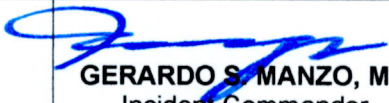


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REVISION HISTORY			
Rev No.	Review Date	Description of Change	Date of Next Review
			May 2022

Reviewed by:	 <b>GERARDO S. MANZO, MD</b> Incident Commander	Approved by:	 <b>JOEL M. ABANILLA, MD</b> Executive Director
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## I. STATEMENT OF THE POLICY

These are the guidelines for resuming outpatient clinic practice in Philippine Heart Center MAB during COVID 19 PANDEMIC once Enhanced and General Community Quarantine (ECQ) is lifted based on existing guidelines to prevent COVID 19 transmission and promote patient and healthcare personnel safety.

## II. MAIN OBJECTIVE

To provide continuing quality care to our cardiovascular patients while safeguarding the health and well-being of our Healthcare Workers (HCW) and all other patients.


## III. SPECIFIC OBJECTIVES

1. To resume MAB clinics at PHC in order to address the varied health care needs of our patients.
2. To perform above said duty while maintaining strict screening procedures to identify persons with presumptive COVID 19 disease through appropriate triaging.
3. To protect doctors, their clinical assistants/ secretaries, and other hospital staff from possible COVID infection transmission.

## IV. GENERAL GUIDELINES

1. In this time of COVID 19 pandemic, outpatient practice is best done through a hybrid approach, blending telemedicine or virtual consult with "face to face" consultations.
2. There will be a "**PHC MAB TRIAGE**" where Doctor's clinic schedule will be submitted based on an internal agreement amongst doctors on the same clinic and at the same floor. Only one doctor will be allowed to hold clinic per cubicle/ room.
3. MAB Algorithm of Patient Flow Summary is seen in **Appendix 1**. This shall cover all patients using the MAB Entrance for consultation to Doctors' Clinics and other business.
4. The PHC MAB Triage area will be located at the MAB lobby entrance and manned by an assigned PHC Medical team composed of ETRS Staff ( Education, Training and Research Service), or Allied Health personnel from different departments. They shall be responsible for targeted assessment and referral.
5. The PHC MAB Triage shall be composed of the following:
  - 5.1 Triage 1- Security Guard Thermal Scanning and disinfection with 70% Alcohol hand spray
  - 5.2 Triage 2- Medical Triage for evaluation of Patient Health Condition Declaration Form for COVID 19



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5.3 Triage 3 -The MAB Concierge – for verification of doctor's appointment and schedule

6. The following are enforced by the PHC MAB Triage:

6.1 Strictly enforce "**No Mask, No Entry**" policy.

- 6.1.1 Children less than 2 years old are not required to wear a mask (due to possible suffocation) but may use face shield instead.
- 6.1.2 Only medical/ surgical masks will be allowed.

6.2 Orient patients and companions to ENTRY and EXIT points.

- ENTRANCE** of patients will ONLY be thru the MAB lobby entrance.
- EXIT** of patients will ONLY be thru the Breezeway near DAPA hall

6.3 Duties of triage 1 – MAB entrance Guards

- 6.3.1 Do temperature check and offers 70% alcohol spray . Informs medical Triage for patients with T> 38C
- 6.3.2 Informs Medical Triage of patients with T> 38 and are sent to the COVID Emergency Room for further evaluation
- 6.3.3 Provides Health Condition Declaration Form for Covid 19 and upon entry to all patients for consultation at the doctor's clinics or and those for diagnostic exams or treatment at service centers.


6.4 Duties of Triage 2 – Medical Triage

- 6.4.1 Evaluates completed Patient Health Condition Declaration Form for Covid 19 (See **APPENDIX 2**)
- 6.4.2 Triage then COLOR CODE patients as follows:

- 6.4.2.1 **GREEN Group** ( MAB Doctor's Clinic)- to the Physician 's secretary
- 6.4.2.2 **YELLOW Group**- to Pulmo/ Infectious Service Clinic at DAPA Hall
- 6.4.2.3 **WHITE Group**- to patient's destination such as :Pharmacy (4<sup>th</sup> floor), Medical Records (6<sup>th</sup> floor), Preventive Cardiology, Philhealth Z-Benefit at 8<sup>th</sup> floor
- 6.4.2.4 **BLUE Group**- Patient who goes to different diagnostic centers shows the form to the different diagnostic center/ s where patient goes

