

Guidance for Oregon Naturopathic Physicians Regarding COVID-19 Clinical Protocols

On April 14th, 2020, Governor Brown announced a public health framework for resuming non-emergent and elective procedures requiring personal protective equipment (PPE) that were cancelled as a result of Governor Brown's Executive Order No. 20-101. This plan outlines discrete steps and guidelines for step-by-step reopening to maintain a safe environment for patients and employees in their facilities.

It is strongly encouraged that each medical practice develop an internal, documented plan to address the core principles outlined below and other issues related to providing in-office care. This plan should be based on the availability of information at the time and should be reviewed as circumstances change.

Key Concepts in This Guidance to Reduce Facility Risk and Protect Healthcare Personnel

- Screen everyone who wants to schedule and those entering the facility for COVID-19 symptoms
- Limit points of entry and manage visitors
- Maintain physical distancing of patients, visitors, and staff
- Emphasize hand hygiene and use of PPE for patients, staff, and healthcare providers
- Provide proper infection control and disinfectant practices
- Use telemedicine when possible

Priorities

The following priorities must inform all actions towards resuming non-emergent and elective procedures in Oregon:

- Minimize the risk of SARS-COV-2 transmission to patients, healthcare workers, and others;
- Avoid further delays in healthcare for Oregonians;
- Maintain adequate hospital capacity in case of an increase in COVID-19 cases;
- Minimize transfers to skilled nursing facilities and other long-term care facilities due to the vulnerability of these congregate care settings; and
- Reduce financial impacts to Oregon's health system

Criteria

In order to address these priorities, the following steps and specific criteria must be met in order to resume and maintain non-emergent and elective procedures:

1. Facility has adequate PPE supplies on hand

- a. Facility shall maintain a 30-day supply of PPE on-hand; for small facilities, a 2-week supply of PPE on-hand and an open supply chain is adequate
 - b. Facility can sustain recommended PPE use for its healthcare workforce without the need for emergency PPE-conserving measures.
 - c. If a facility proposes to extend the use of or reuse PPE, it must follow CDC guidance.
2. Facility has access to adequate testing capacity.
 - a. Facility has access to COVID-19 testing when needed that ensures results within 2 days. For small facilities, access to COVID-19 testing when needed, that ensures results within 4 days.
 - b. When adequate testing capability is established, consider screening patients by laboratory testing before proceeding with a non-emergent or elective procedure.
 3. Facility is following strict infection control and visitation policies.
 4. Once non-emergent and elective procedures resume, they must start slowly, and criteria should be reassessed biweekly.
 - a. To start, facilities must limit the volume of non-emergent and elective procedures to a maximum of 50% pre-COVID-19 procedure volume.
 - b. In order to maintain or expand this volume, facilities must continue to meet all items previously mentioned.
 - c. Facility must maintain a plan to reduce or stop non-emergent and elective procedures should a surge/resurgence of COVID-19 cases occur in their region or in the case that the previously mentioned criteria cannot be met.
 - d. Procedures must be prioritized based on whether their continued delay will have an adverse medical outcome.
 - i. A medical committee, or the medical director, of a facility shall review and prioritize cases based upon indication and urgency.
 - ii. Facilities must strongly consider the balance of risks vs. benefits for patients in higher-risk groups such as those over age 60 and those with compromised immune systems or lung and heart function
 - iii. Facilities should consider ongoing postponement of non-emergency and elective procedures that are expected to require the following resources:
 1. Transfusion
 2. Pharmaceuticals in short supply
 3. ICU admission
 4. Transfer to skilled nursing facility or inpatient rehab

The Governor's Office in consultation with the Oregon Health Authority will determine the necessary tools to monitor that these criteria are being met and when different or additional criteria should be considered

Clinical Protocols

Scheduling

1. When scheduling appointments, offices should evaluate whether each individual patient should be seen in-office or via telemedicine. Also discuss with patients the

need to reschedule their appointment if they develop symptoms of COVID-19 leading up to the time of their appointment.

In the past 14 days have you:

- *Developed any symptoms of acute illness such as cough, fever, or shortness of breath?*
- *Been in close contact with a person who tested positive for COVID-19?*
- *Been in direct contact with infectious secretions (ie. Were coughed or sneezed on) by a person who tested positive for COVID-19?*

If “no” is answered to all of these questions, the patient may schedule.

If “yes” is answered to any of the questions then coordinate a telemedicine visit or a secondary screening with medical staff to determine appropriate care.

2. Patients and visitors to the office should be informed in advance of the expectation that they wear their own mask or cloth face covering upon arrival to the facility. If not, they should be offered a mask or cloth face covering as supplies allow, which should be worn while they are in the facility if the patient is physically able to do so. They should also be instructed that if they must touch or adjust their cloth face covering, they should perform hand hygiene immediately before and after. Masks and cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
3. When reminder calls, texts, or emails are performed, make sure that the patient is reminded of appointment date/time, to bring a mask, any protocols to be performed once they arrive at the clinic (ie. Stay in your car, take your temperature upon entering the office, etc.), and that their provider will be wearing PPE, including, but not limited to, a face mask, transparent face shield, hair covering, and/or gloves.

Presenting to the Clinic

1. Patients, visitors, and staff members should be screened for symptoms of COVID-19 prior to and upon arrival at the facility, including utilizing non-contact thermometers when available.
 - a. Any staff member showing signs of COVID-19 should not be permitted to work and should be referred to an appropriate healthcare provider.
 - b. Patients and visitors exhibiting signs of COVID-19 should be rescheduled, unless an emergency dictates otherwise, and referred to an appropriate healthcare provider.
2. Patients, visitors, and staff members should be instructed to wash their hands upon arrival to the facility.
3. Offices should consider registering patients and any visitors entering the facility, including contact information, to track who is in the building and during what time. This can be done electronically or recorded by a staff member to minimize contact between patients. This information can also be used for contact tracing in the event of a COVID-19 flare-up.

