PATIENT AND STAFF SAFETY IN MEDICAL OFFICE PRACTICES

Strategies and tools for responding to COVID-19

UPDATED MARCH 3, 2021

Medical office practices have had to develop rapid responses to evolving conditions wrought by the COVID-19 pandemic. While 2021 begins with the hope that the pandemic finally can be brought under control, medical practices will have to continue to adapt their policies and operations to ensure the safety of patients and staff.

This document is designed to help physicians, practice managers and office staff sustain the delivery of essential health care for the duration of the pandemic and beyond. It synthesizes current guidance and provides links to a curated set of tools and other resources on the following topics:

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About this publication

Public health and medical knowledge about COVID-19 changes regularly, and this document reflects what is known at the time of publication. This work was done in partnership with the Board of Registration in Medicine and the Massachusetts Medical Society and is updated on the Betsy Lehman Center website.

BETSY LEHMAN CENTER for Patient Safety

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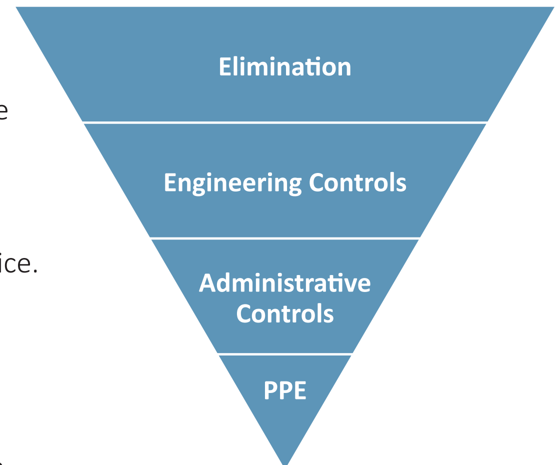
I. RISK REDUCTION PRINCIPLES



The best way to neutralize a hazard is to remove it. But since it is not yet possible to eliminate the hazard of COVID-19 from our communities, office practices will need to manage a layered defense strategy of multiple interventions, policies, actions and controls,[1,2] including encouraging clinicians and staff to be vaccinated.

1. **Eliminate exposure** by limiting the number of people in the office. This includes:
   - Work-from-home arrangements
   - Setting occupancy limits in work spaces
   - Rearranging the space to increase distance between people
2. **Engineering controls** use technologies to isolate people from hazards to minimize reliance on the actions of individual workers. They can also be cost effective. Engineering controls for coronavirus include:
   - Filtering the air
   - Improving ventilation and safe air circulation in work spaces
   - Physical barriers such as transparent windows separating reception from patients
3. **Administrative controls** involve actions by workers and practice leaders. They establish policies and procedures to reduce or minimize exposure, and include:
   - Using virtual meetings and telehealth when appropriate to minimize unnecessary contact among staff and patients
   - Keeping staff who are sick at home
   - Training staff on the correct use of PPE
   - Enforcing use of cleaning and surface disinfection practices
   - Setting clear expectations related to hand and cough hygiene, including providing the necessary resources and work environment to promote hygiene and posting reminder signage
4. **Personal protective equipment (PPE)** includes stocking appropriate PPE, maintaining a supply, and correct fitting and use of PPE.

[1] Occupational Safety and Health Administration. 2020. Guidance on Preparing Workplaces for COVID-19. https://www.osha.gov/Publications/OSHA3990.pdf
[2] This model is adapted from the WorkSafeBC Covid-19 Safety Plan template: https://www.worksafebc.com/en/resources/health-safety/checklist/covid-19-safety-plan?lang=en

Massachusetts Framework for Continuing Patient Care

Since the pandemic began, practices in Massachusetts have provided care under a four-phase framework. The framework calls for reliance on telehealth when feasible and appropriate, with the clinical judgment of physicians determining which services to provide in-person. Regardless of which stage the Commonwealth is at, the information in this document is relevant to office practices.

Phase 1: High-priority preventative care and urgent procedures for conditions that would lead to high significant worsening of the patient's condition if left untreated.

