Paycheck Protection Program (PPP) Update & Optometry Practice Re-Activation Preparedness

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Paycheck Protection Program (PPP) Forgiveness

• No 'significant' updates since April 8 webinar
• Ask your local SBA
  • They don't know

PPP Forgiveness Reduced By:

• Full Time Equivalent (FTE) loss
  • FTE defined as 30 hours?
• Paying staff significantly less
  • 25% loss or more
  • How does this effect PPP Forgiveness?

What if I am paying an employee for Families First (kid out of school) at 66% but, my PPP says I have to pay at least 75% of their income?

• Families First (FF) general thought
  • Tax credit reimbursed to company
  • Not part of PPP forgiveness (pay with non-PPP funds)
  • Treasury has not clarified
  • Not expect penalty for paying 66% FF

AOA is continuing to press SBA for answers about PPP Forgiveness!

If we get substantial updates, we will have a webinar

Optometry Practice Re-Activation Preparedness

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AMERICAN OPTOMETRIC ASSOCIATION
Disclosures

• Dr. Wroten has zero financial interest in any products/services mentioned
• Information contained herein does not necessarily reflect opinion of the AOA or its affiliates
• Special THANK YOU to Kara Webb & everyone at the AOA!!!
I: Making the Decision to Reopen

Federal Considerations

- The AOA has confirmed with Centers for Disease Control and Prevention (CDC) officials that the agency’s March 27th nationwide recommended restrictions on routine care are no longer in effect.
- Centers for Medicare & Medicaid (CMS) guidance on Phase 1 for re-opening of facilities to provide Non-emergent & Non-COVID-19 Healthcare may now be observed.
- CMS recommends states move to Phase 1 once they pass the Gating Criteria in the White House’s “Opening Up America Again” Plan.

There is no federal prohibition on the provision of “routine” care.

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04/19/2020: CMS “OPENING UP AMERICA AGAIN”

April 19, 2020: Centers for Medicare & Medicaid Services (CMS) Recommendations Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare: Phase 1

- “…CMS recognizes that at this time many areas have a low, or relatively low and stable incidence of COVID-19, and that it is important to be flexible and allow facilities to provide care for patients needing non-emergent, non-COVID-19 healthcare. In addition, as states and localities begin to stabilize, it is important to restart care that is currently being postponed, such as certain procedural care (surgeries and procedures), chronic disease care, and, ultimately, preventive care. Patients continue to have ongoing healthcare needs that are currently being deferred. Therefore, if states or regions have passed the Gating Criteria (symptoms, cases, and hospitals) announced on April 16, 2020, then they may proceed to Phase 1.”

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04/19/2020: CMS “OPENING UP AMERICA AGAIN”

- Maximum use of all telehealth modalities strongly encouraged...
  - “When can’t…” these recommendations (1st in a series) may guide healthcare systems & organizations, consider resuming in-person care of non-COVID-19 patients in regions with low incidence of COVID-19
  - Non-COVID-19 care should be offered to patients as clinically appropriate & within a state/locality/facility that has the resources to provide such care & ability to quickly respond to a surge in COVID-19 cases, if necessary. Decisions should be consistent with public health information & in collaboration with state public health authorities.

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04/19/2020: CMS “OPENING UP AMERICA AGAIN”

- Careful planning required to resume required in-person, non-COVID-19 care, e.g.: Adequate facilities, workforce, testing, & supplies
  - Adequate workforce across phases of care (avail. of clinicians, pharmacy, imaging, referral support, etc.)
  - Healthcare facilities given some flexibility in providing essential non-COVID-19 care to patients without symptoms of COVID-19, in regions with low incidence of COVID-19, with complex chronic disease management in accordance with some general considerations:
  - In coordination with State & local public health officials, evaluate incidence & trends for COVID-19 in the area where re-starting in-person care being considered.
  - Evaluate necessity of the care based on clinical needs (prioritize surgical/procedural care & high-complexity chronic disease management; however, select preventive services may also be highly necessary)

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04/19/2020: CMS “OPENING UP AMERICA AGAIN”

