PATIENT AND STAFF SAFETY IN MEDICAL OFFICE PRACTICES

# Strategies and tools for responding to COVID-19

Medical office practices in Massachusetts remain vigilant to the threat posed by COVID-19, adapting office policies and operations to ensure the safety of patients and staff.

This document is designed to help physicians, practice managers and office staff maintain the delivery of high-quality, safe health care services as conditions affecting the practice of medicine continue to shift during the pandemic. It synthesizes current guidance and provides links to a curated set of tools and other resources on the following topics:

**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 fully possible to eliminate COVID-19 and other infectious diseases from our communities, office practices will need to manage a layered strategy of interventions, policies, actions and controls,[1,2] including encouraging clinicians, staff and patients to be vaccinated.

**Elimination**

**Engineering Controls**

**Administrative Controls**

**PPE**
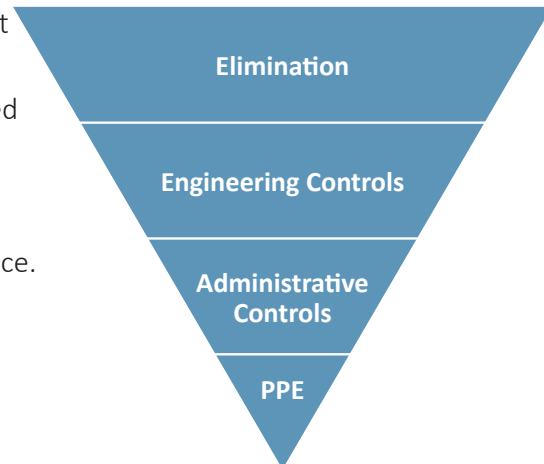
1.  **Eliminate exposure** by limiting the number of people in the office. This includes:

    *   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 COVID-19 Guidance

Since the pandemic began, practices in Massachusetts have provided care under a four-phase framework. The state is now at Phase 4: New Normal. Medical practices must adhere to certain public health and safety standards related to:

A. Personal Protective Equipment and other essential supplies

B. Workforce safety

C. Patient safety

D. Infection control

Providers are encouraged to continue providing telehealth services where they judge it clinically appropriate and feasible. They must also update their practices' policies and procedures consistent with current guidance.

The Massachusetts Department of Public Health (DPH) regularly updates the COVID-19 Public Health Guidance and Directives website, with a section specifically for Health Care Professionals.

## Vaccine Information for COVID-19

Vaccines are now widely and freely available in Massachusetts for patients ages 12 and up, including undocumented residents.

- The mass.gov vaccination information website has current information for patients including relevant messaging and vaccination sites.

- The Massachusetts Medical Society provides links to detailed information on COVID-19 vaccines for medical office practices.

## OSHA Emergency Temporary Standard

The Occupational Safety and Health Administration has issued an emergency temporary standard (ETS) that outlines what health care employers must do to protect staff from occupational exposure to COVID-19. It includes the requirement to develop and implement a plan to identify and control COVID-19 hazards in the office. Covered employers must also implement other infection prevention requirements including through patient screening and management, personal protective equipment, physical barriers, and cleaning and disinfection.

- Flowchart to determine if your office is covered by the ETS

- Frequently Asked Questions

- The complete ETS, including plan template

## II. TEAMWORK AND STAFF RESOURCES

Approved vaccines for COVID-19 are highly effective and safe. While Massachusetts has been successful in reaching a large proportion of the population, 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 spread of the virus.

Given that knowledge and official guidance 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 the Massachusetts Department of Public Health (DPH) and U.S. Centers for Disease Control and Prevention (CDC) websites weekly and updating your practice policies accordingly.

### 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 continue to effectively respond to the challenges of COVID-19.

2.  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.

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

4.  DPH provides return-to-work guidance based on staff members' COVID-19 exposure or status, as well as guidance regarding workers who are exhibiting symptoms tied to a recent vaccination.

**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.

## Human and team factors[3]

Clinicians and staff are human, and the stresses brought on by COVID-19 can challenge 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.

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.

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[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

1. Keep surfaces and equipment 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 and monitor cleaning and disinfection procedures for medical equipment, laundry, furniture, and the physical plant to be sure they meet conventional standards for medical offices.

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 space.

