COVID Practice Re-opening Guide

Given patient preference, concerns about unnecessary risk to providers and staff and benefits of telehealth utilization, efforts should be made to determine which patients SHOULD be brought into the office, and which are better screened or seen via telehealth.

We recommend that patients with acute illness/complaints, chronic disease follow-up, or well-care visits where physical exam or other services cannot be safely delayed be scheduled for in-person visit type.

The following are examples for which an in-person visit is warranted, however this is not an exhaustive list:

- Patients with shortness of breath
- Acute viral illness (including any concerning manifestations for COVID) with features that may require hospitalization)
- Well-care visits (particularly pediatric visits)
- Abscess/wounds/rashes
- Most genitourinary complaints (except perhaps uncomplicated UTI symptoms)
- Neurological complaints
- Arrhythmias/cardiac complaints
- Sexual health issues
- Sensitive issues not appropriately handled over telehealth platforms or for those who failed management via telehealth platform

The following are examples of care that can be adequately delivered via televideo/telephone:

- Routine laboratory follow-ups
- Chronic disease follow-up visits that do not require physical exam, e.g., blood pressure follow-ups in patients with home monitors
- Mental health follow-ups for stable individuals
- Adult well-care visits which can safely and effectively be conducted remotely via telehealth such as annual Medicare wellness visits
- Preventive outreach visits ("Z-code visits")

Preparing the Physical Plant

Preparing your office for greater in-person visits should include efforts to divide the office into sick and well visit sections to the degree your physical space allows.

- Entrances and exits: Upon conclusion of care, patients should exit the building via a different door than they entered to reduce crowding or exposure if the physical plant of the facility allows. Otherwise, the patient should be directed through the waiting room with mask on at least until they exit the building and return to their car.

- Minimizing any use of the waiting room is best practice at this time, but if patients cannot be safely brought directly to the exam room and must wait in the waiting room:
  - Waiting room furniture should be configured to allow six feet of distancing between waiting patients and no more than ten people (including staff if open space) should occupy the waiting room at a time.
  - Ideally, sick patients would have a separate waiting room, or at least a separate area of the waiting room.
  - All magazines, toys and waiting room activities should be removed.
- If facilities allow, exam rooms should be divided into sick and well visit spaces.
- If possible, temperature and humidity in the building should be elevated, especially during non-operating hours, as data suggests the virus is less stable in aerosol at temperatures over 70 degrees and humidity levels above 40%.
- Post signage and utilize floor decals that reinforce social distancing.

Staff Considerations

Prior to Starting Work

Staff should be told to assess themselves daily for possible COVID symptoms prior to coming to work. Ideally this could be monitored via the ROC COVID symptom tracker and screening tool launched by the Monroe County Department of Public Health in collaboration with UR Medicine and other area stakeholders. Staff can navigate to the ROC COVID-19 website, create an account and then answer questions about his/her symptoms.

If one or more of these symptoms are present, the staff member should be advised to stay home and call in to work prior to coming to the office:

- Temperature of 100°F (37.8°C) or higher
- New cough
- SOB
- Sore throat (not due to allergies)
- Body aches
- Loss of taste or smell

During Clinic Hours

- Minimizing the number of staff who come into close contact with any individual patient is ideal (e.g. limit contact to one nurse who brings patient back and provides any additional nursing care during the visit along with one clinical provider)
- If possible, staff seeing patients in the “sick visit” areas of the clinic should be rotated every other week to minimize exposure and allow time to manifest symptoms, should they become exposed.
- For lunches or breaks, staff should be encouraged to return to their vehicles to eat or break times staggered to reduce congestion in common areas.

Protective Equipment and Disinfection

PPE Recommendations

All staff should wear a surgical/procedure mask at all times (unless they are in a private office with the door closed) and practice good hand hygiene. These masks can likely be changed weekly unless they are visibly soiled or are moist/degraded.

For staff in the clinical setting who will come into close contact with patients (defined as being within six feet of the patient for more than five minutes at a time), regardless of role or interaction, we recommend the following regarding PPE usage in addition to good hand hygiene practices:

- For patients with no discernible symptoms (including respiratory complaints, abdominal discomfort/diarrhea, fever, loss of taste or smell, or concerning skin rashes):
  - surgical mask with a face shield or goggles and gloves
  - gloves can be exchanged for hand washing/sanitizing with 70+% alcohol-based hand sanitizer after each encounter and before touching their face/mouth/eyes or any other office surface
- For symptomatic patients where COVID cannot be excluded:
  - full PPE including surgical mask, face shield or goggles, gloves and gown
  - Face shields should be cleaned with appropriate disinfectant solution after each encounter, however masks may be re-worn as long as not soiled and if worn under a face shield.

All staff should wash or sanitize their hands before and after each patient encounter regardless of whether COVID was suspected.

Disinfecting the Physical Space

- Ideally, all patient care spaces should be disinfected in-between each visit.
- Disinfectant should be used on all hard surfaces the patient may have come into contact with (and left for recommended time to be viricidal for COVID-19 per the instructions for the particular disinfectant used).
- If this is not feasible for well visits, waiting rooms or common areas, then at minimum rooms should be disinfected every two hours and at the conclusion of clinic sessions.

Managing the In-Person Visit

Prior to the Visit

To reduce exposure time for patients and staff, consider having staff contact patients on the day prior to the visit to obtain routine visit items including:

- Insurance verification
- Medication reconciliation
- History of present illness

This pre-visit call also presents an opportunity to review instructions for the in-person visit (e.g., stay in car and call office upon arrival, share policy on visitors, masking, etc.)

You may also want to use the pre-visit call to assess and facilitate EMR portal access which may allow for pre-visit screening or history to be obtained in advance of the appointment. Portal access can also facilitate communications after the visit for billing information and clinical visit summaries.

Day of the Visit

- Patients coming to the office should be ideally encouraged to stay in their car in the parking lot and to call the office when they arrive.
- If possible, have patients wait in the car until a clean patient room is available.
- Patients should have a screening temperature check and be escorted from the parking lot directly to the exam room to minimize exposure time for themselves or staff.
- All patients age two years and older should be encouraged to wear a mask (whether medical grade or cloth) when they arrive or offered one before entering the building.
- If visit plans need to be conveyed, this should ideally be done by phone with the guest/significant other in the car.
- Exam room doors should be left closed at all times if occupied by a patient.
- If signatures are required or forms need to be filled out, consider wrapping disposable pens with plastic/Saran wrap and wrap disposed of after each use.
- Upon conclusion of the visit, ideally the patient should not return to the front desk for check-out. Co-pays can be billed post-visit and after-visit summaries can be mailed to the patient or sent to them through the EMR.

Visitor Considerations

- Visitors should be asked to remain in the car and not accompany the patient into the clinic (except in cases of Pediatrics, special needs patients, and other such cases).
- Families bringing children should be encouraged to bring only the child being seen to the office appointment as long as safe childcare is available for other children in the family.
- If a visitor is necessary, no more than one should be permitted and the visitor should be subject to the same temp screening and masking requirements as patients.