6.5 Duties of Triage 3- Concierge (Customer Service/ Patient Assistance Division )

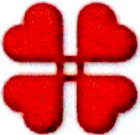
- 6.5.1 Verifies appointments of patients for consultation at the doctor/s clinic.
- 6.5.2 The patient or companion can show confirmation, email forms, text Viber or Viber messages from attending physician.
- 6.5.3 Encodes patients of doctors with scheduled clinic hours for consultation.
- 6.5.4 Monitors the patient appointments at the clinics through electronic entry of patients/ clinic at 4 patients per hour schedule.
- 6.5.5 Coordinates with Doctors clinics / secretary for patients without an appointment

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- 6.5.5.1 An Appointment list for the day may be provided by the physician's secretary until 4:30 pm a day before the physician's clinic day.
- 6.5.5.2 The secretary from doctor's clinics can call the concierge to check patient queue.
- 6.5.5.3 Only those with confirmed appointments will be allowed to proceed to the MAB Doctor's clinic.

- 7. The Patient **Health Condition Declaration Form** will be important for contact tracing.
  - 7.1 A scanned copy will be kept by the MSO- HIS at the concierge
  - 7.2 Patient carries and presents the form to the doctor's clinic and/ or diagnostic areas
  - 7.3 The hard copy is surrendered to the EXIT GUARD at the Breezeway .
  
- 8. MAB Clinic Operating hour
  - 8.1 Monday to Saturday 8am-12nn and 1-5 pm only.
  - 8.2 **NO** clinics on Sundays and holidays.
  
- 9. Alcohol spray/disinfectants shall be provided at the MAB waiting areas or clinic entrance.
  
- 10. Physical distancing must be observed at all times, especially at waiting areas.  
Patients must be seated at least 1 meter apart,
  
- 11. When needed, only 1 companion/ guardian per patient will be allowed who should be of legal age (18-59 years old) . Advise **1-in, 1-out policy** in order to minimize crowding and allow more space for others.
  
- 12. High-risk patients (pregnant, elderly, those with multiple co-morbidities) will be provided a dedicated elevator.
  - 12.1. Regular disinfection of elevators and control panels after each trip.
  - 12.2. Sodium hypochlorite dilution is 100 ml in 1 liter water is recommended.
  
- 13. All clinic staff must undergo orientation on the new MAB policies, including infection control and scheduling appointments.
  
- 14. A visible standee will be placed on every floor including MAB lobby advising patients with any respiratory symptoms to proceed to triage area.
  
- 15. Roving guards on all floors to ensure implementation of social distancing and discourage loitering.
  
- 16. Sanitation and disinfection should be observed 30 minutes to 1 hour prior to starting clinic and in between doctors schedules, or every 2 hours , and after 5pm.



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## V. SPECIFIC GUIDELINES

### 1. Clinic Physical set-up

- 1.1 Ensure a well-ventilated clinic, open windows and doors to improve ventilation. MAB clinics have been prepared by the Hospital Support Services- Engineering and maintenance Division with exhaust fans per clinic to ensure proper airflow. Hepafilter is provided with the centralized aircon and changed at the MAB Hall as of May 2020.
- 1.2 Air purifier with HEPA filters are optional and maybe used for clinics with no windows, to be placed at the patient seating area and inside the examination room. Electric fans, when used are recommended to be placed at the back of the doctor facing the patient.
- 1.3 Acrylic/glass/plastic barriers are optional since there is no evidence that these are effective deterrents to COVID infection.
- 1.4 Provide alcohol spray/hand sanitizers with 70% alcohol for hand hygiene of patients.