- Consider establishing Non-COVID Care (NCC) zones to pre-screen all patients & visitors who enter office for symptoms of COVID-19, including temp. checks — (poss. your parking lot)
  - Staff/Physicians/Cleaning Crew/Delivery Personnel/etc. should also routinely be screened for symptoms of COVID-19
  - If symptomatic: test & quarantine
  - Sufficient resources should be available (e.g. PPE, Healthy workforce, facilities, supplies, testing capacity, & post-acute care) without jeopardizing surge capacity
  - Personal Protective Equipment
    - **Consistent with CDC, CMS recommends healthcare providers & staff wear surgical facemasks at all times**
    - Procedures on mucous membranes…with a higher risk of aerosol transmission, should be done with great caution, & staff should utilize appropriate respiratory protection (e.g. N95 masks & face shields) (NCT7, Alger Brush, etc.)
    - **Patients should wear cloth face covering (even homemade)**

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OPENING UP AMERICA AGAIN

Centers for Medicare & Medicaid Services (CMS) Recommendations

The United States is experiencing an unprecedented public health emergency from the COVID-19 pandemic. Healthcare facilities in some areas are stretched to their limits of capacity, and surge areas have been needed to augment care for patients with COVID-19. To expand capacity to care for these patients and to conserve adequate staff and supplies, especially personal protective equipment (PPE), on March 18 the Centers for Medicare & Medicaid Services (CMS) recommended (testing non-essential care) and expanding surge capacity into ambulatory surgical centers and other areas. However, CMS recognizes that at this time many areas have a low, or relatively low and stable incidence of COVID-19, and that it is important to be flexible and allow facilities to provide care for patients needing non-emergent, non-COVID-19 healthcare. In addition, as states and localities begin to stabilize, it is important to restart care that is currently being postponed, such as certain procedural care (surgeries and procedures), chronic disease care, and, ultimately, preventive care. Patients continue to have ongoing healthcare needs that are currently being deferred. Therefore, if states or regions have passed the Gating Criteria (symptoms, cases, and hospitals) announced on April 16, 2020, then they may proceed to Phase 1. The Guidelines for Opening Up America Again can be found at the following link: https://www.whitehouse.gov/openingupamerica
04/19/2020: CMS “OPENING UP AMERICA AGAIN”

Every effort should be made to conserve PPE

Facility Considerations
• If current low incidence rate, when determine to provide in-person, non-emergent care, create NCC areas with steps to ↓ risk of COVID-19 exposure/transmission
  - “Minimize time in waiting areas”
  - “Space chairs 2’ apart”
  - “Maintain low patient volumes”
• Visitors should be prohibited (if must, pre-screen same as patients)

Sanitation Protocols
• Establish plan for thorough cleaning & disinfection prior to using spaces/facilities for patients with non-COVID-19 care needs
• Ensure equipment used for COVID-19 (+) patients are thoroughly decontaminated, following CDC guidelines.

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Opening Up America Again: Proposed Phased Approach

BASED ON UP-TO-DATE DATA AND READINESS
• MITIGATES RISK OF RESURGENCE
• PROTECTS THE MOST VULNERABLE
• IMPLEMENTABLE ON STATEWIDE OR COUNTY-BY-COUNTY BASIS AT GOVERNORS’ DISCRETION

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Opening Up America Again: Criteria

(Proposed State or Regional Gating Criteria Satisfy Before Proceeding to Phase One)

• SYMPTOMS (within a 14-day period)
  - trajectory of influenza-like illnesses (ILI) reported
  - trajectory of COVID-like syndromic cases reported
• CASES (within a 14-day period)
  - trajectory of documented cases
  - trajectory of positive tests as a percent of total tests (flat or increasing vol. of tests)
• HOSPITALS
  - Treat all patients without crisis care
  - Robust testing program in place for at-risk healthcare workers, including emerging antibody testing

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Opening Up America Again: Guidelines for ALL PHASES: Individuals

(Continue to adhere to State & local guidance as well as complementary CDC guidance, particularly with respect to face coverings)

