



# COVID-19 EMERGENCY

GUIDEBOOK FOR  
RESUMING SERVICES

**THIRD EDITION**  
JUNE 2020



# Criteria for Resuming Services

## II (c). Medical Groups and Provider Services (MGPS)

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## Resuming Services in Medical Group Provider Services (MGPS) Clinics

This section of the Trinity Health COVID-19 Recovery Guidebook for Resuming Services is for Medical Group and Provider Services (MGPS) clinics – and for an ambulatory setting specifically. It provides context and an outline format for reference to recommendations and requirements for the safe transition to pre-COVID 19 clinical operations and patient care. Throughout this section, embedded links will guide the user to more in-depth guidance.

### II (c) 1. MGPS – Ambulatory Office Visits and Procedures

#### Telehealth Visits, Ambulatory In-Office Visits, and Non-Urgent Surgery/Procedures

As part of our plan to resume services, we will continue to provide telehealth visits in addition to resuming in-office visits and in-office procedures.

#### Telehealth Overview

Telehealth is the use of electronic information and telecommunication technologies to extend care when the provider and patient are not in the same place at the same time. In most cases, a phone or a device with internet connection is everything needed for the patient to participate in a telehealth visit. A telehealth visit enables the patient to do the following:

- Talk with the provider or care team member live over the phone or video chat
- Send and receive messages from the provider or care team member using chat messaging, email, secure messaging, and secure file exchange
- Use remote patient monitoring so the provider or care team member can check vital signs and other test results to stay informed on your progress and adjust a treatment plan.

For more information on telehealth resources for patients and providers, please visit:

<https://telehealth.hhs.gov/>

#### Telehealth Visits

Telehealth remains a preferred platform for Trinity Health, and we have included guidance for consideration. Independent affiliates/private community providers should seek guidance appropriate for their practices.

Conducting telehealth visits should be through secure platforms. During the initial phases of the COVID-19 pandemic, practices and providers were not required to use secure platforms. In the recovery phase; however, Trinity Health has advised employed providers and practices to transition to secure platforms.

Trinity Health System Office has developed a standard for all employed physician groups to use Zipnosis for asynchronous telehealth visits with a phone step-up. QliqSoft is now the Trinity Health standard for video visits, allowing for real-time (synchronous) telehealth visits between patients and providers. Please refer to the [CMS telehealth site](#) for a list of approved telehealth vendors. Please refer to the [HHS site](#) on guidance on implementing telehealth in your practice

Telehealth visits remain our preferred method for seeing patients who do not require or prefer an in-person visit. Care should be provided at a safe distance and use telehealth as appropriate per the CDC COVID-19 telehealth guidance. Delivery of telehealth services should comply with Trinity Health's Integrity and Compliance privacy and legal requirements.

[Please see MGPS Telehealth Guidelines at this link](#)

- Upon initial contact with the office, patient portal registration is offered and encouraged for bidirectional communication.
- Communication through text, email and video technology should be through secure platforms.
- During the COVID-19 pandemic, MGPS practices and providers were not required to use secure platforms. In the recovery phase, MGPS practices and providers are transitioning to secure platforms, which are now required.

### **In-Person Visits**

We remain open for all patients who would like to have an in-person appointment or for whom an in-person appointment is more appropriate. In-office primary care and specialty care visits are available. We encourage all well children and adolescents to have an in person visit for immunization catch-up and to stay current on CDC vaccination recommendations.

- For all services, patients can contact the office, and we will ensure they receive the appropriate appointment in the appropriate care setting. Additionally, the use of in-home support is available in place of In-Person clinic visits. This includes: remote monitoring equipment (BP cuff, thermometer, scale, glucometer)
- Outreach for social influencers of health (SIOH)
- Video dialogue with care team members including: RN, Social worker, pharmacist, community health worker and other non-provider care team members
- Home visits are available to those requiring in home care services such as home health, palliative care, and hospice care.

## **Outreach to Patients**

Across Trinity Health, our Health Ministries (HMs) are conducting routine patient outreach to ensure appropriate delivery and coordination of care. A collaborative team at the System Office developed detailed patient data files to support outreach to patients most at risk for complications of COVID-19. This vulnerable patient outreach list contains includes patients seen by primary care or specialty care providers since April 2018. The lists have been segmented into groups for outreach based on when they were last seen by their primary or specialty care provider. The source of the data is nThrive claims data. Protected Health Information (PHI) is only available at the HMMGPS level. The HM can use this list as part of an overall outreach strategy to contact patients who had interruptions in care due to COVID-19.

It is important to conduct routine outreach to patients to ensure their care needs are met. The outreach is being conducted by MGPS providers and care teams. As your practice is resuming services, consider the following outreach strategy.

Identify and contact:

- Patients who canceled appointments.
- Patients who the Primary Care Provider (PCP) or Specialty Care Provider (SCP) practice canceled and did not reschedule.
- Patients who had been advised to schedule a follow-up appointment with their PCP or SCP and did not.
- Patients who were in the process of being seen by a SCP for ongoing treatment and appointments were canceled (e.g., patient with a mass needing evaluation by a surgeon, positive PAP smear).
- Patients who have outstanding diagnostic tests or procedures (e.g., echocardiograms, colonoscopy, MOHS surgery, elective surgeries, and discipline-specific).
- Patients for chronic condition management.
  - Appropriate lab testing (e.g. HgbA1c for diabetes).
- Patients for preventative health visits, including:
  - Adult, pediatric, and adolescent visits – well checks, anticipatory guidance, immunizations, and preventive health screening (e.g., breast cancer screening mammograms, colorectal cancer testing, cervical testing, etc.).
  - Medicare Annual Wellness visits.
- All children who are overdue for vaccinations. Per CDC and American Academy of Pediatrics guidance, we should resume vaccinations and well-child visits of all children.

