

# Michigan Economic Recovery Council (MERC)

COVID-19 health practices: Healthcare outpatient

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# Executive summary

**Outpatient healthcare represents any non-hospital related medical office** (e.g., dental office, primary doctor's office, specialized care/treatment, clinics). This document largely focuses on practices in the waiting room area of a healthcare facility.

## **Common set of practices for outpatient healthcare facilities to safeguard employee and patient health**

- Will be applicable to single operators and provider groups
- Will be easy to communicate and execute
- Will not be cost prohibitive

Supporting documentation to be aligned with CDC guidelines. In case of any conflict between any of the foregoing guidance or requirements, the strictest shall apply.

## **There are a couple important considerations for outpatient healthcare facilities**

- Many elective exams/appointments/surgeries have been put on hold and there will be a spike in demand once reopening commences. To manage the demand spike and keep patients safe with lower occupancy, providers can leverage telemedicine when possible
- Due to direct patient interaction, ensuring health and building trust is more difficult. This can be tackled with placing additional signage and visual protocols/cues, spacing out appointments for cleaning, etc.

*Document is meant as a guide; not exhaustive*

# Across facility types, health practices fall into the following eight categories



## 1 Response owners and plan

Establish virus response team



## 2 Facility entry and health check protocols

Conduct health screenings, temperature checks, send sick employees home, restrict visitors/contractors



## 3 PPE requirements

What PPE is necessary in this environment? (Provide guidelines and PPE for different settings and roles)



## 4 Distancing

How do we ensure we are maintaining appropriate distance across the facility?



## 5 Cleaning

What are the cleaning protocols and how do we communicate these effectively to employees?



## 6 Case monitoring protocols

How do we ensure we can respond quickly to a potential case?



## 7 Facility/space temporary closure

What is our response plan? (e.g., Block off areas of exposure to allow appropriate deep cleaning)



## 8 Travel restrictions

How do we handle employee essential and personal travel?

**Core practices (“must-haves”):** Practices that can be implemented more broadly across different sized organizations

**Next level implementation:** Recommended additional practices that provide better risk mitigation (for better equipped facilities)

# Outpatient healthcare facilities can safeguard their facilities with health practices in the following focus areas

| Categories   | Health practice overview  | Categories                         | Health practice overview  |
|--|---|------------------------------------|---|
| <b>1 Response owners and plan</b>                  | <ul style="list-style-type: none"> <li>Establish team or roles</li> <li>Define scope of team (e.g., manage implementation of practices and protocols)</li> <li>Communicate role of team and expectations to employees</li> </ul>  | <b>5 Cleaning</b>                  | <ul style="list-style-type: none"> <li>Conduct more frequent daily cleaning of all high touch areas and post protocols publicly</li> <li>Establish employee cleaning protocols and emphasize frequent hand washing</li> <li>Supply guidance and conduct audit checks for cleaning procedures (incl. deep cleaning)</li> </ul> |
| <b>2 Facility entry and health check protocols</b> | <ul style="list-style-type: none"> <li>Reduce congestion at entry point(s)</li> <li>Screen staff health/exposure</li> <li>Screen patients and suppliers</li> </ul>  | <b>6 Case monitoring protocols</b> | <ul style="list-style-type: none"> <li>Define protocol for symptomatic employees or patients</li> <li>Identify and contact exposed employees and patients (e.g., symptom checking, guidance)</li> </ul>   |
| <b>3 PPE requirements</b>                          | <ul style="list-style-type: none"> <li>Ensure PPE (masks, hand sanitizer) is stocked</li> <li>Establish standard PPE distribution methods</li> <li>Enforce PPE (e.g., mask, face covering) usage for employees</li> <li>Enforce face coverings for patients</li> </ul>  | <b>7 Facility pause/shutdown</b>   | <ul style="list-style-type: none"> <li>Enforce appropriate shut down/ pause and cleaning protocol</li> <li>Communicate protocol to employees and patients</li> </ul>  |
| <b>4 Distancing</b>                                | <ul style="list-style-type: none"> <li>Increase distancing for employee interaction (with other employees and patients)</li> <li>Increase distancing for patient interaction</li> <li>Provide visual reinforcements (e.g., tape X's on floor) for distancing</li> </ul> | <b>8 Travel restrictions</b>       | <ul style="list-style-type: none"> <li>Restrict business/personal travel and have employees and patients self-quarantine if possible after travel</li> </ul>  |