Phase 2: For non- essential, elective invasive procedures, health care providers must attest to monitoring patient volume to reduce risk of COVID transmission and impact on health care system resources. Providers must also attest to meeting CDC and other public health guidance regarding environmental infection controls.

Phase 3: An expansion of in-person routine care with continued compliance with public health and safety standards including prioritizing telehealth, meeting public health and infection control standards, adhering to prioritization policies, ensuring equitable access to care, and monitoring patient volume.

Phase 4: Resumption of activities in the "new normal."

Vaccine Information for COVID-19

Massachusetts relies on the federal government to provide COVID-19 vaccine, and supplies are currently limited. The state has developed a vaccine plan that prioritizes certain populations, designates vaccination sites, and supplies those locations with vaccine. The following links have relevant information for medical practices, staff and patients.

- The Massachusetts Medical Society provides extensive information for physicians as well as another page for what independent medical practices can do to vaccinate staff.
- The Massachusetts DPH provides a list of frequently asked questions from vaccine providers on the COVID-19 vaccine, covering topics such as administrative considerations, vaccine allocation and distribution, administration, prioritization, vaccinating healthcare providers, and safety.
- The vaccine distribution timeline has three phases and provides information on when certain populations will be able to access vaccination.
- Those who are eligible to be vaccinated under the current phase can find information about vaccination locations in their community and can see locations through this interactive map. Vaccination locations and some appointment availability information can be searched at vaxfinder.mass.gov.
- General information on COVID-19 vaccines is provided by the CDC.
- General information for patients can be found at the state COVID-19 vaccine website.

II. STAFF RESOURCES

For as long as COVID-19 remains a public health threat in Massachusetts, medical offices will need to adapt operations to deliver care to patients while preventing further spread of the virus. Ongoing guidance from the state outlines a phased approach to business openings and re-openings, including medical practices. At this time, practices are expected to:

- Designate a COVID-19 safety compliance leader within the practice
- Make use of telehealth when clinically appropriate
- Have safeguards in place to provide clinically necessary in-person procedures and services that address:
  - Staff safety
  - Patient safety
  - Infection control
  - Use of personal protective equipment

Given that knowledge about COVID-19 continues to develop, a designated staff member should regularly monitor COVID-19 updates that are relevant to your practice. This includes reviewing CDC, DPH and MMS websites weekly to be sure policies and procedures are updated.

Communication within the office

The foundations of safe and effective office operations include strong communication and teamwork. The following actions are useful steps to keep your staff well informed and prepared.

1. **Regularly discuss as a team the status of COVID-19, including:**
   - Public health interventions in place in Massachusetts and in your local community, and the importance of relying on credible sources of information;
   - Changes to office operations, and why these changes are necessary; and
   - Staff suggestions for how the practice can most effectively respond to the challenges of COVID-19.
2. Prepare alternative staffing plans for when illness, quarantine, individual risk factors or other caregiver responsibilities affect staffing levels.

Team-based care

Team-based care encourages all health care providers to work to the full extent of their education, certification and experience, while actively engaging patients and families as full participants in their care. As an approach and philosophy of care, team-based care can be a robust way to help reach quality outcomes and goals even while the pandemic disrupts services.

The American College of Physicians provides a team-based care toolkit that can help physicians, staff and patients optimize team-based care in a pandemic and post-pandemic setting.

3. Have a written policy for paid or unpaid personal leave, and implement sick leave policies that are non-punitive, flexible, and consistent with public health guidance.

4. Confirm that all clinicians and staff working in the office are symptom-free.

   - Conduct daily screening for symptoms.
   - Set the expectation that clinicians and staff who develop respiratory symptoms or signs of other illness while at work will promptly return home.

5. For workers with confirmed or suspected COVID-19, use symptom-based, time-based and testing-based return-to-work strategies.

6. For vaccinated workers with COVID-like symptoms, DPH and CDC offer additional guidance.

7. Create an emergency contact list, distribute it to staff and place copies in key locations throughout your office. The list should include contact information for your local health department.

