

ISMA Safe Return to Clinical Practice Recommendations

(Updated 5/1/20)

Physician practices and other health care facilities will need to determine their readiness to resume routine health care services as Indiana's Executive Orders impacting the operation of businesses and the mobility of the public are eased. Below are some suggestions for steps that can be taken upon return to full clinical practice to help minimize the risk of exposure to COVID-19 for patients and health care team members. All recommendations are subject to state-issued Executive Orders and Centers for Disease Control and Prevention (CDC) guidelines, which should be regularly monitored for updates. Physicians are also encouraged to check with their respective national specialty societies for any recommendations unique to their specialty practice.

This document was developed by ISMA's COVID-19 Task Force, which is comprised of Hoosier physicians from multiple specialties across the State. This document should not be construed as legal advice. Rather, the contents are intended to provide general information and should be used in tandem with other industry information, which is subject to change at any time due to the evolving nature of the COVID-19 pandemic.

RECOMMENDATION 1: Health Care Team Safety

- Direct staff ill with fever or new/unexplained respiratory symptoms to STAY HOME!
- Prepare and educate staff on clinical and operational procedures and protocols.
- Ensure [appropriate and optimal use of personal protective equipment \(PPE\)](#) for the practice setting as recommended by the CDC. Review proper technique for putting on and taking off PPE with staff.
 - Encourage use of N95 respirators by staff seeing patients with respiratory symptoms whenever possible.
- Perform routine screening of health care team members for potential COVID-19-related symptoms such as fever, chills, cough, shortness of breath, and headaches. Log and document abnormal daily temperatures. Send symptomatic employees home.
 - NOTE: Please be aware that there are privacy, confidentiality, and other legal considerations relevant to testing and screening employees that should be reviewed with legal counsel to ensure appropriate handling.
- Consider testing health care team members for COVID-19 pursuant to available state and federal guidance and subject to availability of adequate testing supplies.
 - NOTE: Please be aware of the latest data pertaining to false positives and false negatives.
- Restrict the number of workers present on the premises to no more than is strictly necessary to perform work requiring staff to be onsite.
- Consider allowing staff to telecommute and conduct as much administrative business as possible remotely, including billing, triaging, scheduling, and screening patients.
- Follow risk assessment guidance for [staff exposure to COVID-19](#).
- Remind staff to use appropriate infection control practices (e.g., regular hand washing).



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RECOMMENDATION 2: Patient Safety

- Consider utilizing telemedicine/telehealth for patient encounters and monitoring activities that do not require in-person visits.
- Screen patients for potential symptoms of COVID-19 prior to their appointment date and before entering the facility.
 - Direct patients with potential COVID-19 symptoms to the appropriate community resource (e.g., respiratory clinic or emergency room).
- All patients should be given instructions prior to their visit about appropriate precautions to protect themselves from contracting or spreading COVID-19, including wearing a face covering. Patients should be given appropriate face coverings if they do not present with their own.
- Facilities should establish pre-procedural testing policies for COVID-19.
 - COVID-19 testing sites in Indiana can be found [here](#).
- Post signage at the practice.
 - At the entrance: post screening questions and advise patients who answer “yes” to call the practice from somewhere away from the entrance and wait for instructions.
 - In the waiting room and exam rooms: post information on how to [protect oneself from COVID-19](#).
 - Place handwashing signs on all soap dispensers.
- Minimize direct contact between patients and staff and maintain appropriate social distancing.
- Minimize the number of patients and amount of time in the waiting room. Reorganize waiting rooms if possible to maintain social distancing guideline of six feet.
- Limit additional persons attending in-person appointments with patients to the minimum necessary (e.g., limit additional persons to only those required for the provision of medical care, the support of activities of daily living, the exercise of legal or other rights, such as powers of attorney, court-appointed guardians, or consent purposes if a patient is a minor or otherwise incapable of consenting on their own behalf).
- Provide no-touch waste containers with disposable liners in all reception, waiting, patient care, and restroom areas.
- Provide adequate and appropriately located alcohol-based hand sanitizer in all reception, waiting, patient care, and restroom areas. Keep soap dispensers stocked.
- Discontinue the use of or appropriately sanitize office items shared among staff and patients, such as pens, clipboards, phones, etc.
- Eliminate toys, magazines, books, and other shared items provided by the office or clinic.
- Provide handouts for patients with [questions about COVID-19](#) and for those [with COVID-19 related illness](#).



