**COVID-19 Policies and Announcements**

**Instructions for Employees**

1. **Office Cleaning**: All staff should be educated on this policy, policy should be posted in visible areas for staff.
2. **Employee Safety:** All staff should be educated on this policy, policy should be posted in visible areas for staff.
3. **Patient Acuity Guidelines:** All doctors and clinic staff are required to review these guidelines and adhere accordingly. These are direct guidelines from Dr. Mike King, with the input from Upperline Medical Directors and leading experts across the country.
4. **Office Front Door Sign:** Practice administrator are responsible for inserting their entity logo and hanging this sign on all clinic front doors.
5. **Office Waiting Room Signs (English and Spanish):** Practice administrators are responsible for hanging this sign visibly in the waiting room in locations that are visible for patients.
6. **Patient Screening & Limited Exposure Protocols:** All staff should be educated on this policy and are expected to be proficient in operationalizing this process. The policy should be posted in a visible area for staff.
7. **CA Patient Service Guidelines March 23, 2020:** State specific information for staff.
8. **AL, FL and TN Patient Service Guidelines March 23, 2020:** State specific information for staff.
9. **FAQ:** All staff are required to review this document to ensure they are aware of the stance Upperline is taking on all crisis related protocol and operational policies.
10. **Other:** Links to other Upperline communication and announcements.

**Office Cleaning Expectations**

**It is all of our responsibility to ensure that our office is clean and hygienic in order to reduce the risk of transmission of infection or disease.**

**It is expected that you complete the following items in each respective area:**

**Exam Room & X-Ray Cleaning Instructions:**

* Clean & disinfect all surfaces after each patient including: counters, doorknobs, bedside tables
* Wipe down full exam chair before and after each patient is seen. Followed by spraying disinfectant spray on the surface of the chair
* You should not bring any patient back before the room is fully prepped and sterilized
* Wipe down all surfaces on the X-Ray machine after every patient including: knobs, handles, rails, orthoposer, and lead apron

**Front Desk and Administrative Area Cleaning Instructions:**

* Clean & disinfect all surfaces at least 3x a day including counters, doorknobs, bathroom fixtures, toilets, phones, keyboards, scanners, printers, tablets, clipboards, pens, and any additional office items that are in high touch areas

**Waiting Room Cleaning Instructions:**

* Clean & disinfect all waiting room chairs, tabletops, doorknobs, and other surfaces at least 3x a day
* Any papers or items left behind by patients should be disposed of immediately. Staff are requested to wear gloves as appropriate.
* Effective immediately all magazines or brochures should not be available in the waiting room areas. Any medical brochures can be given to the patient during their exam.

**Break Room Cleaning Instructions:**

* Clean & disinfect all surfaces including counters, chairs, doorknobs, microwaves, refrigerators, and miscellaneous kitchen items at least 3x a day
* Effective immediately, please do not leave any communal food in the breakroom

**Employee Safety Expectations**

**Clean your hands before and after every patient & as frequently as possible:**

* **Wash hands:** Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
* **Hand sanitizer:** If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
* **Soap and water:** Soap and water are the best option if hands are visibly dirty.
* **Avoid touching:** Avoid touching your eyes, nose, and mouth with unwashed hands

While treating patients, wearing gloves is required for all forms of services

While the CDC does not consider masks a necessity, if doctors or staff feel more comfortable wearing them while treating patients, they are more than welcome to – just be mindful that there is currently a shortage of masks so to try to limit any unnecessary use.

**Suspected Infection:** If you believe you might have come in contact with someone who has been tested and confirmed to have the corona virus, please notify your practice administrator immediately and make an appointment with your PCP or visit an Urgent Care facility. There are additional options through Aetna to utilize Teledoc with $0 copays.