Human and Team Factors during COVID-19[3]

Clinicians and staff are only human, and the stresses brought on by COVID-19 can degrade practices' ability to consistently provide safe, quality care.

There is an entire field of "human factors engineers" who are experts in realigning workflows to increase safety when working under duress. They design processes that actively protect against systems failures that result from human error in factories, emergency management and other settings. You can adopt some of these strategies at minimal or no cost, including:

1. Signage: Use prominent signage as reminders about hand hygiene, PPE use and cleaning; equipment locations; and identifying restricted areas and exits.

2. Workflow review and redesign: Review workflows for any new processes to identify potential failure points, preferably with input from the full staff. Examples of workflows to examine include patient screening, admissions, care coordination, treatments, and patient and family engagement.

3. Checklists: Checklists can help clinicians and staff communicate and perform important steps of a procedure correctly and align workflows and other care delivery processes.

[3]This resource is adapted from the AHRQ Patient Safety Network primer COVID-19: Team and Human Factors to Improve Safety. https://psnet.ahrq.gov/primer/covid-19-team-and-human-factors-improve-safety

4. Simulations: Simulations are learning and improvement tools that can be used for a variety of purposes, including to practice PPE donning and doffing activities, develop protocols, and solve facility use and workflow issues.

III. OFFICE SPACE AND SUPPLIES

Effective management of your practice's physical space, supplies and logistics contributes to a healthy environment for staff and patients. A range of engineering and administrative steps can be put in place to make your offices as safe as possible. Engineering-related changes, such as upgrades to the building HVAC system, may be more difficult or expensive to implement than administrative changes, though both will likely be good investments in safety over the long-term.

1. Keep surfaces clean
    - While surface transmission of the coronavirus is not the primary mode of transmission, robust cleaning practices will help reduce the spread of other infectious diseases. Review cleaning and disinfection procedures for medical equipment, laundry, furniture, and the physical plant to be sure they meet conventional standards for medical offices.
    - Monitor compliance with cleaning and disinfection procedures by cleaning staff and clinical staff.
    - Follow CDC advice for COVID-19 disinfection procedures, including:
        - Disinfect noncritical medical devices (e.g., blood pressure cuff) and surfaces with an EPA-registered hospital disinfectant using the label's safety precautions and use directions. Observe correct contact time as indicated by manufacturer's instructions for use.
        - Ensure use of appropriate PPE during disinfection and hand hygiene following disinfection when removing gloves.
2. Erect physical barriers to transmission and install no-touch infrastructure, which will be useful long-term changes for staff safety.
    - Install plexiglass shielding at reception and other areas to limit contact between staff and potentially infectious patients.
    - Where possible make infrastructure no-contact, such as touchless dispensers of hand soap, hand sanitizer, and paper towels.

3. Filter indoor air[4]

- Confirm with your building management or HVAC providers that the building HVAC system has upgraded air filters at the highest efficiency possible for the system and that the filters fit to minimize filter air bypass.
- Consider supplementing air filtration with portable air cleaners that have HEPA filters, especially in areas where adequate ventilation is difficult to achieve. Use devices accurately-sized for the room(s).
- Direct the airflow from filters or vents so it does not blow directly from one person to another, to reduce the potential spread of airborne droplets.
- Maintain indoor humidity between 40% and 60%[5] if possible.
- Operate exhaust fans in restrooms at full capacity when the building is occupied.[6]

4. Limit points of entry to your office and leave entrance doors open, if possible, to reduce contact with door handles.

5. Post signage (see resources in sidebar) in appropriate languages and places (e.g. entrances, elevators, restrooms) to instruct patients and visitors that face coverings are mandatory, what to do if they have respiratory or flu-like symptoms, and how to manage hand, respiratory and cough hygiene.

6. Provide access to respiratory and hand hygiene supplies, including alcohol-based hand rub, surgical masks, tissues, and no-touch trash receptacles.