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RECOMMENDATION 3: Operational Readiness

- Ensure you have ample supply of PPE (e.g., gowns, goggles, gloves, and respiratory protection) and disposable goods such as facial tissue, soap, hand sanitizer, and disinfectants.
- Follow recommended [isolation precautions](#) and [infection control measures](#) such as immediately masking and escorting suspected COVID-19 patients to an area away from other patients, providing alternative facility entrances/exits, and limiting nonessential personnel interaction.
- Implement mitigation controls including social distancing guidelines, minimizing foot traffic, limiting the number of patients in waiting areas (or adopt alternatives to waiting room use), etc.
- Consider cohorting patients based on their symptoms and reason for visit. For example, schedule well visits in the morning and sick visits in the afternoon or evening.
- Keep team members and patients who are on premises at least six feet from one another to the maximum extent possible, including those who are checking in or out.
- Install physical barriers, such as clear plastic sneeze guards at reception and check-out desks.
- Initially consider maintaining low patient volumes or spacing out appointments.
- Minimize touchpoints for patients and staff.
- Utilize e-documents and other electronic methods for online registration, pre-procedure planning, etc. and adopt protocols to accept verbal or electronic informed consent for medical and/or surgical procedures when appropriate, including reasonable identity verification procedures. Ensure use of HIPAA-compliant platforms for these communications.
- To the extent feasible, use negative pressure rooms or rooms with appropriate air exchange and HEPA filters in any situation where a bovie is used, aerosol droplets are generated, or any procedure is performed that puts the health care team at risk.
- Adopt an infection control plan that includes standards for thorough facility cleaning and disinfection to limit staff and patient exposure to COVID-19, as well as adopting protocols to clean and disinfect in the event of a positive COVID-19 case in the workplace.
 - Clean exam room after every patient.
 - Comply with existing [OSHA standards](#) to minimize risk.
 - View information from the Environmental Protection Agency on [disinfectant use and COVID-19](#).
 - Consult the cleaning agent's safety data sheet for information on dwell time.
- Appropriately sterilize instruments, following recommended sterilizing procedures as dictated by anti-viral cleaning procedures.



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RECOMMENDATION 4: General Information and Resources

- Know how to [report a potential COVID-19 case](#).
- Coordinate contact tracing with the [Indiana State Department of Health](#) and your [county health department](#). Advise potential COVID-19 patients to consider their last 7-14 days of personal contacts.
- For health care team members positive for COVID-19, follow [CDC guidelines for return to work](#).
- [Patient handouts](#).
- [Infection control plans](#) for outpatient and other settings.
- OSHA [Guidance on Preparing Workplaces for COVID-19](#).
- [Equal Employment Opportunity Commission guidance](#) on COVID-19 and employment laws.

The above recommendations are designed to assist physician practice and medical clinic readiness to re-open for routine services and care delivery. For additional guidance on recommendations for other care settings, please view the following links:

- [Hospitals](#).
- [Home care and hospice](#).
- [Federally Qualified Health Centers](#).
- [Community health centers](#).
- [Long term care facilities](#).
- [Ambulatory surgical centers](#).
- [Laboratory services](#).

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- [American Medical Association](#)
- [American Society of Addiction Medicine](#)
- [American Society of Anesthesiologists](#)
- [American College of Chest Physicians](#)
- [American Academy of Dermatology](#)
- [American Academy of Family Physicians](#)
- [Infectious Disease Society of America](#)
- [American College of Obstetricians and Gynecologists](#)
- [American Academy of Ophthalmology](#)
- [American Academy of Orthopaedic Surgeons](#)
- [American Academy of Pediatrics](#)
- [American College of Physicians](#)
- [American Psychiatric Association](#)
- [American College of Radiology](#)
- [American College of Surgeons](#)

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