# RESUMING OUTPATIENT SERVICES: CLINIC VISITS, DIAGNOSTIC IMAGING, AND LIMITED OUTPATIENT SURGERIES AND PROCEDURES

Timing: Immediately as of May 4, 2020.

## 1. Outpatient clinic visits and diagnostic imaging

Outpatient clinic visits and diagnostic imaging can resume immediately if providers adhere to the following Mitigation Requirements:

#### **MITIGATION REQUIREMENTS**

Providers must demonstrate that they are adhering to social distancing and relevant CDC guidelines regarding infection control and prevention to maintain a safe environment for patients and staff. Patients must be confident that the environment where they will receive care is safe. Examples of the precautions that should be taken when providing care in both the hospital/facility and clinic settings include, but are not limited to, the following:

- A process to screen patients for COVID-19-related symptoms prior to scheduled procedures.
- A process to screen all staff and essential visitors for COVID-related symptoms prior to entering facility.
- Protective equipment and supplies should be worn and utilized as necessary to ensure staff and patient safety. This may require surgical, N95, KN95, or other equivalent masks and eyeprotection goggles.
- All patients and companions must wear mouth and nose coverings (provided by the patient or by the site) when in public areas.
- Patient companions are permitted only if required for direct patient assistance.
- Only individuals who are essential to conducting the surgery or procedure shall be in the surgery or procedure suite or other patient care areas where PPE is required.
- Waiting room chairs must be spaced to require a minimum of six-feet social distancing.
- Providers must have written procedures for disinfection of all common areas.
- Providers must have signage to emphasize social restrictions (distancing, coughing etiquette, wearing of mouth and nose coverings, hand hygiene) and liberal access to hand sanitizer.
- Providers will comply with guidance issued by relevant professional specialty societies regarding appropriate prioritization of procedures and care issues specific to COVID-19.
- Continuing to consider alternative care delivery models, including telemedicine, when appropriate.
- Providers will reevaluate and reassess policies and procedures frequently, based on COVID-19 related data, resources, testing and other clinical information.

## 2. Outpatient surgeries and procedures

Providers may also begin to perform outpatient surgeries and procedures that have a minimal impact on inpatient hospital bed capacity and PPE levels, including those performed in the office or ASC setting. In the case of outpatient surgeries and procedures, providers should adhere to the Mitigation Requirements described above and put into place the additional measures described below:

- **Screening:** A process must be in place to screen patients for COVID-19-related symptoms prior to all scheduled procedures (by phone, online, or in-person).
- **Testing:** COVID-19 testing is required for procedures requiring airway management. Testing should be done as close as possible to the procedure and not to exceed 96 hours prior to the procedure. Patients will be required to self-quarantine between testing and procedure.
- **Testing of Health Care Employees:** Each provider shall develop a plan and implement that plan for the periodic testing of healthcare workers i.e., nurses, physicians, emergency medical personnel, medical and nursing students, laboratory technicians, pharmacists, hospital volunteers, administrative staff or any other employee who may come in contact with a patient. These plans shall be coordinated with the Vermont Testing Task Force.
- Available Personal Protection Equipment: Each outpatient clinic will be responsible to ensure
  that it has adequate supplies of PPE, through its own suppliers, for needed examinations or
  procedures and in the case of a COVID-19 surge. Providers will not rely on state sources or state
  supply chain for PPE.
- **Testing Results**: Results of the test should be communicated to the patient prior to arrival at the facility for the outpatient surgery; and facilities and providers should continue to collaborate regionally to determine testing locations and follow Department of Health Advisories regarding location of testing sites and collection of specimens.

### **SUSPENSION OF OPERATIONS**

If the Vermont Department of Health has determined that a COVID-19 outbreak has occurred and providers cannot safely care for Vermonters in a way that (1) limits the exposure of patients and staff to COVID-19; (2) preserves PPE and ventilators; and (3) preserves inpatient hospital capacity, it will notify and require all providers in the region to return to the standards set out in the executive order issued on March 20, 2020. Depending on the severity of the outbreak, the Vermont Department of Health may require all Vermont providers to return to those standards.