### 2. Guidelines for Clinic Assistants/ Secretary

- 2.1 **Recommended Personal Protection Equipment (PPE) ( Low Risk) :** Must wear surgical masks, face shields or goggles, at all times. These will be considered minimum PPE requirements for clinic secretaries. Gowns and gloves are optional.
- 2.2 He/ She should also accomplish a Personnel Health Declaration for COVID 19 and submitted to the Medical Triage (Appendix 3)
- 2.3 Responsible for scheduling and confirming appointments for the day, and provides a daily appointment list to the PHC MAB Triage- Concierge at the latest 4:30 pm the day before doctor's clinic schedule.
- 2.4 Should perform frequent hand washing/hand hygiene, especially after patient contact and issuing payment receipt.
- 2.5 Reviews Patient Declaration form at the clinic . May again briefly ask for presence of any symptoms, do a repeat temperature check and alcohol spray.
- 2.6 Keeps a Clinic Patient's Log noting TIME IN and TIME OUT of patients and contact number for future use in COVID Contact tracing
- 2.7 Clean/sterilize equipment on the table using 70% isopropyl alcohol, or sodium hypochlorite solution, before the start of the clinic and after clinic hours. May be more frequent, if deemed necessary.

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- 2.7.1 Cleaning/disinfecting of each patient chair shall be done after each consult.
- 2.7.2 It is highly advised to have only one visitor chair prepared for only the patient

2.8 Avoid congregating with other medical secretaries, and always practice social distancing.

2.9 Calls and contacts patients 1-2 days before appointed schedules to remind him/ her to be present at least 30 minutes before his scheduled consultation


### 3. Guidelines for Physicians :

- 3.1 A health declaration form for Health Personnel (Appendix 3) is likewise submitted by the physician before resuming private clinic and submitted to the Medical Triage. For plantilla and active visiting staff, the Personnel Health Declaration Form maybe updated electronically or online every 14 days thereafter.
- 3.2 **Recommended PPE's ( Moderate Risk):** Must wear Isolation gowns, surgical masks, face shields or goggles, when there is patient contact , with risk of exposure to blood, or secretions. Gloves maybe worn during examination and changed per patient .
- 3.3 When the examining bed is used, such as Cardiac and abdominal physical examination , EGG determination, dressing surgical wounds, vaccine administration or BPN (Benzathine Penicillin) injection, disposable underpads or rolled paper sheets can be used and changed per patient. Sanitizing The bed 70% alcohol after every patient mis an option,
- 3.4 Disinfect, or cover medical equipment, like stethoscope, with disposable plastic. Rubber gloves must be replaced after each patient contact.
- 3.5 Perform frequent hand washing/hand hygiene, especially after each consult.
  - 3.5.1 When doing cardiac and lung auscultation, it would be best to stay behind the patient.
  - 3.5.2 Avoid doing maneuvers that may require blowing or rapid expirations.
- 3.6 Limit consultation time to 10-15 minutes per patient, or 4 patients per hour.
- 3.7 He/ she is encouraged to observe scheduled clinic hours and come on time,

### 4. Guidelines for Patients

- 4.1 Consultation on APPOINTMENT basis is encouraged.
- 4.2 Patients must be at the hospital 30 minutes prior to schedule.
  - 4.2.1 Patient waiting time must be kept at 30 minutes or less.
  - 4.2.2 Patients who are waiting for their scheduled time may stay in the designated waiting area outside MAB, or in their private vehicles.
  - 4.2.3 Concerned secretaries will coordinate with the patients and their companion



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Once there is available seat at the waiting area, or after the physician sees the 3<sup>rd</sup> patient for the hour.

- 4.3 Patients who will be late, or who will not be able to come to their scheduled time, must inform the secretary.
- 4.4 Only 1 companion for each patient is allowed who shall also sign in the patient declaration form.
- 4.5 HMO patients must coordinate with the HMO secretary and must obtain a Letter of Authorization (**LOA**) prior to consult. The HMO secretary calls the physician's clinic and informs them of the referral to check for an appointment slot,
- 4.6 For patients without a prior scheduled appointment, the MAB Triage calls the secretary to inquire of the available slot before patient is accepted, following the queue, and must go through the same triaging process.

