Phase 1. Safe. Smart. Step-by-Step

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Reopening Your Medical Practice: Primer for Florida Physicians

By Jeff Scott, Esq.
FMA General Counsel

The Prohibition on Elective Procedures Has Been Lifted – How Does My Practice Proceed?

Gov. Ron DeSantis announced during a press conference on April 29 that the prohibition on elective surgeries and procedures put in place through Executive Order 20-72 would be lifted for all healthcare providers in Florida effective on May 4, 2020.

The purpose of this article is to help FMA members understand what **Executive Order 20-112** (which implements the Governor's announcement) means for their practices, and to provide information on the requirements and obligations that they will be practicing under as they resume providing a full range of healthcare services to their patients.

What Exactly Does the Governor's Announcement Mean?

Executive Order 20-112, provides that hospitals, ambulatory surgical centers, office surgery centers, dental offices, orthodontic offices, endodontic offices or other health care practitioners' offices (i.e., physicians) may perform procedures prohibited by Executive Order 20-72 starting on May 4, 2020 **only if:**

A. The facility has the capacity to immediately convert additional facility-identified surgical and intensive care beds for treatment of COVID-19 patients in a surge capacity situation;

B. The facility has adequate personal protective equipment (PPE) to complete all medical procedures and respond to COVID-19 treatment needs, without the facility seeking any additional federal or state assistance regarding PPE supplies;

C. The facility has not sought any additional federal, state, or local government assistance regarding PPE supplies since resuming elective procedures; and

D. The facility has not refused to provide support to and proactively engage with skilled nursing facilities, assisted living

facilities and other long-term care residential providers.

This order applies to all healthcare providers, including physicians and their practices, throughout the entire state of Florida. While EO 20-112 applies stricter protocols for the easing of the Governor's "Safer at Home" order on Miami-Dade, Broward and Palm Beach counties, the lifting of the prohibition on elective procedures imposed by EO 20-72 is effective statewide.

This means that physicians can resume providing the full range of services that they were providing before EO 20-72 went into effect.

The conditions imposed by EO 20-112 (see A.-D. above) are mainly applicable to hospitals. Obviously, physician practices do not have "facility-identified surgical and intensive care beds for treatment of COVID-19 patients, and thus will not be expected to comply with provision A.

Likewise, most physician practices are not in a position to provide support to or proactively engage with skilled nursing facilities, assisted living facilities or other long-term care residential providers, but will be expected to do so if the need arises and the capability exists.

According to the Governor's office, physician practices will be expected to comply with B. and C. in order to be able to resume the performance of elective procedures. Physicians wishing to do so should have an adequate supply of PPE going forward without having to seek state or federal assistance regarding PPE supplies.

AMA-Suggested Checklist to Ensure Your Practice is Ready for Reopening

The American Medical Association recently put out the following list of factors to consider to ensure that your medical practice is ready for reopening.

Comply with governmental guidance

✔States and the federal government have outlined guardrails that should be in place before reopening. On the federal level, the White House has published guidelines for "Opening Up America Again." Florida has the aforementioned Safe. Smart. Step by Step. Phase 1 program in place. Applicable federal, state and city guidelines should be closely reviewed and followed.

Make a plan

✔Pre-opening planning will be vitally important to the success of your practice reopening. Sit down with a calendar and chart out your expected reopening day and, ideally, a period of "soft reopening" where you can reopen incrementally. Assess your personal protective equipment (PPE) needs and alternatives such as cloth masks, what stockpile you have currently and will need in the future, and place the necessary orders. As much as possible, have supplies delivered in advance before you reopen so that sporadic deliveries and other visitors do not disrupt the order of your daily plan. Plan in advance how you will handle staffing and cleaning if an employee, patient or visitor is diagnosed with COVID-19 after being in the clinic. Develop guidelines for determining when and how long employees who interacted with a diagnosed patient will be out of the clinic.

Open incrementally

✔Consider a step-wise approach to reopening so that the practice may quickly identify and address any practical challenges presented. Identify what visits can be done via telehealth or other modalities and continue to perform those visits remotely. Begin with a few in-person visits a day, working on a modified schedule. Direct administrative staff who do not need to be physically present in the office to stay at home and work remotely. Consider bringing employees back in phases, or working on alternating days or different parts of the day, as this will reduce contact. Communicate your weekly schedule clearly to the practice's patients, clinicians and staff.

