

Supplementary Material 2: Key study results

Country	Primary care specific	Clinical service delivery	Public health functions	Primary care facility operational level	Health system level
Australia	No	<p><b>Surge capacity:</b> Not described</p> <p><b>Service maintenance:</b> Not described</p>	<p><b>Effective surveillance:</b> Not described</p> <p><b>Control measures:</b> Public Health Unit (PHU) staff contribute to the expert assessment of patients under investigation as possible cases on request from hospital clinicians or general practitioners; response to a notification will normally be carried out in collaboration with the clinicians managing the case</p>	<p><b>Minimizing risk of spread:</b> Patients presenting to GP, hospital ED, or pathology collection centre meets the suspect case definition, patient should immediately be given a surgical mask to put on, directed to a single room, if patient has severe symptoms suggestive of pneumonia they should be directed to a negative pressure room (if available); HCW should follow contact and droplet precautions, contact and airborne precautions when performing aerosol-generating procedures and for care of critically ill patients</p> <p><b>Access to medications:</b> Not described</p> <p><b>Communications:</b> PHU advised that on the same day as notification of a confirmed, probable, or suspect case, begin follow up investigation and, where applicable, notify central state or territory communicable diseases agency</p> <p><b>Operational continuity:</b> Not described</p>	<p><b>Integrated planning:</b> Coordination between clinical settings, PHUs and central state or territory communicable diseases agency</p> <p><b>Appropriate legislation:</b> Not described</p> <p><b>Financing mechanisms:</b> Not described</p>