## **In-Office Surgery/Procedures and Procedures at Trinity Health Facilities Guidance**

Despite the COVID-19 pandemic, treatment for some patient disease processes cannot be postponed indefinitely. The guidance that follows is intended to assist providers in resuming surgeries/procedures as guided by local and state policy. It is important to be aware that performing certain procedures are dependent on the availability of staffing, supplies and COVID-Free Zones (CFZ) (well clinics). COVID-Free Zones are areas where we provide care only for people not known to have COVID-19 or COVID symptoms.

There will be variability among providers as to the timing of procedures that can be performed based on the local incidence of COVID-19. HMs and providers should follow local and state guidance when resuming services for non-urgent procedures. Surgery/procedures must be aligned with municipal, county, and state health authority regulations and executive orders.

Trinity Health offers the following guidance to assist providers in determining when to resume **in-office** procedures:

- Ensure facilities in the immediate area can receive and accommodate patients safely.
- Prior to implementing the start-up of any procedures, all areas will be cleaned according to CDC guidelines.
- All in office procedures for well patients must be performed in a COVID-Free Zone (Well Clinic)
- All in office procedures for patients with known COVID19 or Persons Under Investigation (PUIs), please coordinate with your local HM with appropriate location for service.
- It is recommended not to resume surgical procedures until adequate PPE and medical surgical supplies are available. This determination must be made in coordination with your supply vendor and/or Trinity Health facility.
  - All patients and colleagues must always be masked. Refer to Trinity Health's [Ambulatory Masking Policy](#).

Trinity Health offers the following guidance to assist providers when performing **procedures at a Trinity Health facility**:

- Coordinate with Trinity Health facilities prioritizing cases, OR block times and related processes.
- Provide sufficient lead time from a scheduled/re-scheduled patient for pre-operative testing to be completed – refer to hospital policy.
- Understand any new scheduling processes and pre-procedure testing requirements and paperwork; incorporate into workflow.

**When HMs have decided to resume procedures in the ambulatory clinic, the following requirements must be met:**

- Resuming non-urgent surgery/procedures must be aligned with municipal, county and state health authority regulations and executive orders.
- HM facilities in the immediate area must be able to treat all patients safely if it is possible that the patients will be transferred from the ambulatory setting to a hospital facility.
- The HM MGPS practice must have available numbers of trained staff appropriate to the planned procedures.
- Prior to implementing the start-up of any procedures, all areas will be cleaned according to CDC guidelines.
- All in office procedures must be done in a COVID Free Zone (well clinic) except for services delivered to known COVID-19 patients or persons under investigation for COVID-19 (PUI). Services for patients with infectious symptoms should be delivered in a non-COVID Free Zone(non-CFZ) (Sick/FURI clinics).
- HMs must not resume elective surgical procedures until they have adequate PPE and medical surgical supplies appropriate to the number and type of procedures to be

performed in addition to the PPE required for the care of patients with COVID-19. This determination must be made in advance in coordination with the HM incident command or designated departments.

- All patients and colleagues must always be masked. Refer to Policy. Ministries will prioritize patients to be scheduled, understanding local guidance on prioritization of cases and timeframes. MGPS will coordinate with local hospitals and ambulatory surgery centers to prioritize cases. MGPS will follow the established process.
  - Ministries will prepare list of patients and type of cases.
  - Ministries will check on block schedules and other open times.
  - Provide enough lead time from a scheduled/re-scheduled patient for pre-operative testing to be completed – refer to hospital policy
  - Understand any new scheduling processes and pre-procedure testing requirements and paperwork; incorporate into workflow.

### **Testing Laboratory and Radiology**

Resuming routine diagnostic testing must be aligned with municipal, county and state health authority regulations and executive orders as well as all applicable payor and accreditation requirements and federal law. Please check with your local Trinity Health laboratory and radiology locations regarding testing and requirements.

### **COVID-19 testing**

HMs should develop a protocol addressing testing requirements and frequency for testing patients based on local guidance and availability of testing. This protocol should be reviewed and updated as CDC and local guidance is updated.

- An assessment of the availability of COVID-19 tests, including turnaround time for test results, should be performed by each HM with the intention of developing a patient testing protocol for non-urgent surgery/procedure patients.
  - Health care worker testing must be available for those who are symptomatic.
- Conduct any pre-procedure COVID-19 testing outside of designated COVID Free Zones and consistent with Trinity Health and CDC guidance.
- All COVID positive patients, PUIs and persons with infectious symptoms must have testing only in non-COVID Free Zones (Sick/FURI Clinics) locations.
- Follow pre-COVID guidance for point of care testing and pre-operative testing.

### **Personal Protective Equipment (PPE)**

This is the Trinity Health Ambulatory Clinic PPE Guidance. If you are interested in learning more on how to prolong the use of PPE, reach out to your local Trinity Health Hospital Infection Control Department.

Trinity Health has developed guidance for PPE use in a COVID-Free Zone and a non-COVID Free Zone.

All colleagues at COVID-Free Zones (well clinics) and non-COVID Free Zones (Sick/FURI Clinics) should wear appropriate PPE and masks.

HMs should not resume ambulatory office visits and procedures or elective surgical procedures until they have adequate PPE and medical surgical supplies appropriate to the number and type of office visits and procedures to be performed. Ensure adherence to standard precautions, including droplet precautions and use of eye protection.

Facility policies for PPE should account for the following:

- Adequacy of available PPE, including supplies required for a potential second wave of COVID-19 cases.
- All policies and training should remain consistent with CDC and Trinity Health guidance.

### **PPE and Masking for COVID-Free Zones (Well Clinics)**

In order to manage mask usage, and to protect our outpatient clinic colleagues and patients, adherence to the following guidelines is required in outpatient offices.