CONTINUE TO PRACTICE GOOD HYGIENE
• Wash hands with soap & water or hand sanitizer, esp. after touching frequently used items/surfaces
• Avoid touching face
• Sneeze or cough into a tissue or inside of elbow
• Disinfect frequently used items & surfaces as much as possible
• Strongly consider using face coverings in public (esp. using mass transit)

PEOPLE WHO FEEL SICK SHOULD STAY HOME
• Don’t go to work or school
• Contact & follow advice of your medical provider

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Opening Up America Again: Guidelines for ALL PHASES: Employers

Develop & implement appropriate policies (consulting Federal, State, & local regulations & guidance, & informed by industry best practices) e.g.:  
• Social distancing & personal protective equipment (PPE), Temp checks, Sanitation
• Use & disinfection of common & high-traffic areas (e.g. optical, waiting rooms, check-in/check-out areas, exam rooms, workout rooms, special testing rooms, break rooms, shared staff workplaces)
• Business travel (optometry mtgs/conf, vacations, industry events)
• Monitor staff for flu-like symptoms (e.g. fever, cough, shortness of breath, etc.)
• Symptomatic staff don’t return to work until cleared by medical provider!
• Develop & implement policies & procedures for workforce contact tracing following employee COVID+ test [keep log of who worked with who]
Opening Up America Again: Definitions

**Vulnerable Individuals:**

1. Elderly individuals (>65 yrs old); or
2. Individuals with serious underlying health conditions (i.e., HTN, chronic lung dxs, DM, asthma, obesity, & immunocompromised such as by chemotherapy for cancer & other conditions requiring such therapy)

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**Opening Up America Again: PHASE ONE**

(for States & Regions that satisfy the gating criteria)

**INDIVIDUALS**

- ALL VULNERABLE INDIVIDUALS - continue to shelter in place (households with vulnerable residents: be aware, returning to work/other environments where distancing is not practical could bring virus back home, so take precautions to isolate from vulnerable residents)
- IN PUBLIC EVERYONE should maximize physical distance from others
- AVOID SOCIALIZING in groups of >10 people in circumstances that don't readily allow for appropriate physical distancing (e.g., conferences)
- MINIMIZE NON-ESSENTIAL TRAVEL & adhere to CDC guidelines regarding isolation following travel (some states also have guidelines)

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**Opening Up America Again: PHASE ONE**

(for States & Regions that satisfy the gating criteria)

**EMPLOYERS**

- ENCOURAGE TELEWORK, whenever possible/feasible...
- If possible, RETURN TO WORK IN PHASES
- Close COMMON AREAS (e.g., breakrooms) where staff are likely to congregate and interact, OR enforce strict social distancing protocols
- Minimize NON-ESSENTIAL TRAVEL & adhere to CDC guidelines regarding isolation following travel
- Strongly consider SPECIAL ACCOMMODATIONS for staff who are members of a VULNERABLE POPULATION
- Clinically appropriate ELECTIVE SURGERIES can resume on outpatient basis at facilities adhering to CMS guidelines

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**Opening Up America Again: PHASE TWO**

(for States/Regions with no evidence of rebound & satisfy gating criteria x2)

**INDIVIDUALS**

- ALL VULNERABLE INDIVIDUALS - continue to shelter in place (households with vulnerable residents: be aware, returning to work/other environments where distancing is not practical could bring virus back home, so take precautions to isolate from vulnerable residents)
- IN PUBLIC EVERYONE should maximize physical distance from others
- AVOID SOCIALIZING in groups of >50 people in circumstances that don't readily allow for appropriate physical distancing (e.g., conferences)
- MINIMIZE NON-ESSENTIAL TRAVEL & adhere to CDC guidelines regarding isolation following travel.

