



**To: LaSalle Clinic Managers**  
**From: LaSalle Medical Management**  
**Date: April 8, 2020**  
**Update No.: 202004-3**  
**Re: Implementing a COVID-19 Clean Zone**

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LaSalle has created a dedicated “Clean Zone” at the 17<sup>th</sup> Street location and expects a similar resource in Hesperia to treat a limited number of frail children not exhibiting COVID-19 symptoms.

### **Staff Impacted**

- Appointment Center
- Front Office
- Back Office
- Providers

### **Health Programs Impacted**

ALL

### **Policy, Procedure or Workflow Changes and Clarifications**

#### **What is the idea behind the Clean Zone?**

There are situations where the risk of exposing a newborn to COVID-19 is outweighed by the newborn’s medical situation. To see these children, we need to go above and beyond standard room infection control. Our solution is the “Clean Zone”.

#### **What makes the Clean Zone different from other areas of the clinic?**

The Clean Zone is physically walled off from other areas of the clinic using temporary sheeting. The location has been chosen to more easily get a patient in and out with minimal contact and interaction. The schedule includes dedicated time after the appointment for room decontamination.

#### **Who is the Clean Zone resource for?**

The Clean Zone is expected to be for children under 6 months and new *Well* Foster Care of any age. Providers will direct which patients to place on this schedule.

#### **Will there be a Clean Zone at all locations?**

No. Only select regional locations will have a Clean Zone.

**There is no Clean Zone at my location. Can my patient still be seen in a Clean Zone?**

Yes. The Clean Zone is a regional resource and is available to all qualifying patients. If you are at a location without a Clean Zone, you should have a peer to peer conversation with a provider at a location with a Clean Zone. When instructing staff to schedule the Clean Zone appointment indicate which provider at the Clean Zone will be seeing them.

**Will we see other sick patients in clinic during Clean Zone Times?**

No. Each day there will be one provider at each facility with a Clean Zone designated to see patients in the Clean Zone. This provider will have Clean Zone Visit types on their schedule. All other providers at the facility will have text blocks on their schedule indicating no on site sick visits for the duration of the Clean Zone visits.

**How long will we have a Clean Zone?**

We expect to maintain a Clean Zone for the duration of our COVID-19 response.

**How the Clean Zone will work.**

1. Provider Scheduling
  - a. Those coordinating provider schedules will ensure that the schedule
2. Screening for a Clean Zone Visit
  - a. The patient will call for an appointment and be offered a Phone Consult.
  - b. The Phone Consult process should follow the established workflows. Note
    - i. Children under 6 months may need to use Gateway.
    - ii. During the COVID-19 epidemic, the Gateway program will accept a telephone signature. This will permit you to complete the application entirely over the phone. See the attached update from DHCS.
  - c. Provider will use the Phone Consult to assess the benefits and risks of a face-to-face visit to the patient and staff. If the provider believes a Clean Zone Visit is warranted and the patient meets the Clean Zone criteria, the provider should initiate setting the Clean Zone Visit by either
    - i. Transferring the patient to the Front Office to schedule OR
    - ii. Sending a Telephone Encounter to the Appointment Center
  - d. Front Office or the Appointment Center will consume a Clean Zone schedule slot for this visit (similar to the current reserved Walk In slots). Since only one provider at the facility will have Clean Zone schedule slot each day it may take a moment to find the appropriate provider.
    - i. Under no circumstances can you schedule a Clean Zone visit at any other time than the designated blocks. These blocked times ensure sufficient time between visits for the more rigorous cleaning require and the times correspond to times where no sick patients are scheduled in other rooms.
  - e. In addition to established appointment setting workflows:
    - i. Inform the patient they should arrive 15 minutes before their appointment
    - ii. Only one parent or guardian will be allowed in the room with the infant

iii. No strollers or carriers or diaper bags will be permitted in the Zone.

