the exam room for the duration of at least 86 minutes or more, consistent with the CDC guidance table for achieving 99.9% ACH efficiency. The Walk-in Clinics could, based on their measurements close the rooms for 69 minutes, but have elected to be consistent with the general Sutter Health guidance and shut the rooms for 86 minutes, exceeding the CDC recommendation for room closure to meet 99.99% ACH efficiency.

While some staff may feel more emotionally secure by consistently running a portable HEPA filter, the science does not support this practice and may actually place them at a greater risk.

- (1) Some *industrial* HEPA filters have noise issues that may make patient care and communication difficult and promote louder speaking which increases transmission risk.
- (2) Our HVAC systems for each building promotes laminar flow, standard pressurization, filtration and dilution of particles that creates a very safe air environment that we often take for granted. Portable HEPA filters are used to facilitate air exchange after visits, but is not proven to lower airborne risk during patient encounters.

- (3) Portable HEPA filters have an exhaust port that disrupts laminar flow in a closed space. This may actually promote transmission risk by blowing viral particles around more in a closed space during a patient visit. This is an important safety consideration.
- (4) If a portable HEPA filter is not placed correctly and strategically in an exam room, it could disrupt laminar flow, and may lower the efficiency of the HVAC in diluting any potential pathogens that are airborne. This may worsen as the clinic exam room door is opened and closed as people enter and leave the exam room. Inadvertently, this may promote airborne contamination in the exam room, the door entrance and the immediate hallway.
- (5) Some staff and patients may have a false sense of enhanced safety with portable HEPA filters in the exam rooms.

Supporting Documentation

Please refer to the Sutter Health disseminated documents and additional references below to support statements made in the above summary.

Enhanced COVID-19 and Flu Seasonal Ambulatory Screening and Care Guidelines



Enhanced COVID-19
and Flu Seasonal Amt

Ambulatory Room Closure and Ventilation Enhancement Recommendations (for known or suspected COVID-19 cases)



Ambulatory Room
Closure and Ventilatio

COVID-19 Aerosol Generating Procedures (AGP) Table—For all patients regardless of vaccination status (attached)

CDC: Table B.1. Air changes/hour (ACH) and time required for airborne-contaminant removal by efficiency

(<https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html>)