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**Opening Up America Again: PHASE TWO**

(for States/Regions with no evidence of rebound & satisfy gating criteria x2)

**EMPLOYERS**

- ENCOURAGE TELEWORK, whenever possible/feasible...
- If possible, RETURN TO WORK IN PHASES
- Close COMMON AREAS (e.g., breakrooms) where staff are likely to congregate and interact, OR enforce strict social distancing protocols
- Minimize NON-ESSENTIAL TRAVEL & adhere to CDC guidelines regarding isolation following travel.
- Strongly consider SPECIAL ACCOMMODATIONS for staff who are members of a VULNERABLE POPULATION
- Clinically appropriate ELECTIVE SURGERIES can resume on outpatient basis at facilities adhering to CMS guidelines

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**Opening Up America Again: PHASE THREE**

(for States/Regions with no evidence of rebound & satisfy gating criteria x3)

**INDIVIDUALS**

- VULNERABLE INDIVIDUALS - resume public interactions, but should practice physical distancing & minimizing social settings where distancing may not be practical, unless precautions are observed
- LOW-RISK POPULATIONS - consider minimizing time spent in crowds

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**Opening Up America Again: PHASE THREE**

(for States/Regions with no evidence of rebound & satisfy gating criteria x3)

**EMPLOYERS**

- Resume UNRESTRICTED STAFFING of worksites
OUAA: PHASE ONE Summary

- Encourage good hygiene (handwashing, disinfection, sneezing protocols, etc.)
- Monitor/screen everyone entering office for flu-like symptoms
- Develop/implement policy/procedure for contact tracing if someone COVID+
- Anyone sick should stay home until cleared by medical provider to return
- Practice 6’ social distancing in-office (for patients & staff)
- Close break rooms/common areas if can’t strictly enforce
- Utilize PPE properly (masks for staff/doctors/patients; face shields?; gloves?)
- Develop disinfection/cleaning protocols (ref. CDC website)
- Minimize non-essential travel & follow CDC isolation guidelines if must
- Some outpatient elective procedures can resume at facilities following guidelines
- "Strongly consider special accommodations" for Vulnerable Individuals* 
  *>65 yrs old, DM/HITN/Obesity/Asthma/Chronic Lung Ds, Immunocompromised

Institutes for Health Metrics & Evaluation:
Models Predicting when States Could More Safely Relax Shutdown Orders with Containment Strategies in Place

CMS Recognizes State Authority

"State and local officials may need to tailor the application of these criteria to local circumstances (e.g., metropolitan areas that have suffered severe COVID outbreaks, rural and suburban areas where outbreaks have not occurred or have been mild)."

State & Local Considerations

- Several states have begun issuing specific guidance regarding the resumption of non-emergency care
- Stay up to date with your state department of public health, state board of optometry, Governor’s office, & local authorities
- State Optometric Association is a trusted source for this information!
II: Preparing Staff for Reopening

OCCUPATIONAL SAFETY AND HEALTH (OSH) ACT

Requires employers to furnish to each worker “employment and a place of employment, which are free from recognized hazards that are causing or are likely to cause death or serious physical harm.”

Continued & Enhance Infection Prevention Measures

- Promote frequent & thorough hand washing
- Encourage workers to stay home if sick
- Encourage respiratory etiquette, including covering all coughs & sneezes with tissue or elbow
- Discourage workers from using other workers' phones, desks, offices, or other work tools & equipment, whenever possible
- Maintain regular housekeeping practices, including routine cleaning & disinfecting of surfaces, equipment, & other elements of work environment

Develop New Workflow Processes with Staff to Maintain Social Distancing

- Consider co-pay prepayment/billing & payment systems that don’t require staff to touch cash/credit card
- Consider marking the floor to denote appropriate social distancing space from front desk
- Patients should go immediately from check-in to workup/testing/exam room

Communicate, Engage & Empower Staff Members

- Reconsider your previous workflows: eliminate or reduce tasks that don’t contribute to improved patient care
- Encourage staff to attend upcoming AOA webinar aimed at empowering paraoptometric staff members in post-COVID world
- Consider mental health of your staff (& YOU!) while re-establishing new care delivery flow (offer counseling programs)

"About 4,000 coronavirus-related complaints have been filed against employers that fail to provide safe workplaces but the agency (OSHA) has not issued any citations or fines...OSHA is pointing businesses to the voluntary guidelines."