#### **COVID-Free Zone PPE Guidance:**

\*All colleagues must perform hand hygiene at regular intervals or when hands become soiled. Colleagues must also perform hand hygiene before and after each encounter with a patient.

<b>Role</b>	<b>Required PPE for COVID Free Zone</b>
Colleague (greeter/screener)	Procedural mask
Reception	Procedural mask
Medical Assistant (Rooming, no direct care)	Procedural mask
Nurse (no direct care, triage)	Procedural mask
Nurse or Medical Assistant (patient care)	Procedural mask (other PPE as indicated by standard precautions)
Provider (evaluating patients)	Procedural mask (other PPE as indicated by standard precautions)
Patient & Persons Accompanying Patient	Patient and persons accompanying patients must wear a mask. If they do not have one, a cloth mask will be provided.

### **PPE and Masking for non-COVID Free Zones (Sick/FURI Clinics)**

Patients:

- If patient arrives in obvious distress, a clinical person must be contacted immediately, and a procedural or surgical mask must be provided to patient if they do not have one. **Discourage the patient from returning to the vehicle.**
- Upon arrival, if the patient is not wearing a mask, ask the patient to put on a mask. Patients may NOT enter the office unmasked.
- Anyone accompanying the patient will be asked to wait in the vehicle

Colleagues:

- Always wear proper PPE, as recommended by clinic infection control – stay current!

## Non-COVID-Free Zone (Sick/FURI Clinics) PPE Guidance :

Role	Required PPE for non-COVID Free Zone
Colleague (greeter/screener)	Procedural mask; face shield or eye protection
Reception	Procedural mask and face shield or eye protection; perform hand hygiene before and after each encounter with a patient
Medical Assistant (Rooming, no direct care)	Procedural mask, face shield or eye protection, gloves
Nurse (no direct care, triage)	Procedural mask
Nurse or Medical Assistant (patient care)	Procedural mask, face shield or eye protection, gloves and disposable or reusable gown
Provider (evaluating patients)	Procedural mask, face shield or eye protection, gloves and disposable or reusable gown
Patient & Persons Accompanying Patient	Patient and persons accompanying patients must wear a mask. If they do not have one, a cloth mask will be provided.

## II (c) 2. MGPS – Regulations for Persons Accompanying Patients

As a result of the COVID-19 pandemic and updated guidance from the CDC and CMS, it is required, and Trinity Health policy provides that Trinity Health facilities restrict persons accompanying patients. Ambulatory clinics will notify patients of the policy. Persons accompanying patients will be screened at the entry of the facility in the same way as colleagues, providers and patients.

Trinity Health remains steadfast in its commitment to safety as a Core Value and we are working diligently to protect our colleagues and communities from exposure to COVID-19. We are following Centers for Disease Control and Prevention (CDC) and other public health authority guidance to ensure that our clinical and community care is consistent with the latest recommendations and research. Clear communication of this policy should be given at the time of booking the appointment and appointment reminder. You may adopt this guidance for your practice.

**One Person may be considered to accompany a patient in the ambulatory medical setting under at least one of these special circumstances:**

- Person is required for supporting patient, including with activities of daily living such as assisting with ambulation;
- Person has power of attorney or is court-appointed for care of the patient;
- Patient is in serious or critical condition, receiving hospice care, palliative care, or end of life care (compassionate care);
- Person is conducting official government business; and/or
- Person is parent, foster parent or appointed guardian of a minor.

**Note:** If the person accompanying the patient does not meet the above criteria, they should be asked to return to their vehicle and if unable, to wait in the waiting room at an appropriate social distance.

**No Person under 14 years of age will be allowed to accompany a patient, unless under special circumstances listed above.**

- Patients should be advised NOT to bring children with them to an office visit.

### **Sick or At-Risk Persons Accompanying Patients Are Not Permitted**

No person can accompany the patient if they have COVID-19 symptoms (fever, shortness of breath, coughing) or other risk factors (travel to endemic area, exposure to confirmed COVID-19 person(s) in past 14 days, pregnant, etc.).

- Anyone with [symptoms](#) at the front desk check-in WILL NOT be allowed in patient care areas and WILL be asked to return to their vehicle
- Patients may be asked to reschedule non-urgent or well care if they or their accompanying person is does not pass the screening test.

### **Social Distancing in Waiting Rooms and Lobby**

It is recommended that patients be directly roomed. However, in instances where this is not possible, social distancing in the waiting room must be adopted and enforced. To prevent waiting room occupancy, offices should implement a "parking lot" waiting room in which patients are registered via a telephone call and called/texted once their exam room is ready.

In the ambulatory space, the following guidelines should be followed:

- Hand sanitizer will be available upon entry of each practice.
- Designated waiting areas should remain empty unless the patient is unable to wait in a vehicle and an exam room is not ready.
- Technology should be utilized to alert patients when it is time to enter the ambulatory area. If the patient does not have a mobile device, a colleague will notify the patient when it's time to enter the office.
- Unless requiring an accompanying person, patients should enter the ambulatory space alone and be taken immediately to an examination room.

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## **II (c) 3. MGPS – Office and Ambulatory Clinic Operations**

### **COVID-19**

Below are the Trinity Health actions and tasks required and recommended to safely care for patients. Independent affiliate and community providers are welcome to adopt this guidance.