Physical Distancing

1. Offices should implement physical distancing measures to limit close contact between individuals inside the facility. These measures could take different forms depending on the size and configuration of the facility, patient population, and other factors.
2. It is recommended that individuals maintain six feet of distance between each other when practical. This could be accomplished through the use of signage, tape, or roping lines to direct patients to appropriate locations. Additionally, the reconfiguration or removal of some waiting room and exam room seating may be appropriate.
3. Medical practices should engage strategies to manage patient flow and physical distancing. Examples of strategies which could be employed include, but are not limited to:
 - a. Requesting patients call or text the office upon arrival so entrance to and movement through the facility can be coordinated by staff,
 - b. Instructing patients that companions should remain outside of the facility and not accompany the patient unless they are a parent/guardian of the patient or if they are a true care giver and need to assist the patient,
 - c. Consider separate operating hours for vulnerable populations,
 - d. Triage and categorizing patient visits to address urgent patient needs first, and to facilitate patient flow to prevent too many patients in the office at a given time,
 - e. Establishing an appropriate timeframe in between patient appointments,
 - f. Implementing curbside supplement dispensing when possible,
 - g. Considering limiting “walk-ins” for the supplement dispensary to prevent overcrowding,
 - h. Allowing as many staff members as possible to work from home, and
 - i. Continuing to offer telemedicine services when appropriate.
4. Administrative staff should be prepared to conduct work via remote methods to limit the amount of time the patient is in the facility. This could be accomplished through an online payment portal, using traditional mail, over the phone or through an app on a mobile device. Additionally, it is recommended that all paperwork, including patient history forms, be made accessible to patients prior to appointments for completion. Offices may consider mailing the forms to patients, providing a link on their website with a fillable or printable PDF, or obtaining information over the phone. Offices may utilize mobile apps that can scan documents provided the information shared via smartphones and other devices are transferred securely in compliance with state and federal regulations.

Infection Control and Disinfection Practices

1. Medical practices must take steps to help prevent the spread of the virus through infection control measures and disinfection practices. Hand sanitizer and other sanitary products should be readily available for employees and patients throughout the facility.
2. Offices should continue to use germicidal wipes to clean exam chairs and all equipment after every patient encounter. Additionally, facilities should regularly perform enhanced environmental cleaning of commonly touched surfaces, such as

- workstations, counters, railings, door handles, clipboards, pens, chairs and other public area surfaces.
3. Offices should consider posting signage from the CDC and/or the Oregon Department of Health on office doors with information for patients about best practices, such as: https://www.cdc.gov/flu/pdf/protect/cdc_cough.pdf

Protective Measures

1. It is strongly recommended that all practices develop a short and long-term plan for obtaining and utilizing protective equipment for the office.
2. All doctors and staff members are strongly encouraged to wear masks and should consider wearing gloves and protective eyewear when interacting with patients. Some equipment may be unavailable due to shortages and offices are encouraged to review CDC guidelines and utilize the best methods available to provide protection for patients and staff members. Updated CDC guidelines on this topic can be found here:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
3. As noted above, patients should also be asked to wear cloth face coverings or masks at all times while inside the facility. In accordance with CDC guidelines, staff members who do not interact with patients may be able use other methods of protection, such as cloth face coverings, if masks are not available in an adequate supply.
4. Doctors and staff members should wash hands before and after each patient encounter. Any gloves which are utilized during patient care should be properly removed and disposed of after each patient encounter.
5. A barrier shield may also be used around testing equipment and administrative areas due to the potential for close contact. Use of commercially available slit-lamp barriers or breath shields is encouraged.
6. Staff members should also have access to disinfectants, hand sanitizer, and soap and water. Staff members should receive job-specific training on utilizing these resources, including instruction on how to safely touch or adjust their mask or cloth face covering and performing hand hygiene immediately before and after.
7. Offices should regularly reinforce key messages – stay at home when ill, use cough and sneeze etiquette, and practicing regular hand hygiene – to all staff members and consider placing posters reiterating these issues in areas where they are most likely to be seen.

Resources

Oregon Department of Health's Stay at Home Order:

https://content.govdelivery.com/attachments/OHOOD/2020/04/02/file_attachments/1418062/Signed%20Amended%20Director%27s%20Stay%20At%20Home%20Order.pdf

State of Oregon COVID-19 Resources:

<https://coronavirus.Oregon.gov/wps/portal/gov/covid-19/home>

CDC Guidelines for Infection Control COVID-19:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>

CDC Guidelines for Disinfection Methods:

<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

CDC Guidelines for Cloth Face Coverings for the General Public:

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html>

FDA masks guidelines

<https://www.fda.gov/medical-devices/personal-protective-equipment-infection-control/n95-respirators-and-surgical-masks-face-masks>

Oregon Health Authority COVID-19 Updates Page:

<https://govstatus.egov.com/OR-OHA-COVID-19>

Oregon Board of Naturopathic Medicine COVID-19 Information Page:

<https://www.oregon.gov/obnm/Pages/COVID-19.aspx>

Oregon Association of Naturopathic Physicians (OANP) COVID-19 Resource Page:

<https://www.oanp.org/page/coronavirus>

American Association of Naturopathic Physicians COVID-19 Resource Page:

<https://naturopathic.org/page/Covid19Resources>