"...President Trump told reporters he wanted to try to ‘take liability away from these companies’ as they started to open up because ‘we want the companies to open and to open strong’.”
AOA doctors are advised that AOAExcel’s (ExcelOD.com) exclusive group purchasing organization (GPO) partner, Intalere, is positioned to gain assured, long-term access to steady supplies of hospital-grade, quality-controlled PPE at competitive pricing. This is an AOA member benefit.

For doctors/practices already enrolled in AOAExcel’s GPO program: You may directly contact Intalere’s Operational Continuity & Emergency Management team @ (877)711-5600 for the latest information on PPE availability & access. Intalere member number is required. If you do not know your member number, it can be accessed by contacting the AOAExcel team @ aoaexcel@aoa.org.

For doctors/practices not yet enrolled in AOAExcel’s GPO program: Provide basic registration information. The enrollment process will be completed within four business days. To get started or for other assistance, contact the AOAExcel team at aoaexcel@aoa.org.

More on PPE (track what you spend!)
- Inventory what you have/Determine what monthly stock needed
- Sanitizer (online directions to make own if can’t find)
- Disinfectant wipes (remember diluted bleach option but label spray bottles)
- Masks (N95, KN95, surgical, cloth)
- Faceshields or goggles?
- Gloves*
- Other possible interim sources of PPE/PPE Info:
  - Medical suppliers, Pharmacies, Online retailers**
  - State Optometric Association
  - Universities/Colleges
  - Community giveaways
  - National Guard
  - Dept. of Health, State/Local Office of Emergency Preparedness

Use of Gloves
- During current public health emergency, shortages remain with some PPE, including gloves
- May want to prioritize use of gloves for selected patient care activities
- As PPE becomes available, resume standard practices
- Make sure staff is aware of CDC Hand Hygiene in Health Care Settings Guidance

Waiting Room
- Request patient documentation be completed online, etc., if possible, prior to appointment
- Lock front door(& request patients call or text the office from vehicle upon arrival, so entrance to & movement thru facility can be coordinated by staff
- Remove all magazines, brochures, & other publications that were previously shared between patients
- Have patients wear face masks/cloth coverings!

III: Preparing Your Physical Practice for Reopening
- Request patient documentation be completed online, etc., if possible, prior to appointment
- Lock front door(& request patients call or text the office from vehicle upon arrival, so entrance to & movement thru facility can be coordinated by staff
- Remove all magazines, brochures, & other publications that were previously shared between patients
- Have patients wear face masks/cloth coverings!
Take Social Distancing steps:
- Limit companions with patients, unless necessary
- Establish a longer timeframe in between patient appointments
- Remove/separate chairs in waiting room
- Understand that it may take time for your patient volume to reach pre-COVID-19 levels.

- Tape/lines on floor for social distancing
- Protective barriers
- No paper forms to patient if possible (have complete ahead of time or over phone)
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- Tape/lines on floor for social distancing
- Protective barriers
- No paper forms to patient if possible (have complete ahead of time or over phone)
Sterilization Processes

- Maintain a daily practice opening & practice closing cleaning protocol
- Maintain equipment & exam room cleaning protocol in between patients
- Maintain an optical/ workup/ waiting room cleaning protocol between patients, when possible
- Identify professional/commercial cleaning services in your area
- Link to EPA list of disinfectants against SARS-COV-2 (contributed after webinar by Brad Lane): https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

AOA Third Party Center Actions & Advice

1) Evaluate provider contracts
2) Appeal previously denied, downcoded, or recouped claims
3) Prioritize which patients to see first, because flow may be restricted
4) Market your practice locally
5) Consider Medicaid – unemployed may move into public assistance
6) Make responsible telehealth part of your practice, but be aware of changing coverage policies & confirm professional liability protection
7) Vision plans and health plans may lose millions of members

AOA Third Party Center Actions and Advice

- AOA twice requested vision plans implement flexibilities comparable to CMS, provide relief from administrative burdens for doctors and patients, & acknowledge essential role of optometrists
- Only two plans responded: Envolve following CMS/NCQA changes; EyeMed belatedly acknowledged similar. NAVCP said plans were too busy. AOA posted results on aoa.org/coronavirus.
- AOA also posted information on temporary health & vision plan coverage policy changes during pandemic on aoa.org/coronavirus.

