

Main Line Health Physician Partners (MLHPP) COVID-19 Ambulatory Recovery Planning Toolkit

Produced in collaboration with:



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Goals / Guiding Principles

- ✓ Reduce / eliminate risks of COVID-19 transmission and subsequent spread, by ensuring the utmost safety of all employees and patients
- ✓ Protect the health and safety of workers
- ✓ Protect the most vulnerable populations
- ✓ Selectively resume in-person care leveraging patient prioritization
- ✓ Mitigate resurgence / resurgence preparedness

National / State / Local Reopening Guidelines

Federal, state, and local authorities recommend first meeting general reopening (recovery) criteria, then following a phase approached when considering the resumption of in-person, outpatient medical care. These guidelines have been established in accordance with this recommendation and in consultation with CMS, CDC, and AMA.

- Reopening criteria
- Phase I
- Phase II
- Phase III

It is suggested that practices assess status weekly to determine if they are ready to transition to the next phase; practices should designate one individual to issue approval to transition to the next, or restart an earlier, phase.

Important: Entities must monitor conditions and be prepared to immediately take steps to limit and mitigate any rebounds or outbreaks by restarting a phase or returning to an earlier phase, depending on severity of community spread.

Reopening / Recovery Criteria

- State / regional gating criteria have been satisfied related to prevalence of symptoms, cases, and hospital capabilities
 - [Link to Pennsylvania COVID-19 Resources](#)
- Availability to perform ongoing syndromic testing and monitoring;

- Ability to maintain the utmost safety of all employees and patients ensuring:
 - Proper social distancing
 - Adequate supply of personal protection equipment and medical supplies
 - Staff proficiency in infection prevention techniques /sanitation protocols
- Care should be prioritized for patients as clinically appropriate- maximizing use of all telehealth modalities

Phase I

Facility

General Guidelines

To reduce the risk of COVID-19 transmission and spread, it is recommended that each practice establish social distancing protocols within waiting rooms, administrative, and clinical areas. For example:

- ☐ Implement controls that minimally promote 6-foot distance between individuals, including staff and patients
- ☐ Limit number of individuals in the office at any given point
- ☐ Utilize signage to promote social distancing
- ☐ Institute “one way” traffic pattern to minimize contact between individuals

Waiting Area(s)

- ☐ Post signage to ensure individuals are aware of all new policies / procedures, including entrance / exit, mask wearing, patient flow, screening, etc.
- ☐ Consider eliminating the utilization of all traditional waiting areas and direct patients to call upon arrival for instructions to proceed directly to exam room or wait in car until further notice is given via telephone
- ☐ If waiting room is necessary, minimize patient time spent there and ensure necessary furniture is removed, covered, or seats left empty to distance patients;
- ☐ Remove all magazines, toys, brochures, literature, television remotes, etc. and continuously clean room
- ☐ Consider establishing visitor policy:
 - Discourage patient from bringing visitor, but review request should patient deem support person as essential
 - Establish review process; patient’s physician may be best individual to determine appropriateness
 - If support is necessary, consider limiting to one individual and ensure individuals complete all screening protocol
- ☐ All patients should be required to wear a face covering or mask to enter office; if a patient presents without a covering or mask, consider providing one

- ☐ Place tape lines, standing placemats, or standing markers 6 feet apart on floors where patient lines could occur
- ☐ Limit patient movement within office
- ☐ If possible, create one-way hallways and clearly indicate patient flow direction to limit contact
- ☐ Cover all water fountains to discourage use
- ☐ Consider limiting use of clipboards
- ☐ Use disposable pens, if possible
- ☐ Ensure proper stocking and daily refills for hand sanitizer, soap, disinfectant wipes and spray in waiting room

Clinical Areas

Workstations in the Clinical Setting

- ☐ Workstations in the clinical setting should be disinfected at the beginning and end of each shift. Disinfect hard surfaces, the phone, the computer keyboard, and the mouse. Disinfect the armrests and surface of the workstation chair.
- ☐ Workstation seating should be assigned to specific team members whenever possible
- ☐ Maintain six (6) feet distance between employee workstations

Clinical Workrooms

- ☐ Clinical workrooms (i.e. labs) should be disinfected at the beginning and end of each shift
- ☐ Small electronic devices (glucometers, urinalysis meters, etc.) should be disinfected with an alcohol-based disinfectant
- ☐ Disinfect phones, computers, keyboards, and mice
- ☐ Disinfect door handles and cabinet pulls

Exam Rooms

- ☐ Exam rooms must be disinfected at the beginning and end of each shift and after each patient
- ☐ Disinfect all hard surfaces, including exam tables, mayo stands, grab bars, counters, chairs/stools, and computer carts

- ☐ Disinfect all clinical equipment, including reusable blood pressure cuffs, otoscopes, ophthalmoscopes, thermometers, stethoscopes, and light sources
- ☐ Disinfect the computer, keyboard, and mouse
- ☐ Disinfect door handles and cabinet pulls
- ☐ Eliminate or reduce the number of clinical supplies on the countertop
- ☐ For exam rooms that are used for aerosol generating procedures, reference the Infection Prevention Protocols and In-Office Procedures section of this toolkit
- ☐ Ensure proper stocking and daily refills for hand sanitizer, soap, disinfectant wipes and spray

Administrative Areas

- ☐ Workstations in the administrative setting should be disinfected at the beginning and end of each shift. Disinfect hard surfaces, the phone, the computer keyboard, and the mouse. Disinfect the armrests and surface of the workstation chair.
- ☐ Workstation seating should be assigned to specific team members whenever possible
- ☐ Maintain six (6) feet distance between employee workstations
- ☐ Close common areas (e.g. break room) where personnel are likely to congregate and enforce strict social distancing protocols
- ☐ Ensure proper stocking and daily refills for hand sanitizer, soap, disinfectant wipes and spray in exam rooms and other spaces
- ☐ Consider designating a single space for all deliveries

Workforce

It is critically important to take the necessary steps to ensure the safety and wellness of all employees. Please consider the following when establishing / revising office policies and procedures:

General Guidelines

- ☐ Staff office appropriately with consideration given to patient volumes and what is essential to in-office operations
- ☐ Staff members should be encouraged to stay home if feeling ill
- ☐ Consider allowing certain staff members to work remotely, especially if high-risk
 - Be sure to provide clear expectations and monitor work as appropriate
- ☐ Conduct staff meetings while maintaining appropriate physical separation; if space constraints do not allow, consider conducting the meeting virtually (e.g. via telephone or another platform)
- ☐ Ensure staff is aware of any changes to office policies or procedures due to COVID-19
- ☐ Educate staff on practice's recovery plan, proper PPE use, and office cleaning procedures

Employee Screening Procedures

It is recommended that all employees screen themselves prior to entering workplace; please see below a sample screening procedure you may wish to use:

Symptom / exposure Screening

Prior to entering the workspace, the employee will ask themselves the following questions:

1. **Have I developed a cough or shortness of breath in the last 14 days?**
 - If YES to one or both→ Do NOT enter the workplace. Immediately escalate to your manager.
 - If NO to both→ Proceed to question 2.
2. **Have I developed any of the following symptoms in the last 14 days?** Fever, Body Aches/Muscle Pain, Chills/Repeated Shaking with Chills, Headache, Sore Throat, Loss of Taste or Smell
 - If YES to two or more→ Do NOT enter the workplace. Immediately escalate to your manager.
 - If NO to two or more→ Proceed to question 3.
3. **In the last 14 days, have I had direct contact with anyone that I know to be COVID-19 positive?**
 - If YES→ Do NOT enter the workplace. Immediately escalate to your manager.

- If NO→ Proceed to question 4.
- 4. **Have I personally had a positive COVID-19 test result or do I have results pending?**
 - If YES→ Do NOT enter the workplace. Immediately escalate to your manager.
 - If NO→ You have screened negative for symptoms and exposure and may enter the workspace.

Temperature Screening

Employees should perform a daily temperature screening and may obtain their temperature in the following ways:

1. Self-monitor using an at-home thermometer
2. Have their temperature taken by a screener at a hospital or health center
3. Take their temperature using a thermometer in the practice

If an employee's temperature is **greater than 100 degrees Fahrenheit**, the employee should not report to work OR immediately be sent home and await further instruction.

Consider having employees document their temperatures daily. Practice managers should ensure that all on-site staff have reported their temperatures and that no staff member's temperature is **greater than 100 degrees Fahrenheit**.

Patient Population(s)

General Guidelines

Patient Prioritization & Scheduling

- ☐ In phase I of the recovery plan, it is recommended to maintain emphasis on telemedicine and prioritize the use of in-office visits
- ☐ Care must be prioritized as clinically appropriate, maximizing the use of telehealth modalities in the initial phase of recovery
- ☐ These are recommendations only; providers should prioritize and refine criteria based on their unique patient populations and office capacity
- ☐ Considerations will include:
 - Safety for patients/staff based on PPE, supplies, practice space/design, protocols
 - Patient population's clinical needs
 - Potential for services to generate aerosols
 - Practice's capacity based on provider availability and schedule
 - Practice providers' clinical activity prior to Recovery phase

Patient Screening

It is recommended that practices follow a 3-step screening process for those patients presenting for in-office care.

