

Medical

UPDATE



COVID-19 Guidance -- Adapted from a National Abortion Federation Communication

We recommend monitoring the [CDC website](#) for the most up-to-date information and recommendations.

Basic personnel considerations:

1. Encourage sick employees to stay home. Staff should not need a doctor's note to excuse the absence and should return to work when they are free of symptoms for 24 hours.
2. Staff who have been exposed or potentially exposed to COVID-19 should follow [guidelines for assessment and monitoring](#). **These guidelines are evolving rapidly.** Please make sure you are following the most updated recommendations and check with state and local authorities about the need for monitoring or restriction of activities.
3. Encourage proper cough and sneeze etiquette. Have tissues available and no-touch disposal.
4. Clean and disinfect high touch areas frequently. Waiting room and patient areas should be disinfected more frequently than at the end of the day.
5. Encourage staff to use alcohol-based hand sanitizer often and wash with soap and water when visibly soiled or after using hand sanitizer six times.
6. Staff must use gloves for all patient interactions. Change gloves and wash hands between patients.
7. Front desk staff can wear gloves while taking payment or exchanging clipboards and pens with patients. Give front desk staff wipes and time to use them between patient check-ins.
8. When providing food for staff, do not serve buffet-style food with shared utensils. Provide single-serve food in separate containers.

Administrative considerations:

1. Review all sick and leave policies. Ensure policies are flexible to allow for personal illness, caregiving, or the need to provide child care during school closures.
2. Check that employee assistance programs have resources for staff who may be experiencing stress due to the COVID-19 outbreak.
3. Consider staffing options if staff are absent due to illness, caregiving, school closures, or travel restrictions. Consider cross-training staff, extending hours, or hiring temporary staff (subject to the careful vetting always necessary for temporary staff). Understand minimum staffing requirements for patient care.
4. Connect with area providers to create a backup plan for patient referrals if the clinic needs to close.
5. Consider limiting large staff gatherings, for example, holding virtual rather than in-person all staff meetings.
6. For staff who are able, provide the tools needed for telework.

Patient considerations. Clinics should review their clinical practices to minimize patient-patient and patient-staff contact:

1. Screen patients for symptoms of acute respiratory illness (fever, cough, difficulty breathing) BEFORE entering the facility (for example, during the phone screen or with the security guard). Reschedule for when they are well.
2. Post signs in the waiting room that ask patients to reschedule if they are experiencing fever or cough. Have patients who are coughing wear a mask. Have hand sanitizer, tissues, and no-touch disposal available in all patient areas.
3. If possible, consider not scheduling patients in “blocks”, that is, having multiple patients show at the same appointment time. Space patient appointments so the waiting room is not full.
4. Consider a flow that minimizes patient-patient and patient-staff contact. For example, a patient can be placed in a room, and then labs, education, and ultrasound can come to the patient rather than moving the patient in and out of different rooms via an internal or external waiting room.
5. Reconsider whether “routine” labs are needed, for example, urine testing if ultrasound is already being performed. Most early abortion patients do not need any testing at all.
6. Do not refill patient cups. Get a new disposable cup each time a patient needs a drink.
7. Shift patient care to remote or phone rather than in-person as much as possible.
 - Extend patient prescriptions without an in-person visit.

- Have patients fill out screening forms at home and email them or bring them to their clinic visit, rather than filling them out in person.
 - Consider whether patient education and consent can be done over the phone rather than in person.
 - Use remote rather than in-person medication abortion follow-up (for example, use labs or a phone call and symptom checklist rather than an ultrasound).
 - In areas with community spread, reschedule all non-essential visits.
8. Have patient escorts wait outside for patients or call them when the patient is ready for discharge. Reevaluate the presence of support people in patient areas.