Prepare Your Office for Re-opening: A Guide for PM&R Best Practices

Based on state and federal guidance, your office may soon be opening. There are a number of steps you should take to promote safety for you, your staff, and your patients. The CDC and other authoritative agencies report that COVID-19 transmission occurs through close person-to-person contact via respiratory droplets, with sustained contact further increasing the risk. Such contact will likely occur while caring for patients and working with your office staff.

COVID-19 Education

- Educate staff about COVID-19 and the importance of mitigating viral transmission.
- Educate staff on office practices and procedures to minimize the risk of exposure, including changing workflows and how to talk to patients about these changes.
- Educate staff on implementing social distancing guidelines within your office space and continue to monitor CDC and other authoritative agencies for changes to these guidelines.
- Educate and train staff on how to properly don and doff approved masks and other personal protective equipment (PPE) in the front and back office. This may include working with patients to ensure their own masks are fitted properly.
- Educate staff and train for specific tasks related to proper cleaning protocols of exposed surfaces in front and back offices following the recommendations of CDC and other authoritative agencies.
- Educate staff on COVID-19 evaluation and next steps if a patient's symptoms are suggestive for COVID-19 infection.

Office Preparedness

- Assume that every patient is potentially infected with a pathogen that could be transmitted in a health care setting.
- Design a COVID-19 office management plan that includes patient workflow, triage, treatment, and design:
    - Create a "check-in area" at the front door.
    - Use a touchless temperature monitor if possible. If the patient has a temperature of 100.4° F or greater, their appointment should be rescheduled.

- Ideally, patients are telephone screened by staff for COVID-19 symptoms 24 hours prior to their appointment. For those patients who are not pre-screened, the verbal assessment should be performed at the initial 'check-in area" and documented by staff.
- Only allow the patient into the office unless the patient is a minor. All other family members should remain in their car unless it is required or absolutely necessary that the member accompany the patient.
- If patients require the use of a pen during their appointment, they should be given a new pen and instructed to keep it with them throughout their appointment and take it with them when they leave.
- Consider receiving informed consent from patients for in-person visits during the COVID-19 public health emergency. The form should include acknowledgement of the precautions your practice is taking, the precautions the patient must take, and states the patient assumes all COVID-related risks with their in-person appointment.

❖ Rearrange waiting area, and/or remove furniture to keep patients 6 feet apart. Remove all magazines and other shared items. If you cannot rearrange your waiting room, ask that patients wait in their vehicle until you are ready to see them and develop a notification process.

❖ Provide touchless hand sanitizer and have available PPE (face shields, masks, gloves, and gowns) for all staff and providers to use when indicated.

❖ Add barriers such as plexiglass between staff and patients, if possible, particularly in high traffic areas.

❖ Implement policies that promptly alert key staff about suspected COVID-19 patients.

❖ Prepare for clinical and staff illness, absences, and/or quarantine:
- Ensure staff are self-monitoring for signs of illness.
- Create a mechanism for reporting both illness and absenteeism, if not already in place.
- Develop a return-to-work policy that follows CDC or other authoritative agency recommendations.
- Determine whether illness will be handled as workers' compensation or personal insurance depending on the situation.

❖ Determine contingency plans for at-risk staff.

❖ Cross-train staff for all essential office and medical functions, as necessary.

❖ Institute extra office and medical cleaning routines, including management of medical waste, related to COVID-19.

- Ensure that you and your staff are familiar with specific public health reporting practices legally required in your area.

- Post signage in appropriate languages at various entrance points to alert all patients with respiratory symptoms and/or fever to notify staff via telephone prior to entering the office check-in room.

- Stay informed. Designate one or more staff leaders to monitor your state and local department of health's websites frequently for changes in recommendations or requirements.

Triage and Patient Flow Systems

- Determine the services you will be able to safely re-introduce, and the patient screening process and location prior to patients entering office space.

- Develop or continue with telehealth services to meter the number of patients in your office on a given day. In-office visits should be based on degree of urgency as determined by shared decision making between the patient and provider.

- Post recommendations on your website and voicemail recording to inform patients that they should call the office prior to traveling to the office for their scheduled appointment.

- At the completion of the appointed visit, exit the room as quickly as possible to finish documentation in a separate location, and have staff facilitate patient discharge.

- Avoid double booking patients in the same time slot.

- Develop care plans that reduce the number of staff caring for patients.

- Provide alcohol-based hand rub and consider providing masks in all reception, waiting, and patient care areas.

Waste Disposal

- No-touch methods should be used to dispose of waste materials.

- Arrange for proper disposal of dangerous waste.