7. Arrange the reception space and waiting room seating to provide at least six feet distance between patients.

8. Reduce the presence of patients in waiting areas, for example, by instructing patients who travel by car to call upon arrival and wait in their car until an exam room is available, and by limiting the number of those who accompany a patient to essential caretakers only (e.g. a spouse or child for a patient with dementia or mobility issues or one parent for a well child check).

9. Discontinue the use of toys, magazines, and other shared items in waiting areas, as well as items shared among patients such as pens, clipboards and phones.

Signage

Boston Public Health Commission and CDC, among others, provide a range of printable signage. Here are some examples:

- Mandatory Safety Standards for Workplaces (DPH posters in various languages)
- Read Before Entering (CDC poster)
- Wear a Mask (CDC poster)
- Face Covering (BPH poster)
- Wash Your Hands (CDC poster)
- How to Put On and Take Off PPE (CDC poster)
- How to Protect Yourself and Others (BPH flyer)
- How to Put On and Take off a Mask (BPH poster)

[4] https://www.epa.gov/coronavirus/air-cleaners-hvac-filters-and-coronavirus-covid-19
[5] https://schools.forhealth.org/wp-content/uploads/sites/19/2020/08/Harvard-Healthy-Buildings-Program-Schools-For-Health-Reopening-Covid19-August2020.pdf
[6] https://www.cdc.gov/coronavirus/2019-ncov/community/office-buildings.html

10. Designate one or more exam rooms for use by potentially infectious patients.

Supplies

Securing a supply of PPE, hygiene materials and cleaning supplies will be an ongoing logistics priority for office managers. The pandemic has put new emphasis on the importance of cleaning, as well as the correct use of PPE. PPE controls are one component of conventional care capacity, in addition to engineering and administrative measures, for general infection prevention and control.

1. Refer to the Environmental Protection Agency list of disinfectants that qualify for use against the coronavirus.
2. Keep an inventory of PPE and other supplies that is sufficient to provide all scheduled in-person care.
   - See DPH and CDC guidelines for optimizing the use of PPE, including N95 respirators, along a continuum of conventional, contingency and crisis levels of capacity.
   - Health and Human Services provides a PPE Planning Toolkit to help implement PPE preservation.
3. If your usual PPE sources do not have stock available, seek alternative vendors. For instance:[7]
   - The Association for Health Care Resource & Materials Management is vetting non-traditional suppliers of PPE and other supplies.
   - ECRI is tracking non-traditional international suppliers.
   - The PPE Exchange has an online supplier marketplace.
   - One option for practices serving under-resourced and underserved communities is Get Us PPE, which can organize direct donations.
   - DPH has guidance to submit a supply request if your practice anticipates an imminent shortage of PPE and if you are unable to source critical PPE through your suppliers.

[7]The Betsy Lehman Center for Patient Safety does not support or validate the activities of any of these providers. Medical offices should practice their own due diligence.

IV. PATIENT COMMUNICATION

Clinicians should inform patients about what is expected of them and what is being done to keep them safe. Plan for ongoing patient communications on topics that affect patient care, including case prioritization and scheduling, symptom screening, PPE use, use of facilities, and any other safety and risk mitigation activities. Use repeated communication through a variety of modes to be sure patients receive and understand the messages.

Some patients can be seen by telehealth while others must be seen in-person. The U.S. Centers for Disease Control and Prevention (CDC) has provided a decision framework for in-person non-COVID-19 care that considers the potential for patient harm and degree of community transmission. See the Massachusetts Department of Public Health (DPH) guidance for guidelines on prioritizing in-person or telehealth visits.