3. Check in and visit

- a. Patient must check in at the Front Office as usual. Check the patient in using established workflows
- b. Issue one procedure mask to the parent to be worn prior to entry into the Clean Zone for the duration of the visit.
- c. If the patient is over age 2, issue mask for patient for the duration of the visit
- d. Front should direct the patient to wait in their car
- e. Front desk will call patient when ready to be seen and will meet patient out front and escort to Clean Zone entrance.
- f. Provider conducts the examination

4. After visit cleaning

- a. The cleaning used for the Clean Zone requires the use of a Quaternary cleaner with a 10 minute COVID kill time.
- b. All surfaces, exam bed, chairs, counter tops, Stadiometers/Infantometers, B/P cuffs and units (if used) and will be sprayed down with the Quaternary cleaner. This process will take 30 minutes to complete.
- c. All sensitive surfaces such as keyboards, digital scale, and computer monitors will be wiped down with a germicidal wipe such as Cavi-cide or Sani-Cloth.
- d. The Clean Zone resource schedule includes blocks for this time.

5. Service NOT currently performed during a Clean Zone Visit

- a. Immunizations
- b. Vision and hearing screens
- c. Routine blood draws (finger stick hemoglobin if needed)
- d. Nebulizer treatment

6. Staff Access to the Clean Zones

- a. Providers have been directed on the requirements for clean zone entry and exit.
- b. MA's have been instructed/trained in the use of PPE for the Clean Zone and have been instructed/trained on the cleaning and disinfecting processes for this area

## **Attachments**

DHCS Gateway COVID-19 Protocol  
CDC PPE publication

Home

## Child Health and Disability Program (CHDP) Gateway Flexibilities due to COVID-19

April 2, 2020

Due to the ongoing Public Health Crisis, DHS is approving immediate enrollment flexibilities for PE providers to limit potential exposure to COVID-19.

**Child Health and Disability Program (CHDP) Gateway Enrollment Providers** can utilize telephonic signatures for CHDP Gateway Applications, noting in the case file "COVID-19 protocol." If the individual is not at the provider's office and not experiencing an urgent health event which requires immediate care, providers should suggest to the individual to apply online using the Covered CA portal at [www.coveredca.com](http://www.coveredca.com) to establish ongoing eligibility for Medi-Cal or Covered California. Providers may also obtain an Authorized Representative form for the CHDP Gateway applicant, allowing an individual acting on behalf of the applicant, to provide the required information to assist with the enrollment of the individual in CHDP Gateway coverage, thereby minimizing direct contact with the individual and providing physical distancing.

### Process

In order to accept a telephonic signature, the following procedure must be followed:

1. Recite the consent language aloud to the individual/authorized representative as it is stated on the signature page of the CHDP Gateway Application:

**By signing, I declare that what I say below is true and correct.**

- > I have read and understood this CHDP Medi-Cal Application.
- > The information I provided is true, correct, and complete.
- > I understand that I must complete and submit the insurance affordability application by the end of my CHDP Gateway PE period in order to be eligible for continue coverage.
- > I have received the insurance affordability application.

2. Ask that the individual/authorized Representative verbally acknowledge their consent

3. In the signature line, type "Verbal consent – COVID-19"

4. Be sure to document and keep documentation for all verbal consent obtained

### Questions

Questions concerning CHDP Gateway Flexibilities should be sent to Claudia Chavez at [Claudia.Chavez@dhrs.ca.gov](mailto:Claudia.Chavez@dhrs.ca.gov)

# Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19

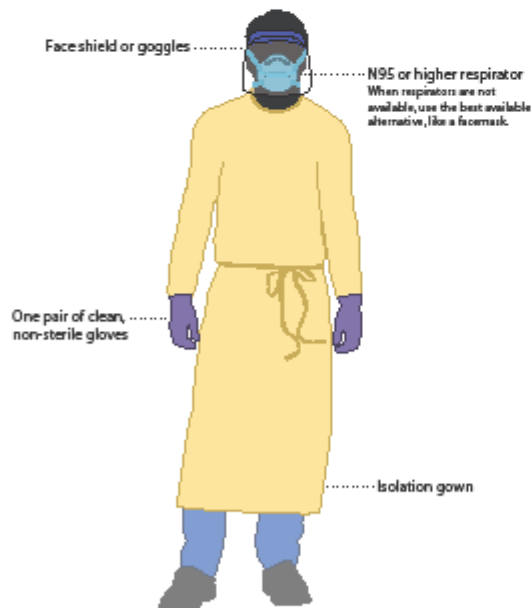
## Before caring for patients with confirmed or suspected COVID-19, healthcare personnel (HCP) must:

- Receive comprehensive training on when and what PPE is necessary, how to don (put on) and doff (take off) PPE, limitations of PPE, and proper care, maintenance, and disposal of PPE.
- Demonstrate competency in performing appropriate infection control practices and procedures.