**Confirmed Infection:** If there is a confirmed infection for an Upperline Employee, Upperline will work with your practice administrator to enact the proper protocol to ensure all patient, employee, and doctor safety precautions

**Updated Guidelines for Employees Exposed to Confirmed or Suspected Individuals:** *The CDC has updated its policy for Essential Workers that have been exposed to any suspect or confirmed to have COVID-19. As a result, Upperline has updated its COVID-19 Policies and Procedures.*

If any Upperline employee has exposure anyone who is suspected to have COVID-19 or who has tested positive for COVID-19, the employee may continue working as long as he/she remains asymptomatic, provided he/she adheres to the following protocols:

* **Pre-Screen:** The exposed employee should measure his/her temperature and assess symptoms prior to starting work. Ideally, temperature checks should happen before the exposed employee enters any Upperline facility.
* **Regular Monitoring:** As long as the exposed employee does not have a temperature or symptoms, he/she should self-monitor as described in Upperline’s COVID-19 policies.
* **Wear a Mask:** The exposed employee should wear a face mask at all times while in any Upperline location for 14 days after last exposure. Upperline will issue facemasks or can approve employees’ supplied cloth face coverings in the event of shortages. Approvals for any self-provided masks will be determined at the discretion of Dr. Mike King, Chief Medical Officer.
* **Social Distance:** The exposed employee should maintain 6 feet and practice social distancing, as work duties permit, in the workplace.
* **Disinfect and Clean workspaces:** Clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment routinely.

If the exposed employee becomes sick during the day, he/she should be [sent home immediately](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/caring-for-yourself-at-home.html). Surfaces in his/her workspace should be [cleaned and disinfected](https://www.cdc.gov/coronavirus/2019-ncov/prepare/disinfecting-building-facility.html). Information on persons who had contact with the ill employee during the time the employee had symptoms and 2 days prior to symptoms should be compiled. Others at the facility with close contact within 6 feet of the employee during this time would be considered exposed and adhere to this policy with respect to continuing work. Please alert Robert Cousins, Senior Director of Operations, as soon as any employee becomes ill and provide him with list of exposed staff and patients.

For the purposes of this policy, an exposed employee is defined as any Upperline employee being in household contact or having close contact within 6 feet of an individual with confirmed or suspected COVID-19. The timeframe for having contact with an individual includes the period of time of 48 hours before the individual became symptomatic.

All corporate communication will be sent through email, direct communication from your practice administrator, or accessible through the Paylocity system – for quick access to information, please download the Paylocity App

**Patient Acuity Guidelines**

**Tier 1 (High Acuity):** Patients need to be seen in the office

* Infections: abscesses, Paronychial infections, erythrasma or similar
* Wounds/Ulcers: open wounds, risk of infection or currently infection management
* Trauma: triage necessary to determine location of treatment needed
  + Expect some of those cases that often head to hospital may need to be treated in clinic (e.g.-open digital fracture needing lavage and stabilization)
  + Fractures, puncture wounds, some sprains/strains (consider telehealth to triage)
* Post-op: physician discretion if some could be done via telehealth

**Tier 2 (Medium Acuity)**: Likely require office visit but physician discretion if triage is an option

* Acutely painful orthopedic conditions: Fasciitis of “severe” nature; tendonitis limiting mobility, patient complaints that might limit their safety.
* At-Risk-Foot Care: clinical judgement required based on risk profile of patient; consider triaging to telehealth first to determine risk if unknown.
* Dermatological conditions: most will be elective and screened via telehealth or rescheduled, but some could be precursors to infection, related to infection or pose patient risk.
* In office “elective” surgeries: there may be a circumstance where a patient has a condition, e.g.-ulcer at tip of toe, which could benefit from a simple in office procedure (tenotomy) which could be helpful as the ulcer could propagate without it. Physician discretion advised here. Verrucae or similar procedures are not of urgent nature and should be postponed if possible.