Canada	No	<p><b>Surge capacity:</b> Describes the need for surge capacity planning for additional equipment and staff to meet demand and prevent burnout; includes strategies that provinces and territories can adopt to enhance primary care surge capacity as well as steps practices can take to manage patient demand on care; outlines overall health system risk management approach including scenario in which primary care services are "faced with an overwhelming volume of patients"</p> <p><b>Service maintenance:</b> Telephone, web-based and other means of telecommunication technology should be used to provide assessment, triage and advice; continuing to provide services that are time sensitive such as contraception, abortion, testing for sexually transmitted infections and selected immunizations and tracking deferred services for follow up when appropriate</p>	<p><b>Effective surveillance:</b> Linkages with public health will help ensure that health care providers stay informed of local surveillance information and relevant public health guidance, activities, and initiatives</p> <p><b>Control measures:</b> Not described</p>	<p><b>Minimizing risk of spread:</b> Not described</p> <p><b>Access to medications:</b> Implementing a system for prescription renewal without an office or clinic visit; being flexible in allowing people to stock up on opioid agonist treatments and medication to manage chronic pain; information on supply chain issues management and recommended prevention and mitigation strategies</p> <p><b>Communications:</b> Telephone, web-based and other means of telecommunications technology to ensure ongoing service delivery; calls for development of on-line tools for self-assessment and self-monitoring to be developed in different languages</p> <p><b>Operational continuity:</b> Describes guidance for ensuring appropriate staffing and encourages organizations to work collaboratively to relocate staff from usual roles and settings based on skills and need as well as outlines supports for healthcare workers and the reciprocal obligations organizations have to their workers</p>	<p><b>Integrated planning:</b> The coordination of services between all levels of government, across the continuum of care within a health region, and within and across jurisdictions, is integral to an effective and efficient response; Coordination with other components of the pandemic response (e.g., surveillance, laboratory, public health measures) are crucial for optimal health care system functioning</p> <p><b>Appropriate legislation:</b> Section on the legal considerations that may arise during the provision of COVID-19 healthcare and denotes action for federal, provincial/territorial governments as well as regulatory authorities and healthcare organizations to support the pandemic response</p> <p><b>Financing mechanisms:</b> New fee codes for virtual consultations and telephone prescribing</p>
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Canada	No	<p><b>Surge capacity:</b> Preparing for a surge in patients with respiratory infection is included as a primary goal for healthcare facilities</p> <p><b>Service maintenance:</b> Telemedicine for routine essential services; Telemedicine, patient portals, online self-assessment tools, phone calls to triage patients with symptoms</p>	<p><b>Effective surveillance:</b> Not described</p> <p><b>Control measures:</b> Triage over the telephone and assess which patients with symptoms of COVID-19 can be managed by telephone and advised to stay home; Triage on site including visual alerts with information on COVID-19, hand and respiratory hygiene and cough etiquette</p>	<p><b>Minimizing risk of spread:</b> Offers infection prevention and control guidance and primary care facility preparation steps; face masks provided to patients at triage; physical distancing in waiting areas and separate areas for patients with respiratory symptoms with partitioning and signage; ask waiting patients to remain outside or stay in their vehicles; set up triage booths</p> <p><b>Access to medications:</b> Reach out to patients who may be at higher risk of COVID-19 to ensure they have sufficient medication refills</p> <p><b>Communications:</b> Communication with COVID-19 home care patients and their caregivers; If possible arrange daily "check ins" with COVID-19 patients managed at home using telephone calls, text, patient portals or other means</p> <p><b>Operational continuity:</b> Ensure maintenance of essential healthcare facility staff and operations through flexible sick leave policies, do not require employees to have a healthcare providers note before return to work,</p>	<p><b>Integrated planning:</b> Engage local community service organizations and home health services to assist home care patients with delivery of food, medication and other goods; Work with local and state public health organizations, healthcare coalitions and other local partners to understand the impact and spread of the outbreak in your area</p> <p><b>Appropriate legislation:</b> Not described</p> <p><b>Financing mechanisms:</b> Not described</p>
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				consider staff screening, make contingency plans for absenteeism including extending hours, cross-training current employees or hiring temporary employees	
China	No	<p><b>Surge capacity:</b> Asked the designated hospitals to prepare necessary staff, medicines, devices and PPEs. These resources are prioritised for the designated hospitals. Conduct technical trainings of COVID-19 for health care staff in all level of health facilities</p> <p><b>Service maintenance:</b> Not described</p>	<p><b>Effective surveillance:</b> Using the existing national surveillance network to improve etiology surveillance. Regulating the standard procedures for COVID-19 case reporting, updating and correction. Regulating the standard procedures for specimen collection, transportation, storage for COVID-19 test. Technical guide for COVID-19 lab test is ready for use</p> <p><b>Control measures:</b> Monitoring works will be led by health authorities of county level and cooperated with relevant organizations and departments. Guides on case investigation and close contact management are ready from the national CDC.</p>	<p><b>Minimizing risk of spread:</b> Emphasize infection control in health facilities based on existing regulations. Improve disinfection at home, in isolation wards, transportation, medical observation places, and improve personal protection among staff involved in epidemiological investigation, case transportation, medical observation, burial, disinfection, specimen collection and lab works. Specific guides for disinfection in specific places and personal protection are ready for use</p> <p><b>Access to medications:</b> Not described</p> <p><b>Communications:</b> Use of telecommunications to coordinate amongst health facilities</p> <p><b>Operational continuity:</b> Not reported</p>	<p><b>Integrated planning:</b> Mobilizing different organizations to improve case finding including all level of health facilities, primary level government organizations, employers, and monitoring of close contact. Improve the data sharing among different departments through regular meetings to discuss situation and trend of COVID-19</p> <p><b>Appropriate legislation:</b> Grading the level of risk for every county according to existing laws and regulations on infectious disease and public health emergency and implement different strategies according to the risk level</p> <p><b>Financing mechanisms:</b> Ask the local government to commit funding and materials for COVID-19 prevention and control</p>
China	No	<p><b>Surge capacity:</b> Not described</p> <p><b>Service maintenance:</b> Not described</p>	<p><b>Effective surveillance:</b> If COVID-19 suspected a case report is submitted through the internet to the</p>	<p><b>Minimizing risk of spread:</b> Not described</p> <p><b>Access to medications:</b></p>	<p><b>Integrated planning:</b> Patients presenting to doctors with symptoms of COVID-19 should be transferred to a predesignated</p>