#### **Cleaning: Enforce the standard process for cleaning rooms**

Note: Ensure staff are trained and focused on high touch surfaces for cleaning:

- Exam tables
- Doorknobs

- Light switches
- Coffee pots – and reusable dishware
- Elevator buttons – if office practice or clinic is in multi-story facility
- Countertops
- Handles used to operate handwashing sinks,
- Workstations / desks, e.g., reception areas and common use horizontal work areas
- Phones
- Keyboards
- Toilets
- Touch screens
- ATM machines
- Clipboards used for patient registration
- Soap, sanitizer and paper towel or tissue dispensers
- Sinks and faucets

Always follow the directions on the label of any disinfectant to ensure safe and effective use of the product. Many product labels recommend keeping the surface wet for a specific amount of time. The label will also list precautions such as wearing gloves and making sure you have good ventilation during use of the product. Keep all disinfectants out of the reach of children.

- **Consult with your Trinity Health hospital infection prevention team for additional guidance.**

**Supplies: Recommendations based on** Trinity Health and CDC guidance and OSHA's standards (29 CFR 1910).

- Boxes of disposable tissues.
- Single-use towels for use throughout the office.
- No-touch waste baskets and disposable liners
- Alcohol-based hand rub for entrance, reception, waiting, patient care and restroom areas.
- Personal protective equipment (see above)
- Appropriate disinfectant for environmental cleaning.

Please see the Disinfectant Wipe Alternative- Ambulatory guideline for more information.

[Alternate Substitute Disinfectant Wipes for Disinfection of Inanimate Surfaces \(Including Disinfectant Grid\)](#)

### **Business Operations Processes**

- Consider new procedures for registration – e.g., paperless/online prior to arrival

- Protocols for paperless and online registration prior to arrival
- Protocols for patients waiting in their car until called for their appointment
- If a waiting room must be used, install controls to reduce or eliminate exposures by shielding staff and other patients from infected individuals. Examples, plexiglass on registration desk, exam room accommodations for sick patients, marks on floor where patients should stand, one-way lines to promote social distancing, removing furniture, magazines, toys in a pediatric office, etc.
- Consider extended hours/days:
  - to catch up on patient visits or
  - to accommodate patient needs or preferences
  - to encourage social distancing

## Communication

Communication with patients is critical in order to keep them updated with new practice processes and prepare them to come into the office. Key messages can be most effectively shared by using multiple means of communication: email, website, letters, phone calls, etc.

- Include the message to patients that they should call the office prior to arrival if they have any respiratory symptoms or fever.
- Below are examples of Trinity Health communication documents that may be adopted to fit the needs of your practice. Feel free to use your own letterhead, logo, etc.
- [Call Center Script](#)
- [Front Desk and Registration Script](#)
- [Letter to Patient Balance Seeker](#)
- [Letter to Patient Willful Endurer](#)
- [On Hold Message Script](#)
- [Robocall Script](#)
- [Recovery Intranet Message](#)
- [Direct Mailer](#)
- [Handout to Patients](#)
- Signage:
  - All colleagues, patients, and persons accompanying patients will be screened for respiratory symptoms and fever prior to entry into the clinic.
  - Educational materials will be displayed regarding correct respiratory hygiene and cough etiquette.
  - Educational materials will be displayed regarding handwashing (e.g., in restrooms; staff areas).
  - Links to signs for doors, point of entry, etc.: [COVID-19 Resources](#). (See *Restrictions and Signage* section.)

## Entry to Point of Service

### Clinic Arrival & Entry

**To ensure we are not introducing known COVID-19 into the waiting room and to enforce social distancing, it is strongly recommended to have a colleague whose function is to greet patients at entry, take patient temperature and ask screening questions, and then to direct patient to ensure they are at the appropriate location.**

- Mask all patients upon arrival.
- Colleagues must also wear masks.
- Patient drop-off and escort must meet colleague at the designated entry area.
  - This is specific to each office and the office staff is responsible for communicating this location/area with patients while scheduling the appointment.
- Patients arriving via public transportation are escorted immediately to the exam room after COVID-19 screening and masking.
- Patient is instructed to wait in vehicle until called/texted\* to be roomed; if parking lot waiting is not applicable, the patient is escorted to clinic waiting area where social distancing is enforced. \*If patient does not have a mobile device, a staff member will notify them.
- After visit, patient escorted to exit.
- Considerations also need to be in place for pick-up of patients.

### Screening

- Follow the guidance provided: [Screening at Facility Entrances](#)
- If screening is positive for the patient or person accompanying patient, provider must be notified immediately to direct patient to the most appropriate site of care (e.g., tele visit, FURI site, testing site, ED) Colleagues identify patient and provide masks if necessary
- The colleague screening set-up must include adequate PPE for all persons designated to use the CFZ entry, as well as signage that aligns with the Ministry Communications Plan.
- Anyone presenting with the following symptoms, the practice should call 911 immediately:
  - Trouble breathing
  - Persistent pain or pressure in the chest
  - New confusion or inability to arouse
  - Bluish lips or face
  - \*This list is not all-inclusive.
- **If screening is positive for the patient or person accompanying patient, provider must be notified immediately to direct patient to the most appropriate site of care.**

### Circulation Routes (Ambulatory or Medical Office Buildings (MOB))

To continue to promote social distancing, Trinity Health has designated "circulation routes" to minimize and manage the flow of people traversing the building. Please work with your building manager to implement appropriate protocols. The following are provided for your consideration:

- Single point of entry for all buildings for screening.
- Colleague screens and directs patient flow to all clinical services.
- Directional signage.
- Wayfinding guides, including stanchions with ropes and taped routes on floors.
- Social distancing markers on the floors.
- Ideally, banks of elevators will be dedicated for patient use.

### **Reception, Waiting & Restrooms**

- We recommend having a hand sanitizer/dispenser in the waiting room.
- Every effort should be made to eliminate or minimize waiting. The quantity of furniture is to be reduced and spaced at least 6 feet apart in alignment with social distancing requirements.
- Discontinue the use of toys, magazines and other shared items in waiting room areas.
- Every effort should be made for verbal or virtual check-in and check-out. When this is not possible, shared items such as pens, clipboards, phones, etc. must be wiped down with approved disinfectant between each use.