# 1: Response owners and plan (health practices)

| Health practice overview   | Core practices   | Next level implementation for better equipped facilities  |
|--|--|---|
| <b>Establish team or roles</b>   | <b>Establish a response plan and team or leader</b> to design, implement, monitor, report on key practices that apply to all site visitors, and manage COVID-19 preparedness (e.g., ambulatory care head, chief of internal medicine, information officer, office leader/provider)   | <b>Dedicate staff</b> to virus response team (sole focus)<br><b>Partner with other private clinics</b> to coordinate response (acquisition of PPE, definition of protocols) |
| <b>Define scope of team (e.g., manage implementation of practices and protocols)</b> | <b>Ensure operations, cleaning, distancing etc. satisfy CDC recommendations</b> when possible (monitor changes to applicable laws)<br>Develop <b>signage</b> for patient and employee trust/adherence  | Develop <b>training</b> and materials for employees<br>Ensure consistent implementation across locations  |
| <b>Communicate role of team and expectations to employees</b>                        | Consider all stakeholders and establish <b>timely and effective communication</b> (e.g., daily updates of what to do)<br><b>Share notices both on-site and digitally</b> if possible to explain new policies to all employees<br>Share <b>clear timeline</b> for implementation<br><b>Provide COVID-19 training</b> with modules on health practices and reporting unsafe working conditions/practices | <b>Develop virtual training</b> and send push alert to employees, require employees to take training before work (logins tracked)   |

## 2: Facility entry and health check protocols (e.g., pre-work, who is involved, check-in upon arrival) (health practices)

### Health practice overview

#### Core practices

#### Next level implementation for better equipped facilities

#### Reduce congestion at entry point(s)

**Limit waiting area occupancy** and ask patients to wait in cars (e.g., patient calls upon arrival, collects paperwork needed, completes in car, if possible, before being called when ready)

**Waiting rooms should be marked to delineate 6ft** (e.g., X's on ground, removed seats in waiting room)

Create contactless sign-in (e.g., sign in on phone app)

Add **special hours** for highly vulnerable segments (elderly, medically susceptible)

**Encourage patients to complete paperwork** online prior to the visit

#### Screen employee health/exposure (home, entrance)

Advise vulnerable workers and people with underlying health conditions **of their right to continue to quarantine, and to draw down UI benefits instead of returning to work**

Conduct common daily screening protocol (**e.g., temperature check, overall health status check, screening questions at home or facility entrance**)

- Check for contact with infected individuals and COVID-19 symptoms, using Symptoms of Coronavirus identified by CDC.
- **Send employee home** with fever/ potential case

**Assess worker temperatures** and assign one person to take employee temperatures and record in centralized log (e.g., medical assistant stationed at main entrance/lobby)

#### Screen patients and suppliers (and limit visitors)

**Conduct common screening protocol** (e.g., temperature check, overall health status check, and screening questions)

For facilities that do not typically treat patients with respiratory illness (e.g., dentists, physical therapists) post signage encouraging patients that feel ill or fail screening to return home and call their PCP

**Limit the number of visitors** allowed, if possible

**Call patients prior to their appointment** to ask if they have any concerns of being sick recently or travelled etc. and also sign them up for digital check-in and check-out

# 2: Facility entry and health check protocols (e.g., pre-work, who is involved, check-in upon arrival) (examples)

Illustrative

## Screen employee health/exposure (home, entrance)

## Screen patients and suppliers (and limit visitors)

**Example Questionnaire:**

Enter the team member or visitor name: \_\_\_\_\_

Have you returned from any COVID affected areas within the last 14 days?

Yes  No

Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?

Yes  No

Have you been in close contact with anyone who has traveled COVID affected areas within the last 14 days?

Yes  No

Have you experienced any cold or flu-like symptoms in the last 14 days?  
Symptoms may include (but are not limited to):

- Cough
- Shortness of breath or chest tightness
- Sore throat
- Nasal congestion or runny nose
- Body aches
- Loss of taste and/or smell
- Diarrhea
- Nausea
- Vomiting
- Fever / Chills / Sweats

Yes  No

Are you currently exhibiting a fever of 100.4°F or greater (if available, please confirm with on-site temperature screen)?