Patient messaging during COVID-19

Your practice can provide patients with information to keep them informed. When thinking about your patients' needs for information, plan your messages around three important areas:

1. **General education**
   - Non-coronavirus education (e.g. influenza season)
   - Guidelines for COVID-19 prevention and protection
   - The current state of COVID-19 in your region
2. **Patient-specific information**
   - Targeted information for individuals regarding specific appointments, medications or follow-up that could be different from normal processes
   - Account for the needs of high-risk patient groups
3. **Practice-specific information**
   - Any changes to your office processes that affect the way you interact with patients
   - General COVID safety concerns and frequently asked questions
   - Preparation for an in-person visit
   - Preparation for a telehealth visit
   - Telehealth options and access

Resources for patient communications

- **COVID-19 information:** The COVID Health Literacy Project has fact sheets in over 30 languages. It includes brief clear-language handouts about COVID-19, prevention, managing being ill, pregnancy, and COVID information for children and youth.
- **FAQ for Patients on Resuming Care During and Post-Pandemic:** The American College of Physicians provides answers to common questions from patients.
- **Screening script:** the American Medical Association includes a detailed pre-visit telephone screening script in its physician guide to keeping practices open.

V. ON-SITE CARE

The ability to provide safe and highest quality on-site care depends on effective office management and the participation of patients and staff. The CDC provides in-depth guidance for health care providers for routine infection prevention and control practices and infection prevention and control practices when caring for a patient with suspected or confirmed COVID-19.

On-site office management

Consider adjusting your staffing and operational plans as follows:

1. Designate one staff member as the practice coordinator for issues related to your COVID-19 responses and infection prevention and control. This should be the most qualified person, not necessarily the most senior. He or she can coordinate staff responsibilities, information collection and sharing, and facilitate a response to emerging issues or opportunities to adjust protocols.

2. Consider temporary adjustments to office clinic hours to accommodate patient and staffing needs, while supporting physical distancing and infection prevention measures.

3. Assess and plan for staff availability given the potential for staff absences to care for family or to self-quarantine. Whenever possible, cross-train staff and plan to backfill positions.

4. Provide a process for physicians, staff and patients to report health and safety concerns as well as to share ideas to enhance office practices and processes.

For patients

During patient visits to your office,

1. Screen patients and anyone accompanying them for symptoms of or known exposure to the coronavirus
2. Isolate symptomatic patients in a space set aside for this purpose, and assess if they require ER care. If they do not require urgent care, convert the visit to telehealth, if appropriate, or ask them to reschedule their appointment.
3. Instruct all patients to adhere to cough etiquette and hand hygiene protocols.
4. Implement policies for adults and children over the age of two years to wear a face covering. Some masks work better than others, so follow the CDC recommendations that people use medical procedure masks, masks that fit snugly around the nose and chin with no large gaps, tightly woven fabric masks, masks with inner filter pockets, and masks with two or three layers.
5. Keep a log with names and contact information for people who have accompanied patients to their visit should contact tracing be needed.

Within the office setting, reinforce and encourage physical distancing by implementing strategies such as:

1. Separating sick from well patients by scheduling these visits during different times of the day (e.g., well visits in the morning and sick visits in the afternoon), placing patients with sick visits in different areas of the facility, or scheduling patients with sick visits in a different location from well visits (when available).
2. Reducing crowding in waiting areas by asking patients to remain outside until they are called into the facility for their appointment. For example, ask patients to wait in a vehicle, if available, until your staff can call them inside.
3. Keeping separation of at least six feet between patients and visitors during all aspects of the visit using signs, ropes, floor markings or other tools.
4. Using electronic communications as much as possible (e.g., filling out needed paperwork online in advance) to minimize time onsite as well as shared use of materials (e.g., clipboards, pens).

Making the most of in-person care

The American College of Physicians suggests ways to maximize the value of in-person care

- Have a daily huddle, including with staff who are working remotely
- Use pre-visit protocols such as questionnaires to define the purpose of the visit. Other examples include a requirement that patients take their temperature and report any symptoms before coming to the office on the day of the appointment
- Track patients' preventative care needs with an eye toward consolidating care services in a single visit (e.g., administering a flu shot during an onsite visit for a strep test)
- If possible, develop follow-up care plans that can be conducted by telehealth