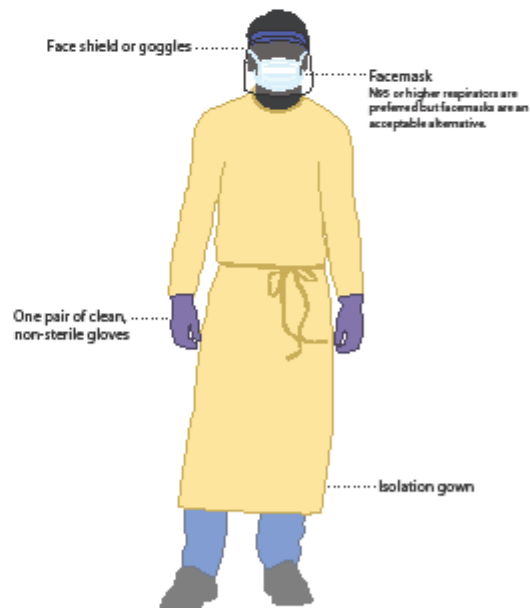
## Remember:

- PPE must be donned correctly before entering the patient area (e.g., isolation room, unit if cohorting).
- PPE must remain in place and be worn correctly for the duration of work in potentially contaminated areas. PPE should not be adjusted (e.g., retying gown, adjusting respirator/facemask) during patient care.
- PPE must be removed slowly and deliberately in a sequence that prevents self-contamination. A step-by-step process should be developed and used during training and patient care.

### Preferred PPE – Use N95 or Higher Respirator



### Acceptable Alternative PPE – Use Facemask



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[www.cdc.gov/coronavirus](http://www.cdc.gov/coronavirus)

## Donning (putting on the gear):

*More than one donning method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of donning.*

1. **Identify and gather the proper PPE to don.** Ensure choice of gown size is correct. (Based on training).
2. **Perform hand hygiene using hand sanitizer.**
3. **Put on isolation gown.** Tie all of the ties on the gown. Assistance may be needed by another HCP.
4. **Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available).** If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or bented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scrubs pocket between patients.
  - **Respirator:** Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.
  - **Facemask:** Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops hook them appropriately around your ears.
5. **Put on face shield or goggles.** Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.
6. **Perform hand hygiene before putting on gloves.** Gloves should cover the cuff (wrist) of gown.
7. **HCP may now enter patient room.**

