Reopening Guidance for Connecticut Licensed Naturopathic Physicians

On March 10, 2020, Governor Ned Lamont issued declarations of public health and civil preparedness emergencies, proclaiming a state of emergency throughout the State of Connecticut as a result of the Coronavirus Disease 2019 (COVID-19) outbreak in the United States, and confirmed spread in Connecticut in Executive Order No. 7. In response to recent improving public health outcomes, he issued a follow-up declaration on May 18, 2020, in order to provide guidelines for the reopening of many businesses. While medical offices (including naturopathic clinics) were deemed essential business and were allowed to remain open during the pandemic shelter-in-place orders, many naturopathic physicians chose to practice exclusive telemedicine temporarily until the worst of the COVID-19 pandemic had passed.

As many of our members are now in the initial stages of reopening their clinics for in-patient care, Connecticut Naturopathic Physicians Association has drafted documentation for a safe and successful reopening process, in accordance with Connecticut Business Reopening and Recovery Center and CDC guidelines.

It is strongly encouraged that each naturopathic 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 and updated as circumstances evolve.
Key Concepts in This Guidance to Reduce Facility Risk and Protect

Healthcare Personnel

- Screen all who are interested in scheduling an appointment and those entering the facility for COVID-19 symptoms
- Limit points of entry and reduce number of accompanying visitors as appropriate
- Maintain physical distancing of patients, visitors, and staff
- Emphasize hand hygiene and use of PPE for patients, staff, and all healthcare providers
- Provide proper infection control and disinfectant practices
- Use telemedicine when possible

Business Reopening Requirements

Some businesses intending to reopen must self-certify that they are following strict safety guidelines to keep employees and customers safe before proceeding. Please follow this link to self-certify online. CT Business Recover and Relief Center has also published a Small Business Reopening Guide for your more information on this process and other helpful insights.

This is the most up-to-date list of Self-Certified Businesses.

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.
   a. “In the past 14 days have you:”
      i. Developed any symptoms of acute illness such as cough, fever, or shortness of breath, etc?
      ii. Been in close contact with a person who tested positive for COVID-19?
      iii. Been in direct contact with infectious secretions (ie. Were coughed or sneezed on) by a person who tested positive for COVID-19?
   b. If “no” is answered to all of these questions, the patient may schedule
c. If “yes” is answered to any of the questions, 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, gloves, and/or hair covering.

**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 or sanitize 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 caregiver and need to assist the patient
   c. Consider separate operating hours for vulnerable populations
   d. Triaging 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
   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 sanitation 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 Connecticut 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 to 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 practice regular hand hygiene – to all staff members and consider placing posters reiterating these issues in areas where they are most likely to be seen.

Sample Reopening Plan

Preparation Checklist

1. Personal Protective Equipment
   a. Purchase sufficient PPE (masks for both staff and patients, gloves, wipes)
   b. Ensure lab is well stocked with all necessary items and kits

2. Supply Reorganization
   a. Supplements to be put away/relocated – decide on best locations
   b. Test kits to be put away/relocated – decide on best locations

Staff Health and Testing Policy

1. Daily temperature reading as you enter office
2. Twice monthly nasopharyngeal swab testing for COVID-19
3. Mandatory work-from-home if at all symptomatic
4. Wear masks whenever others are in your space and patients are in the office
5. Wear gloves whenever interacting with others (handling supplements, papers, mail)
6. Frequent hand washing

Revised Cleaning Schedule
1. Increase office’s professional cleaning to twice week or more if necessary
2. Daily cleaning policies
   a. Trash removal at the end of each day
   b. Wiping down surfaces several times each day and after every patient
   c. Removal of all magazines and toys from the office
   d. No dishes to be left in sink

One-Way Ingress and Egress
1. Discontinue patient checkout at front, must all be done remotely
   a. Take supplements, test kits, paperwork to patients’ cars
   b. Answer all questions over the phone
2. All must enter through front door and exit through back door
3. All must follow taped arrows on floor

Changes to Patient Visits
1. When possible, continue telehealth; no more than one front staff and two practitioners in office at one time
2. Digital questionnaire to be added to patient portal with reminders to be sent with office visit information
3. Staff to call and confirm two days prior to appointment (Thursday for Monday patients, Friday for Tuesday patients)
4. No patients in waiting room
5. Upon arrival patients will read sign at door that provides them with a phone number to text to alert the front staff of their arrival
6. Temperature taken upon arrival (for all who enter office). Must be under 100.4°F to enter.

Miscellaneous Changes to Office Procedures
1. Placement of plexiglass over counter at front desk (front staff only sits at front desk, not medical staff)
2. Change all light switches to sensor-operated
3. Change bathroom sink faucet to sensor-operated
4. Change soap dispenser to sensor-operated

Other Considerations:
1. Laminate or automate (EMR) paper signage/plastic sleeves in order to clean
2. Send out email to let patients know of updated changes
Resources

2. CT Health and Wellness Updates: https://portal.ct.gov/Coronavirus/Health-and-Safety
4. CT Small Business Reopening Resource Guide: 
5. CT Top Business Downloads: 
6. CDC Guidelines for Infection Control COVID-19: 
7. CDC Guidelines for Disinfection Methods: 
8. CDC Guidelines for Cloth Face Coverings for the General Public: 
9. FDA masks guidelines: 
    https://naturopathic.org/page/Covid19Resources