   - 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]

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[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

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

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

6. Consider keeping alterations you've already made to reception space and waiting rooms that minimize contact among patients such as:

   - Seating arrangements that provide for social distancing, especially for the unvaccinated

   - Use of text or phone calls to manage patient flow into and around the office. For example, many practices ask patients to wait in their cars or elsewhere until an exam room is available.

   - Fewer items shared among patients such as pens, clipboards and reading material in the waiting room.

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

## Supplies

While the pandemic put new emphasis on the importance of disinfection and the correct use of PPE, both play an important role in ongoing infection control along with the engineering and administrative measures just described.

1. Refer to the Environmental Protection Agency list of disinfectants that qualify for use against the coronavirus.

2. Ensure an adequate supply of PPE and other essential supplies that is sufficient to provide the expected number and type of procedures and services that your office performs. When appropriate PPE is not available, the scheduled service or procedure must be cancelled.

3. While shortages have eased at this time, health care providers can still request one-time support from DPH for respirators and gowns for services to patients who have suspected or confirmed COVID-19. Otherwise, practices must secure PPE on an ongoing basis and should not rely on emergency stockpiles.

**Signage**

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

- Vaccine posters (DPH)
- Read Before Entering (CDC poster)
- Wash Your Hands (CDC poster)
- How to Put On and Take Off PPE (CDC poster)
- How to Protect Yourself and Others (BPH flyer)

## IV. PATIENT COMMUNICATION

Patients, in general, appreciate information about what is expected of them and what is being done to keep them safe. This is especially important as patient knowledge about COVID-19 safety varies and guidance to the general public continues to shift.

### 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

   - Preparing for an in-person visit

   - Preparing 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.

## V. ON-SITE CARE

While DPH encourages providers to continue the use of telehealth when clinically appropriate, many patient visits to a clinical site are considered necessary.

The CDC offers in-depth guidance for routine infection prevention and control practices as well as best 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 infection prevention and control practices. 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.  Adhere to the DPH universal facemask policy, which includes the following directives (updated 8/16/2021):

    - All staff and clinicians should don a facemask upon entering the office

    - Regardless of vaccination status, staff may remove masks if they are alone in an enclosed non-clinical space or outdoors and able to distance.

3.  Restrict the number of staff in a patient treatment space to only those essential to the service or procedure.

4.  Adjust office clinic hours to accommodate patient and staffing needs, while supporting physical distancing and infection prevention measures.

5.  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.

6.  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.

## Patient management

During patient visits to your office:

1.  Screen patients and anyone accompanying them for symptoms of or known exposure to suspected or confirmed coronavirus infection. Screening can be done on-site or prior to arrival.

2.  Isolate symptomatic patients in a space set aside for this purpose.

3.  Ask all patients to adhere to cough etiquette and hand hygiene protocols.

4.  Require that all patients, clients, companions, and visitors wear a mask in the office. Clinicians can waive this requirement in special situations.

Physical distancing of six feet or more between patients is encouraged, but it is not mandatory for fully vaccinated patients and visitors or those who are masked. Within the office setting, 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.

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).

## 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.

   • Follow DPH guidance on PPE for care of patients with suspected or confirmed COVID-19, or confirmed exposures. This includes guidance on respirators, eye protection, isolation gowns and gloves.

   • 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

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

**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

## 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

Optimize telehealth sessions with the following best practices.

### 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 practitioner 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 allows patient and staff to troubleshoot technology 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.

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### 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 themselves or 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

### Patient Safety for Telehealth Visits

The pandemic drove unprecedented demand for more telehealth care. Many medical office providers with limited experience and training in telehealth were required to adapt rapidly as part of their daily practice of medicine.

This created new safety vulnerabilities for patients.

The Academic Medical Center Patient Safety Organization developed Patient Safety Guidance for the Virtual Visit with recommendations to enhance telehealth patient safety.

Key recommendations relate to:

- Modifications to physical office processes

- How to capture information exchanged between staff and patients during virtual visits

- Creating pre-visit tip sheets and checklists for staff

- Developing scripting to address common questions

- Standard messaging to patients about where and how to attend a visit

## VII.   SUPPORT FOR CLINICIANS, STAFF AND PATIENTS

Mental health conditions among health care and public health workers have increased during the pandemic. 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 at heightened risk of stress.

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 Massachusetts Medical Society has a directory of mental and behavioral health resources for health care professionals.

### 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.

### Five Strategies to Promote Staff 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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