Yes  No



*Sample questionnaire, can be adapted as needed*

### 3: PPE requirements (e.g., what do you need before walking in facility) (health practices)

| Health practice overview  | Core practices  | Next level implementation for better equipped facilities   |
|---|---|--|
| <p><b>Ensure PPE (masks, hand sanitizer) is stocked</b></p>               | <p>Incorporate measures into procurement process to ensure <b>necessary supplies (e.g., soap, hand sanitizer) are available</b> (set restrictions to reduce hoarding by locations)</p> <p><b>Ensure employees have access to face covering</b></p>  | <p>Ensure PPE (e.g., sanitizer, face covering) are on order to provide proper lead time for refills</p> <p>Procure <b>contactless thermometers</b>, face coverings, sanitizer for employees etc.</p> |
| <p><b>Establish standard PPE distribution methods</b></p>                 | <p><b>Face coverings are required for all employees</b> and should be deployed or presented upon entry screening</p> <p><b>Place hand sanitizer and masks at entry point for patients</b></p>   | <p><b>Assign employees</b> to hand out masks at entry and place glove boxes in visible locations and refill hand sanitizer</p>   |
| <p><b>Enforce PPE (e.g., mask, face covering) usage for employees</b></p> | <p><b>Require employees to make proper use of PPE</b> in accord with CDC’s guide to Prevent Getting Sick (<a href="#">CDC link</a>) and OSHA’s Guidance on Preparing Workplaces (<a href="#">OSHA link</a>)</p> <p><b>HCPs treating patients should use PPE</b> according to CDC guidelines</p> <p><b>Provide training and guidance</b> to all employees on properly wearing a face mask or covering (doffing and re-donning facial covering and respiratory protection when going on breaks/lunch)</p> |  |
| <p><b>Enforce face coverings for patients</b></p>                         | <p><b>Strongly recommend patients to wear a facial covering</b> (e.g., install signs at entry/waiting rooms, providers remind patients, call patients in advance to bring their own)</p> <p><b>Enforce rule that ill patients wear appropriate face coverings</b></p>   | <p><b>Provide face coverings to patients on arrival</b> if they do not have one (e.g., appropriate face covering)</p>  |

# 3: PPE requirements (e.g., what do you need before walking in facility) (examples)

Ensure PPE (masks, hand sanitizer) is stocked

Enforce PPE (e.g., mask) usage for employees

Cloth mask



Surgical mask



**How to stay safe at work**

The safety of our team is our top priority as we work together to assist our community during the COVID-19 pandemic. The CDC is now encouraging everyone to wear a face covering while in public. This guide will walk you through incorporating a mask into your daily routine.

We will be providing face covers to team members as they become available, but for the time being, we advise that every team member bring their own while they are at work.

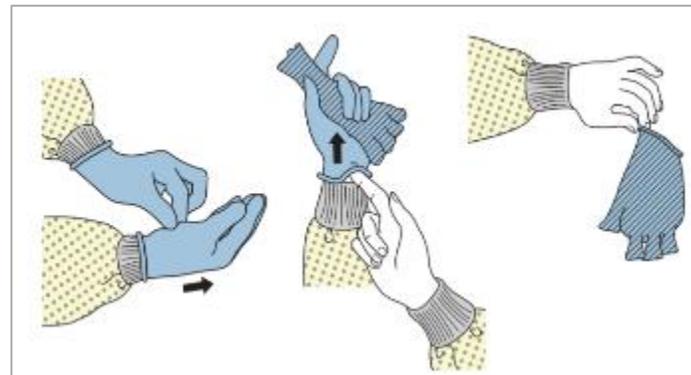
I already have a face covering. Great! You can use your own.

If not, follow these directions to make your own. Get creative and make it yours. Anything goes! Almost. Just remember to keep it as close to your face as possible.

**face covering care tips**

- Wash your hands before and after you touch your face covering.
- Use an all-purpose disinfectant spray on your face covering after each use.
- Wash your hands before and after you touch your face covering.
- Wash your hands before and after you touch your face covering.

Feelings creative? Check out Pinterest for ideas and inspiration.



# 4: Distancing (health practices)

## Health practice overview

### Core practices

### Next level implementation for better equipped facilities

#### Increase distancing for employee interaction (with other employees and patients)

**Establish guidelines for employees and patients** to exercise effective social distancing, keeping a **minimum of 6ft** between individuals throughout facility

**Install physical barriers** at sign-in, temperature screening, or other service points that inherently require interaction (e.g., plexiglass, cardboard, tables)

**Leverage PPE usage** (e.g., masks), **increased cleaning, and reduced occupancy** especially if distancing is not possible, especially in smaller offices or rooms

**Use limited/minimum staffing** in the office and leverage work from home to reduce unnecessary congestion in rooms and workspaces

**Minimize sharing items at service desks** (e.g., pay without contact if possible, minimize clipboard/paper transfers, collect and clean pens after single use)

Offer time tailored to vulnerable populations (e.g., earliest time slot)

