



Healthcare Services Overview

According to [Pennsylvania's COVID-19 response plan](#):

- Nothing in the Stay-At-Home order or Phased Reopening policies shall affect the operations of health care or medical service providers.
- In “Red,” “Yellow,” and “Green” phases, individuals will be able to visit a health care professional.

The Pennsylvania Department of Health (DOH) [May 9th Guidance on COVID-19 for Health Care Providers](#) states that providers may resume non-urgent and elective care when appropriate personal protective equipment (PPE) is available and telemedicine is not sufficient. The DOH recommends screening patients for COVID-19 symptoms.

These materials and any related updates are provided and intended for general public informational purposes and guidance. While intended to be timely and accurate, please note that federal and state regulations and directives are changing often. To that extent, please continue to monitor this site for any significant modifications and developments.

The following [guidance from the Pennsylvania Medical Society](#) identifies several steps that will help meet or exceed state and CDC guidelines and aid the safety of workers and patients.

Employer Tips and Guidelines

- Consult the Pennsylvania Department of Health before reopening a closed practice.
- Decisions for reopening must include careful planning and considerations for adequate facilities, workforce, testing, supplies, and adequate workforce across phases of care.
- Facilities should continually monitor their region for risk of incidence and should be prepared to cease non-essential procedures in event of resurgence.
- According to the DOH, hospitals and ambulatory surgical facilities must ensure they have enough PPE available to handle a surge in COVID-19 cases without having to prioritize care. Additionally, hospitals and facilities must have adequate staff to handle a potential surge in patients. Hospitals and facilities will need to update their emergency preparedness plans to reflect their preparedness for possible resurgence.
- It is likely that patient volume will return slowly, and the office may not need full staff at all times. Practices should plan both their finances and staffing to account for this reality.
- Develop and implement safety protocols. Understand that patients may be fearful about interacting with the healthcare system.
- Assess the supply of Personal Protective Equipment (PPE). Project usage of your current PPE supply.

- Consider expanding or implementing telehealth to support safe patient care during reopening. Maximum use of telehealth modalities is encouraged.
- Practices that have implemented telehealth can work on moving to a hybrid model, with patients seen both in office and virtually.
- Communicate clearly with patients about safety protocols. Changes that a practice might make will require patients changing their usual routines. Informing patients upfront will ensure that they are properly prepared.
- Be watchful of supply chain issues, which may impact the availability of patient medications, medical supplies, cleaning materials, paper goods, and PPE.
- Consider supply alternatives, such as other vendors or suppliers, or using appropriate substitutions.
- Review the practice's emergency preparedness plan and make necessary updates to it.
- Review and modify your patient consent forms to reflect risk of COVID-19 exposure.
- Be mindful to the needs of elderly and immunocompromised patients. Consider how you may be able to meet the needs of vulnerable patients.
 - Consider implementing designated office hours, using special entrances or using specific exam rooms to reduce risk of exposure.
 - Prioritize delayed care that may have grown due to cancellations while the pandemic progressed. Be mindful of overdue checks or skipped routine care. Elective, routine, and preventive care was postponed which brings about its own risks.
 - Pediatric patients may be overdue on their vaccinations and well child checks.
 - Adult patients may have put off routine care for chronic conditions and screenings such as mammograms and colonoscopies.
 - As practices start to reopen and life returns to a level of normalcy, physicians should prioritize scheduling patients for vaccinations, missed screenings, and care for chronic conditions.
- Consider capital needs for reopening and all available funding sources.
- Confirm patient contact information, including address and phone number.
- Patient insurance eligibility and benefits should be checked to determine if eligibility is effective, or if copay and deductible amounts have changed. Adjust any best practice recommendations to best suit the needs of the practice and its patients.
- Consistently monitor employee wellness and do not let anyone symptomatic report to work. Revisit your leave or sick program to allow for this time off.
- Employees who monitor their temperature at home should update their supervisor if they have a temperature exceeding 100.4 degrees Fahrenheit and stay home.
- Put away articles such as magazines, toys, coffee, or anything else that may be handled by infected patients.
- If possible, arrange office flow such that patients enter and leave through separate doors.
- Modify checkout procedures to avoid any patient lingering.
- Consider the strategies to prevent patients who can be seen at home via telehealth from coming to your office or facility.
- Require everyone who enters the practice to wear an appropriate face covering. Communicate this requirement to patients at the time of scheduling an office visit.
- Implement even more strict sterilization protocols than those already existing.