Tier 1: Scheduling

Patients who are scheduling appointments should be screened for COVID-19 travel, exposure, and symptom history at the time of scheduling (**Recovery Resource:** COVID-19 Epic Screening Job Aid). It is suggested that those patients who screen positive be escalated to RN or provider to determine appropriate level of care. Consider utilizing an algorithm to schedule patients who screen negative at the time of scheduling to determine the appropriate level of care (telemedicine or in-office), if applicable (**Recovery Resource:** COVID-19 Recovery Scheduling Algorithm).

Tier 2: Pre-visit Call

Patients scheduled for an in-office visit should be screened for COVID-19 travel, exposure, and symptom history during a pre-visit call (**Recovery Resource:** DVACO Script for Practices Recovery / Revision to Office Operations). Pre-visit calls should not be placed more than 36 hours prior to the patient's scheduled appointment. It is suggested that those patients who screen positive be escalated to RN or provider to determine next steps. Patients that screen negative during the pre-visit call will be allowed to proceed to their in-office appointment.

Tier 3: On Arrival to In-office Appointment

Patients scheduled for an in-office visit should be screened for COVID-19 travel, exposure, and symptom history when they arrive to the practice. When possible, the on-arrival screening should be performed remotely by phone (from patient's home, vehicle, etc.) prior to the patient entering the practice.

If performed remotely and the patient screens positive, the patient should be instructed NOT to enter the practice. Immediately escalate to a provider. If performed remotely and the patient screens negative, the patient may proceed to temperature assessment at the practice entrance.

If performed in the practice and the patient screens positive, it is recommended to immediately isolate the patient and mask with an isolation mask (if available) once in an exam room. Staff that will interact with the patient must don COVID-19 PPE. If performed in the practice and the patient screens negative, proceed to temperature assessment.

After administering the screening questionnaire, patients presenting for in-office appointments will have a temperature assessment with an infrared thermometer. If the patient's temperature is greater than 100 degrees Fahrenheit, the patient should immediately be isolated in a private exam room and then masked with an isolation mask. Staff that will interact with the patient must don COVID-19 PPE. If the patient's temperature is less than 100 degrees Fahrenheit, the patient will proceed to their in-office appointment.

Patient Triage

Secondary Clinical Assessment

It is recommended that patients who have a positive COVID-19 screening at time of scheduling be escalated to a clinical team member for further assessment. This secondary assessment may help determine the optimal venue of care prior to appointment scheduling. Based on the assessment, patients may be dispositioned to telemedicine, an in-office appointment, urgent care, or the emergency department.

An example of a secondary assessment can be found in the resource section of this toolkit (**Recovery Resource:** COVID-19 Secondary Assessment Algorithm).

COVID-19 Secondary Assessment Questions

Clinical team members should ask the following questions during secondary assessment:

1. In the past 14 days, have you had any of the following? (new in the past 14 days)
 - Cough
 - Shortness of breath
2. In the past 14 days, have you had any (2) of the following? (new in the past 14 days)
 - Fever, body aches, chills/shaking, headache, sore throat, new loss of taste, new loss of smell
3. To the best of your knowledge, have you had any direct contact with anyone who is known to have tested positive in the past 14 days (or tested and results pending) for COVID-19 (coronavirus)?
4. In the past 14 days, have you had COVID-19 testing that is either positive or pending?

IP Protocols & In-Office Procedures

General Guidelines

It is recommended that physician practices create and adhere to infection prevention (IP) protocols and guidelines. For example:

- ☐ Ensure employees adhere to all published PPE standards
- ☐ Develop a procedure-specific IP plan for those practices performing aerosol generating procedures (AGPs)
- ☐ Ensure employee compliance with all Infection Control policies and procedures
- ☐ Limit exposure to vendors and delivery personnel

Cleaning & Disinfection Guidelines

Please consider the following general cleaning and disinfection guidelines (**Recovery Resources: MLH Disinfectant Comparison**):

Entrances, Waiting Areas, and Front Desks

Entrances

- ☐ Disinfect door handles/push bars at the beginning and end of each clinical session or every four (4) hours

Waiting Areas

- ☐ Disinfect waiting room chairs and side-tables at the beginning and end of each clinical session or every four (4) hours
- ☐ Disinfection can occur more frequently if surfaces become visibly soiled
- ☐ Arm rests and vinyl seat surfaces may be cleaned with a general hard surface disinfectant
- ☐ Soft cushioned or upholstered surfaces may be cleaned with an aerosol spray disinfectant

Front Desks

- ☐ Disinfect service counters and barrier shields at the beginning and end of each clinical session or every four (4) hours
- ☐ Disinfection can occur more frequently if surfaces become visibly soiled
- ☐ Avoid use of pens or clipboards with multiple patients whenever possible
- ☐ Disinfect computers, keyboards, monitors, mice, and telephones at the beginning and end of each day

Clinical Spaces

Exam Rooms

- ☐ Inspect all surfaces, including the exam table and any noncritical patient care equipment, for gross contamination with blood or body fluids
- ☐ Discard any soiled disposable patient care equipment into the appropriate receptacle. Items grossly contaminated and/or saturated with blood and/or body fluids should be placed in red bag waste container. All needles, syringes, disposable instrumentation, and glass medication vials must be placed in a sharps container.
- ☐ Remove used exam table paper and discard in trash receptacle.
- ☐ Wipe down exam table with facility approved disinfectant wipes. Allow for designated “wet time” as noted in the manufacturer’s instructions.
- ☐ Wipe down arms, seat, and back of any patient chairs or furniture with facility approved disinfectant wipes. Allow for designated “wet time” as noted in the manufacturer’s instructions.
- ☐ Wipe down all flat surfaces, including desktops, counters, windowsills, and computer carts and keyboards with facility approved disinfectant wipes. Allow for designated “wet time” as noted in the manufacturer’s instructions.
- ☐ Wipe down all noncritical patient care equipment, including reusable blood pressure cuffs, stethoscopes, and handheld diagnostic sets with facility approved disinfectant wipes. Allow for designated “wet time” as noted in the manufacturer’s instructions.

- ☐ Once the exam table has fully dried, re-dress table with clean table paper.

Clinical Work Areas

- ☐ Clinical work areas, including sinks and countertops, must be cleaned and disinfected at the beginning and end of each day.
- ☐ High-touch surfaces that come into contact with blood or body fluids and areas used for instrument reprocessing/sterilization may need to be cleaned and/or disinfected multiple times during the workday.
- ☐ Clinical work areas should have a clear delineation between clean and dirty work surfaces.
- ☐ Centrifuges should be inspected and cleaned per the manufacturer's recommendations.
- ☐ Containers utilized for soaking soiled instruments should be cleaned and disinfected after each procedure. All chucks and drying material should be changed and discarded daily or more frequently if wet or soiled.
- ☐ Autoclaves and ultrasonic cleaners should undergo weekly cleaning and monthly maintenance per the manufacturer's recommendations.
- ☐ Clinical work areas should be left clean and organized for the next work session.

Workstations in Clinical Areas

- ☐ Workstations in the clinical setting should be disinfected at the beginning and end of each shift. Disinfect hard surfaces, the phone, the computer keyboard, and the mouse. Disinfect the armrests and surface of the workstation chair.

Administrative Spaces

- ☐ Workstations in the administrative areas should be disinfected at the beginning and end of each shift. Disinfect hard surfaces, the phone, the computer keyboard, and the mouse. Disinfect the armrests and surface of the workstation chair.
- ☐ Disinfect door handles and cabinet pulls

- ☐ In breakrooms/lounges, disinfect refrigerator/microwave handles, door handles, cabinet pulls, tables, and chairs.

Aerosol Generating Procedures (AGPs) in Ambulatory Care

During the COVID-19 public health crisis, aerosol generating procedures (AGPs) pose a particular risk to healthcare workers, especially when performed in spaces that are not outfitted with negative pressure. Therefore, each AGP performed in the ambulatory practice setting should undergo IP review and have a procedure-specific IP plan. In some cases, please consider restricting certain AGPs if the risks of performing the procedure cannot be adequately mitigated in the physician practice setting.

Examples of AGPs performed in the ambulatory practice setting include, but are not limited to:

- Nebulizer treatments
- Pulmonary function tests
- Upper respiratory scopes
- Upper GI scopes
- Some OB/GYN procedures

If your practice is performing an AGP and you do not have a procedure-specific IP plan developed, please consider doing so.

General Guidelines for AGPs in Ambulatory Care

- ☐ All patients having an AGP in the ambulatory setting must undergo COVID-19 Screening
- ☐ If the patient screens positive, the procedure must be postponed for a minimum of 10 days. In addition, there must be resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g. cough, shortness of breath).
- ☐ All patients who will be undergoing AGPs must be tested for COVID-19 four (4) days prior to procedure. If negative, practice may proceed with procedure.
- ☐ Health Care Providers (HCP) in the room should wear an N95, face shield, gloves, and a gown.