Institute safety measures for patients

✔To ensure that patients are not coming into close contact with one another, utilize a modified schedule to avoid high volume or density. Designate separate waiting areas for "well" and "sick" patients in practices where sick patients

need to continue to be seen (much like many pediatric practices have long used). Consider a flexible schedule, with perhaps a longer span of the day with more time in between visits to avoid backups. Limit patient companions to individuals whose participation in the appointment is necessary based on the patient's situation (e.g., parents of children, offspring, spouse or other companion of a vulnerable adult). Consistent with U.S. Centers for Disease Control and Prevention (CDC) guidance, practices should require all individuals who visit the office to wear a cloth face covering. This expectation should be clearly explained to patients and other visitors before they arrive at the practice. To facilitate compliance, direct patients to resources regarding how to make a cloth face covering or mask from a household item if needed, such as the CDC webpage. Visitors and patients who arrive to the practice without a cloth face covering or mask should be provided with one by the practice if supplies are available.

Ensure workplace safety for clinicians and staff

✔Communicate personal health requirements clearly to clinicians and staff. For example, the employee should know that they should not present to work if they have a fever, have lost their sense of taste or smell, have other symptoms of COVID-19, or have recently been in direct contact with a person who has tested positive for COVID-19. Screen employees for high temperatures and other symptoms of COVID-19. Records of employee screening results should be kept in a confidential employment file (separate from the personnel file). Minimize contact as much as possible. This includes during the employee screening process, as employees conducting temperature checks have been the potential sources of spread in some workplaces. Consider rearranging open work areas to increase the distance between people who are working. Also, consider having dedicated workstations and patient rooms to minimize the number of people touching the same equipment. Establish open communication with facilities management regarding cleaning schedules and protocols regarding shared spaces (e.g., kitchens, bathrooms), as well as reporting of COVID-19 positive employees in the office building. To learn more about health care institutions' ethical obligations to protect health care professionals, **see this piece from the AMA**.

Implement a tele-triage program

✔Depending on a patient's medical needs and health status, a patient contacting the office to make an in-person appointment may need to be re-directed to the practice's HIPAA-compliant telemedicine platform, a COVID-19 testing site or to a hospital. Utilize a tele-triage program to ensure that patients seeking appointments are put on the right path by discussing the patient's condition and symptoms. If the practice had already engaged a tele-triage service to handle after-hours calls pre-COVID, contact this service to see if the service can be expanded to tele-triage daytime calls, or consider redeploying the practice's own clinicians or staff to manage this service.

Screen patients before in-person visits

✔Before a patient presents in the office, the practice should verify as best it can that the patient does not have symptoms of COVID-19. Visits that may be conducted via telemedicine should be. For visits that must take place in person, administrative staff should contact the patient via phone within 24 hours prior to the office visit to 1) review the logistics of the reopening practice protocol and 2) screen the patient for COVID-19 symptoms. Utilize a script for your administrative staff to follow when conducting these calls. (The AMA sample script is on the next page.) Once the patient presents at the office, the patient should be screened prior to entering. Some practices may utilize text messaging or another modality to do such screening, subject to patient consent and relevant federal and state regulations. Others may deploy staff in a designated part of the parking lot or an ante room of the practice to screen

Pre-visit screening script template

Introduction: I would like to speak to [name or patient with scheduled visit]. I'm calling from [XYZ practice] with regard to your appointment scheduled for [date and time]. The safety of our patients and staff is of utmost importance to [XYZ practice]. Given the recent COVID-19 outbreak, I'm calling to ask a few questions in connection with your scheduled appointment. These are designed to help promote your safety, as well as the safety of our staff and other patients. We are asking the same questions to all practice patients to help ensure everyone's safety. So that we can ensure that you receive care at the appropriate time and setting, please answer these questions truthfully and accurately. All of your responses will remain confidential. As appropriate, the information you provide will be reviewed by one of our practice's medical professionals who will provide additional guidance regarding whether any adjustments need to be made to your scheduled appointment.

patients before they enter the practice itself. The practice should strictly limit individuals accompanying patients but, in instances where an accompanying individual is necessary (e.g,. a parent of a child), those individuals should be screened in the same manner as a patient.