- Consider scheduling blocks of time (2-3 hours) exclusively for virtual care. Staying in one modality may be easier than switching back and forth.
- Pre-screen patients. At the time of scheduling, patients should be asked if they are experiencing common COVID-19 symptoms.
- All patients, regardless of symptoms, should have their temperature checked as they enter the office. Patients displaying COVID-19 symptoms should be screened via telephone and tested, if possible, before coming to the office.
- All staff should be trained on the proper use and preservation of PPE.
- For additional support, The Chester County Health Department can be reached at 610-344-6225.

How Employees Can Protect Themselves

- Practices should consider staffing adjustments, which may include bringing staff and physicians back in different waves. Personnel can be placed on rotating teams or via telecommuting for certain positions if possible.
- Having internal policies for those over the age of 60 or with pre-existing conditions can help all employees feel safe while working.
- Workers in vulnerable populations may be shifted to different roles that minimize their risk of exposure. This may include various duties, such as consulting with younger staff, advising on the use of resources, keeping staff updated on most recent news, ordering supplies for the clinic, working from home, phone triage of patients, helping providers and managers make tough decisions, or talking to patients' family members.
- Self-monitor your temperature every morning. Employees who have a temperature exceeding 100.4 degrees Fahrenheit should stay home and notify the practice.
- Pay extra attention for signs of exhaustion, depression, stress, and other similar issues.

The Foundation of the Pennsylvania Medical Society has put together some resources to help mitigate the risk and symptoms of occupational stress and burnout. Practices looking for resources on addressing the mental and emotional needs of their physicians and staff can [click here](#) or contact the Foundation at (717) 558-7750.

If an Employee Tests Positive

Refer to the Chester County Health Department (CCHD). Listed below is [CCHD's Return to Work guidance as of June 1st, 2020](#):

For people with a positive molecular test under home isolation:

Those who develop symptoms may discontinue home isolation and return to work under the following conditions:

- At least 3 days (72 hours) have passed since fever went away without the use of fever-reducing medication,
- AND improvement in respiratory symptoms (e.g., cough, shortness of breath),
- AND At least 10 days have passed since symptoms first appeared.

Those without symptoms may discontinue home isolation and return to work 10 days after the test was collected.

For healthcare personnel (HCP) with a positive molecular test under home isolation:

Follow the above guidance. In addition, after returning to work, HCP should:

- Wear a facemask for source control at all times while in the healthcare facility until all symptoms are completely resolved or at baseline.
 - A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility.
 - A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed COVID-19.
 - Of note, N95 or other respirators with an exhaust valve might not provide source control.
- Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.
- Be restricted from contact with severely immunocompromised patients (e.g. transplant, hematology/oncology) until 14 days after illness onset.

For essential personnel with a positive IgM serology test:

Exclusion from work until 7 days after test results is recommended when possible. Even though there is a risk of false positive IgM, and the timing of when a person is infectious is not completely known, it is best to presume someone might be contagious. If symptoms develop during that time, follow above exclusion and return to work criteria.

If it is not possible to exclude essential workers with positive IgM, then consider modifying working conditions to minimize the risk they would infect others. Examples include:

- Ensure use of source control personal protective equipment (PPE) and meticulous environmental cleaning.
- Exclusion from contact with coworkers or clients, or at least exclusion from contact with vulnerable coworkers or clients, such as elderly or those with chronic conditions.
- Consider directing work towards presumed or confirmed COVID-19 cases.
- Exclude from lunch/break rooms where they would have a mask off around others.

Supporting Patients

- Physician office space and workflow should be structured to encourage physical distance.
- Ask patients to check in by phone or text message and wait in the car until an exam room is ready.
- Prohibit adults and teens from having guests or visitors. Only parents of children should be in the office with the patient.
- Schedule patients such that only a few are in the office at any one time.
- Consider setting aside clinic hours for vulnerable patients—elderly, immunocompromised, etc.
- Separate patients with respiratory symptoms so they are not waiting among others.
- Patients should wear a face covering.
 - Be aware of the needs of very young children and those with respiratory diseases, who may face difficulties with reduced airflow through face coverings.

- Patients should wash hands before and after leaving the building if possible. If not, use hand sanitizer when you enter and before you leave the building.
- Maintain a distance of at least 6 feet from others to the extent possible.
- If you get the urge to sneeze or cough, cover your nose, mouth, and mask with a napkin or handkerchief, wash your hands and face thoroughly.