- ☐ The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for the procedure.
- ☐ AGPs should ideally take place in an Airborne Infection Isolation Room (AIIR). If an AIIR is not available, procedure may take place in patient exam room or procedure room with the door closed.
- ☐ For procedures not done in an AIIR, the door must remain closed to allow for adequate air exchange for a minimum of 2 hours after patient vacates space. A sign is to be posted on the door to indicate room re-open time.
- ☐ After allowing 2 hours for air exchange, clean and disinfect procedure room surfaces as per cleaning guidelines.

PPE & Medical Supplies

General Guidelines

It is recommended that physician practices create and adhere to personal protective equipment (PPE) guidelines (**Recovery Resource:** MLHC PPEople):

- ☐ Assess current inventory and determine if supply is adequate
- ☐ Formulate plan for PPE and supply procurement, if necessary
- ☐ All employees must always wear masks; ensure staff is properly educated with respect to donning and doffing PPE
- ☐ Follow CDC guidelines for cleaning and disinfecting spaces
 - [Link to CDC Guidance](#)
- ☐ Develop or enhance in-office cleaning procedures; re-enforce with staff regularly

General Standard Precautions in a Clinical Environment

- Front desk staff
 - Face mask (isolation or surgical)- 1 mask per day
 - Face shield (recommended)- 1 shield issued to each employee
 - Hand hygiene
- Medical Assistants / Nursing Staff
 - Face mask (isolation or surgical)- 1 mask per day
 - Face shield (recommended)- 1 shield issued to each employee
 - Exam gloves when performing clinical tasks
 - Hand hygiene
- Providers
 - Face mask (isolation or surgical)- 1 mask per day
 - Face shield (recommended)- 1 shield issued to each employee
 - Exam gloves when performing clinical tasks
 - Hand hygiene

General Standard Precautions in a Non-Clinical, Public Setting (hallways, cafeteria, etc.)

- Any staff member in a non-clinical, public setting
 - Face covering (cloth)
 - Hand hygiene

Guidelines for Aerosol Generating Procedures (AGPs)

- Any Clinical Team Member Performing an AGP
 - Face mask (N95)
 - Face shield
 - Isolation gown
 - Exam gloves
 - Hand hygiene

Guidelines for Suspected for Confirmed COVID-19 Patient

- Any Clinical Team Member Caring for a Suspect or Confirmed COVID-19 Patient
 - Face mask (N95)
 - Face shield
 - Isolation gown
 - Exam gloves
 - Hand hygiene

Modified In-office Workflows

Scheduling

The following tools are available to assist with scheduling workflows and are included in the Recovery Resources section of this toolkit:

- COVID-19 Epic Screening Job Aid
 - o Please note: MLHPP is cognizant of the fact that many independent practices are not on Epic; the screening tool contents, however, can be adapted to your own process
- COVID-19 Secondary Assessment Algorithm
- COVID-19 Recovery Scheduling Algorithm

Sample General Scheduling Workflow



COVID-19 Screening

- ☐ Perform COVID-19 Screening and take action as directed –
Recovery Resource: COVID-19 Epic Screening
- ☐ If COVID-19 Epic Screening is positive, consider triaging the patient using a secondary assessment algorithm

Determine Venue of Care (if applicable)

- ☐ Determine the appropriate venue of care using recovery algorithm –
Recovery Resource: COVID-19 Recovery Scheduling Algorithm

Schedule Appointment

- ☐ Schedule and confirm the appointment

Educate Patient on Next Steps and In-office Policies

- ☐ If patient has been scheduled for a telemedicine encounter, ensure patient understands how to utilize the appropriate application to do so
- ☐ If patient has been scheduled for an in-office appointment, provide the following instructions:
 - *Thank you for your patience. Your appointment is confirmed for [date] at [time]. There are a few things I need to review with you to prepare you for your appointment.*

Masking and Visitor Policy

Due to the ongoing public health emergency, all patients and support persons are required to wear a facial covering when visiting our practice. For the safety of our patients, staff, and your loved ones, we would ask that you not bring visitors to your appointment. You are permitted to bring (1) support person if he/she is critical to your care and wellbeing, but that individual must wear a facial covering and will be screening on arrival to the practice. Otherwise, we will ask that visitors remain in their vehicle.

Pre-visit Outreach Call:

A day or so prior to your appointment, a member of our team will contact you to ensure that your condition has not changed. They will screen you for COVID-19 at that time and may perform certain pieces of our check-in or rooming process over the phone. If you experience a change in your condition between the time of this phone call and your scheduled appointment, please contact our office.

Arriving to the Practice (using “Call-on-Arrival”):

To limit your waiting time, our practice is using “call-on-arrival.” When you arrive to our office for your visit, we would ask that you please call our front desk at [phone number]. Be sure to have your cell phone! We’ll complete

your check-in and screening over the phone and let you know when it's ok to proceed to the practice. A member of our team will greet you at the door to take your temperature.

Arriving to the Practice (not using “Call-on-Arrival”):

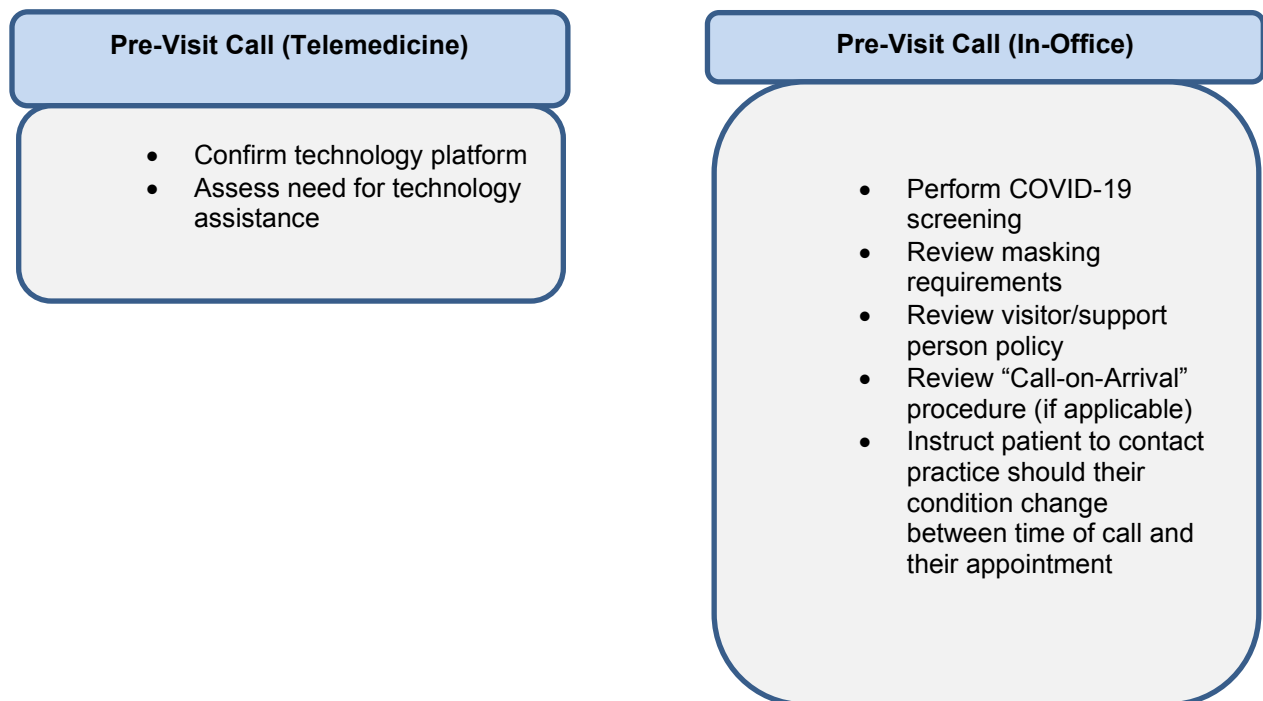
When you arrive to our office for your appointment, you will be greeted by a member of our team, who will ask you a few questions and take your temperature. We'll then direct you to the front desk to complete the check-in process. Please be mindful of social distancing and directional signage. Do you have any questions about the information that we just reviewed?

Pre-visit Calls

It is suggested that practices conduct pre-visit outreach calls to for all scheduled encounters, including telemedicine visits. Pre-visit outreach calls promote practice efficiency, help to reduce no-shows, and provide the opportunity to screen patients for COVID-19 prior to their appointment.

Pre-visit outreach calls should be conducted no more than 36 hours prior to the patient's scheduled appointment.

Components of pre-visit phone calls



Scripting for Pre-Visit Outreach Call (Telemedicine)

“Hello. This is [name] from [practice]. I’m calling in advance of your telemedicine appointment scheduled for [date] at [time] with [provider]. Do you have a few minutes to talk in advance of your appointment?”

Confirm Technology Platform/Need for Assistance

“Thank you. First, I’d like to confirm the platform that your visit will occur on. It looks like you are scheduled to have your visit on [tech platform]. Does that sound correct to you? Do you need assistance with accessing that platform?”

Scripting for Pre-Visit Outreach Call (In-office)

“Hello. This is [name] from [practice]. I’m calling in advance of your office visit scheduled for [date] at [time] with [provider]. Do you have a few minutes to talk in advance of your appointment?”

