

HIGHLIGHTED PRINCIPLES FOR THE RESUMPTION OF ROUTINE PATIENT CARE

HOW TO USE THIS DOCUMENT

This San Francisco Marin Medical Society (SFMMS) document provides highlights from federal, state, local, and organizational guidance pertaining to the resumption of routine patient care following the closure of medical practices in response to the COVID-19 pandemic.

This document does not replace that guidance but highlights elements of it with the needs of San Francisco and Marin physicians in small group and solo practices in mind.

DISCLAIMER

This document does not constitute:

- A recommendation to resume routine care.
- A rule that supersedes federal, state, county, or organizational ordinances or protocols.

This document will be updated as new information becomes available.

HIGHLIGHTED PRINCIPLES FOR THE RESUMPTION OF ROUTINE PATIENT CARE

Before resuming routine patient care:

- **Plan to Resume Routine Patient Care Gradually and Maintain a Reduced Patient Volume**

Consider establishing an initial volume of in-person patient encounters representing approximately one-third of your time, maintaining two-thirds of your time for additional planning, assessment of practical challenges as they emerge, and patient encounters via telemedicine platforms.

Consider bringing employees back in phases, or working on alternating days or during different parts of the day.

Communicate your weekly schedule, and what to expect, to patients, clinicians, and staff.

- **Require Appropriate Personal Protective Equipment for Staff and Patients**

With the understanding that personal protective equipment (PPE) is in short supply and all attempts should be made to conserve these supplies, PPE (e.g. N95 respirator masks, surgical masks, shields, gowns, eye protection, gloves) should be supplied to staff while they are working in accordance with CDC guidelines

Regarding N95-grade masks, extreme care should be taken to conserve and re-use N95 masks. During critical shortages of PPE, the CDC recommends extended N95 use and reuse. The Occupational Safety and Health Administration (OSHA) has issued guidance permitting the extended use and reuse of respirators. OSHA frequently updates its guidance concerning its respirator standard for all workers, such as annual fit-testing: <https://www.osha.gov/SLTC/covid-19/>

Ensure that patients contacted for in-person encounters are aware that they are required to wear at least a cloth face covering during their visit.

- **Take Additional Steps to Ensure Staff Safety**

Communicate to your staff that they should not present to work if they have a fever, have lost their sense of taste or smell, have other symptoms of COVID-19, or have recently been in direct contact with a person who has tested positive for COVID-19.

Communicate with staff about their safety concerns, query them for suggestions about how to maintain office safety, and educate staff about social distancing and wearing masks both in the workplace and while in public.

Consider rearranging open work areas to increase the distance between people while working. Also, consider having dedicated workstations and patient rooms to minimize the number of people touching the same equipment.

Review procedures in place to clean shared spaces (e.g. kitchens, bathrooms), and follow best practices for cleaning and disinfecting from the CDC:

- <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility-H.pdf>
- https://www.cdc.gov/hai/pdfs/guidelines/ambulatory-carechecklist_508_11_2015.pdf

- **Review Your Liability Insurance**

To ensure that you are protected from medical malpractice litigation, Congress has shielded clinicians from liability in certain instances. As practices resume routine patient care, however, there may be heightened risks caused by the pandemic that do not fall under these protections.

Contact your medical malpractice liability insurance carrier to discuss your current coverage and whether any additional coverage may be warranted.

During the resumption of routine patient care:

- **Consider a Telemedicine Encounter Prior to an In-Person Patient Examination**

Depending on a patient's medical needs and health status, you may consider directing patients who contact the office to make an in-person appointment to the practice's HIPAA-compliant telemedicine platform for an initial assessment. This will enable you to screen the patient for symptoms of COVID-19 and determine if an in-person visit is required.

- **Screen Patients for Symptoms and Risk Prior to Entering the Practice**

Before a patient presents in the office, the practice should verify as best it can by phone or electronic communication that the patient does not have symptoms of COVID-19. For visits that

must take place in person, administrative staff should contact the patient to screen them for COVID-19 symptoms no later than 24 hours prior to the office visit and no sooner than four days.

