

RE-OPENING POLICY

This re-opening policy was developed after considering multiple sources, including guidelines published by the American Medical Association (“AMA”), Centers for Disease Control (“CDC”), and the New Jersey Division of Consumer Affairs (“DCA”). You may consider this form policy and you may revise the policy based on your needs after considering available guidance. This is not intended to provide legal advice. In addition, this re-opening policy does not apply to facilities, including ambulatory surgery centers.

For additional guidance, please review the websites for the [New Jersey Department of Health](#) and the [CDC](#).

Nothing in this policy should be relied upon as legal advice in any particular matter. Should you have any questions about this policy, the screening documents, and informed consent, please contact Kay Klele, Esq. at 973-451-8451.

- **Check supplies and create a schedule for reopening.**

Assess your PPE needs and place any necessary orders so that you have the necessary PPE before re-opening.

Start with a “soft reopening” and expand hours incrementally so that you can identify and address any practical challenges presented. For example, begin with a few in-person visits a day.

Identify what can be done via telehealth or other modalities and continue to perform those visit remotely to avoid in-person appointments if possible.

Consider bringing employees back in phases, or working on alternating days or different parts of the day to limit contact. Administrative staff who do not need to be physically present in the office should continue to work remotely.

- **Institute office safety measures for in-person patient visits**

To avoid a density of patients in waiting rooms, have patients wait in their vehicles until the exam room is available. Or, consider reduced patient loads or longer days and weekends with more time in between visits.

Prioritize services based on patient’s health and whether they are within an at-risk population pursuant to Section 1(d) of the DCA’s May 18, 2020 [order](#).

All patients and employees must adhere to social distancing policies when possible.

Following CDC [guidance](#), thoroughly disinfect an exam room after each patient visit with an appropriate solution identified in [EPA's list](#). Routinely disinfect waiting rooms, bathrooms, office kitchen or any other shared spaces, and high-touch areas such as toilet and sink knobs, countertops, door knobs, water fountains etc.

Arrange for contactless patient registration and payment options. Disinfect pens and credit cards if pens and credit cards are utilized. Or, ask patients to bring their own pens and have patients pay for any payment responsibilities over the phone with a credit card.

Maintain an adequate supply of alcohol-based hand sanitizers with at least 60% to 95% alcohol. Maintain an adequate supply of tissues and no touch receptacles for disposal in common areas, especially the waiting room. Inform patients that if they must touch or adjust their cloth face covering, they should perform hand hygiene immediately before and after.

Limit non-patient visitors. For example, have vendors, service providers, or repair personnel come when the office is closed to patients.

Limit patient companions to individuals whose participation in the appointment is necessary (e.g. parents of children or companion of a vulnerable adult).

Remove reading materials, toys and other objects that may be touched by multiple individuals.

Before their appointments, inform patients and visitors that they must wear a cloth face covering, and direct them to resources regarding how to make a cloth face covering, such as the [CDC webpage](#). Visitors and patients who arrive to the office without a cloth face covering or mask should be provided with one by the office if supplies are available. Exclusions: If patient is under two years old or wearing a covering would inhibit the patient's health.

Post a [sign](#) at the entrance and in strategic places (e.g., waiting areas, elevators, cafeterias) to provide instructions about hand and respiratory hygiene and cough etiquette.

If you are testing suspected COVID-19 patients, implement the following:

- Separate those patients from other patients by having separate waiting areas and designated exam rooms and bathrooms, and, if feasible, have separate hours of operation to limit exposure to other patients. You should not schedule patients seeking testing for COVID-19 at the same time as scheduling non-COVID-19 patients that are high-risk for complications from COVID-19.
- Exam rooms should be well ventilated and keep the doors closed when patients are in the rooms. If an exam room is not ready, have the patient wait in his or her car until the exam room is ready to limit contact with other patients.

- Comply with PPE requirements set forth in [CDC guidelines](#). For example, the CDC recommends a respirator as opposed to a facemask when treating COVID-19 patients or suspected COVID-19 patients.
- Comply with [CDC guidelines](#) on collecting, handling, and testing specimens
- Comply with [New Jersey guidelines](#) on when you should test patients. This [link](#) identifies the reasons for testing patients, and you should document the reasons for testing in the medical record.

If you are treating patients with confirmed COVID-19 patients, implement the following:

- Treat the patient to the extent possible using telemedicine. If an in-person visit is necessary, have separate waiting areas and designated exam rooms and bathrooms, and separate hours of operation to limit exposure to other patients. You should not schedule confirmed COVID-19 patients at the same time as scheduling non-COVID-19 patients that are high-risk for complications from COVID-19.
- The exam rooms should be well ventilated and keep the doors closed when patients are in the rooms. If an exam room is not ready, have the patient wait in his or her car until the exam room is ready to limit contact with other patients.
- All treating practitioners should comply with PPE requirements set forth in [CDC guidelines](#).
- **Establish a patient screening policy for in-person patient visits that are not related to COVID-19.**

Contact the patient via phone within 24 hours prior to the office visit to (1) provide registration documents and COVID-19 Informed Consent (2) review the logistics of the reopening practice protocol and (3) screen the patient for COVID19 symptoms by using the attached telephonic questionnaire. An appropriate person in the Office, preferably the physician, should discuss the Informed Consent with the patient, including the risks of delaying treatment, and document the discussion in the medical records.