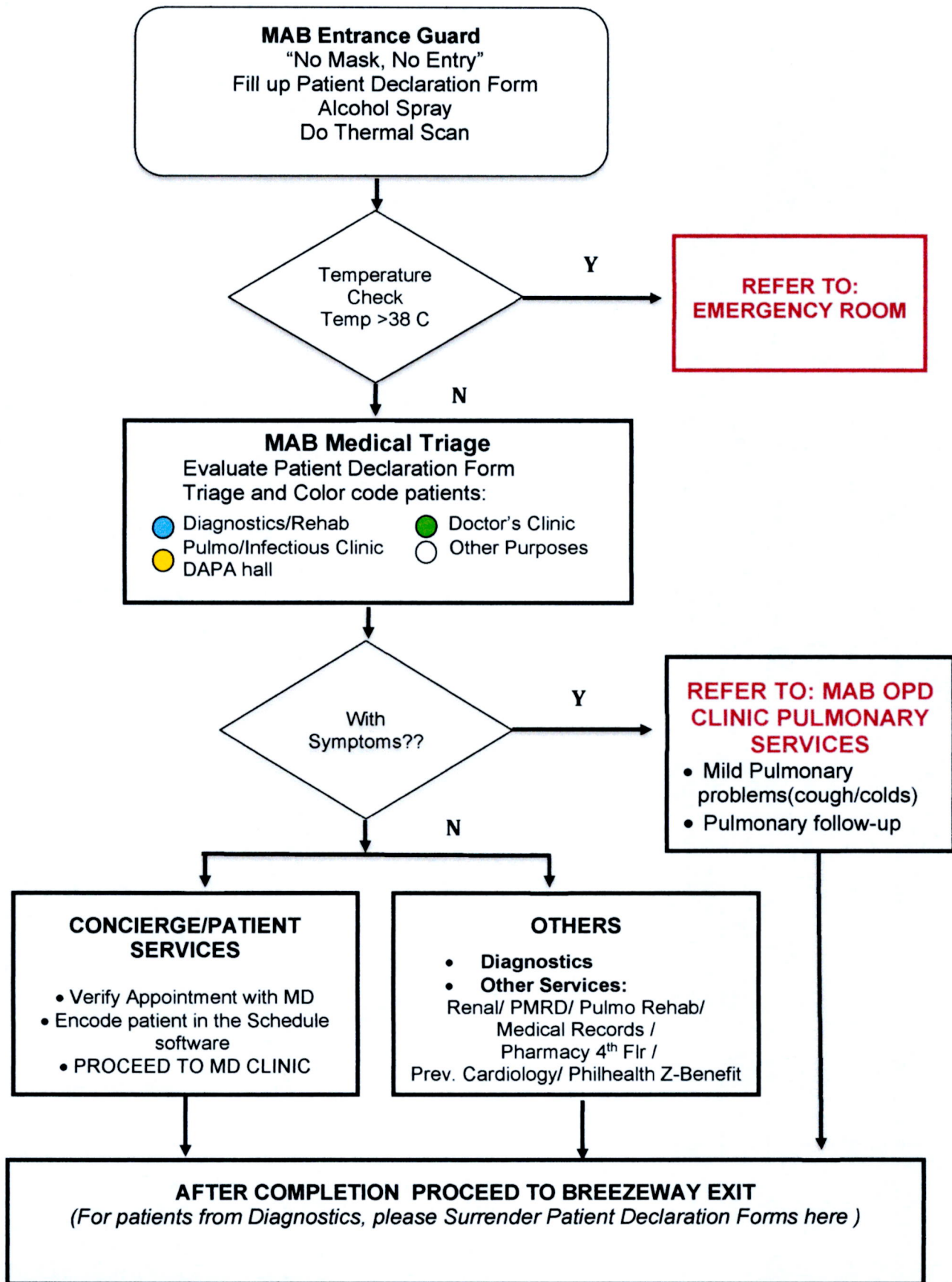
#### **5. Pharmaceutical Sales Representative**

- 5.1 No medical representatives or professional sales representatives are allowed on the clinic floors.
- 5.2 Encourage tele detailing. Avoid face to face detailing.

These recommendations/guidelines came from best practices/current evidence with regard to the COVID pandemic, and shall be open for monthly observation, review and revision.