			<p>CDC within 2 hours after initial suspicion and specimens should be collected for COVID-19 nucleic acid test</p> <p><b>Control measures:</b> Not described</p>	<p>Not described</p> <p><b>Communications:</b> Not described</p> <p><b>Operational continuity:</b> Not described</p>	<p>hospital using secured dedicated transportation</p> <p><b>Appropriate legislation:</b> Not described</p> <p><b>Financing mechanisms:</b> Not described</p>
Ethiopia	No	<p><b>Surge capacity:</b> Develop staffing plan to allow for expanded service hours when needed</p> <p><b>Service maintenance:</b> Determine if outpatient locations and services should remain open if the threat is too great to staff and patients; Develop a process to limit/cancel non-essential visits; Develop referral/deferral plans for patients that do not need acute care</p>	<p><b>Effective surveillance:</b> Rumour investigation and verification process may initiate from health facilities (governmental and non-governmental) by calling a dedicated number</p> <p><b>Control measures:</b> Triage to be conducted at sick patients first point of contact with health system</p>	<p><b>Minimizing risk of spread:</b> Emphasize hand and respiratory hygiene and other infection prevention techniques through education, policies, signage, and easy availability of supplies, details of these not described</p> <p><b>Access to medications:</b> Develop a plan to expedite medication refills, details of plan not described</p> <p><b>Communications:</b> Develop a process for screening and triage of phone and email requests for care to limit office visits to those that require an in-person provider evaluation, details of these not described</p> <p><b>Operational continuity:</b> Develop staffing plan to allow for expanded service hours when needed, details of these not described</p>	<p><b>Integrated planning:</b> Not described</p> <p><b>Appropriate legislation:</b> Not described</p> <p><b>Financing mechanisms:</b> Not described</p>
India	Yes	<p><b>Surge capacity:</b> Describes offloading of awareness and education tasks by</p>	<p><b>Effective surveillance:</b> Gather accurate information from the person, gather</p>	<p><b>Minimizing risk of spread:</b> When going to the field, carry a sanitizer/soap for hand</p>	<p><b>Integrated planning:</b> Create a supportive environment by talking to local influencers,</p>

		<p>recommending that HCWs Seek the support of local influencers to support community awareness campaigns, identify high risk groups and share preventive measures and encourage representative from these groups to keep communicating to others; divide village into smaller groups with 'group leaders' and keep contact details for emergency support</p> <p><b>Service maintenance:</b> Not described</p>	<p>accurate information from the person: their name, date of birth, travel history, list of symptoms, record and communicate as per the surveillance format. Write the information clearly</p> <p><b>Control measures:</b> ANM to support DSO/MO in contact tracing and reporting and feedback; ANM with help of ASHA, CHV and ICDS-AWW to support DSO/MO implement home quarantine, home care and supportive services; address psychosocial care</p>	<p>washing, carry masks and extra masks if required, avoid touching your face, avoid touching high touch points (door bells, knobs, support rails)</p> <p><b>Access to medications:</b> Not described</p> <p><b>Communications:</b> ANM, AWW and ASHA to provide information to communities re:COVID-19 as well as continuing their routine primary care duties, communicate with District Surveillance Officer, Medical Officer; State Helpline Number; Ministry of Health &amp; Family Welfare, Government of India 24x7 helpline</p> <p><b>Operational continuity:</b> Not described</p>	<p>planning community support for high risk groups, developing community networks for support, help develop community household emergency contact lists</p> <p><b>Appropriate legislation:</b> Not described</p> <p><b>Financing mechanisms:</b> Not described</p>
Ireland	Yes	<p><b>Surge capacity:</b> Not described</p> <p><b>Service maintenance:</b> Remote consultations</p>	<p><b>Effective surveillance:</b> Not described</p> <p><b>Control measures:</b> Initial assessment and triage over telephone to determine if they should be seen in practice or sent to a COVID-19 testing facility or COVID-19 assessment hub; suspend 'walk-in' appointments and require telephone screening; place signs at entrance</p>	<p><b>Minimizing risk of spread:</b> For symptomatic patients to be seen in practice, try to see them in succession during specific hours; minimize their time spent in the practice environment and separate from other patients; patients with respiratory symptoms should be offered a mask; hand hygiene, not touching face, PPE guidance for staff, physical distancing of 1 to 2m between staff and patients and between patients</p>	<p><b>Integrated planning:</b> Not described</p> <p><b>Appropriate legislation:</b> Not described</p> <p><b>Financing mechanisms:</b> Not described</p>

