**Risk Management Frequently Asked Questions** – COVID-19

This document summarizes some questions that have been received from Coverys risk management clients regarding COVID-19. Recommendations will be updated as the situation evolves. For the most up-to-date information, we encourage you to visit the Centers for Disease Control and Prevention (CDC) website at https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html and your state public health department for resources specific to your state.

1) **What do I do if I experience a shortage of hand sanitizer?**

   Due to the shortage of alcohol-based hand sanitizers, the FDA has published *Policy for Temporary Compounding of Certain Alcohol-Based Hand Sanitizer Products During the Public Health Emergency: Immediately in Effect Guidance for Industry*: https://www.fda.gov/media/136118/download. This policy provides not only specific compounding guidance but labelling instructions.

2) **What strategies should our facility use to optimize the use of N95 respirators?**

   Some essential supplies, such as N95 face masks, are available in limited quantities. In order to optimize the use of these critical supplies, it is important to strategically prioritize use and minimize waste. Follow the suggestions as outlined in *Checklist for Healthcare Facilities: Strategies for Optimizing the Supply of N95 Respirators during the COVID-19 Response* at:
   https://www.cdc.gov/coronavirus/2019-ncov/hcp/checklist-n95-strategy.html.

3) **What plans should be in place for staff who work from home?**

   In the event social distancing strategies are recommended by state and local health authorities or if employees are exhibiting symptoms, telework should be encouraged. Ensure that you have the IT infrastructure to support multiple teleworkers, and that you have policies and procedures in place that address privacy issues. Consider the following:

   - Identify appropriate staff members and the duties they may complete from home.
   - Ensure that teleworkers use secure computer access for organization and patient information: https://www.hhs.gov/sites/default/files/february-2020-hipaa-and-novel-coronavirus.pdf.
   - Reinforce the use of confidentiality and privacy policies and statements.

   **For EMPLOYERS:** The CDC offers interim guidance for businesses and employers at https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fguidance-business-response.html.

**4) Can I use volunteers?**

If there is a need to utilize volunteers, refer to state emergency credentialing guidelines through your licensing board. If you are part of a hospital system, review medical staff bylaws for emergency credentialing procedures.

**5) I am worried about the stress to my office staff. Do you have any tips?**

Minimizing stress is not only important for the well-being of the provider, but for patient safety as well. When providers are stressed or burned out, they are more likely to disregard policies and procedures that enhance patient safety. Be vigilant to prevent shortcuts and workarounds and ensure staff is supported by:

- Increasing management walk rounds.
- Providing morale boosters for providers and staff.
- Encouraging situational awareness to identify early signs of fatigue.
- Participating in an employee assistance program, if you have one, as this may benefit them by discussing their anxiety/stress issues and give them coping suggestions.
- Implementing virtual check-in huddles (daily, biweekly, as needed) with staff working from home to monitor well-being.

**6. Should I cancel non-urgent outpatient visits?**

Consider rescheduling all routine non-urgent visits, such as annual physicals or routine dental cleanings. Reach out to your local health department or the CDC for further guidance on duration. Ensure routine visits have been rescheduled or a system is in place to follow up on these patients.

**7. How should I handle patient requests for a sick visit?**

Clinicians should use clinical judgement to determine whether a patient has symptoms consistent with COVID-19 and whether the patient should be tested based on current CDC guidelines. Relevant questions to ask include whether the patient has had a known exposure to someone diagnosed with COVID-19, and/or if they have a fever, cough, or difficulty breathing. For additional information on evaluation and laboratory testing for patients with COVID-19, see: https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html.

**8. Are there ways to limit exposure in the office setting?**

Managing patient flow and good infection control practices in the office setting are essential in order to minimize exposure. Consider implementing the following:

- Post signs at designated entry points asking patients to call the office before entering if they do not have a prescheduled appointment.
- Explore the option of using telehealth to communicate with patients. According to The Office for Civil Rights (OCR) at the Department of Health and Human Services (HHS), a covered healthcare provider can use any available nonpublic facing remote audio or video communication products to communicate with patients during the COVID-19 nationwide public health emergency. See the OCR and HHS notice at: https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html. Consult your state health department for further guidance as well.

  Federal and state telemedicine-related licensure requirements are evolving rapidly during this crisis, and it is important for providers to be aware of their own licensure circumstances and requirements for practicing in other states.

  Policyholders can access a Telemedicine Self-Assessment Questionnaire – Sample in the Risk Management Library of the Coverys Customer Portal.

- Have masks available at the entry for patients with respiratory illnesses. Include signage showing appropriate "donning and doffing" methods so patients wear their masks appropriately. Include pictures with the instructions so all can understand the procedure.
- Ensure an adequate amount of hand sanitizers is available. Due to the shortage of alcohol-based hand sanitizers, the FDA has published *Policy for Temporary Compounding of Certain Alcohol-Based Hand Sanitizer Products During the Public Health Emergency: Immediately in Effect Guidance for Industry* at https://www.fda.gov/media/136118/download.
- Ensure that frequently touched areas are disinfected often. Disinfectants that meet criteria for use against SARS-CoV-2 are listed at https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2. Provide "no touch" receptacles for tissues.
- Develop a plan to minimize exposure when assessing and testing symptomatic patients. Follow the CDC guidelines in the plan development: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html#engineering_controls.

  If alternative testing locations outside of the office environment are being used (e.g., parking lot, parking garage), develop and implement a process for patient and specimen identification and to track and follow up on test results.

- Follow proper labeling procedures when obtaining specimens.
  Coverys policyholders can access additional guidance from the risk management library on the Coverys Customer Portal. https://customers.coverys.com/apex/f?p=120:50:7138357704317::NO:RP,50:P50_RM_SEARCH_CRITERIA,P50_RM_SEARCH:specimen,specimen

### 9. What documentation tips can you offer during these unprecedented times?

Adherence to good documentation practices is essential to patient safety and allows healthcare providers to communicate effectively. Reinforce the following practices with providers and staff:

- Document all communications with patients, regardless of modality, in the medical record. Include the communication of both abnormal and normal test results. When test results require a follow-up action, document the communication of this action and any additional recommendations.
- Clearly document your clinical decision-making.
- Document any limitations to your ability to fully assess the patient and what you did based on that. For example:

  "The exam was limited due to the patient's need to self-quarantine for COVID-19 symptoms. The patient was examined virtually in a private area. The patient had partial ROM and increased pain. She was instructed to elevate the area, continue with OTC pain medications, and check in with me tomorrow."

- If an encounter is conducted virtually, be sure to document not only the encounter but any sites that were linked, the mode of service delivery or technology used, any technical difficulties, and all patient-related electronic communications such as lab/test results. The American Telemedicine Association offers standardized forms that can help providers achieve compliance with documentation here: https://thesource.americantelemed.org/resources/telemedicine-forms.

Coverys policyholders can log in to Coverys Customer Portal for more risk management guidance, sample tools, and checklists.

Please reach out to the Coverys Risk Management helpline at 1.800.225.6168, option 9, for further assistance or email riskmanagement@coverys.com.

*The above information is offered from a risk management perspective and is not intended and should not be construed as legal advice.*