### **COVID-19 Recovery**

Below are actions and tasks required and recommended to safely care for patients. **Required actions are in red.** These actions and tasks will help us continue to earn and retain patient trust and increase their confidence in entering our buildings as we reactivate surgical procedures.

- **Cleaning: Enforce the standard process for cleaning rooms** Note: Assure staff are trained and focused on high touch surfaces for cleaning.
- **Supplies and PPE: Have necessary clinical supplies on hand** Personal Protective Equipment in accordance with current Trinity Health and CDC guidance and OSHA's standards (29 CFR 1910).
  - Boxes of disposable tissues.
  - Single-use towels for use throughout the office
  - No-touch waste baskets and disposable liners
  - Alcohol-based hand rub for entrance, reception, waiting, patient care and restroom areas.
  - Single-use gloves.
  - N95 respirators, face shields/goggles, surgical masks and gowns for providers and staff, as appropriate - FURI clinics only- otherwise ear loop/tie masks.
  - Appropriate disinfectant for environmental cleaning.
  - Train staff and assess that disinfection is used correctly. FOCUS on high touch surfaces
  - Handouts, posters and patient education materials
- **COVID Free Zones (Well Clinics) and non-COVID Free Zones (Sick/FURI Clinics):**

- **We will not knowingly mix well patients with symptomatic patients. When possible, the preference is for an entirely separate location and staff. Where this is not possible, clinic operations should incorporate appropriate, feasible means to separate well and sick patients. Please reference defined workflow for COVID-Free Zones (Well Clinics) and non-COVID Free Zones (Sick/FURI Clinics)**
  - Design a COVID-19 office management plan that includes patient flow, triage and treatment.
  - Determine screening process and location (consider car-side for certain patients)
- FURI Clinics should follow CDC guidelines on cleaning and PPEs
- No-touch methods should be used to dispose of waste materials with respiratory secretions.
- Cleaning must be conducted throughout the day, after each patient (or persons accompanying patient) use, and at the end of each day
- Operations Processes
  - Staffing: Ensure adequate staffing including office and clinical staff considering illness, absences, and/or quarantine. Reinforce that staff should stay home if they are ill
  - Business operations
    - Consider new procedures for registration – e.g., paperless/online prior to arrival
      - Install controls to reduce or eliminate exposures by shielding staff and other patients from infected individuals. Examples include: plexiglass on registration desk, exam room accommodations for sick patients, marks on floor where patients should stand, one-way lines to promote social distancing, etc.
    - Consider extended hours/days to catch up on patient visits or to accommodate patient needs or preferences
    - Review and change appointment management:
      - Develop/update pre-visit instructions that incorporate new processes.
      - Implement online scheduling to minimize time/touches on phones.
        - Ensure triage of patients to direct them to the appropriate clinic locations based on their medical needs.
- Communication
  - Via email, newsletter and/or text messages, ask patients to call the office before arrival if they have any respiratory symptoms or fever.
  - Communicate resumption of services and new procedures/practices to patients
  - Signage:
    - All colleagues, patients, and persons accompanying patients will be screened for respiratory symptoms and fever prior to entry into the clinic
    - Educational materials will be displayed regarding correct respiratory hygiene and cough etiquette.

- Educational materials will be displayed regarding handwashing (e.g., in restrooms; staff areas)
- Links to signs for doors, point of entry, etc.: [COVID-19 Resources](#) (See *Restrictions and Signage* section.)

*Once the office is ready to safely resume in-person operations, the following process must be employed.*

### **Coordination with Other Guidance and Directives**

The physical environment reflects the operational needs of the organization and must align with the clinical, operational, and safety guidance/directives issued by Trinity Health, and/or Ministry Executive Leadership, and respective authorities having jurisdiction (AHJ). This includes, but is not limited to:

- COVID-Free Zones (Well Clinic) Workflow. **COVID-Free Zones are areas where we provide care only for people not known to have COVID-19 or COVID symptoms.**
- Vendor Partner Visit Limitations (TH Memo issued 3/10/2020) Need copies of memos
- Vendor Limitations Memo – Version 2.0 (4/20/2020)
- Regulations for Visitors (TH Memo issued 4/5/2020)
- Screening
- Communications for inclusion in interim signage

### **Clinic Arrival & Entry**

**It is mandatory to have a colleague whose function is to greet patients at entry, take patient temperature and ask screening questions, and then to direct patient to ensure they are at the appropriate location.**

- Mask all patients upon arrival.
- Colleagues must also wear masks.
- Any person entering the facility must be masked and screened at entry.
- Patient drop-off and escort must meet colleague at the designated entry area.
  - This is specific to each office and the office staff is responsible for communicating this location/area with patients while scheduling the appointment
- Colleague conducts COVID-19 screening on all patients.
- Patients arriving via public transportation are escorted immediately to the exam room after COVID-19 screening and masking.
- Patient is instructed to wait in vehicle until called/texted to be roomed; if parking lot waiting is not applicable, the patient is escorted to clinic waiting area where social distancing is enforced.
- Patient is called/texted to enter clinic and the medical assistant escorts patient to exam room.
- Temporary closure signage needs to be removed and CFZ directional signage needs to be installed, in accordance with the Ministry Communications Plan/Guidance (if applicable).

- After visit, patient escorted to exit via CFZ (if applicable).
- Considerations also need to be in place for pick-up of patients.