**Telehealth-**The following patients or procedures are good options for telehealth as it becomes available to you:

* Patients who are fearful of attending in-office visits
* Tendonitis or fasciitis
* Some post-ops, cast or dressing checks
* Evaluation of existing conditions, re-check or follow-ups
* Patients who are concerned of their “nail problems”
* Review of testing results: X-rays, MRI, pathology reports
* Refills of prescriptions, discussion of changing medications
* Non-painful, non-limiting conditions in which patient is improving
* Any patient of risk with unclear risk factors, consider triaging first via telehealth

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**Patients & Visitors:**

Our office is taking increased steps to reduce the risks related to coronavirus for our patients and our team. These measures include increased sterilization and limited exposure policies. We need your help with some of these measures as well.

Upon entrance, please let the front desk staff know immediately if you:

* Have a recent fever, cough, shortness of breath or difficulty breathing
* Have traveled internationally in the last 14 days or to/from the NY tri-state area (NY, NJ, and CT) or Louisiana in the last 14 days
* Have you been on a cruise ship within the past 14 days
* Have been in contact with someone with known or suspected COVID-19 in the past 14 days?

We appreciate your cooperation and patience during this time as your safety is our top priority

**To help prevent the spread of the Coronavirus:**

**\*Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer. (Hand sanitizer is located throughout the office. Please inform a staff member if the restroom needs to be restocked with soap.)**

**\*Avoid touching your eyes, nose, and mouth with unwashed hands. (Face masks are available, at the front desk.)**

**\*Avoid close contact with people who are sick.**

**If you yourself become sick by exhibiting symptoms of the coronavirus, please speak to the front desk in order to reschedule your appointment.**

**Para ayudar a prevenir la propagacion del Coronavirus**

**\*L**á**vese las manos con frecuencia con agua y jab**ó**n por lo menos 20 segundos. Si no hay agua y jab**ó**n disponsibles porfavor use un desinfectante con base de alcohol para las manos. (El desinfectante para las manos se encuentra en diferentes citios de la oficina. Informe a un miembro de la oficina si es necesario reabastecer el ba**ñ**o con jab**ó**n).**

**\*Evite de tocar los ojos, la nariz, y la boca con las manos sin lavar. (Hay m**á**scaras disponibles en la recepci**ó**n)**

**\* Porfavor evite contacto con personas que est**á**n enfermas.**

**\*Si usted mismo se enferma por presenter s**í**ntomas del corona virus, hable con la recepci**ó**n para reprogramar su cita.**

**Patient Screening and Limited Exposure**

Depending on your clinic set up, a staff member may be positioned right at the entrance or within close vicinity. Please complete the following screening process prior to checking a patient in for their appointment:

1. Ask the patient to keep a safe distance while completing the screening process
2. Ask the patients the following questions:

|  |  |  |  |
| --- | --- | --- | --- |
| 1.) | Have you had a recent a cough, fever, shortness of breath or difficulty breathing? | Yes | No |
| 2.) | Have you had any international travel within the past 14 days? Or traveled to/from the NY tri-state area (NY, NJ, CT) or Louisiana within the past 14 days? | Yes | No |
| 3.) | Have you been on a cruise ship within the past 14 days? | Yes | No |
| 4.) | Have you had contact with someone with known or suspected COVID-19 in the last 14 days? | Yes | No |

1. If a thermometer is available, take the patient’s temperature

If there is an acute need but the patient has answered yes to any of these questions, we would complete our **Limited Exposure Protocol** and get the patient in and out as quickly as possible

If the patient answers no to all questions and it’s not yet time for the patient’s appointment, please gauge the number of patients in the waiting room and if there is risk of overcrowding, please do the following:

* Ask the patient if they are well enough to go back to their car and wait for their appointment
* If they say yes, please write down their phone number and let them know they will call once it is time for their appointment
* If the patient is not clinically able to walk back to their car based on distance, allow them into the waiting room but ask them to keep at six feet from others if possible
* Only patients should be allowed in the waiting room unless they require support from a family member or caretaker based on clinical condition
* It is the front desk’s responsibility to monitor how many people are in the waiting room and ensure we are providing a safe and clean environment for our patients

**Limited Exposure Protocol**

If patient presents with potential exposure to coronavirus based on our screening questions, but has an acute care need, the patient should immediately be brought back to a sterile exam room and provided a mask and gloves.