Perform COVID-19 Screening

Thank you. First, I’m going to ask you just a couple of related to COVID-19:

1. In the past 14 days, have you had any of the following? (new in the past 14 days)

- Cough or Shortness of breath

2. In the past 14 days, have you had any (2) of the following? (new in the past 14 days)

- Fever, body aches, chills/shaking, headache, sore throat, new loss of taste, new loss of smell

3. To the best of your knowledge, have you had any direct contact with anyone who is known to have tested positive in the past 14 days (or tested and results pending) for COVID-19 (coronavirus)?

4. In the past 14 days, have you had COVID-19 testing that is either positive or pending?

If the patient has a positive response to any of the four (4) screening questions, escalate the patient for clinical review and discontinue the pre-visit call.

Masking and Visitor Policy

Due to the ongoing public health emergency, all patients and support persons are required to wear a facial covering when visiting our practice. For the safety of our patients, staff, and your loved ones, we would ask that you not bring visitors to your appointment. You are permitted to bring (1) support person if he / she is critical to your care and wellbeing, but that individual must wear a facial covering and will be screened on arrival to the practice. Otherwise, we will ask that visitors remain in their vehicle.

Arriving to the Practice (using “Call-on-Arrival”):

To limit your waiting time, our practice is using “call-on-arrival.” When you arrive to our office for your visit, we would ask that you please call our front desk at [phone number]. Be sure to have your cell phone! We’ll complete your check-in and screening over the phone and let you know when it’s ok to proceed to the practice. A member of our team will greet you at the door to take your temperature.

Arriving to the Practice (not using “Call-on-Arrival”):

When you arrive to our office for your appointment, you will be greeted by a member of our team, who will ask you a few questions and take your temperature. We’ll then direct you to the front desk to complete the check-in process. Please be mindful of social distancing and directional signage.

Change in Condition

Finally, if you experience a change in your condition between now and the time of your visit, please contact our office by phone.

Do you have any questions about the information that we just reviewed?

In-office Workflows

Virtual Rooming

Workflow Recommendation:

Practices are encouraged to adopt pre-visit virtual rooming workflows, which can be easily paired with the pre-visit outreach call. Virtual rooming is acceptable for both telemedicine and in-office encounters and should be completed no more than 36 hours prior to the scheduled appointment.

Virtual rooming of an in-office encounter should be conducted using the following rooming tool: *Virtual Rooming for In-Office Visits*.

Virtual rooming of a telemedicine encounter should be conducted using the following rooming tool: *Virtual Rooming for Telemedicine Visits*.

Both rooming tools can be found in the Recovery Resources section of this toolkit.

Please note these tools are provided for informational purposes only; they can be modified to fit the unique needs and situation of your practice; not all content will be applicable to your practice.

Now is also a good time to update your payment collection policies to determine if any updates are needed, such as overdue payments and patients with loss of insurance.

In-office Workflows

Call-on-arrival / Remote Waiting Room

Workflow Recommendations:

Practices are encouraged to adopt “call-on-arrival” or remote waiting room workflows.

“Call-on-arrival” allows the practice to utilize the safety of the patient’s vehicle to complete most of the check-in process. “Call-on-arrival” reduces patient wait times, promotes social distancing, and increases patient throughput.

Practices must consider the following when evaluating the “Call-on-arrival” workflow:

- How far in advance of the appointment time should the patient arrive to allow adequate time for Remote registration and walk to office?
- Evaluate feasibility for designated Remote Waiting Room parking spots and signage (applicable to community-based sites)
- Need for staff person to be available for possible patient assistance outside of office space and means to communicate (i.e. cell phone)
- Process for patient who does not have a cell phone or who will be using public or other modes of transportation

Best Practice Workflow:

1. “Call-on-arrival” instructions will be provided to the patient during scheduling and the pre-visit outreach call. The patient should receive clear instruction regarding the timing of their arrival, and they should be reminded to have their cell phone.
2. Patient parks in designated parking area.
3. Patient calls the practice to complete any pending check-in or registration activities, including COVID-19 screening.
4. Patient is “arrived.”
5. Patient is given instructions for entering the practice and reminded of masking and visitor policy.
6. Once check-in is complete, determine if patient should enter the practice or remain in their vehicle until the clinical team is ready for rooming.

Best Practice Scripting for Call-on-Arrival

This scripting to be used after it has been established that the patient is calling-on-arrival and the patient's appointment has been confirmed.

"I see that you do have an appointment with [provider name] at [time]. We are going to complete most of your check-in over the phone, so please have your insurance card handy."

Complete as much of the check-in process as possible with the patient on the phone, including payment collection (if necessary).

"Ok, this portion of your check-in is complete. I do need to ask you a few questions before you enter the office."

Administer the Travel, Exposure, and Symptom screening.

If screening is positive:

"Thank you for answering those questions. Given your answers, I'm going to ask you to remain in your vehicle, and I'm going to get a member of our clinical team to speak with you. Do you mind holding for a moment while I get someone on the line?"

If screening is negative:

"Thank you for answering those questions. Given your answers, we are going to proceed with your in-office visit."

Provide the patient with instructions:

"There are a few things you should know as you get ready to enter our practice. Due to the ongoing public health emergency, all patients and support persons are required to wear a facial covering when visiting our practice. For the safety of our patients, staff, and your loved ones, we would ask that you not bring visitors to your appointment. You are permitted to bring (1) support person if he / she is critical to your care and wellbeing, but that individual must wear a facial covering and will be screened on arrival to the practice. Otherwise, we will ask that visitors remain in their vehicle."

"When you [enter our office] [enter the building], you will be greeted by a member of our team who will take your temperature. You'll then be [directed to our front desk] [directed to our waiting room] [greeted by a member of our clinical team, who will take you to an exam room]. Please be mindful of social distancing and

directional signage and be sure to have your photo ID and insurance card with you.

Do you have any questions before you come inside?"

In-office Check-in

Practice Workflow Recommendations:

Practices should attempt to complete as much of the check-in process remotely as possible. However, certain check-in or registration tasks will need to be completed in the office. Practices should consider adopting these best practice recommendations for in-office check-in and registration:

- ☐ Ensure that social distancing signage is displayed at the front desk
- ☐ Ensure that six (6) foot markers are displayed on the floor
- ☐ Reduce unnecessary clutter on front desk service counters
- ☐ Credit card machines should be positioned so that they can be easily used by the patient
- ☐ Press-n-Seal can be used over the buttons and pen of the credit card machine and should be changed after each patient use. The same can be done with eSignature pens.
- ☐ Do not allow the multiple patients to use the same ink pen
- ☐ Reduce or eliminate the use of clipboards

In-office Workflows

In-office Rooming

Practices should complete as much of the rooming process virtually as possible prior to the patient's appointment. However, certain rooming tasks will need to be completed in the office. Practices should consider adopting these best practice recommendations for in-office rooming:

- ☐ Room the patient in an exam room as quickly as possible
- ☐ Maintain six (6) feet of distance between staff member and patient unless it is necessary to be closer to perform clinical tasks
- ☐ Be sure to disinfect clinical equipment between each patient. This would include stethoscopes, diagnostic sets, and reusable blood pressure cuffs.

In-Room Check-out

Practice Workflow Recommendation:

Practices are encouraged to adopt in-room check-out workflows. Allowing the patient to check-out from the exam room will help minimize patient traffic through the office and will preserve cleaning supplies.

When feasible, the best practice is to assist patients via the phone with scheduling of specialty appointments and testing. If applicable, patients should be reminded that lab requisitions are transmitted electronically to labs.

Practice Workflow Recommendation:

1. Identified check-out staff looks at After Visit Summary (AVS) to determine if check-out is Basic or Complex. The type of check-out is determined by the extend of need for additional appointments or testing
 - a. Basic Check-out: No additional appointments or testing. Patient can leave.
 1. AVS
 - a. If patient requires a hard copy of the AVS, check-out staff will give a copy to the patient in the exam room before directing them out of the office
 - b. Complex Checkout: Needs additional appointments with specialist, surgical scheduling, labs and/or diagnostic imaging
 1. Lab Requisitions
 - a. Sent electronically if possible
 2. Radiology Requisitions
 - a. Sent electronically if possible
 3. Surgical Scheduling
 - a. Performed in the exam room when possible
 - i. Patient signs consent
 - ii. Patient is given Surgical Preparation/Instruction documents
 - b. If Surgical Scheduling cannot be performed in the office, scheduler should get best contact number and call patient to complete surgical scheduling
 4. Patient will be discharged from the exam room
 - a. If patient requires a copy of AVS, lab or diagnostic requisitions, assigned check-out staff will print the documents, take them into the exam room, and direct the patient out of the office.