### **Screening & PPE**

- Please reference PPE Table above
- Link: [Screening at Facility Entrances](#)
- All patients, staff and vendors are to be screened prior to entering the CFZ entry
- If screening is positive for the patient or person accompanying patient, provider must be notified immediately to direct patient to the most appropriate site of care (e.g., tele visit, FURI site, testing site, ED) Colleagues identify patient and provide masks if necessary
- The colleague screening set-up must include adequate PPE for all persons designated to use the CFZ entry, as well as signage that aligns with the Ministry Communications Plan.

### **Circulation (Ambulatory or Medical Office Buildings (MOB))**

Circulation routes will be defined as part of the local CFZ plan to minimize and manage the flow of people traversing the building. The following should be considered in support of the CFZ circulation routes:

- Single point of entry for all buildings for screening
- Colleague screens and directs patient flow to all clinical services
- Directional signage aligned with the Ministry's communication plan.
- Wayfinding guides, including stanchions with ropes and taped routes on floors.
- Social distancing markers on the floors.
- Ensure routes and secured doors are aligned with life safety code requirements.
- Ideally, banks of elevators will be dedicated for CFZ use.

### **Reception, Waiting & Restrooms**

- Consider installing plexiglass barriers between patients and staff at check-in / registration desks.
- Every effort should be made to eliminate or minimize waiting. The quantity of furniture is to be reduced and spaced at least 6 feet apart in alignment with social distancing requirements.
- Discontinue the use of toys, magazines and other shared items in waiting room areas
- Sanitize and clean reception area and restrooms after every patient use.
- Consider limiting public restrooms to single use facilities or every other stall and sink.
- Develop a checklist to ensure soap and sanitizer dispensers are filled daily.
- Shared items such as pens, clipboards, phones, etc. must be wiped down with approved disinfectant between each use

## **Staff Work, Meeting and Respite Areas**

- Staff work areas (desks) are to be configured to avoid a face-to-face orientation, using plexiglass barriers, every other seat assignment, or rearranging work surfaces to ensure all staff are seated in the same direction.
- Meetings that need to occur in person are to align with corporate guidance that limits the number of people in the conference room. Additional space adjustments should also be considered including closing larger conference rooms, removing a percentage of chairs, or encourage standing meetings in open spaces.
- Staff locker and break rooms should be modified to reduce the number of permitted staff at one time.
- The following supplement documents have been created to support the Ministry with social distancing requirements:
  - [Staff Work, Meeting and Respite Areas](#)

## **BUILDING INFRASTRUCTURE SYSTEMS**

### **Water Safety management**

- Prior to resumption of services and building occupancy, assess the duration in which the water systems in the building have not been in use:
  - If > 2 weeks, flush potable water lines by turning on hot water at fixtures in exam rooms, public restrooms, and at other areas, e.g. point of care lab testing, medication room, etc., and let the water run continuously for at least 10 minutes. Fixtures in Environmental Services (EVS)/janitor closet do not need to be flushed.
  - If < 2 weeks, no flushing is needed. Resume normal operations.
- Drinking fountain / water Bottle filling station
  - No need to restrict use related to COVID-19
  - If drinking fountain and or bottle filling station has been unused for > 2 weeks:
    - flush for 2 minutes before bringing back online
    - If building occupancy is low or not in use; recommend periodic flushing by EVS/janitorial services, e.g. at least once/week. If building has been closed, flush drinking fountains and bottle filling stations for 2 minutes prior to re-occupancy of the building
- Ornamental fountain (water feature) – decommission and stop use.
- Ice machine: If ice machines not in used for more than 2 weeks – perform preventive maintenance, cleaning and disinfection based on the ice machine manufacturer's instructions and remove any charcoal filter if installed.

### **Heating, Ventilation and Air-conditioning System**

No extraordinary procedures are needed for the HVAC system, including the air handlers, filters, etc. Return the HVAC back to normal operations and usual parameters of air temperature, relative humidity and pressure relationships should be followed.

- **No special cleaning or changes in HVAC system filters is needed. Change filters based on the HVAC system instructions for use.**

## **Facility System Reactivation and Regulatory Compliance**

Buildings and departments that have been used for alternative care or closed for an extended period will require a reactivation of all systems and equipment in alignment with authorities having jurisdiction requirements, including but not limited to:

- Determine if any Regulatory or Routine Testing was deferred during the closure; if so, perform testing as required and document.
- Conduct a Pre-Construction Risk Assessment with infection prevention, safety manager and the operational manager to ensure that all parties are aware of any and all changes, testing and validation to the environment of care.
- Complete a Life Safety / Environment of Care inspection on all systems.
- Provide orientation training for all staff who are new to the building / department.
- Notify FM Global or other property insurer that the building / unit has been reoccupied.
- Notify Police, Fire Department, and Security Monitoring vendor that building is reoccupied.
- Coordinate with legal, regulatory and accreditation to ensure appropriate notifications to regulatory and accrediting agencies

## **CLINICAL and SUPPORT SERVICES**

### **Portable medical equipment**

Numerous pieces of clinical medical equipment may have been relocated and repurposed to support patients suspected or confirmed to have COVID-19. If this applies to the MGPS location, follow the following steps to ensure equipment functions properly and is safe for use:

- Clinical Engineering must be part of the recovery planning to ensure full consideration of available resources and current workloads, so as not to delay activation timelines.
- Disinfect equipment based on the equipment manufacturer instructions for use before beginning to put it back in use for patient care. This needs to be done by the MGPS office or clinic colleagues. Use a disinfectant that is EPA registered. Consult with infection prevention and control personnel to verify product in use is effective for the types of microorganisms that may be encountered in the practice.
- Preventative Maintenance (PM) and Verification of Performance (VOP) will need to be performed to ensure proper operations prior to returning to service.

## Technology

Computer equipment was also relocated and repurposed for care for patients with COVID. The following should be evaluated and addressed to ensure IT network and system performance:

- TIS must be part of the recovery planning to ensure full modifications to IT network, hardware equipment, software applications, and EMR programming are restored.
- Determine if additional low-voltage and/or telehealth technologies need to be installed to support new operational protocols.