Only necessary clinic staff including the Doctor and MA should come in contact with the patient – no additional staff should come within 6 feet of the patient.

Necessary precautions must be followed, the acute care rendered, and patient should be referred to appropriate PCP or Urgent Care once visit has been completed.

Following the visit, the MA should follow the proper cleaning and disinfecting protocols for the exam room. The front desk should ensure that all doorknobs and surfaces touched by the patient are properly cleaned and disinfected.

Do not require the patient to stop by the check out desk after the visit, the MA should attempt to reschedule the patient from the exam room. If the MA is unable to reschedule the patient in the exam room please let the patient know that a follow up is critical to continue their care and a staff member will call them to schedule the follow up.

Ensure the patient is escorted out of the clinic and has limited exposure to any other patients or staff on their way out.

**California Patient Service Guidelines March 23, 2020**

As you are aware, on March 19th Governor Newsom issued a statewide “Stay at Home” order to protect the health and well-being of all Californians and to establish consistency across the state in order to slow the spread of COVID-19. This mandates that all residents stay at home except for essential needs such as grocery, pharmacy, and healthcare services. As healthcare providers, we will continue to provide services that are essential to patients and have adapted as needed to the new circumstances.

In response to this order, our surgeries and office visits will focus on seeing patients with acute or urgent needs while trying to move routine or preventive services to telemedicine. All elective surgeries will be rescheduled for at least four weeks in the future based on the progression of the pandemic in other countries, and it is likely elective surgeries will be moved again depending on the progression of COVID-19 in our communities. Surgeries that currently are allowed include infections, acute malignancy issues, limb threatening issues, and trauma.

We have begun outreach to patients before their visits to try and adjust office-based schedules accordingly and ultimately aiming to keep Tier 1 and Tier 2 of Patient Acuity in the office and migrating others to telehealth. Screening in advance and moving the volume of patients to comply with these new objectives will take time and effort so please be understanding as we adapt. Unless told so directly by your practice administrator or Upperline leadership, we need to follow the Limited Exposure and Screening protocols and should continue to treat patients that show up in the clinic accordingly. We are instituting stricter Limited Patient Exposure guidelines this week which will continue to be adjusted based on best practices. We are quickly seeking to adapt to the new circumstances and the situation is fluid, so please work with your practice administrator with any questions or concerns you have.

**Alabama, Florida and Tennessee Patient Service Guidelines March 23, 2020**

Upperline continues to monitor the COVID-19 pandemic and is providing guidance on patient services to continue or cease providing based on various federal and state executive orders. For our teammates in Alabama, Florida and Tennessee, we will continue to provide services that are essential to patients.

Alabama, Florida and Tennessee have recently issued executive orders or proclamations aimed at curbing elective services with a special emphasis on procedures in order to limit the strain on our healthcare system so we can better serve the COVID-19 patients as the infections grow. As of now, we read these executive order or proclamations to clearly be aimed at curtailing elective procedures. That means all of our physicians will cease elective surgeries in all states, and they will be rescheduled for at least four weeks in the future based on the progression of the pandemic in other countries, and it is likely elective surgeries will be moved again depending on the progression of COVID-19 in our communities. Surgeries that currently are allowed include infections, acute malignancy issues, limb threatening issues, and trauma.

For office visits, we are not immediately stopping preventive or routine care in Alabama, Florida and Tennessee. We are however preparing our office visits to focus more on patients with acute or urgent needs while trying to move routine or preventive services to telemedicine. While that is in process, unless told so directly by your practice administrator or Upperline leadership, we need to follow the Limited Exposure and Screening protocols and should continue to treat patients that show up in the clinic accordingly. We ask that you do not dictate to your staff who and how to schedule unless you are working directly with your medical director, practice administrator or Upperline Leadership to do so. We are instituting stricter limited patient exposure guidelines this week which will continue to be adjusted based on best practices.