Communicate with Patients!!!

✔ Reach out via website, social media, email, direct mail, advertising
✔ Update your website, social media channels & phone voicemail to communicate that your office is open for eye health & vision care, including tele-health & virtual check-ins if offering
✔ Ensure that all communications reinforce your practice safety protocols
✔ Benchmark
✔ Check in on complex patients

Patient Scheduling

- Identify patients whose care has been postponed
- Alert those who may need to re-schedule
- In some areas, may need to continue to screen ALL patients by phone & via telehealth services to determine who requires immediate in-person care
- Ensure all patients are aware of your availability by phone & by telehealth-based care as some may remain hesitant to seek in-person care
AOA Practice Preparedness Re-Open Guide

• See Appendix for summary or go to www.aoa.org/coronavirus

* Summary, with a few suggestions

BWEC Playbook

Employee Expectations:
• Be aware of inventory of PPE/disinfectant & let manager know when running low
• Adhere to new scheduling template
• Encourage telehealth when appropriate for patient
• Have patient wait in vehicle until Dr./Tech are ready
• Sign-off of Checklist of all rooms, bathrooms disinfectant daily
• Ability to cross-train and perform multiple job descriptions.

Expectations of Patients:
• Must pass pre-screening test
• Mask or cover-up for face is required (make sure we tell patients this during pre-screen)
• Waiting in vehicle to minimize exposure to all patients and employees is required

Lab Testing Before or After?
• Require doctors/staff to get COVID-19 diagnostic test (if available)?
  • Recall: no cost to patient & insurance must cover per CARES Act
  • Require doctors/staff to get COVID-19 virus antibody test when available?
  • Accuracy concerns?
  • Cost...Will insurance be required to cover?

What to do if...
• ...a COVID-19 patient (or presumed case) presents for exam?
  • Options: Isolate from other patients, use N95 mask & other appropriate PPE, wash hands after exam, & instruct patient to see their medical provider

  • Options: Not required to see patient if unable to safely care for them (e.g. lack of proper PPE) or feel your health is at risk, especially if doctor-patient relationship not yet initiated, either way make sure they receive timely referral for their condition to the Emergency Department of a Hospital with Ophthalmology on-call, or to another appropriate provider who can provide the needed care

• ...a recent patient or a current staff member is diagnosed with COVID-19?
  see CDC website for specific information regarding protocols for exposure!

• Take & record temperature with infrared thermometer when arriving for work daily
• 30-minute template for scheduling/increased from pre-COVID-19
• Masks to be worn by all staff (type dependent on position) with optional gloves provided
• Stress importance of paperless check-in to patients (more efficient & reduces spread of germs)
• All patients should be pre-screened prior to coming in for appointment (have you been diagnosed with or exposed to someone diagnosed with COVID-19 in the past 14 days? Have you experienced any fever, cough, chills, shortness of breath, or loss of smell in the past 14 days?), and also let patient know during pre-screen that they must wear something to cover face for protection.
• Check-in or Check-out will check patient temperature & document prior to appointment
• No use of clip board & pen for check-in
• All frames must be cleaned prior to another patient trying them on
• Disinfect special testing equipment, pre-test equipment & fixtures, & exam room equipment & fixtures, before & after each patient

• Be aware of inventory of PPE/disinfectant & let manager know when running low
• Adhere to new scheduling template
• Encourage telehealth when appropriate for patient
• Have patient wait in vehicle until Dr./Tech are ready
• Sign-off of Checklist of all rooms, bathrooms disinfectant daily
• Ability to cross-train and perform multiple job descriptions.