Diagnostic Schedules

General Guidelines

- ☐ Appointments on diagnostic schedules should be thoughtfully scheduled to minimize traffic in the practice and interaction with scheduled in-office visits
- ☐ Prioritize patients that are overdue for vaccinations or have been rescheduled due to COVID-19 pandemic
- ☐ Evaluate whether a diagnostic visit can be handled virtually/telephonically (ie. incision check, Wt and BP)
- ☐ In-office specimen collection for patients without a corresponding in-office appoint is discouraged
- ☐ In-office specimen collection is acceptable if a patient requires blood work at the time of their in-office appointment
- ☐ Scheduling diagnostic appointments solely for the purposes of conducting phlebotomy is discouraged during Phase I of the recovery
- ☐ Consider adjusting current diagnostic schedule intervals/appointment durations to minimize traffic in the practice and interaction with scheduled in-office visits
- ☐ Utilize Virtual Rooming and Remote Waiting Room workflows to minimize patient time spent in practice and interaction with staff

Phase II - PENDING

Phase II guidelines will be included in future updates of this toolkit.

Phase III - PENDING

Phase III guidelines will be included in future updates of this toolkit.

Recovery Resources

Please note: the following recovery resources are for your reference only; MLHPP hopes they are useful as you consider the right approach for your own practice.

COVID-19 Screening Guidelines

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COVID-19 Screening Guidelines

Tier 1 screening will be automatically triggered in Epic at the time of appointment scheduling. The Epic screening is outlined below.

EPIC SCREENING QUESTIONS

In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus / COVID-19?

YES = Positive

NO = Negative

Do you have any of the following symptoms?

None of these	Unable to assess	Abdominal Pain	Bruising or bleeding	Chills	Cough
Diarrhea	Fever	Joint pain	Loss of smell	Loss of taste	Muscle pain
Rash	Red eye	Severe headache	Shortness of breath	Sore throat	Vomiting
Weakness					

Cough or Shortness of breath = Positive

(2) or more of the following: Chills, Fever, Loss of Smell, Loss of Taste, Muscle Pain, Severe Headache, Sore Throat = Positive

None / Does not meet any of the above = Negative

Have you traveled internationally in the last month?

YES = Positive

NO = Negative

Based on the outcome of the Epic screening, schedulers are expected to take one of the following actions:

ACTIONS

If presented with the

Epic COVID-19 BPA

Escalate the patient for clinical review.

Send telephone message to clinical team for review.

Call Reason: "COVID Related." High priority.

Include last contact with suspected/confirmed person and/or any symptoms patient is exhibiting and duration.

If the BPA does not fire, but the patient complains of cough, shortness or breath, or fever, escalate the patient for clinical review.

Send telephone message to clinical team for review.

Call Reason: "COVID Related." High priority.

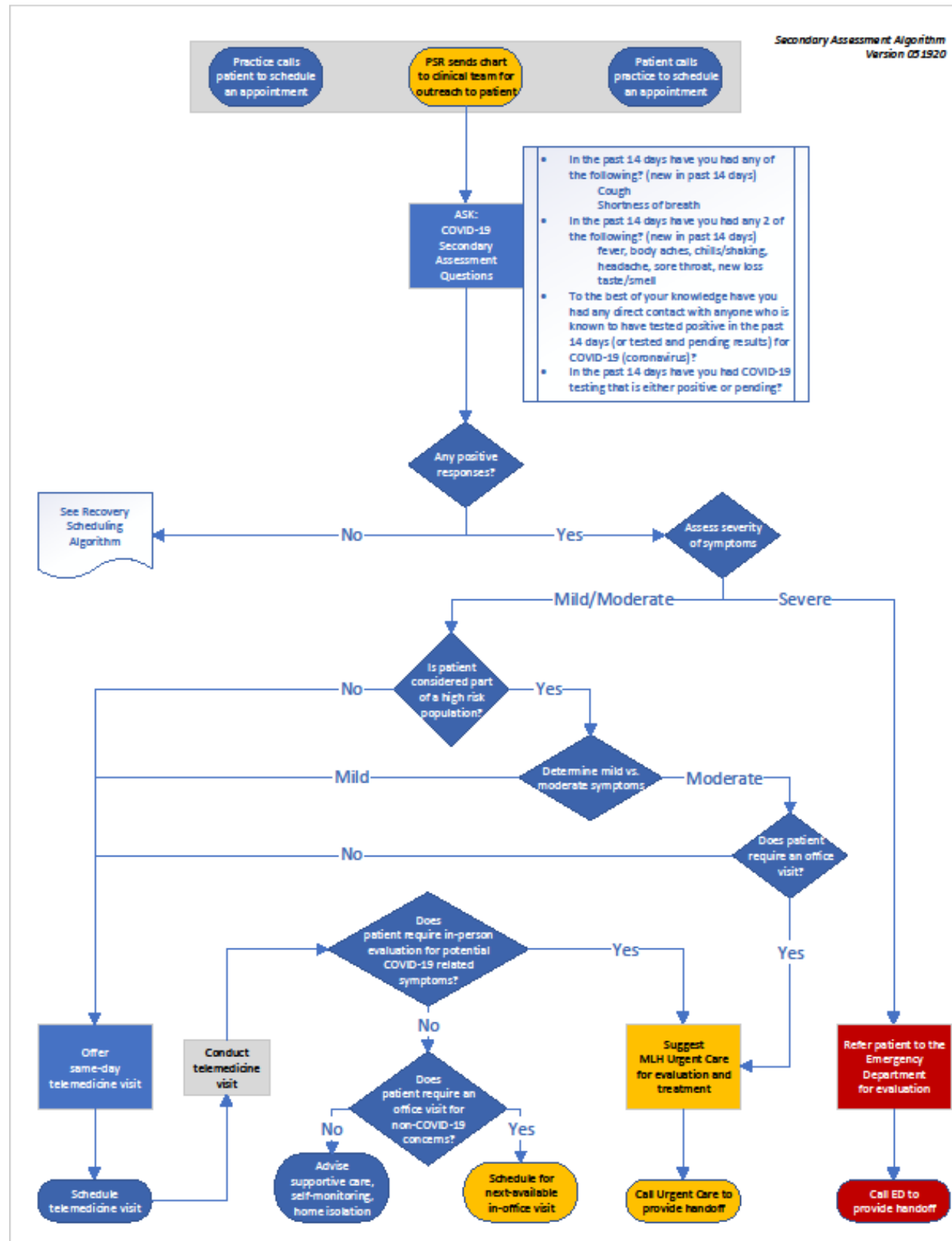
Include last contact with suspected/confirmed person and/or any symptoms patient is exhibiting and duration.

If the BPA does not fire and the patient denies cough, shortness of breath, or fever, proceed to appointment scheduling using practice scheduling guidelines.

COVID-19 Secondary Assessment Algorithm

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COVID-19 Secondary Assessment Algorithm

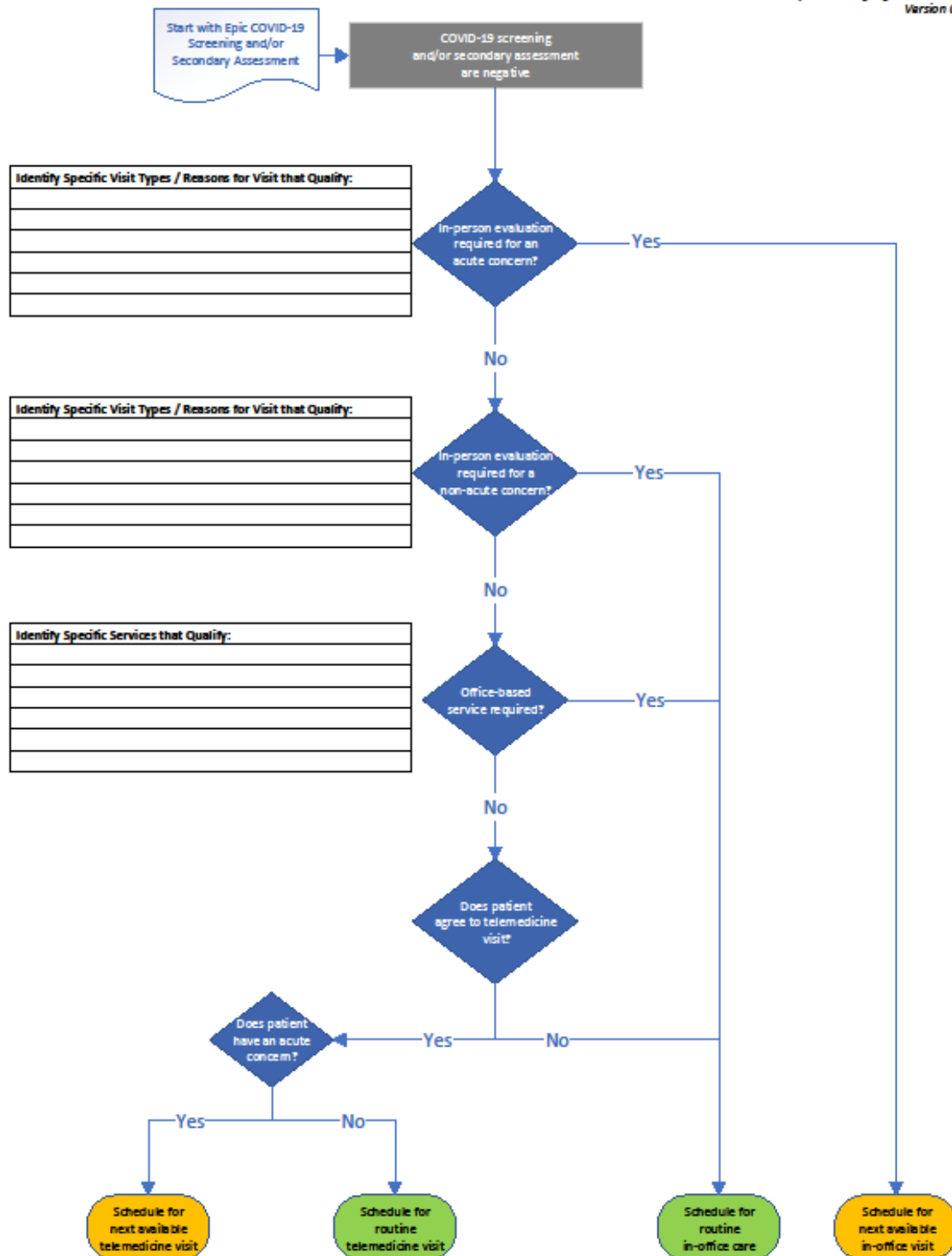


COVID-19 Scheduling Algorithm

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COVID-19 Recovery Scheduling Algorithm