## Environmental Services:

If the office practice or clinic has been unoccupied for more than 7 days, use normal cleaning procedures to reopen the area. This is because the virus that causes COVID-19 has not been shown to survive on surfaces longer than this time.

If the office practice has been unoccupied for less than 7 days, focus cleaning and disinfection on surfaces and areas with visible soil, accumulation of dust, and frequently touched surfaces and objects using a product registered by the EPA ([see link](#)). [If possible, use a product that is included on the EPA's list of approved products that are effective against SARS-CoV-2, the virus that causes COVID-19.](#) If the disinfectant in use is not on the EPA List N – contact the facility's infection preventionist to review the product in use for effectiveness against the virus that causes COVID-19.

Examples of frequently touched surfaces and objects that will need initial disinfection prior to reopening and routinely thereafter include but are not limited to:

- exam tables,
- doorknobs,
- light switches,
- coffee pots – and reusable dishware
- elevator buttons – if office practice or clinic is in multi-story facility
- countertops,
- handles used to operate handwashing sinks,
- work stations / desks, e.g., reception areas and common use horizontal work areas
- phones,
- keyboards – especially work stations on wheels,
- toilets,
- touch screens, and
- ATM machines
- clipboards used for patient registration
- soap, sanitizer and paper towel or tissue dispensers
- faucets

Always follow the directions on the label of any disinfectant to ensure safe and effective use of the product. Many product labels recommend keeping the surface wet for a specific amount of time. The label will also list precautions such as wearing gloves and making sure you have good ventilation during use of the product. Keep all disinfectants out of the reach of children.

## **MAINTENANCE & SERVICE VENDORS**

A variety of maintenance and service vendors support day-to-day facilities management, clinical engineering, and waste management. Depending on the type of service, vendor support is either routine (e.g., sharps disposal), scheduled (e.g., maintenance) or reactive (e.g., repair) and access varies at the campus, building or department level. Pharmaceutical and Durable Medical Equipment (DME) representatives are also subject to the vendor partner limitations. Until further notice, all vendors are to comply with the Vendor Partner Visit Limitations memos issued on 3/10/2020 and 4/20/2020.

### ***Frequently Asked Questions***

#### **How to safely resume care delivery?**

Coordinate with the COVID Free Zone (Well Clinic) guidelines to determine the space adjustments needed to create the required circulation and department separations, screening requirements, and social distancing protocols.

Reactivate or restore the building infrastructure systems in alignment with all applicable regulatory requirements and Trinity Health facilities guidance (water safety management).

Coordinate with Clinical Engineering and Trinity Information Systems to return equipment that was redeployed to other locations for patients who are suspected or confirmed as having COVID-19 and calibrate to original department requirements.

#### **What facility needs / clean-up are required?**

All building infrastructure systems need to be evaluated for functional integrity, preventative maintenance work needs to be completed, and a life safety / environment of care testing needs to be completed prior to occupancy.

Environmental services need to conduct appropriate cleaning of all spaces that have been decommissioned for an extended period-of-time (see Environmental Services section above for more details).

Social distancing factors need to be applied in waiting areas, furniture must be placed six feet apart, plexiglass barriers for registration staff, floor tape indicators six feet apart, and consider potential of utilizing only single restroom facilities or limiting to every other stall and sink.

#### **What wayfinding / triage is required? Ingress and Egress**

##### **The following is required:**

- External and internal signage needs to align with the COVID-Free Zone (Well Clinic) and communication plans.
- Vehicle and pedestrian circulation routes need to align with screening and security protocols established by each ministry
- Internal building circulation routes need to align with the COVID-Free Zone (Well Clinic) plan, including signage, wayfinding methods, and review of life safety egress requirements.

- Consideration also needs to be given to patient drop-off, escort/transport to point of care, and discharge pick-up.

#### **Rural clinic recommendations**

- HHS Guidance: During the Public Health Emergency, Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) can provide telehealth services to patients wherever they are located, including in their homes.
- If possible, all rural clinics should be kept COVID-Free. Patients suspected of having COVID-19 should be directed to FURI testing sites or Urgent Care locations.

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### **II (c) 4. MGPS – COVID Free Zones (Well Clinics) and non-COVID Free Zones (Sick/FURI Clinics)**

To reduce the risk of spread of COVID-19, CMS recommends the creation of separate areas for non-COVID-related care. Trinity Health has adopted the CMS recommendation. **COVID-Free Zones (CVZs) are areas where we provide care only for people not known to have COVID-19 or COVID symptoms.** Implementation of these zones will depend on the ability to create a separate physical zone, availability of testing and PPE, and regulatory guidance from the local regional and state policy.

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To reduce the risk of spread of COVID-19, CMS recommends the creation of separate areas for non-COVID-related care. **COVID-Free Zones are areas where we provide care only for people not known to have COVID-19 or COVID symptoms.** Staff are assigned exclusively to either the COVID-Free Zone (CFZ) or the non-COVID-Free Zone (non-CFZ). Implementation of these zones will depend on the Health Ministry's (HM) ability to create a separate physical zone, availability of testing and PPE, and regulatory guidance from the HMs' respective state.

#### **Care Givers**

- Create areas of CFZs that have in place steps to reduce risk of COVID-19 exposure and transmission.
- Identify a location that does not have patients who are suspected or confirmed as having COVID-19. If a location has been closed for over a week, follow the *Facilities* section in this Guidebook before re-opening.
- Staff working in CFZs should not rotate in non-CFZs. A staffing plan should be established for both zones with no overlap, unless in an emergency.
- Each colleague and provider entering a CFZ will be screened at point of entry including screening questions and temperature check. All colleagues and providers should wear an approved mask upon entering the CFZ.
- In the ambulatory setting, PUIs and COVID-19 infected patients should receive care in separate locations from non-infectious patients. The Trinity Health Fever and Upper Respiratory Infection (FURI) clinics are ideal locations.