• Communicate all expectations for patients on website and send out prior to re-opening
• Communicate safety measures that will be in place for re-opening on website and send out to patients
• Have reminders & safety measures posted in office for patient re-assurance of a safe environment
• Constant inventory of PPE/disinfectant to insure a safe working environment & replace when low inventory
• Plan of action for positive COVID Test within clinic & protocols/ steps to follow
• Focus on safety of staff and patients as we see the new “normal”
• Senior citizen/vulnerable individuals appointment times early a.m. & early p.m.
Employee Tests Positive for COVID-19

Employee Tests Positive for COVID-19

1. First, when the employee brings you the news, express sympathy.
2. Next, connect with your HR Director. Need to quickly minimize the risk of the disease spreading.
3. Minimally, you will need to ask the employee which coworkers they encountered who are in “close contact” with you within the prior two weeks & cross-check time sheets. (The CDC defines “close contact” as “a person that has been within six feet of the infected employee for a prolonged period of time.”)
4. You should alert those who have been in close contact with the employee as soon as possible, repeat the advice given on the CDC site for their situation and, of course, direct them to their own doctor. The law is clear about confidentiality here. You should tell everyone who was possibly exposed at work to the positive employee, without revealing that employee’s identity.
5. Tell them the following: Someone in our workplace has tested positive for COVID-19, and they have identified you as a close contact according to the CDC definition. We are here to support you. If you are at work, please prepare to leave as quickly as you can. Once you get home, please

Employee Tests Positive for COVID-19

Employee Tests Positive for COVID-19

7. The CDC also provides the following recommendations for most non-healthcare businesses that have suspected or confirmed COVID-19 cases:

- It is recommended to close off areas used by the ill persons and wait as long as practical before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. Open outside doors and windows to increase air circulation in the area. If possible, wait up to 24 hours before beginning cleaning and disinfection.
- Cleaning staff should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill persons, focusing especially on frequently touched surfaces.
- To clean and disinfect surfaces that are dirty, they should be cleaned using a detergent or soap and water prior to disinfection (Note: “cleaning” will remove some germs, but “disinfection” is also necessary).
- For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective.
- Diluted household bleach solutions can be used if appropriate for the surface. Follow manufacturer’s instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleaner. Unspent household bleach will be effective against coronaviruses when properly diluted.

Employee Tests Positive for COVID-19

Employee Tests Positive for COVID-19

Cleaning staff should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill persons, focusing especially on frequently touched surfaces.

To clean and disinfect surfaces that are dirty, they should be cleaned using a detergent or soap and water prior to disinfection (Note: “cleaning” will remove some germs, but “disinfection” is also necessary).

For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective.

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Employee Tests Positive for COVID-19

Employee Tests Positive for COVID-19

- The CDC provides that the employees who worked closely to the infected worker should be instructed to proceed based on the CDC’s Public Health Recommendations for Community-Based Exposure. This includes staying home until 14 days after last exposure, maintaining social distance from others, and self-monitoring for symptoms (i.e., fever, cough, or shortness of breath).
- If the employee who tested positive works in the healthcare sector or public health department regarding the length of time to stay at home. The CDC recommends that those who had close contact for a prolonged period of time are required to remain at home for 14 days after last exposure. If they develop symptoms, they should remain home for at least seven days from the initial onset of the symptoms, three days without fever (achieved without medication), and improvement in respiratory symptoms (e.g., cough, shortness of breath).
- COVID Cleaning Services
  1. United Fire & Water 1711, 16th Street, Livingston, LA 70754 225-667-1451 / info@unitedfireandwater.com
  2. SERVPRO http://servprosouthlivingstonparish.com/ 225-667-1210
  3. Just King 219-277-5645

Employee Tests Positive for COVID-19

Employee Tests Positive for COVID-19

- Additional PPE might be required based on the cleaning/disinfecting products being used and whether there is a risk of splatter. Follow the manufacturer’s instructions regarding other protective measures recommended on the product labeling.
- Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area. Be sure to clean hands after removing gloves.
- Additional PPE might be required based on the cleaning/disinfecting products being used and whether there is a risk of splatter. Follow the manufacturer’s instructions regarding other protective measures recommended on the product labeling.
- Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area. Be sure to clean hands after removing gloves.
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“Difficulties are just things to overcome, after all.”
- Ernest Shackleton