For clinicians and staff

1. Hand hygiene
   - Keep hand hygiene supplies readily available, including in reception and other administrative areas; and
   - Train all personnel to perform hand hygiene before and after all patient contact, contact with potentially infectious material or equipment (e.g., stethoscopes, computers, cell phones), and before putting on and after removing PPE, including gloves.
2. Use of PPE
   - DPH's Comprehensive PPE Guidance specifies that all health care personnel must wear a surgical or procedure mask in clinical care areas at all times.
   - Consider signage or other reminders for all patient care staff on the proper sequencing of donning (putting on) and doffing (removing) PPE, including respirators, surgical masks, gloves, isolation gowns and eye protection
   - Communicate with staff openly and in advance about the possible need to shift from conventional to contingency or crisis use of PPE if supplies are depleted, including the rationale and public health directives behind those decisions; and
   - Perform aerosol-generating procedures only if recommended PPE is available.
3. Ongoing education and training
   - Regularly review with staff your infection control standards and proper use of PPE
   - Train new staff in the use of PPE and your office's infection control practices

Checklist for managing on-site patient visits

- ☐ Adjust the messaging by front desk staff, the answering service, and on voicemail to inform callers of practice changes, including:
  - Opportunities to schedule telehealth sessions;
  - Policies for patients who have respiratory infection symptoms or who have been exposed or advised to self-isolate or quarantine;
  - Any different points of entry or protocols patients need to observe upon arrival at your office; and
  - Limitations on individuals who may accompany patients to their appointments.
- ☐ Use your patient portal, automated phone, text, email appointment reminder systems, and existing website or social media channels to proactively keep patients informed about any modifications to your practice that affect the way they interact with you and your staff.
- ☐ Before all office visits, contact patients to:
  - Instruct them that a face covering or mask is required for all patients and companions;
  - Notify them that if someone accompanies them to the visit they also will be screened for symptoms.
  - Advise them to call the office in advance if they have symptoms of a respiratory infection on or preceding a day they have an in- office appointment so that a determination can be made to keep, reschedule or convert the appointment to a telehealth visit, or to refer the patient to another facility. The AMA provides pre-visit screening script questions in a larger resource; and
  - Provide any additional information they will need upon arrival at your office, for instance changed entrances, protocols they need to observe once on site.
- ☐ Schedule appointments to limit the number of patients in the waiting area and to allow for disinfecting of exam rooms between appointment
- ☐ Have a referral plan for patients who arrive onsite but need to be seen at a hospital or other facility better equipped to address their needs. Obtain information from those facilities in advance about their procedures for accepting patients that have or may have COVID-19.

VI. TELEHEALTH

Telehealth visits have become increasingly common during the pandemic. The following practices will help to optimize telehealth visits.

Help patients and staff prepare for telehealth visits

1. Ensure clinicians and staff working remotely have the equipment they need and a space to interact with patients in private.
2. Be prepared to manage visits by telephone as well as video. You can expect differing technology capabilities among your patients.
3. Notify patients what to expect in the telehealth visit (e.g. what to expect when they log onto the platform, what to do if the doctor is running late) and if the patient should do anything in advance to prepare for the visit (e.g. weigh themselves, take their blood pressure, have their medications with them). The AMA provides a sample prep sheet for patients (see the complete quick guide for more resources).
4. Prepare a tip sheet for software, app, or Web-based platforms (e.g., telehealth vendor, FaceTime, Google Hangout, Zoom) and send to patients in advance. Include screenshots of the major features if possible.
5. Have staff schedule and perform a "test visit" a day or more in advance with patients new to telehealth. This takes additional time, but familiarizes both patient and staff with the technology to troubleshoot issues in advance.
6. Notify patients what they should do in case they have technical issues logging on to the platform, or during the visit (e.g., a phone number to call for assistance).
7. Designate staff to serve as a virtual 'front desk' to greet patients at their scheduled visit time in the event the clinician is delayed.
8. Have a plan to manage typical "check out" procedures, such as making follow-up care appointments after the telehealth visit.
9. Use the existing electronic health record system to document visits and maintain typical care processes.