The American Medical Association has developed a thorough ‘pre-visit screening script’ as a part of its [AMA Physician Guide to Reopening](#), which can be adopted in full or adapted to suit your existing protocols. This guide can be used for remote or in-person screenings.

When considering an in-person patient encounter, you may also wish to consider the patient’s risk factors, including co-morbidity, procedure factors such as length of exposure, and disease factors.

If the patient has symptoms of COVID-19, they should be discouraged from attending their appointment or making an appointment in another outpatient clinic.

If the patient has not yet been tested, or is having unclear symptoms and should be tested, they can be directed to the following website to make an online appointment for a free COVID-19 test in San Francisco: <https://sf.gov/get-tested-covid-19-citytestsf>. SFMMS is advocating for expanded capacity at city testing sites.

Patients who have been screened are still potentially carriers of COVID-19. Encourage patients to arrive neither early nor late so that time in the waiting room is minimized. Room patients as quickly as possible to reduce contact with others. Visits should be kept as succinct as possible.

- **Limit Visitors and Accompanying Individuals**

The practice should strictly limit individuals accompanying patients but, in instances where an accompanying individual is necessary (e.g. a parent of a child), those individuals should be screened in the same manner as a patient.

Clearly post your policy for individuals who are not patients or employees to enter the practice (including vendors, educators, service providers, etc.) outside the practice door and on your website.

Reroute these visitors to virtual communications such as phone calls or videoconferences (e.g. a physician may want to hold “office hours” to speak with suppliers, vendors, or salespeople). For visitors who must physically enter the practice (to do repair work, for example), designate a window of time outside of the practice’s normal office hours to minimize interactions with patients, clinicians, or staff.

- **Maintain Social Distancing Throughout Your Practice**

Staff and patients should practice physical distancing, minimizing proximity unless closer contact is required in the course of providing patient care.

Identify how to do intake and cycle patients through the practice for screening and testing for COVID-19. Seating in waiting areas should be distributed or partially removed to ensure patients cannot sit near one another. Markings on the floor can lead patients to designated intake areas.

- **Referring a Patient to an Emergency Department**

Physicians in outpatient settings should communicate clearly with the emergency department in situations where referring the patient to the emergency department is the only option. In addition to patient history and physical exam information, it is important to convey the patient's COVID-19 status (in order to facilitate rapid triage and rooming of the patient), your concerns for the patient, and if you are requesting a direct call-back from the emergency department.

- **Educate Your Patients**

Over the course of routine patient care, consider reviewing with the patient the symptoms of COVID-19, preventing the spread of the virus, and what to do if a patient becomes symptomatic. These may include handwashing, avoiding touching the eyes, nose, or mouth, staying home if you aren't feeling well, coughing or sneezing into your elbow, and cleaning and disinfecting frequently touched objects.

Refer the patient to CDC guidelines for patients who test positive for COVID-19:

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

RESOURCES CONSULTED

- [*Best Practices for Reopening a Medical Practice*](#). California Medical Association
- [*COVID-19: A physician practice guide to reopening*](#). American Medical Association
- [*COVID-10: Reopening Your Medical Practice Checklist*](#). Riverside County Medical [Association](#)
- [*A checklist for reopening your practice for "non-essential" face-to-face visits*](#). American Academy of Family Physicians
- [*Preparing Your Practice*](#). California Dental Association
- [*Enforcement Guidance for Respiratory Protection and the N95 Shortage Due to the Coronavirus Disease 2019 \(COVID-19\) Pandemic*](#). Occupational Safety and Health Administration
- [*Resuming California's Deferred and Preventive Health Care*](#). California Department of Public Health
- [*Guidance for Resuming Deferred and Preventive Dental Care*](#). California Department of Public Health
- [*Interim Reopening Protocol for the OMS Office*](#). American Association of Oral and Maxillofacial Surgeons.
- [*Guidance for Return to Practice for Otolaryngology-Head and Neck Surgery*](#). American Academy of Otolaryngology–Head and Neck Surgery
- Various organizational best practices and protocols shared in confidence by members of the SFMMS Board of Directors