Recovery Scheduling Algorithm Worksheet
Version 03.2020



Tips for Virtual Rooming for In-office and Telemedicine Visits

Main Line HealthCare is sharing Tips for Virtual Rooming for In-person and Telemedicine Visits with MLHPP independent practice providers as a courtesy, for informational and transparency purposes only. The accuracy of the information in this communication as compiled by MLHC is not guaranteed. It is not intended as legal advice, to direct what independent practice providers should or must do, or substitute for their professional judgement or direction from their own employers, consultants or advisors. While these Tips for Virtual Rooming for In-office and Telemedicine Visits may be updated as additional information becomes available, MLHS and MLHPP are under no obligation to either do or share updates.

Virtual Rooming for In-office Visits



Medical Assistant *Primary Care*

Virtual Rooming Tool for In Office Visits

Pre-Visit Prep


- Run the Adult Care Gap report. Evaluate care gaps, investigate and reconcile as appropriate.
- Contact the patient.

Virtual Rooming Requirement	Visit Type				
	Follow Up	SDS	Phys Exam & New Patients	AWV	Diagnostic
Patient ID - Name/DOB	✓	✓	✓	✓	✓
Start Visit	✓	✓	✓	✓	✓
My Chart Encourage enrollment if not active.	✓	✓	✓	✓	✓
Reason for Visit	✓	✓	✓	✓	✓
Allergies Include the reconciliation of outside information when applicable.	✓	✓	✓	✓	✓
Med Rec Include the reconciliation of outside information when applicable.	✓ ₁	✓ ₁	✓ ₁	✓ ₁	
Preferred Laboratory	✓	✓	✓	✓	✓
Histories: Medical/Surgical	✓ ₂	✓ ₂	✓ ₂	✓ ₂	
Histories: Family/Social - Tobacco/Alcohol	✓ ₂		✓ ₂	✓ ₂	
Goals	✓ ₃		✓ ₃	✓ ₃	
Immunizations	✓ ₄	✓ ₄	✓ ₄	✓ ₄	✓ ₄
Health Maintenance	✓ ₅	✓ ₅ ▲	✓ ₅	✓ ₅	
Screenings	✓ ₆	✓ ₆	✓ ₆	✓ ₆	
Care Everywhere - Meds/Allergies/Immunizations	✓	✓	✓	✓	
Preferred Pharmacy	✓	✓	✓	✓	
Care Team/Specialist	✓	✓	✓	✓	

Pre-Visit Wrap Up

- Request completion of eCheck-In and questionnaires prior to the visit.
- Request completion of MyChart enrollment if applicable.

Virtual Rooming for In-office Visits - continued

1 Med Rec									
<ul style="list-style-type: none">• If the patient is no longer taking the medication, mark as “not taking” and select the red X to alert the provider.• Provide reason for discontinuation.• Verify current medication list (every med, every line, every time) WITH THE PATIENT PRESENT <table><tr><th>Name</th><th>Strength</th><th>Dosage</th><th>Frequency</th></tr><tr><td colspan="4"> </td></tr></table>• Add all or any new medications identified by the patient. Including, over the counter medications, supplements and herbals.		Name	Strength	Dosage	Frequency				
Name	Strength	Dosage	Frequency						
Identify and inform the provider of all medications that require refills or have been discontinued.									
2 Histories: Family/Social and Medical/Surgical									
Health History Questionnaire- Reconcile <u>with</u> the patient. Confirm no additions and/or changes.									
Tobacco Use-	<ol style="list-style-type: none">1. Capture Smoking Status and Smokeless Tobacco Usage for patients age 12 and older.2. If smoking status is positive, encourage the patient to stop smoking and direct them to cessation resources available on the After Visit Summary.3. If smoking status is positive, select Counseling Given as Yes, and notify the provider.								
3 Goals									
<ul style="list-style-type: none">• Intended for all patients with a focus on those with DM, CHF and COPD.									
4 Immunizations									
<ol style="list-style-type: none">1. Reconcile outside immunizations.2. Ask about immunizations since last visit and update Historical Immunizations as appropriate.3. Refer to Health Maintenance to identify immunizations that are Due or Due Soon.4. Mark as Reviewed.									
5 Health Maintenance									
<ol style="list-style-type: none">1. Identify tests with Due and/or Due Soon status.2. Review with the patient the accuracy of data presented.3. Elevate discrepancies or patient reported results to the provider.4. Enter Historical Immunizations as appropriate in Immunization activity.5. Retrieve patient reported results scan to corresponding document type and follow Enter/Edit workflow.6. Do Not “Override” Health Maintenance topics.	 As appropriate for same day sick								
6 Screenings									
PHQ2- Over 12 years of age/ perform annually Alert provider of positive PHQ findings.									
PHQ9- If current or prior PHQ2 resulted as positive, alert provider and offer to administer PHQ9.									
STEADI/Falls Risk Assessment- 65 years of age or older/ perform annually									
ACP- Offer if patients are 18 years of age or older. Scan as Advance Directives and Living Will									
Social Risk- Adults 18 years of age or older/perform annually									

Version 5/2020

Virtual Rooming for Telemedicine Visits



Medical Assistant Primary Care *Standardized Rooming Tool

*Telemedicine Virtual Visits

PreVisit Prep

- Run the Adult Care Gap report. Evaluate care gaps, investigate and reconcile as appropriate.
- Contact the patient
 - ✓ Ensure patient's technology (audio/visual) is working and patient is comfortable with use.
 - ✓ Complete rooming requirements via Start Visit.

Rooming Requirement	Follow Up	SDS	New Patients	AWV
Patient ID Name/DOB	✓	✓	✓	✓
Start Note <ul style="list-style-type: none"> - Obtain Consents - Pend Note 	✓ ₁	✓ ₁	✓ ₁	✓ ₁
My Chart <ul style="list-style-type: none"> • Encourage enrollment if not active. 	✓	✓	✓	✓
Visit Info	✓	✓	✓	✓
Patient Reported Vitals				✓ ₂
Questionnaire Reconciliation	✓	✓	✓	✓
Allergies <ul style="list-style-type: none"> • Include the reconciliation of outside information. 	✓	✓	✓	✓
Med Review <ul style="list-style-type: none"> • Confirm Preferred Pharmacy • Include the reconciliation of outside information. 	✓ ₃	✓ ₃	✓ ₃	✓ ₃
Screenings	✓ ₄	✓ ₄	✓ ₄	✓ ₄
Preferred Laboratory	✓	✓	✓	✓
Histories: Medical/Surgical/Fam/Soc *Tobacco/Alcohol	✓ ₅	✓ ₅	✓ ₅	✓ ₅
Goals	✓ ₆		✓ ₆	✓ ₆
Health Maintenance	✓ ₇	✓ ₇	✓ ₇	✓ ₇
Immunizations	✓ ₈	✓ ₈	✓ ₈	✓ ₈
Care Team/Specialist	✓	✓	✓	✓
PreVisit Wrap Up Request completion of eCheck-In and questionnaires prior to the visit. Reminder to the patient that he/she must be in the state reported on the consent at time of the visit. Request MyChart enrollment if applicable.				

Version 5/2020

Virtual Rooming for Telemedicine Visits – continued

1 Start Note

Note Type Selection-

• TM-Virtual OV (AMB MLH Virtual)- All scheduled visits. Unless the provider has a preferred Note type.

• TM-Phone Timed (AMB MLHC Telemedicine Note)- When preferred by the provider.

Consent Completion

• As of 5/11/2020-Timed telephone calls and virtual office visits should only be offered to patients in these states: Pennsylvania, New Jersey, Delaware, Maryland, New York.

2 Vitals

• Height, Weight, Blood Pressure

3 Med Review

If the patient is no longer taking the medication, mark as “not taking” and select the red X to alert the provider.

Provide reason for discontinuation.

Verify current medication list (every med, every line, every time) WITH THE PATIENT PRESENT

Name

Strength

Dosage

Frequency

Add all or any new medications identified by the patient. Including, over the counter medications, supplements and herbals.