**Leverage telehealth/telemedicine** (e.g., for initial diagnosis or routine checkups that can be done remotely)

#### Encourage patients to do virtual check-ins

**Provide drive-thru service when possible** (e.g., vaccine, testing) to increase efficiency and reduce the number of people coming into the building (doctor comes out to patient rather than other way around)

**Create COVID-19 immune wards** for care givers who may have immunity after having gotten the virus (this may be reserved for treatment to vulnerable populations)

**Expand operating days to include weekends and lengthen hours** to make up for canceled appointments and to spread patients out

#### Increase distancing for patient interaction

**Limit number of appointments** to maintain social distancing and allow adequate time between appointments for cleaning

**Ensure social distancing in restrooms, waiting rooms, and shared areas** (e.g., close stalls, block communal gathering areas, tape off chairs in waiting room or position them facing away from one another)

**Remove, close, or block off non-essential areas** that may hamper distancing (e.g., vending machines, trash can lids etc.)

**Have different procedures for patients with high temperatures or respiratory symptoms** (e.g., take patients with respiratory symptoms immediately into exam room, have them wait in their car, have separate waiting room)

**Mark pathways for foot traffic**, especially in stairwells, waiting rooms etc.

**Designate different entry ways and waiting areas** for those with respiratory symptoms and/or high temperature

#### Provide visual reinforcements (e.g., X's) for distancing

**Reinforce distancing with visual cues** (e.g., signage or X's placed in the waiting area, remove chairs, restroom entrances)

**Provide frequent reminders** of protocols that should be followed to stay safe (e.g., entry sign for occupancy limit, and time allowed between appointments)

**Modify building configuration** in order to allow the permitted occupancy levels

# 4: Distancing (examples)

Increase distancing for employee interaction (with other employees and patients)

Increase distancing for patient interaction



## Streamline Your Arrival at the Doctor's Office With Mobile Registration



Confirm your appointment via a text message or email, and **check in prior to your visit**

**-or-**

Check in on your own device when you **arrive at the office**, using a text message link

# 5: Cleaning (e.g., daily cleaning routine) (health practices)

## Health practice overview

### Core practices

### Next level implementation for better equipped facilities

**Conduct more frequent daily cleaning of all high touch areas and post protocols publicly**

**Establish an increased cleaning/sanitizing routine** in accord with CDC's Interim Guidance for Businesses and Employers ([CDC link](#)) and OSHA's Guidance on Preparing Workplaces ([OSHA link](#)) for employee high-touch areas (e.g., door handles, railings, counters, chairs)

Communicate and **make cleaning visible** to patients (e.g., increase frequency, post protocols, visible high touch surface cleaning)

**Deep clean exam rooms** after patients with respiratory symptoms and clean rooms between all patients

Set up **hand sanitizing station** at entry way for patients

**Sanitize entire facility multiple times per day** (depends on stage of reopening, 2x/day vs once every 2 hours)

Replace or clean/disinfect **HVAC air filters** and ensure optimal turnover of fresh/clean air

**Run a UV lamp overnight** in the waiting rooms of the office as a disinfectant

**Establish employee cleaning protocols**

**Educate employees (especially administrative and billing employees) about infection control practices**, such as CDC's guidance on face touching and regular handwashing ([CDC link](#)) and CDC's hygiene etiquette on coughing and sneezing ([CDC link](#)).

**Encourage ALL employees to wash hands more frequently** (when not possible, increase hand sanitization availability)

**Establish cleaning kits** that are readily available with all the key supplies needed for the employees to conduct increased cleaning routine. (e.g., cleaning solution, spray bottles, disposable gloves, cleaning clothes or paper towels, cleaning guides)

**Supply guidance and conduct audit checks for cleaning procedures (including deep clean as needed)**

**Fill out cleaning checklist** and share each day with management

**Conduct virtual visits** to check adherence for more remote or smaller locations (field team)

# 5: Cleaning (e.g., daily cleaning routine) (examples)

Conduct more frequent daily cleaning of all high touch areas and post protocols publicly

## CARE DURING COVID-19

How we're keeping our employees and patients safe

-  Separating patients with symptoms
-  Symptom screenings at entrances
-  Increased cleaning of frequently touched surfaces
-  Personal protective equipment used by frontline staff
-  Temporary visitor restrictions to protect patients and staff



# 6: Case monitoring protocols (health practices)

## Health practice overview

### Core practices

### Next level implementation for better equipped facilities

**Define protocol for symptomatic employees and patients**

**Establish a plan of action for workers who fail health screens** (exclude from work environment until they complete a minimum period without symptoms and track records (also include protocol for return to work based on CDC)

Create policies to **encourage workers to stay home** or leave facility when feeling sick or when in close contact with a confirmed positive case (temp paid sick leave if medically advised to quarantine)

**Ensure employees with symptoms are sent home** immediately and employees are informed. Patients with symptoms should be connected with a doctor to diagnose (send them to either their car, home, or isolation room)

Check in periodically on employee symptoms and work ability

**Set up frequent testing of providers/medical office employees** to improve patient trust and employee safety

**Identify and contact exposed employees and patients (e.g., symptom checking and guidance)**

**Inform team members of potential exposure** when employee is sent home or a recent on-site patient COVID-19 infection is suspected or confirmed.