				<p><b>Access to medications:</b> Not described</p> <p><b>Communications:</b> GPs should take all practical measures to assess and manage patients with symptoms of infection remotely using telephone and other remote communication including consideration of using video links through mobile phones/tablet/computer where practical</p> <p><b>Operational continuity:</b> Not described</p>	
Malaysia	No	<p><b>Surge capacity:</b> Not described</p> <p><b>Service maintenance:</b> Not described</p>	<p><b>Effective surveillance:</b> If PUI, take patient identifiers and notify the district health office</p> <p><b>Control measures:</b> Provide good visual signages in all relevant languages; provide active screening; if PUI place patient in pre-designated waiting area; patient they can use own transport to nearest screening hospital or contact the onward referral site for transport arrangement</p>	<p><b>Minimizing risk of spread:</b> Disinfect waiting area after patient leaves</p> <p><b>Access to medications:</b> Not described</p> <p><b>Communications:</b> Notify the district health office of PUI sent for further investigation</p> <p><b>Operational continuity:</b> Not described</p>	<p><b>Integrated planning:</b> Notify the district health office of PUI sent for further investigation</p> <p><b>Appropriate legislation:</b> Not described</p> <p><b>Financing mechanisms:</b> Not described</p>
Malaysia	No	<p><b>Surge capacity:</b> Not described</p> <p><b>Service maintenance:</b> Not described</p>	<p><b>Effective surveillance:</b> Not described</p>	<p><b>Minimizing risk of spread:</b> A special area should be set up for COVID-19 to which PUI can be directly assessed and managed by a dedicated</p>	<p><b>Integrated planning:</b> Consult with physician-on-call of screening hospital and determine whether further review is needed or whether PUI requires</p>

			<p><b>Control measures:</b> Screening and triage of person under investigation</p>	<p>team where possible; adhere to infection, prevention and control guidelines in Annex 7 and use PPE</p> <p><b>Access to medications:</b> Not described</p> <p><b>Communications:</b> Consult with physician-on-call of screening hospital</p> <p><b>Operational continuity:</b> Not described</p>	<p>admission to admitting hospital; PUI from GP or private hospital to be reassessed by screening hospital, screening hospital will inform and coordinate referral to admitting hospital if necessary</p> <p><b>Appropriate legislation:</b> Not described</p> <p><b>Financing mechanisms:</b> Not described</p>
New Zealand	Yes	<p><b>Surge capacity:</b> Not described</p> <p><b>Service maintenance:</b> Provision of active monitoring of non-hospitalised probable and confirmed cases is a public health unit responsibility unless there has been clear delegation to another provider</p>	<p><b>Effective surveillance:</b> Not described</p> <p><b>Control measures:</b> Provision of active monitoring of non-hospitalised probable and confirmed cases is a public health unit responsibility unless there has been clear delegation to another provider</p>	<p><b>Minimizing risk of spread:</b> Frequent handwashing, avoiding touching face, cough etiquette, adherence to standard infection prevention and control practices in primary health care; PPE for patient and staff who will be in contact with the patient</p> <p><b>Access to medications:</b> Not described</p> <p><b>Communications:</b> Not described</p> <p><b>Operational continuity:</b> Not described</p>	<p><b>Integrated planning:</b> Coordination with District Health Boards</p> <p><b>Appropriate legislation:</b> Not described</p> <p><b>Financing mechanisms:</b> Not described</p>
New Zealand	Yes	<p><b>Surge capacity:</b> Not described</p> <p><b>Service maintenance:</b> Patients with suspected, probable or confirmed COVID-19 infection, or those under investigation,</p>	<p><b>Effective surveillance:</b> Not described</p> <p><b>Control measures:</b> Not described</p>	<p><b>Minimizing risk of spread:</b> PPE for patient and staff who will be in contact with the patient for more than 15 minutes and within 2 metres; dedicated room for patient;</p>	<p><b>Integrated planning:</b> Coordination with District Health Boards</p> <p><b>Appropriate legislation:</b> Not described</p>