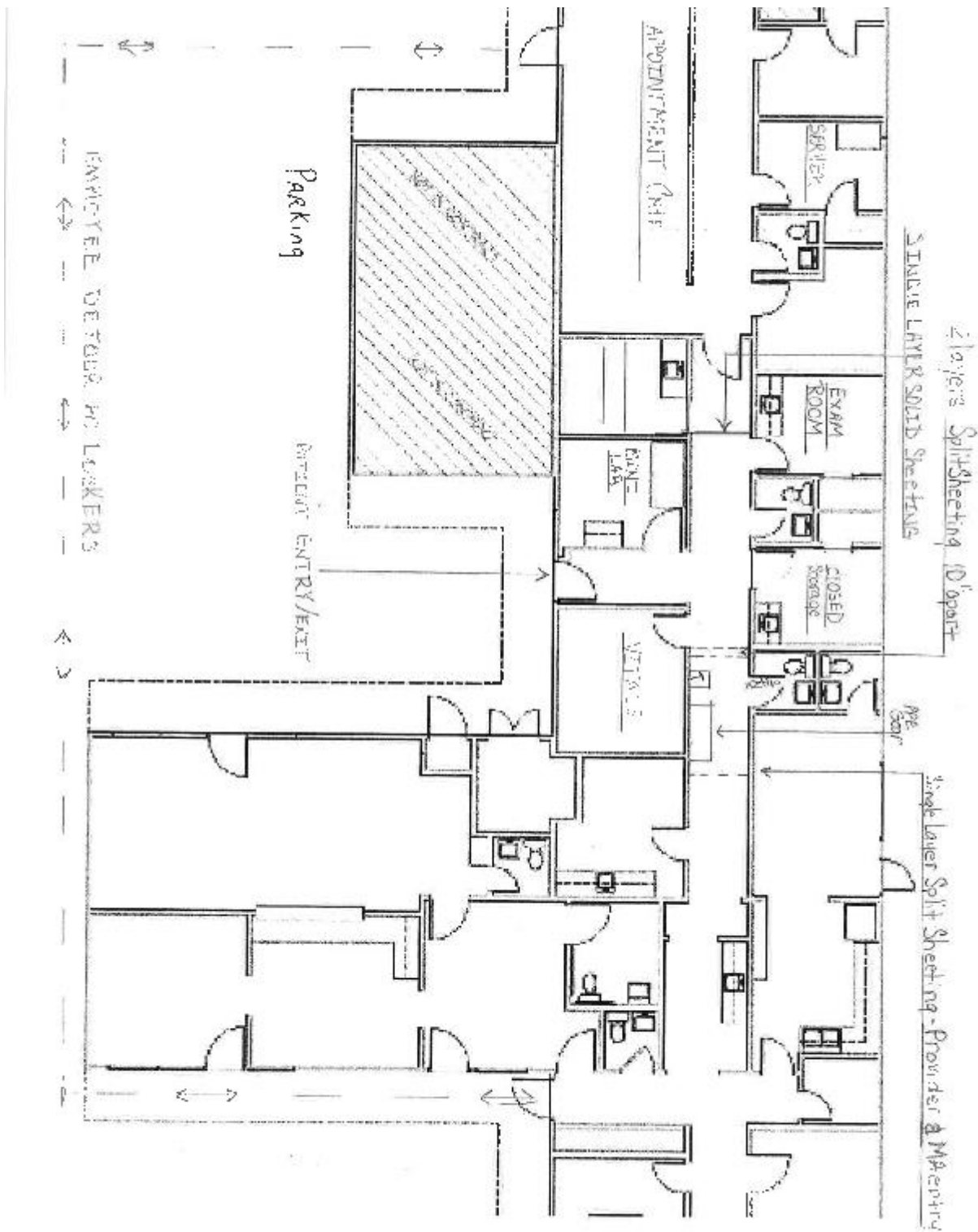
## Doffing (taking off the gear):

*More than one doffing method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of doffing.*

1. **Remove gloves.** Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., pliers-in-glove or bird beak).
2. **Remove gown.** Undo all ties (or unstrap if solutions). Some gowns can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle.\*
3. **HCP may now exit patient room.**
4. **Perform hand hygiene.**
5. **Remove face shield or goggles.** Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from face. Do not touch the front of face shield or goggles.
6. **Remove and discard respirator (or facemask if used instead of respirator).\*** Do not touch the front of the respirator or facemask.
  - **Respirator:** Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
  - **Facemask:** Carefully untie (or unhook from the ears) and pull away from face without touching the front.
7. **Perform hand hygiene after removing the respirator/facemask** and before putting it on again if your workplace is practicing reuse.

\*Facilities implementing reuse or extended use of PPE will need to adjust their donning and doffing procedures to accommodate those practices.

[www.cdc.gov/coronavirus](http://www.cdc.gov/coronavirus)



## Further Clarifications

If you need further clarification please contact the LaSalle Corporate Office. You may print a staff member policy and procedure acknowledgement at

[http://policy.lasallemedical.com/index.php/Policy\\_and\\_Procedure\\_Acknowledgement](http://policy.lasallemedical.com/index.php/Policy_and_Procedure_Acknowledgement)