Conduct tracing procedures for **3-7 days prior to onset of employee symptoms** (based on where employee was)

**Communicate procedures** with employees

*For facilities that may test and treat COVID-19 patients, follow designated reporting procedures*

# 7: Facility/space temporary closure (e.g., clear area if someone comes to work sick) (health practices)

## Health practice overview

### Core practices

### Next level implementation for better equipped facilities

#### Enforce appropriate shut down/ pause and cleaning protocol

**Establish procedures for building disinfection** in accord with CDC's Cleaning and Disinfection for Community Facilities if an employee or patient COVID-19 infection is suspected or confirmed.

**Identify specific high touch points**, high traffic areas based on the person's movement throughout facility. Use this to define a specific scope of work for more frequent cleaning

**Shut down examination room** for appropriate amount of time (e.g., 2hrs, follow CDC guidance). If a clinic is more open concept, more areas may need to be closed for deep cleaning

**Consider contracting with a 3rd party service** provides to conduct the targeted deep cleaning

**Consider scheduling the cleaning to be conducted after-hours** or when patient and employee volume is low

#### Communicate protocol to employees and patients

**Establish clear reporting process for any symptomatic** or positive test employees (e.g., maintain central log).

**Provide documentation of positive cases** for necessary parties (labor union, health services, health insurance). Record confirmed cases in accordance with OSHA guidance<sup>1</sup>

**Call patients and/or notify electronically** of temporary closure and deep cleaning being conducted (apologies for the inconvenience)

**Communicate potential exposure or positive cases**, while maintaining employee and patient privacy

1. <https://www.osha.gov/memos/2020-04-10/enforcement-guidance-recording-cases-coronavirus-disease-2019-covid-19>

# 8: Travel restrictions (health practices)

## Health practice overview

### Core practices

### Next level implementation for better equipped facilities

**Restrict business and personal travel and have employees/patients self-quarantine if possible after travel**

Reduce risk by **restricting air travel** to only essential travel  
**Encourage employees and patients to leverage PPE and hand sanitizer** on public transportation

**Send digital notice** to employees and managers before entering premises on new requirements (includes travel questionnaire)

**Enforce 14 day quarantine** after returning from travel (unless approval exception is granted)

# Phasing: Health practices will apply in urgent, stabilizing, recovery, and/or normal phases

| Urgent (now)  | Stabilizing (near-term)   | Recovery (when appropriate)  | Normal (when appropriate)  |
|---|---|--|--|
| <p>Establish a virus response team and partnership to keep track of changing regulations and implementation timeline</p> <p>Actively communicate plans to keep patients safe, starting now and in an ongoing fashion (maintain patient relationships)</p> <p>Develop telemedicine capabilities (reinvent the way medicine is provided)</p> <p>Invest in behavioral health solutions for providers (managing anxiety and stress) e.g., improved access to behavioral health and multi-channel 'Healthcare Heroes' spotlights</p> <p>Create COVID-19 immune wards for care givers who may have immunity after having gotten the virus</p> | <p>Open medical offices but reduce occupancy of employees and patient visits (e.g., add extra time between appointments to allow time for cleaning). <i>Employees that should still be remote include billing, admin, some check-in staff etc.</i></p> <p>Leverage telemedicine and virtual visits as much as possible</p> <p>Implement necessary safeguarding practices (E.g., PPE usage) and ensure patients are wearing facial coverings</p> <p>Reduce occupancy in waiting rooms (e.g., remove chairs, have patients call ahead and wait in cars until ready)</p> | <p>Increase occupancy for appointments</p> <p>Continue leveraging telemedicine if possible</p> <p>Continue using necessary PPE</p> | <p>When and if the COVID-19 threat is considered minimal due to a vaccine, effective treatment protocol, or other mitigating factor, certain protocols may be relaxed</p> <p>Continue leveraging telemedicine if possible but allow occupancy to move back to normal</p> |