Telehealth best practices

The AMA suggests telehealth best practices:

- Get the basics of lighting and internet connectivity right
- Make sure patients can connect and have the tools they need
- Dress as if you are seeing patients in person at your office
- Have a backup technology plan
- Engage patients in an in-depth conversation

The AMA Telehealth quick guide and Telehealth Implementation Playbook provide practice checklists and more detailed advice. The National Consortium of Telehealth Resource Centers also has many resources.

The Massachusetts Medical Society has compiled telehealth resources on initiating, scaling up and providing telehealth care

Conducting successful telehealth visits

1. Have the camera at eye level, remove visual distractions from the background, and have all medical personnel wear badges or credentials that are visible to the patient.

2. Start the call or video conversation by introducing yourself. Check in with the patient to make sure he or she can see and hear clearly.

3. Ask/confirm that the patient is in a private place to have the visit.

4. Glance at the camera on the computer during the visit. Most people have a tendency to focus on the eyes of the person on the screen instead of the camera.

5. Active listening skills are even more important over telephone or video visits. Paraphrase and repeat what you heard back to the patient as needed. Take a few extra pauses during the visit and solicit questions.

6. Refrain from using the computer for other tasks during the telehealth visit. If computer use is necessary, let the patient know why you are looking away.

7. Provide a summary of key points for the patient toward the end of the call, describing next steps or the treatment plan, and leave time for any additional questions

VII. SUPPORT FOR CLINICIANS, STAFF AND PATIENTS

Just as your practice takes steps to protect from COVID-19 infection, leaders also need to be aware of the emotional impacts of the pandemic. Physicians, other clinicians and staff are naturally at heightened risk of stress because of the nature of practicing medicine at this time.

It is important to anticipate and openly communicate about concerns that your colleagues and staff could have about their own physical or mental health, the health and care of family and friends, income security, pressures at home and other challenges related to or exacerbated by the pandemic.

Patients, too, may also turn to your practice for help in finding emotional support resources.

Support resources to share with clinicians and staff

- The Betsy Lehman Center has compiled resources for clinicians and managers to support colleagues during COVID-19.
- The Emotional PPE Project can connect clinical staff to free professional therapy.

- The Physician Support Line provides free doctor-to-doctor telephone support for physicians and medical students.
- The CDC offers information to help clinicians and staff manage anxiety and stress, as well as information for parents, first responders, and personnel released from quarantine.
- The Massachusetts Medical Society has a directory of mental and behavioral health resources for health care professionals.
- FrontlineMA.org provides information and links on a range of topics to support both pressing clinical and personal needs of frontline clinicians.

Support resources to share with patients

- The Betsy Lehman Center has curated a set of key informational resources tailored to patients and families.
- The Massachusetts Medical Society provides links to mental and behavioral health resources for patients.
- A variety of resources on maintaining emotional health and well-being are provided by the Massachusetts Department of Public Health.
- The CDC offers an informational webpage including crisis support telephone numbers.

Five Strategies to Promote Mental Health

Experts in disaster mental health offer five strategies to support frontline clinicians and workers during events like COVID-19.

- Promote a sense of safety
- Promote calm thinking
- Promote a sense of empowerment
- Promote connectedness
- Promote hope

Medical office leaders can model these strategies, establish policies and practices that support them, and facilitate a culture that reinforces them.

Adapted from "Mental Health and Covid-19" by Dr. Craig Katz

Leading a resilient organization

Your actions as a health leader during the pandemic can contribute to a more effective and resilient organization. As your practice implements new norms, experts suggest a few key leadership actions that contribute to resilient teams and organizations:

- Communicate frequently and accurately
- Take steps to meaningfully connect with your staff
- Supply necessary protective equipment and train staff in its correct use
- Encourage self-care, and lead by setting an example
- Acknowledge stress and challenges, and recognize that colleagues and staff have different coping preferences
- Make staff aware of support resources available through your organization
- Encourage peer support
- Identify organizational growth areas
- Acknowledge and honor loss to address grief

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