		should be managed medically according to their symptoms and clinical state. They do not need to be hospitalised unless clinically indicated and their home care situation is suitable. No description of measures of continuation of ongoing routine care		<p>general cleaning of the room following patient transfer</p> <p><b>Access to medications:</b> Not described</p> <p><b>Communications:</b> Primary care is responsible for informing patients and providing advice if test result is negative. Public health units will inform patients and provide information if the result is positive.</p> <p><b>Operational continuity:</b> Not described</p>	<b>Financing mechanisms:</b> Not described
Nigeria	No	<p><b>Surge capacity:</b> Not described</p> <p><b>Service maintenance:</b> Not described</p>	<p><b>Effective surveillance:</b> Not described</p> <p><b>Control measures:</b> Not described</p>	<p><b>Minimizing risk of spread:</b> Maintain Infection Prevention and Control procedures, identify staff who will be involved in transfer of suspected case to designated treatment centre, prepare documents and assemble personal belongings</p> <p><b>Access to medications:</b> Not described</p> <p><b>Communications:</b> On identification of a suspect cases, the point of identification should notify the State Epidemiologist immediately through the quickest possible means</p> <p><b>Operational continuity:</b></p>	<p><b>Integrated planning:</b> Not described</p> <p><b>Appropriate legislation:</b> Not described</p> <p><b>Financing mechanisms:</b> Not described</p>

				Not described	
Nigeria	No	<p><b>Surge capacity:</b> Not described</p> <p><b>Service maintenance:</b> Not described</p>	<p><b>Effective surveillance:</b> Maintain a screening register</p> <p><b>Control measures:</b> Set up a triage station and use triage questions based on case definition to obtain history; passive screening through signs; if patient is symptomatic isolate in designated area; while in isolation provide education and notify the Local Government Area Disease Surveillance and Notification Officer (DSNO), State DSNO or State Epidemiologist</p>	<p><b>Minimizing risk of spread:</b> Use of PPE including gloves, medical/surgical mask and gown; restricting staff access to isolation rooms; consider bundling activities to minimize room entry; ensure appropriate ventilation; Provide physical barriers or partitions to guide patients through triage areas; ensure appropriate environmental infection control</p> <p><b>Access to medications:</b> Not described</p> <p><b>Communications:</b> Toll-free number to notify a suspected case for further testing and investigation</p> <p><b>Operational continuity:</b> Not described</p>	<p><b>Integrated planning:</b> Not described</p> <p><b>Appropriate legislation:</b> Not described</p> <p><b>Financing mechanisms:</b> Not described</p>
Philippines	No	<p><b>Surge capacity:</b> Outlines that health care utilization is expected to rise; outlines systems-wide surge capacity plans through health care provider networks (HCPN) to optimize the COVID-19 model of care and strengthen the health system response - calls on local government units to organize HCPNs across public and private sector</p>	<p><b>Effective surveillance:</b> Not described.</p> <p><b>Control measures:</b> Phone triage, HCPN to designate a primary care facility within their catchment as a designated site for triaging patients either to temporary facilities for those with mild symptoms or to COVID-19 referral hospitals for those</p>	<p><b>Minimizing risk of spread:</b> All health facilities shall endeavour to provide telemedicine services for patients within their HCPN to promote physical distancing whenever possible</p> <p><b>Access to medications:</b> Not described</p>	<p><b>Integrated planning:</b> Coordination between Department of Health Centers for Health Development and local government units to form province- or city-wide health systems to respond to a manage both non-COVID-19 and COVID-19 patients</p> <p><b>Appropriate legislation:</b> Not described</p>

