**Key steps to make this happen:**

1. **In-person appointments must be approved by a nurse or provider**
	* Categories of patients for a nurse or provider to consider having seen in person:
		1. Medical concerns that require a physical exam to diagnose and treat appropriately (acute chest/abdominal pain for example, or an abscess requiring draining)
		2. Minor trauma requiring active management
		3. Newborn weight check and 2mo visit co-scheduled w/ mom's PP visit (all other WCCs generally deferred for next 3 weeks unless significant concerns)
		4. Prenatal visits - key visits or high risk only, see attachment
		5. Family planning - only if in-clinic mechanism, see attachment
		6. Patients who are due for injections that they can't get elsewhere or do themselves
		7. Anticoagulation management - consider spacing out visits for patients who are very stable.
		8. OBOT intakes - check with OBOT team for designated appt slots
		9. STI exposure or symptoms only, defer all screening
2. **Phone visits are the default for everything else**
	* Patients who decline a phone visit will be put on a wait list for rescheduling once we're back to a normal-ish clinic routine.
3. **Test high-risk patients judiciously**
	* Provider/RN discretion weighing pros/cons - send to drive/walk-through site if meeting criteria
	* Add patients sent for testing to Epic list for monitoring/tracking
4. **Triage low-risk patients concerned about COVID-19 appropriately - most can stay home**
	* Asymptomatic exposures:
		1. Home quarantine x 14 days, monitor for symptoms, full instructions here:
		<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/COVIDexposed.pdf>
	* Fever with new cough or SOB, clinically stable - approach as suspected mild COVID-19:
		1. Self-isolate for 7 days or 72hrs without fever, whichever is longer, monitor for severe sx, full instructions here: <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/COVIDcasepositive.pdf>
	* “Why can’t I get tested?”
		1. Not everyone needs to be tested. Testing supplies remain limited and need to be prioritized for healthcare workers and the very sick. Over 80% of COVID-19 cases are mild, and it is more important to prevent further spread by staying home and away from the public and healthcare facilities where the virus could spread to others. There is no specific medicine to treat COVID-19, and knowing your result won’t change the way you get better if you have a mild case.
	* Isolation/Quarantine guidelines for presumed mild COVID-19 cases:
		1. Stay at home and do not have visitors.
		2. Do not go to another person’s home.
		3. Do not use public transportation
		4. Restrict activities outside your home, except for seeking medical care.
		5. Do not go to work, school, or public areas.
		6. Avoid close contact with household members (stay 10 feet away when possible).
		7. Cover coughs and sneezes.
		8. Clean all “high touch” surfaces every day.\
		9. Use separate sleeping and bathroom/bathing, if feasible.
		10. Avoid sharing personal household items (dishes, drinking glasses, cups, eating utensils, towels, or bedding) with other people or pets in your home. After using these items, they should be washed thoroughly with soap and water.
5. **Consider our evening off-site urgent care for patients with acute respiratory symptoms who need in-person eval**
	* Helps minimize mixing of symptomatic and asx patients in our primary care clinics
	* Give urgent care staff a heads-up via Epic staff message