Identify and inform the provider of all medications that require refills or have been discontinued.

4 Screenings

PHQ2- Over 12 years of age/ perform annually

Alert provider of positive PHQ findings.

PHQ9- If current or prior PHQ2 resulted as positive, alert provider and offer to administer PHQ9.

STEADI/Falls Risk Assessment- 65 years of age or older/ perform annually

ACP- Offer if patients are 18 years of age or older. Scan as Advance Directives and Living Will

Social Risk- Adults 18 years of age or older/perform annually

5 Histories: Family/Social and Medical/Surgical

Health History Questionnaire- Reconcile with the patient. Confirm no additions and/or changes.

Tobacco Use-

1. Capture Smoking Status and Smokeless Tobacco Usage for patients age 12 and older.

2. If smoking status is positive, encourage the patient to stop smoking and direct them to cessation resources available on the After-Visit Summary.

3. If smoking status is positive, select Counseling Given as Yes, and notify the provider.

4. Mark as Reviewed.

6 Goals

Intended for all patients with a focus on those with DM, CHF and COPD.

7 Health Maintenance

1. Identify tests with Due and/or Due Soon status.

2. Review with the patient the accuracy of data presented.

3. Elevate discrepancies or patient reported results to the provider.

4. Enter Historical Immunizations as appropriate in Immunization activity.

5. Retrieve patient reported results and scan to corresponding document type and follow Enter/Edit workflow.

Do Not “Override” Health Maintenance topics.

8 Immunizations

1. Reconcile outside immunizations.

2. Ask about immunizations since last visit and update Historical Immunizations as appropriate.

3. Refer to Health Maintenance to identify immunizations that are Due or Due Soon.

4. Mark as Reviewed.

MLHC PPEople

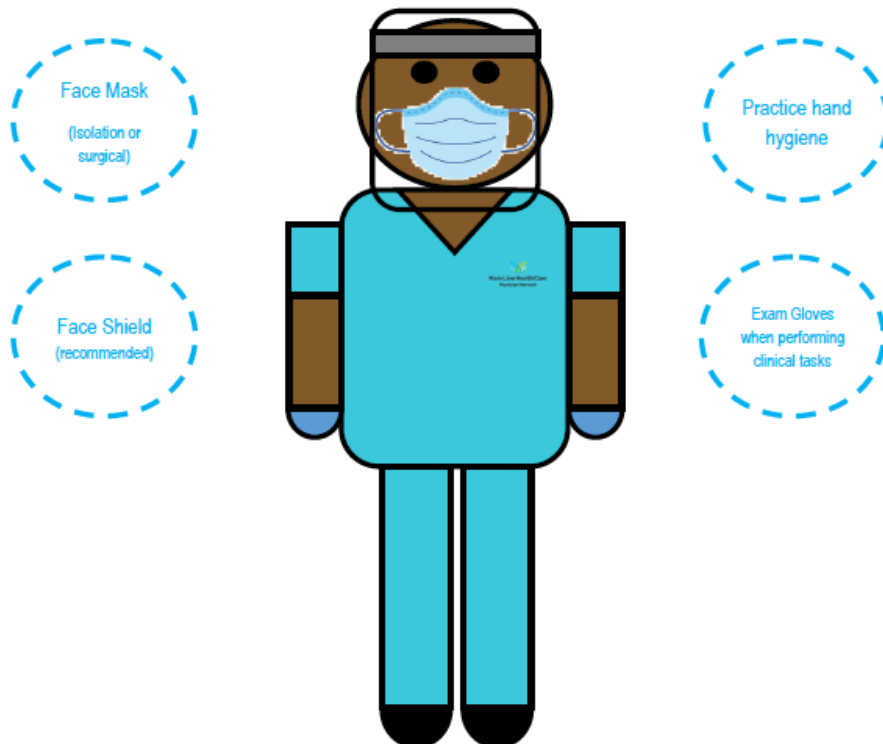
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MLHC PPEople

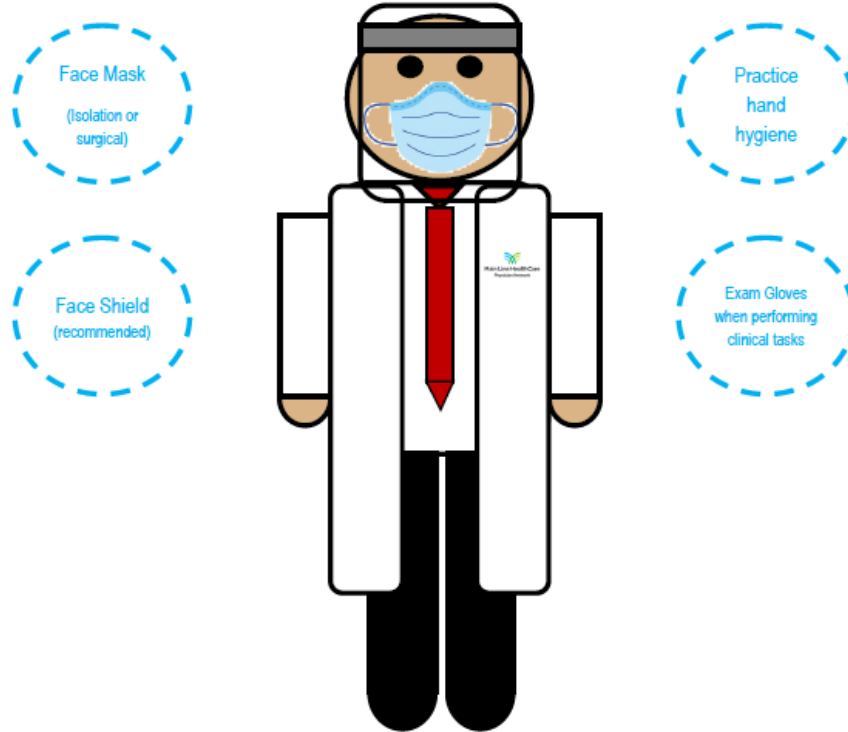
MLHC Patient Service Representatives (PSRs)



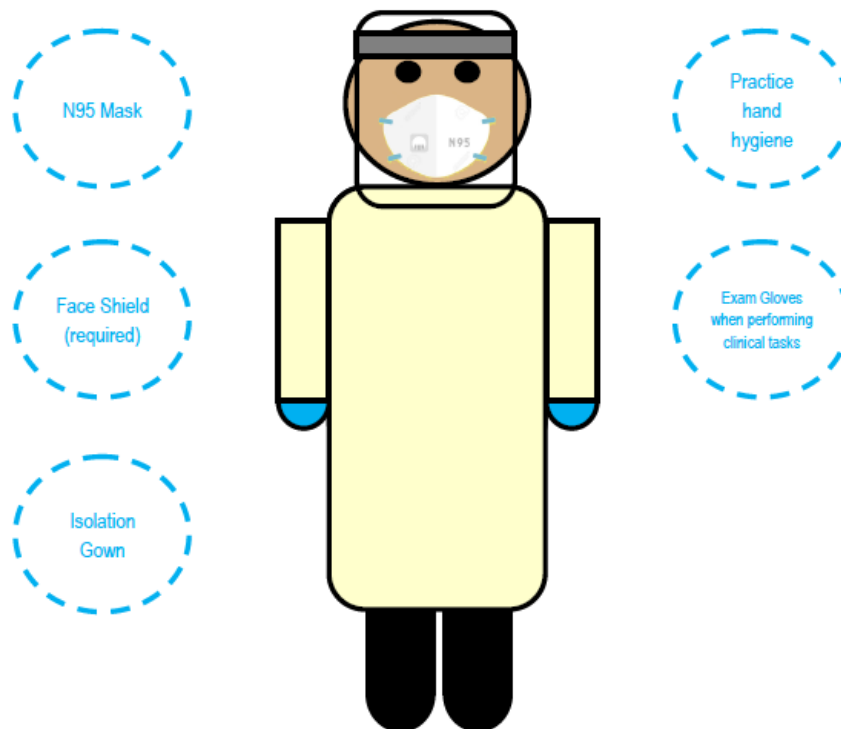
MLHC Medical Assistants (MAs)