		<b>Service maintenance:</b> Not described; role of Rural Health Units (RHU), Urban Health Centers (UHC), and medical outpatient clinics as the main navigators/first contact in the HCPN and determine the appropriate facility for its patients	with severe symptoms or comorbidities	<b>Communications:</b> Phone triage via telemedicine if available  <b>Operational continuity:</b> Province- and city-wide HCPNs shall ensure dedicated Human Resources for Health (HRH) for triaging, contact tracing and facility-based management of patients based on the most updated DOH guidelines and protocols	<b>Financing mechanisms:</b> Not described
South Africa	No	<b>Surge capacity:</b> Not described  <b>Service maintenance:</b> Not described	<b>Effective surveillance:</b> Not described  <b>Control measures:</b> Including screening questionnaire as part of standard triage at healthcare facilities	<b>Minimizing risk of spread:</b> Suspected cases to be given a surgical mask and directed to a separate area or isolation room and 1-2m distance should be kept between other patients, limit the movement of the patient and ensure a dedicated bathroom  <b>Access to medications:</b> Not described  <b>Communications:</b> Routine emergency department triage systems may be used  <b>Operational continuity:</b> Not described	<b>Integrated planning:</b> Routine emergency department triage systems may be used for arranging transfer of patients for testing  <b>Appropriate legislation:</b> Not described  <b>Financing mechanisms:</b> Not described
Sri Lanka	Yes	<b>Surge capacity:</b> Not described  <b>Service maintenance:</b> Remote consultations for ongoing care, as well as for triage of suspected COVID-19 patients;	<b>Effective surveillance:</b> Not described  <b>Control measures:</b> Phone triage, notice on primary care facilities to make patients aware that	<b>Minimizing risk of spread:</b> Remote consultations for all with aim to triage COVID-19 suspected patients with minimum exposure to healthcare staff and other patients; in cases where in-	<b>Integrated planning:</b> Response to possible cases include informing the regional epidemiologist, medical officer or public health inspector and admit to nearest COVID acute care isolation hospital, follow up

		discusses mental and psychological well-being and offers a conversation guide for providers	consultations will occur over the phone; passive screening through notices outside clinic; response to possible cases include informing the regional epidemiologist, medical officer or public health inspector and call an ambulance to convey the patients nearest COVID acute care isolation hospital, follow up through the public health team and inform the hospital	person examination is needed, patients suspected of COVID-19 to wait in a separate waiting area; staff not to use public transport; guidance on proper attire and personal grooming for PPE use; guidance on the need for and use of PPE; guidance on hand hygiene; guidance on physical distancing within clinics and creation of separate waiting area; prioritizing patients with respiratory symptoms; removal of toys, magazines, pens and shared items in waiting rooms; guidance on facility disinfection; guidance on personal disinfection  <b>Access to medications:</b> Not described  <b>Communications:</b> Phone triage; communication with public health and referral hospitals  <b>Operational continuity:</b> Guidelines strongly recommend that primary care physicians continue their clinical practice if they can adhere to the guidelines	through the public health team and inform the hospital  <b>Appropriate legislation:</b> If any patient refuses to admit / home isolation, seek police/legal support in accordance with the Quarantine Law  <b>Financing mechanisms:</b> Not described
United Kingdom	Yes	<b>Surge capacity:</b> Local areas will need to consider, with their clinical commissioning group (CCG), the operating model that best suits their local context and arrangements; A key enabler will	<b>Effective surveillance:</b> Not described - patient is triaged by NHS 111  <b>Control measures:</b> Patients should be triaged remotely;	<b>Minimizing risk of spread:</b> Practices should work together to safely separate different patient cohorts:	<b>Integrated planning:</b> Referral using NHS 111 for symptomatic patients; Reference to the Standard Operating Procedures for community pharmacy and community services (when