Coordinate testing with local hospitals and clinics

✔There will be instances where your patients require COVID-19 testing. Contact your public health authority for information on available testing sites. Identify several testing sites in your catchment area. Contact them to ensure that tests are available and to understand the turnaround time on testing results. Provide clear and up-to-date information to patients regarding where they can be tested and how the process works. Some health systems have instituted the practice of testing all patients who are being scheduled for elective or high-intensity procedures (such as outpatient surgeries or services requiring close contact). Depending on the nature of your practice, you may consider doing the same.

Limit non-patient visitors

✔Clearly post your policy for individuals who are not patients or employees to enter the practice (including vendors, educators, service providers, etc.) outside the practice door and on your website. Reroute these visitors to virtual communications such as phone calls or videoconferences (for example, a physician may want to hold "office hours" to speak with suppliers, vendors or salespeople). For visitors who must physically enter the practice (to do repair work, for example), designate a window of time outside of the practice's normal office hours to minimize interactions with patients, clinicians or staff.

Contact your medical malpractice insurance carrier

✔To ensure that clinicians on the front line of treating COVID-19 patients are protected from medical malpractice litigation, Congress has shielded clinicians from liability in certain instances. As the practice reopens, however, there may be heightened risks caused by the pandemic that do not fall under these protections. Contact your medical malpractice liability insurance carrier to discuss your current coverage and whether any additional coverage may be warranted. As much as is practicable, you should protect your practice and your clinicians from liability and lawsuits resulting from current and future unknowns related to the COVID-19 pandemic. The AMA is also advocating to governors that physicians be shielded from liability for both COVID treatment and delayed medical services due to the pandemic. The FMA has repeatedly asked Gov. DeSantis for liability protections as well.

Establish confidentiality/privacy

✔Institute or update confidentiality, privacy and data security protocols. Results of any screenings of employees should be kept in employment records only (but separate from the personnel file). Remember that HIPAA authorizations are necessary for sharing information about patients for employment purposes. Similarly, coworkers and patients can be informed that they came into contact with an employee who tested positive for COVID-19, but the identity of the employee and details about an employee's symptoms cannot be shared with patients or co-workers without consent. While certain HIPAA requirements related to telemedicine are not being enforced during the COVID-19 public health emergency, generally, HIPAA privacy, security and breach notification requirements must continue to be followed. Answers to frequently asked questions are provided at the end of this document.

Consider legal implications

✔New legal issues and obligations may arise as the practice reopens. For example, some practices may not have had to make decisions about paid sick leave (per the "Families First Coronavirus Response Act") because they were on furlough. As the practice reopens, these sorts of employment obligations should be considered and decisions about opting out or procedures for requesting these leaves should be communicated to employees. The AMA has additional resources for physician practices related to employees and COVID-19. Lastly, coordinate with your local health department as provided for by law; provide them with the minimum necessary information regarding COVID-19 cases reported in your practice, and stay informed of local developments.

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Answers to Commonly Asked Questions

Physicians who shuttered their practices during the ban on elective procedures will face a dramatically different environment upon reopening. While physician practices have always been expected to observe sanitary practices, the requirements and expectations have changed during the little more than a month in which the ban has been in effect. There are steps a practice should take now that would have been problematic prior to President Trump's declaration of a national emergency on March 1, 2020. These steps involve balancing the need for public safety with the requirements of existing laws, mainly the Americans With Disabilities Act, the Rehabilitation Act, and other Equal Employment Opportunity laws.

The FAQs below will attempt to answer the most common questions that physician practices may have regarding providing care to patients and maintaining workplace safety, but they are in no way an exhaustive treatise regarding every legal obligation that might exist. There are a number of resources available that physicians should consult for additional information, a list of which is included at the end of this document. These resources should be checked often, as many are updated weekly or even daily.

FMA members who have questions not answered below or who need additional information should contact the FMA Legal Department at **legal@flmedical.org**.

Q: Should I Test Each Patient Prior to Performing Surgery or a Medical Procedure?

A: The Governor's Executive Order does not impose any testing requirements. Physicians, however, should consult the current CDC criteria for the evaluation of persons for testing for COVID-19 and should work with local and state health departments to coordinate testing through public health laboratories or use clinical laboratory viral testing for COVID-19 authorized by the FDA under an Emergency Use Authorization.