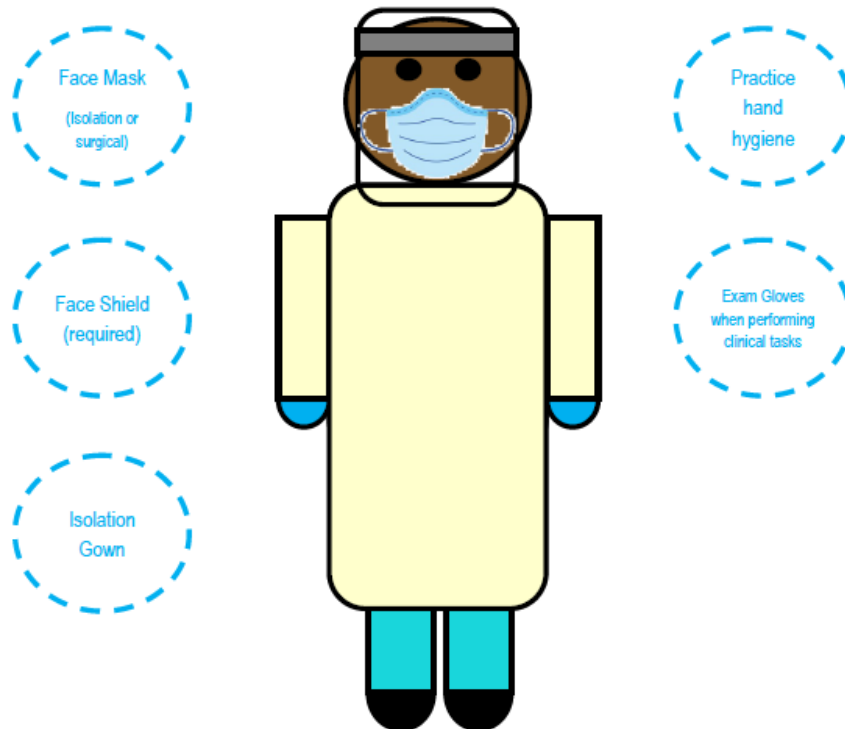
MLHC Practice Providers



MLHC Providers Performing Aerosol Generating Procedures (AGPs)



**Any MLHC Clinical Team Member Caring for a
Confirmed or Suspected COVID-19 Patient**



**Any MLHC Team Member in a public space at an
ambulatory health center or hospital campus**



Template – Important Update on In-office Care Email



Important Update on In-Office Care Email

We hope this message finds you and your family in good health. Even with the challenges of COVID-19, **Practice Name** has taken action to ensure the safety of both our patients and staff through strict in-office safety protocols and policies based on the CDC's guidelines. While there are a lot of changes taking place, our constant commitment to your safety has not changed.

You will see the following changes to our office when it is time for your next appointment.

What You Should Expect:

- **Pre-Check-in Process:** Patients should complete a pre-check-in phone call with our office staff prior to your appointment.
- **Patient Screening:** All patients will be asked COVID-19 screening questions. Patients will have their temperatures taken prior to entering the office.
- **Safety:** All patients must wear a mask/facial covering to their appointments.
- **Social Distancing:** Patients will be expected to follow social distancing guidelines within the office when possible.
- **Don't Bring Visitors:** We are limiting the number of people entering our office. Exceptions may be made for medical necessary assistance, or if the patient is a minor.

What You Can Expect from Us:

- **Pre-Check-in Process:** We will call you at least two days prior to your appointment. Please be prepared to discuss your reason for visit, medical history information, and payment information.
- **Cleaning:** We will be extensively cleaning all of our exam rooms, lobby, bathrooms and frequently touched surfaces.
- **Patient Appointments:** We will be reducing the number of appointments each day to limit the number of people in the office and to ensure proper cleaning
- **Patient Screening:** We will pre-screen patients with COVID-19 screening questions and will be taking patients' temperatures prior to entering the office.
- **Staff Screening:** All staff are screened daily for symptoms of COVID-19 and temperatures are checked daily before the start of each day. All staff will be wearing masks in the office too.
- **Enforcing Social Distancing:** Our waiting room area will be temporarily closed. We encourage patients to wait in their cars whenever possible and we will call you when we are ready for you.
- **Telehealth Services:** We are continuing to use telemedicine when appropriate

We look forward to seeing you at your next appointment. Please contact us if you have any questions about the steps we are taking to keep our patients and staff safe. To contact our office, please call us at X.

Template – Script for Practice Recovery / Revision to Office Operations



COVID-19 Script for Recovery/Revision to Office Operations

Introduction/Script: Hello I am calling from XXX office. We look forward to seeing you in the office for your upcoming appointment. We assure you that our number one goal is to keep our patients and staff safe during the time of the COVID- 19 pandemic. To do so, we have implemented the following protocols and procedures within our office:

1. Prior to your visit, you will receive a phone call from our staff. During this call, we will review your reason for visit and update any changes to your medical history. We will also prescreen you for exposure to COVID-19.
2. We will attempt to collect your co-pay if applicable. If you are unable to provide payment over the phone, our office will send you a bill. Unfortunately, we are unable to accept cash and checks in person at this time.
3. For the safety of other patients and our staff, you will need to wear a facial covering or mask to your appointment. Please let us know if you do not have a mask available or alternative option, such as a bandana or scarf, that could be used.
4. We ask that you limit the number of family members and support people that accompany you to your visit. Please let us know about any special circumstances you have that would require additional support or assistance at your appointment.
5. We will take your temperature upon arrival to your appointment.

**Optional-Please add any additional policies/changes to the office that you feel are imperative to share*








COVID-19 Screening Questions for Patients

1. In the last month, have you been in contact with someone who was confirmed or suspected to have coronavirus / COVID-19?
2. In the last 48 hours, have you had any of the following symptoms?
 - a. Fever
 - b. Cough
 - c. Trouble breathing, shortness of breath, or severe wheezing
 - d. Chills or repeated shaking with chills
 - e. Bruising or bleeding
 - f. Muscle aches / joint pain
 - g. Sore throat
 - h. Diarrhea
 - i. Loss of smell or taste; or a change in taste
 - j. Headache
 - k. Rash
 - l. Red eye
 - m. Weakness
3. Have you traveled internationally in the last month?
4. Do you have any of the following possible emergency symptoms?
 - a. Struggling to breathe or fighting for breath even while inactive or when resting
 - b. Feeling like you are about to collapse every time you stand or sit up (floppiness or a lack of response in a child under age 2)

MLH Disinfectant Comparison Chart

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MLH Disinfectant Comparison Chart

Disinfectant Comparison Chart							
Product	Clorox Hydrogen peroxide wipes	Clorox Bleach Wipes	PDI Purple Top Sani Cloth	Hillyard QT-TB Spray	Diversey Virex Plus	Lysol Aerosol disinfecting spray	Clorox Disinfecting spray
Product photo							
Type	Hydrogen Peroxide	Sodium Hypochlorite (1:10 dilution of bleach)	Quaternary ammonium and isopropyl alcohol	Quaternary based Spray	Quaternary based Spray Must Be Diluted	Benzalkonium chloride	0.1890% octyl decyl dimethyl ammonium chloride, 0.0945% dioctyl dimethyl ammonium chloride, 0.0945% didecyl dimethyl ammonium chloride, 0.2520% alkyl (50% C14, 40% C12, 10% C16) dimethyl benzyl ammonium chloride, 58.06% ethanol
Indication For Use	Ideal for hard non-porous surfaces.	Ideal for hard non-porous surfaces. Safe for patient equipment.	Ideal for hard non-porous surfaces. Safe for patient equipment.	Ideal for hard non-porous surfaces. Safe for patient equipment.	Ideal for hard non-porous surfaces. Safe for patient equipment.	May be used on hard and soft surfaces.	May be used on hard and soft surfaces
Organisms Killed	Viruses (including Norovirus), Fungi, TB, Bacteria (but not Cdiff)	Viruses (including Norovirus), Fungi, TB, Bacteria (including C.diff) Kills 58 microorganisms	Viruses, Fungi, TB, Bacteria (non-spore forming) Kills 30 microorganisms.	Viruses, Fungi, TB, Bacteria (non-spore forming)	Viruses, Fungi, TB, Bacteria (non-spore forming)	Viruses, bacteria and fungi	Viruses, bacteria and fungi
Disinfection Time	1 minute	3 minutes	2 minutes	3 minutes for most pathogens. 5 minutes for HBV/HCV	3 minutes for most pathogens. 5 minutes for Norovirus	3 minute for most pathogens. 10 minutes for Norovirus	3 minutes for most pathogens. 10 minutes for Norovirus
Risk	Avoid contact with eyes and skin. Keep lid closed when not in use. Do not flush wipes.	Avoid contact with eyes and skin. Keep lid closed when not in use. Do not flush wipes.	Avoid contact with eyes. Keep lid closed when not in use. Do not flush wipes.	Avoid contact with eyes and skin.	Avoid contact with eyes and skin.	Avoid contact with eyes and skin	Avoid contact with eyes and skin

Additional Resources

Financial Considerations

- Review status of current loans or grants
 - Guidance on loans or grants that may be available: [Link to DVACO COVID-19 Financial Assistance Programs and Grants](#)
- Payer Guidelines
 - Telehealth services for payer specific coverage: [Link to DVACO COVID-19 Public Health Emergency - Telehealth Services Toolkit](#)

PPE & Medical Supply Procurement

- [Link to PA Medical Society](#)

Main Line Health

- [Link to Main Line Health Novel Coronavirus \(COVID-19\) Response & Resources](#)

Other

www.ama-assn.org/system/files/2020-05/physican-guide-reopening-practices-covid-19.pdf

www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html

www.cmadocs.org/Portals/CMA/files/public/CMA%20COVID-19%20Best%20Practices%20for%20Reopening.pdf

www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf

www.governor.pa.gov/plan-for-pennsylvania/

www.mgma.com/MGMA/media/files/pdf/MGMA-Practice-Reopening-Checklist.pdf?ext=.pdf