Have the patient execute the COVID-19 Informed Consent and telephonic questionnaire and return it to the office before the scheduled visit. If the patient cannot email or fax the documents, have the patient deliver the executed documents in the parking lot of the office when they appear for the in-person visit.

If the patient responds “Yes” to any question in the telephonic questionnaire, then the questionnaire must be reviewed by the office to assess whether the patient can keep the appointment. If the patient responds “No” to every question in the questionnaire, consider whether you need any further information from the patient.

If, based on the telephone questionnaire, you suspect a patient may have COVID-19, and your office does not perform COVID-19 testing, then immediately direct the patient to a testing site and to seek medical care. If, based on the pre-telephonic questionnaire, the patient’s condition requires immediate attention, direct the patient to the Emergency Room.

If you do perform COVID-19 testing, then, absent an emergency situation, maintain the appointment and follow the procedures above regarding designated exam rooms etc.

Upon the patient’s arrival at the office, screen the patient again prior to entering the office by using the in-person questionnaire:

- Have the patient contact the office when they arrive at the office preferably when the patient is still in his or her vehicle.
- If possible, screen the patient before they enter the office, i.e., lobby area. Offices may also consider deploying staff in a designated area of the parking lot of the practice.
- Have the patient answer the in-person questionnaire, and have them execute the in-person questionnaire.
- Take the patient’s temperature by means of a no-contact temperature check or thermometers with disposable covers, and record the result within the patient chart.
- Follow the steps above regarding “Yes” or “No” answers above.

While individuals accompanying patients should be strictly limited, where an accompanying individual is necessary, those individuals should be screened in the same manner as a patient.

- **Workplace safety for providers and staff.**

Establish and clearly communicate an office policy that includes the following:

- Providers and employees should not present to work if they have a fever over 100 degrees, have lost their sense of taste or smell, or have other symptoms of COVID19.

- On a daily basis, screen providers and employees for temperature and other symptoms of COVID19. Conduct the screening before they physically enter the office, i.e., office lobby.
- Providers and employees must maintain good hygiene practices and must wear facemasks at all times. Facemasks are preferred over cloth coverings.
- If possible, rearrange workspaces to ensure that individuals maintain six feet or more distance between them wherever possible.
- Provide administrative staff sufficient supplies and equipment (phones, computers, pens, paper, medical equipment) to avoid sharing. If items are shared, they must be frequently disinfected.
- If a provider or employee is exposed to a confirmed COVID-19 patient, follow the [CDC's Risk Table](#) that classifies high, medium and low risk. Having patients wear a cloth face covering and having the providers and employees wear the appropriate PPE are critical factors in identifying risk and whether the provider or employee should be excluded from work.
- If a provider or employee received a positive COVID-19 test, follow the [CDC's guidelines](#) for when they can return to work.

Create a confidential employment file for each provider and employee to keep records of screening results. This file must be separate from the personnel file, and only a limited number of personnel should have access to the data.

Minimize contact between individuals as much as possible. For example:

- Limit contact between individuals conducting patient and visitor temperature checks with individuals treating patients.
- Consider assigning individuals to dedicated work stations and exam rooms or operating rooms to minimize the number of people touching the same equipment or working in different rooms.
- Install physical barriers (e.g., glass or plastic windows) at reception areas to limit close contact between employees and patients.

- **Confidentiality Issues**

Coworkers and patients can be informed that they came into contact with a provider or employee who tested positive for COVID-19, but their identity and details about their symptoms cannot be shared with patients or co-workers without consent.

If a patient tests positive for COVID-19, inform the providers and employees who came in contact with the patient after obtaining the patient's authorization. Have patients sign the COVID-19 Informed Consent and Authorization Form.

- **Contact your billing company medical malpractice insurance carrier.**

Contact your billing company to understand the new COVID-19 billing codes.

Contact your medical malpractice liability insurance carrier to discuss your current coverage and whether any additional coverage may be warranted.

Review the instances in which clinicians treating COVID19 patients are protected from medical malpractice liability, and appropriately document COVID-19 screening and treatment.

- **Performing Elective Surgeries and Elective Invasive Procedures in the Office.**

On May 18, 2020, the DCA issued an [order](#) applicable to Elective Surgeries and Invasive Procedures performed in the office. Please review the order in full. Besides what is discussed above, pursuant to the order:

- You cannot perform elective surgeries or elective invasive procedures on confirmed COVID-19 or symptomatic patients until after a certain period of time has passed.
- Review the risks and benefits with the patient of any elective surgery, invasive procedure or routine dental or eye care if the patient is identified to be at higher risk of contracting COVID-19 or complications (with pre-existing comorbidities) or immunocompromised. You, therefore, should discuss the COVID-19 Informed Consent.
- Wear the appropriate PPE as set forth in Section C(4).
- Follow the additional guidance for dental and eye care professionals set forth in Sections C(5) and (6) of the order.