Depending on your community and your specific clinic, in the coming days or weeks we will begin proactively outreaching to patients before their visits to try and adjust office-based schedules to focus face-to-face visits on acute needs. Please refer to the Patient Acuity Guidelines for reference. Screening in advance and moving the volume of patients to comply with these new objectives will take time and effort so please be patient as we adapt. We are quickly seeking to adapt to the new circumstances and the situation is fluid, so please work with your practice administrator or medical directors with any questions or concerns you have.

**COVID-19 Frequently Asked Questions**

1. **Are we limiting the number of people in the waiting room?**
   * In an effort to limit the number of people in the waiting room, we will be encouraging patients to wait in their cars after checking in for their appointment if we do foresee a wait. If the patient is physically unable to walk back to their car, they will be permitted to be in the waiting area but advised that they will need to remain at least six feet from other patients or staff. We are also requesting that patients are only accompanied by guests if it is absolutely necessary based on clinical condition.
2. **Do we refuse to see anyone with a cough or sneeze?**
   * No, as healthcare providers we are expected to provide care for patients in need. We will attempt to limit any routine care for patients who have visible symptoms, however patients with acute needs should still be seen based on the protocols outlined in our limited exposure policy. Please review the limited exposure policy and ensure you are fully aware of the process. Your Practice Administrator can help address any specific concerns you have with the policy.
3. **Are we screening for COVID-19 symptoms or risk factors? What happens if a patient says yes?**
   * In our reminder communication with patients, we are asking those that are showing symptoms of the virus to reschedule their appointment or look for telemedicine if that is available in their region. For patients that show up, they should all be screening according to our COVID-19 Screening Survey.
   * If a patient presents and answers yes to any of our screening questions and is not being seen for an acute need, we will offer to reschedule their appointment or provide them with a telemedicine visit.
   * If a patient presents and answers yes to any of our screening questions and is being seen for an acute need, the limited exposure policy needs to be followed. Our patients that have acute needs must be cared for and it is our responsibility to provide that care safely for both the provider and the patient.
4. **What if I am uncomfortable working in this environment or I am concerned for my health?**
   * We understand that this is a tremendously stressful time for everyone. As healthcare providers we believe we have an important part to play but must balance that with the safety of our teammates. If you personally are uncomfortable with exposure related to COVID-19 despite the various protocols in place, please contact your practice administrator or Upperline HR.
5. **How do I determine if I am eligible for relief from the new Families First Coronavirus Response Act?**
   * Upperline is working to provide a thorough summary for employees for the Relief Act and a clear process to manage this. The effective date of the act is April 2nd, so the legislation does not immediately change our operations.
6. **What do I do if I have cannot arrange for childcare with my kid’s school being closed?**
   * One of the central components of the Families First Coronavirus Response Act is to help teammates who are also having to manage children at home because of the recent events. The effective date for this is April 2nd, so until further communication is issued from Upperline related to this, please continue to manage your situation as you have the last few weeks and work with your practice administrator if there are immediate needs.
7. **What do we do for work the next day if a “Stay at Home” or mandatory quarantined is issued for our community?**
   * All situations are changing rapidly and it is important to check your email and Paylocity application and also be in regular communication with your supervisor and practice administrator. If a new executive order comes out overnight which impacts whether or not we show up to the office the next day, we will communicate the changes as soon as possible.
8. **Will we provide telemedicine?**
   * We are actively working on a telemedicine solution. There are number of moving parts involved in rolling out a new service line so quickly so a pilot is starting the week of March 23rd and more details will come out as this is made available for additional clinics.
9. **What types of patient care are we providing?**
   * The patient services will change rapidly as we adapt to the executive orders and virus threats within our communities. Please check the various updates and look for any Patient Service Guidelines for the most updated direction on patient services we are providing in your community.