According to Governor DeSantis, as of the last week of April, Florida's ability to test for COVID-19 exceeds the current demand. The Florida Department of Health has issued the following ***Clinical Screening Tool for Identifying Persons Under Investigation.***

Clinical Screening Tool for Identifying Persons Under Investigation

Symptomatic individuals should be asked to wear a surgical mask upon arrival. Initiate contact and airborne precautions, using appropriate personal protective equipment (PPE). **Click here to access the clinical guidance chart**, updated March 8, 2020.

Take steps to ensure rapid safe triage and isolation of patients with symptoms of suspected COVID-19 or other respiratory infection (e.g., fever, cough). If an examination room is not readily available ensure the patient is not allowed to wait among other patients seeking care. Health care personnel should adhere to Standard and Transmission-Based Precautions. It is important to set up separate, well-ventilated triage areas, place patients with suspected or confirmed COVID-19 in private rooms with the door closed and with private bathrooms (if possible). Reserve AIIRs for patients with COVID-19 undergoing aerosol generating procedures and for care of patients with pathogens transmitted by the airborne route (e.g., tuberculosis, measles, varicella). See the links below for more guidance.

- **Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings.**
- **Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings**

Priorities for Testing Patients with Suspected COVID-19 Infection

PRIORITY 1

Ensures optimal care options for all hospitalized patients, lessen the risk of healthcare-associated infections, and maintain the integrity of the U.S. healthcare system.

- Hospitalized patients
- Healthcare facility workers with symptoms

PRIORITY 2

Ensures those at highest risk of complication of infection are rapidly identified and appropriately triaged.

- Patients in long-term care facilities with symptoms
- Patients 65 years of age and older with symptoms
- Patients with underlying conditions with symptoms
- First responders with symptoms

PRIORITY 3

As resources allow, test individuals in the surrounding community of rapidly increasing hospital cases to decrease community spread, and ensure health of essential workers.

- Critical infrastructure workers with symptoms
- Individuals who do not meet any of the above categories with symptoms
- Individuals with mild symptoms in communities

TESTING

Collection of diagnostic respiratory specimens (e.g., nasopharyngeal swab) should be performed in a normal examination room with the door closed.

- The health care provider is responsible for specimen collection, handling and shipping. **Please follow CDC guidance.**
- Priority 1 and Priority 2 specimens should be processed within your health care facility, if available; a commercial laboratory (e.g., **LabCorp** and **Quest**), or the **Florida Bureau of Public Health Laboratory (BPHL)**.
- Before sending specimens to BPHL, contact your local county health department (CHD) Epidemiology Contacts.
- Priority 3 specimens can be processed within your health care facility, if available; or a commercial laboratory (e.g., **LabCorp** and **Quest**).
- Health care providers may consult a local CHD for additional guidance as needed.

According to the CDC guidelines, physicians "should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Most patients with confirmed COVID-19 have developed fever1 and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing), but some people may present with **other symptoms as well**. Other considerations that may guide testing are epidemiologic factors such as the occurrence of local community transmission of COVID-19 infections in a jurisdiction. Clinicians are encouraged to test for other causes of respiratory illness."

There are two kinds of tests available for COVID-19: viral tests and antibody tests. A viral test tells you if you have a current infection. An antibody test tells you if you have had a previous infection. The CDC does not currently recommend using antibody testing alone for diagnostic purposes. The following resources provide more detailed information on COVID-19 testing:

- Guidance – **Proposed Use of Point-of-Care (POC) Testing Platforms for SARS-CoV-2** (COVID-19)
- CDC Coronavirus Disease 2019 (COVID-19) – **Test for Past Infection**
- CDC Coronavirus Disease 2019 (COVID-19) – **COVID-19 Serology Surveillance Strategy**
- **CMS Frequently Asked Questions (FAQs)**, CLIA Guidance During the COVID-19 Emergency
- **FDA FAQs on Diagnostic Testing** for SARS-CoV-2

Q: What Should I do if the Patient Tests Positive for COVID-19?

A: The Florida Department of Health website provides that "all health care providers should be prepared to identify, collect specimens, and care for persons under investigation (PUI) for COVID-19. Health care providers should immediately notify infection control personnel at their health care facility if they identify a person meeting the PUI for COVID-19 criteria."