## **Patients**

- Each patient will be screened at the entrance of CFZ. A mask will be provided to each upon entry.
- Patients to be advised upon entry of appropriate social distancing guidelines.
  - More details on social distancing are available on the CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>

## **Facility**

- Have appropriate signage highlighting CFZ as created by the HM or TH marketing and communications teams.
- Identify a separate entrance for CFZs and the ability to implement single entry. Non-CFZ colleagues, supplies, patients and visitors should not use this entrance.
- Ensure the ability to secure all connecting entrances to units/sections/zones with patients suspected or confirmed to have COVID-19.
- Designate elevators for non-CFZ sections so they do not have to be shared in CFZs.
- Ensure emergency exits, stairs, and egresses are not shared between CFZs and non-CFZs.
- Establish facility, administrative, and engineering controls to facilitate social distancing, such as:
  - Eliminate all waiting in designated waiting areas through triage process adjustment.
  - Adjust physical space such as spacing of chairs in waiting room, etc.
  - Ensure appointment volume is low.
- Reconfigure all public areas to allow for social distancing.
- In partnership with marketing, post signage to identify CFZs at entrances, elevators, and within the zone.
- Any closed doors leading to a non-CFZ should be secured and have appropriate signage.

## ***Frequently Asked Questions***

### **How to safely resume care delivery?**

CFZs provide confidence to colleagues, providers and patients that our ministries are taking the necessary steps to protect all the people we serve. We are caring for all patients in the environment most appropriate for them. We are following CDC and CMS guidelines, and this is a best practice among health systems, and Trinity Health will be a leading system in this area.

### **Which patient safety precautions are required?**

Non-CFZs need to be physically separate from any CFZs to reduce the risk of exposure and transmission. HMs should ensure colleagues, providers, supplies, medical equipment, PPE, etc. are not moved between the two zones. Appropriate PPE should be available and appropriate

inventory and stocking processes in place before opening a CFZ to ensure business continuation.

### **How does this apply to ambulatory settings?**

In all non-acute settings (e.g., physician offices, MGPS locations) where patient pre-testing is not expected, the following requirements should be followed:

- At door/entry thermometry and masking
- No patients or visitors are permitted in designated waiting areas. A new way of bringing patients into rooms to be seen should be used (e.g., call cell number, text messaging).

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## **II (c) 5. MGPS – Pre-Procedure Testing**

There are no pre-testing requirements for in-office procedures. Pre-operative testing needs to be aligned with hospital requirements.

### **Care Givers**

- Schedule a pre-procedure screening, as applicable for the procedure, through telehealth or through an in-person visit.
- Wear appropriate PPE during the in-person pre-procedure testing.
- Schedule COVID-19 testing to occur on the day before or day of the procedure.
- Collect appropriate documentation and registration information during the pre-procedure testing to eliminate wait times during the actual procedure visit.
- Review sterile products inventory and pick lists at least one day prior to scheduled surgery/procedure.

### **Patients**

- Must be aware that procedure could be canceled or rescheduled depending on timing and results of COVID-19 test results.

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## **II (c) 6. MGPS – Medications, Blood Products and Therapeutic Agents**

Medications, blood products, and therapeutic agents will continue to be administered. If there are restrictions on availability, we will address those per our usual protocol.

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## ***Frequently Asked Questions***

### **How to safely ramp up care delivery?**

The guidance in this document allows ministries to assess and secure adequate supplies of personal protection equipment. Trinity Health's commitment to the safety of our patients and their caregivers will be demonstrated through the obvious implementation of the PPE guidelines outlined above.

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## **II (c) 7. MGPS – Staffing and Regulatory Guidance**

### **Staffing and Return to Work Considerations**

Adequate staffing is a key component to be able to resume in office visits and procedures. A thorough analysis of telehealth visits, in office visits and procedural volumes and staffing needs must occur as part of planning to resume services.

Questions to consider for Staffing Review

- What is the anticipated demand based on historical information?
- Are department staff currently available to support the volume projections- if so; how much of the volume and are additional resources needed?
- Have staff been re-deployed to other departments/roles to support the COVID-19 patient volumes (i.e., Team Nursing, screening, etc.) that will need to be returned to their home department?
- What gaps exist if assigned staff are removed from their current assignment and returned to support ramp-up activities?
- Is the labor pool, local or broader, able to backfill gaps and ensure ramp-up does not compromise other depts?
- Have you engaged HR prior to bringing back furloughed colleagues or colleagues on reduced schedules?
- Do we have the correct PPE, supplies, technology and location?

### **Continuous Regulatory Readiness**

The COVID-19 pandemic is a public health emergency initially necessitating the suspension of non-urgent/emergent surgery and procedures to meet COVID-19 patient care needs. There are patients with ongoing healthcare needs that have been deferred and postponed including procedural care, chronic disease care and preventative care.

Planning Considerations

- Adherence to state-specific regulatory and other guidance for non-emergent non-COVID-19 health care.
- Adequate workforce across all phases of care.
- Expansion of existing facility Infection Prevention and Control Plans to include COVID-Free Zone procedures.

- Review and revision of policies and procedures to include COVID-19 considerations (e.g., pre-op checklist documentation, time-out scripts, etc.).
- Leader observational rounding in the COVID-Free Zones - observe and coach.
- Continued review of regulatory guidance and recommendations from professional societies and organizations and from payors and governmental entities to ensure policies, plans and care delivery are meeting current requirements.