		<p>be ensuring that staff can access GP computer systems from locations other than their usual or base location</p> <p><b>Service maintenance:</b> Remote consultations; dedicated home visiting services for shielded patients; access to urgent care and essential routine care should be maintained for all patients; document discusses mental health and psychological well being, advanced care planning, palliative care; COVID-19 care is not described</p>	<p>patients with symptoms of COVID-19 directed to NHS 111; clear signage and communications to direct symptomatic patients</p>	<p>patients with symptoms of COVID-19; shielded patients; and the wider population; Staff should be allocated to either symptomatic patients or other patient groups; offer 2 models - zoning or practice designation to manage face to face appointments; PPE and clinical decontamination guidance</p> <p><b>Access to medications:</b> Advise practices to not increase repeat prescriptions to minimize supply chain pressure; urgent request for practices that do not accept orders for repeat prescriptions from third parties to review this policy to support social distancing</p> <p><b>Communications:</b> Remote consultations and video consultations; digital isolation notes for patients' employers; home visits; phone linkages</p> <p><b>Operational continuity:</b> Section on 'practice resilience' to maximise clinical capacity and provide business continuity resilience negotiated through regional bodies and commissioners</p>	<p>published) may be helpful to ensure joined up working; Home visiting can be organised at network or place level to deliver care at home to shielded patients, and this will be needed in either model; provision of non-medical support through social prescribing link workers; link with Department for Work and Pensions to accept digital isolation notes; encouraged to engage with research programs</p> <p><b>Appropriate legislation:</b> Not described</p> <p><b>Financing mechanisms:</b> Not described</p>
United States	Yes	<b>Surge capacity:</b> Preparing for a surge in patients with respiratory	<b>Effective surveillance:</b> Not described	<b>Minimizing risk of spread:</b> Offers infection prevention and control guidance and	<b>Integrated planning:</b> Engage local community service organizations and home health

		<p>infection is included as a primary goal for healthcare facilities</p> <p><b>Service maintenance:</b> Telemedicine for routine essential services; Telemedicine, patient portals, online self-assessment tools, phone calls to triage patients with symptoms</p>	<p><b>Control measures:</b> Triage over the telephone and assess which patients with symptoms of COVID-19 can be managed by telephone and advised to stay home; Triage on site including visual alerts with information on COVID-19, hand and respiratory hygiene and cough etiquette</p>	<p>primary care facility preparation steps; face masks provided to patients at triage; physical distancing in waiting areas and separate areas for patients with respiratory symptoms with partitioning and signage; ask waiting patients to remain outside or stay in their vehicles; set up triage booths</p> <p><b>Access to medications:</b> Reach out to patients who may be at higher risk of COVID-19 to ensure they have sufficient medication refills</p> <p><b>Communications:</b> Communication with COVID-19 home care patients and their caregivers; If possible arrange daily "check ins" with COVID-19 patients managed at home using telephone calls, text, patient portals or other means</p> <p><b>Operational continuity:</b> Ensure maintenance of essential healthcare facility staff and operations through flexible sick leave policies, do not require employees to have a healthcare providers note before return to work, consider staff screening, make contingency plans for absenteeism including</p>	<p>services to assist home care patients with delivery of food, medication and other goods; Work with local and state public health organizations, healthcare coalitions and other local partners to understand the impact and spread of the outbreak in your area</p> <p><b>Appropriate legislation:</b> Not described</p> <p><b>Financing mechanisms:</b> Not described</p>
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				extending hours, cross-training current employees or hiring temporary employees	
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