### Patient Flow at Medical Arts Building







**PHILIPPINE HEART CENTER**  
**MEDICAL ARTS BUILDING DOCTOR'S CLINICS**  
**HEALTH CONDITION DECLARATION FORM FOR COVID 19**  
**FOR MAB PHYSICIANS AND HEALTH PERSONNEL**

Pursuant to Republic Act 11332, you are required to provide truthful information about your health condition and possible exposure. Thank you

Name			Age	Sex	Date
<i>Last name</i>	<i>First Name</i>	<i>MI</i>			
CLINIC/ ROOM	Date to Resume clinic :	: Clinic Schedule :		CONTACT NUMBER	

	YES	NO
<b>A.SIGNS AND SYMPTOMS .</b>		
Have you experienced any of the following in the last 14 days ? ( Please check)		
Chills/ Fever ( T> 37.5) (lagnat)		
Sore throat (masakit na lalamunan)		
Cough and colds (ubo at sipon)		
Shortness of breath or difficulty of breathing ( hiraphuminga)		
Headaches ( masakit ang ulo)		
Muscle pains ( pananakit ng katawan)		
Diarrhea (pagtatae)		
<b>B. TRAVEL AND EXPOSURE HISTORY</b>		
Do you have a history of travel within the last 14 days?		
If yes, where _____, and when _____?		
Have you travelled to or is living in local areas outside the Philippines where there are reported cases of COVID-19? Where ? _____		
Do you have contact or exposure to someone who travelled in areas with local transmission?		
Have you been exposed to a person with suspected/ probable/ positive case of COVID-19?		
Do you or anyone in the household have any of the above mentioned symptoms or pending COVID-19 test results?		
<b>C. FRONTLINER HEALTH HISTORY:</b>		
Have you been a Person Suspected with COVID		
Have you been diagnosed/ admitted for COVID 19 ( Provide Return for work Clearance – Infirmary		
Have you taken cared of a Diagnosed COVID Patient in the last 21 days>		
Have you been tested for COVID 19 ? Date _____ ( please provide official Result)		
<b>Are you willing to undergo Scheduled Screening for Covid 19?</b>		

I hereby certify that the information given above are true, correct, and complete. I understand that I will be held criminally liable for failure to give right information or intentionally providing misinformation

\_\_\_\_\_  
 Signature over Printed Name/Date



**PHILIPPINE HEART CENTER**  
**MEDICAL ARTS BUILDING DOCTOR'S CLINICS**  
**PATIENT' HEALTH CONDITION DECLARATION FORM FOR COVID 19**

Pursuant to **Republic Act 11332**, you are required to provide truthful information about your health condition and possible exposure. Thank you

Name			Age	Sex	Date
<i>Last name</i>	<i>First Name</i>	<i>MI</i>			
PHYSICIAN TO BE VISITED		APPT TIME		Reason for Visit	
CLINIC ROOM					

Dear Patients,

Your health is important to us. To provide continuing and quality health care, and to ensure your utmost safety and protection during this COVID pandemic, please fill up the following questionnaire

	Patient		Companion	
	YES	NO	YES	NO
<b>A. SIGNS AND SYMPTOMS .</b>				
Have you experienced any of the following in the last 14 days ? ( Please check)				
Chills/ Fever ( T> 37.5) (lagnat)				
Sore throat (masakit na lalamunan)				
Cough and colds (ubo at sipon)				
Shortness of breath or difficulty of breathing ( hiraphuminga)				
Headaches ( masakit ang ulo)				
Muscle pains ( pananakit ng katawan)				
Diarrhea (pagtatae)				
<b>B. TRAVEL AND EXPOSURE HISTORY</b>				
Do you have a history of travel within the last 14 days?				
If yes, where _____, and when _____?				
Have you travelled to or is living in local areas outside the Philippines where there are reported cases of COVID-19? Where ? _____				
Do you have contact or exposure to someone who travelled in areas with local transmission?				
Have you been exposed to a person with suspected/ probable/ positive case of COVID-19?				
Do you or anyone in the household have any of the above mentioned symptoms or pending COVID-19 test results?				

I hereby certify that the information given above are true, correct, and complete. I understand that I will be held criminally liable for failure to give right information or intentionally providing misinformation.

\_\_\_\_\_  
 Patient/Parent's Signature over Printed Name/Date

DISPOSITION : To be filled up by Screening Area/ MAB Central Triage

<input type="checkbox"/> Proceed to MAB Doctor's Clinic	<input type="checkbox"/> Proceed to COVID ER for Evaluation	<input type="checkbox"/> Others – Pulmo consult (MAB)	Signature
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