**V: Question & Answer Session**

**THANK YOU!**

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Appendix A: AOA Practice Preparedness Re-Open Guide*

* Summary, with a few suggestions

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**AOA Practice Preparedness Re-Open Guide**

- Anticipate when you will return to a “normal” schedule
  - Closely monitor all state & federal guidance related to urgent/emergent care versus “routine” care, and when “routine” care is expected to resume (keep in mind this may happen suddenly & with little forewarning, though).
  - Communicate frequently with your state optometric association regarding guidance from the state board of optometry, as well as watch for communications directly from the AOA for national trends and changes.
  - Use any downtime now to brainstorm with staff ways to operate more efficiently & to better meet your patients’ needs (e.g. online store, patient flow, online appointment scheduling, new services, etc.).
  - Recognize it may be months to get back to normal (may consider extended office hours, extra clinic day, more delegation to staff)

- Develop your action plan for re-opening
  - Using federal & state guidelines, allocate & prioritize office space & clinical care areas based on social distancing/the number of patients allowed at one time, & how long areas will take to disinfect between patients.
  - Following CDC & state public health guidelines, create a detailed sterilization & disinfection protocol for all commonly touched surfaces/equipment, exam rooms, testing areas, optical, & restrooms.
  - Plan for prioritizing patients & triage (already rescheduled appointments, urgent/emergent care, established patients vs. new, etc.), as well as if early appointments will be reserved for high risk populations to minimize interaction with other patients.
  - Inventory current personal protective equipment supplies & create a minimum inventory based on CDC & state guidelines (e.g. masks, gloves, disinfectant, etc.) & decide which staff need which PPE, & stock up for a month’s worth in anticipation.
  - Consider assigning new duties/reassigning tasks for staff (e.g. PPE inventory management, infection control, etc.), & take advantage of downtime for staff training & cross-training, including utilizing the resources available for paraoptometric professional development using AOA’s EyeLearn platform.

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**AOA Practice Preparedness Re-Open Guide**

- Communicate/Market Your Practice
  - Consistently message your patients using e-blasts, texts, social media, your website, phone messages, signage posted in the office, etc., keeping them apprised of:
    - Your plans to re-open
    - What services you offer (e.g. urgent/emergent care; continued followup of existing conditions such as glaucoma, macular degeneration, ocular surface disease, diabetes, etc.; contact lenses; glasses/sunglasses; telemedicine visits as appropriate; prescriptions refills; any questions about their eyes; etc.)
    - What steps you’re taking to protect their safety in the office (e.g. social distancing, expanded infection control protocols; PPE; daily verbal screening of all staff & patients for COVID-19; etc.).
  - Inform other local providers you’re open & available for consults & referrals (e.g. urgent care clinics, pediatricians, etc.)
### Benchmark
- Contact colleagues in your local optometric society/state association, as well as other non-optometry offices you commonly refer to, and see what they are doing.
- Frequently review public health resources & tools for updates:
  - AOA resources: [AOA COVID-19 Hub](#), [AOA Excel](#), [Patient Resources](#)
  - State Optometry Association communications/website
  - CDC website
  - State public health website/directives

### Monitor staff morale
- Don’t forget psychological toll on everyone (including yourself) so engage staff in decision-making re. protocols/policies/procedures, which enhances buy-in & comfort levels with implementing
- Be sure staff hear from you as the doctor & ask them to share concerns...an enthusiastic, reassuring talk, & knowing you value their input, goes a long way!
- Be aware of counseling options available thru health insurance provider or perhaps other free community options
- Consider easy, creative ways to lighten the mood & motivate your team:
  - Play relaxing/feel-good background music in the office
  - Bring in/provide lunch for staff, as can safely be done (may contact industry representatives to cover cost)
  - Consider casual dress or themed-dress days (e.g. represent your favorite team, mismatch day, etc.) &/or appropriate staff games/competitions
- Celebrate re-opening the practice & remind everyone what a privilege it is to care for our patients!