On May 3, 2020, the CDC updated their *Recommendations for Viral Testing, Specimen Collection, and Reporting*, to provide as follows:

Clinicians should immediately implement recommended infection prevention and control practices, including use of **recommended personal protective equipment (PPE)**, if a patient is suspected of having COVID-19. They should also notify infection control personnel at their healthcare facility if a patient is classified as a Patient Under Investigation (PUI) for COVID-19.

- For diagnostic testing for COVID-19, see the **Interim Guidelines for Collecting, Handling, and Testing Clinical**

Specimens from PUIs for COVID-19 and **Biosafety FAQs** for handling and processing specimens from possible cases and PUIs.

- Clinicians should report positive test results to their **local or state health department only.**
- The CDC has issued **Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19).**

Q: What Personal Protective Equipment do I Need to Resume Elective Procedures?

A: The Governor's Executive Order does not mandate any particular type of PPE. Rather, the Order only requires that a facility have adequate PPE to complete all medical procedures and respond to COVID-19 treatment needs. The Order does not state or provide any indication as to what is "adequate PPE" either in general or in regards to any specific medical procedure.

Physicians are advised to consult the ***Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings*** for information regarding the type of PPE appropriate for providing care for patients who are known or suspected of having COVID-19. The section on Personal Protective Equipment is set forth below:

Personal Protective Equipment

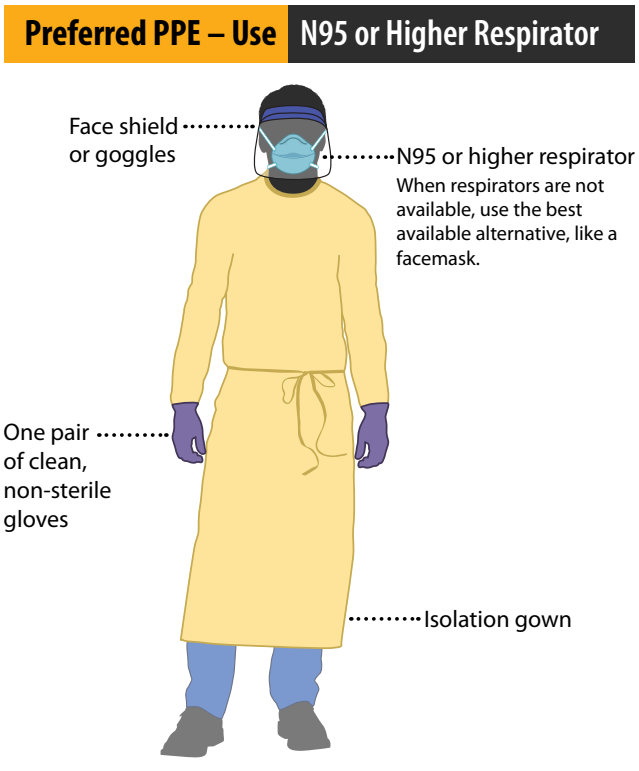
Download the **print-only PDF**.

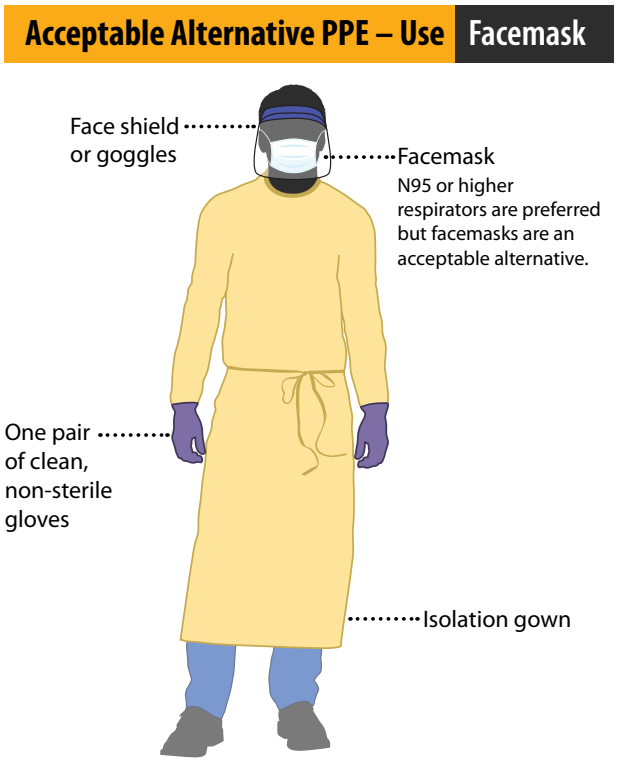
Employers should select appropriate PPE and provide it to HCP in accordance with **OSHA PPE standards (29 CFR 1910 Subpart I)**. HCP must receive training on and demonstrate an understanding of:

- when to use PPE
- what PPE is necessary
- how to properly don, use, and doff PPE in a manner to prevent self-contamination
- how to properly dispose of or disinfect and maintain PPE
- the limitations of PPE.

Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses. Facilities should have policies and procedures describing a recommended sequence for safely donning and doffing PPE. The PPE recommended when caring for a patient with known or suspected COVID-19 includes:

- **Respirator or Facemask (*Cloth face coverings are NOT PPE and should not be worn for the care of patients with known or suspected COVID-19 or other situations where a respirator or facemask is warranted.)***
  - » Put on an N95 respirator (or higher level respirator) or facemask (if a respirator is not available) before entry into





the patient room or care area, if not already wearing one as part of extended use or reuse **strategies to optimize PPE supply**. Higher level respirators include other disposable filtering facepiece respirators, PAPRs, or elastomeric respirators.

» N95 respirators or respirators that offer a higher level of protection should be used instead of a facemask when performing or present for an aerosol generating procedure (See Section 4). See appendix for respirator definition. Disposable respirators and facemasks should be removed and discarded after exiting the patient's room or care area and closing the door unless implementing extended use or reuse. Perform hand hygiene after removing the respirator or facemask.

  ▪ If reusable respirators (e.g., powered air-purifying respirators [PAPRs]) are used, they must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use.

» When the supply chain is restored, facilities with a respiratory protection program should return to use of respirators for patients with known or suspected COVID-19. Those that do not currently have a respiratory protection program, but care for patients with pathogens for which a respirator is recommended, should implement a respiratory protection program.

◆ **Eye Protection**

» Put on eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face) upon entry to the patient room or care area, if not already wearing as part of extended use or reuse **strategies to optimize PPE supply**. Personal eyeglasses and contact lenses are NOT considered adequate eye protection.

» Remove eye protection before leaving the patient room or care area.

» Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use. Disposable eye protection should be discarded after use unless following protocols for extended use or reuse.

◆ **Gloves**

» o Put on clean, non-sterile gloves upon entry into the patient room or care area.

» Change gloves if they become torn or heavily contaminated.

» Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene.

◆ **Gowns**

» Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use.

» If there are shortages of gowns, they should be prioritized for:

  ▪ aerosol generating procedures

  ▪ care activities where splashes and sprays are anticipated

  ▪ high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP. Examples include:

    • dressing

    • bathing/showering

    • transferring

    • providing hygiene

    • changing linens

    • changing briefs or assisting with toileting

    • device care or use

    • wound care

  ▪ Additional s**trategies for optimizing supply of gowns** are available.

» Facilities should work with their **health department** and **healthcare coalition** to address shortages of PPE.

The FMA is aware of the problem that individual practices are having with obtaining sufficient PPE to be able to fully equip all of their staff, and we are working on viable solutions. We hope to have more information on this subject soon.

Q: Can a physician practice test employees for COVID-19 before permitting them to enter the workplace?

A: Yes. In fact, OSHA regulations contain a general duty clause applicable to all employers that imposes a duty to provide a safe work environment. Employers may take reasonable steps to determine if employees entering the workplace have COVID-19, as an individual with the virus will pose a direct threat to the health of others. Employers should ensure that the tests used are accurate and reliable, and **should consult FDA guidance** regarding what type of test to use for COVID-19.

While testing may be a useful tool, employers should still require that employees observe infection control practices (social distancing, regular handwashing, etc.) in the workplace to prevent transmission of COVID-19.

Employers are required to keep results of employee testing confidential, and should maintain any records separate from the rest of the employee's personnel file.

Q: Can a physician practice take employees' temperature each day prior to beginning work?

A: Yes. The individuals checking employees' temperature should be using proper PPE.

Q: Can an employer ask employees if they have been exposed to COVID-19?

A: Yes. An employer may also ask how employees are feeling and if they have experienced any COVID-19 symptoms.

Q: Can an employer inform his employees that a fellow employee has tested positive for COVID-19?

A: An employer may share with employees the fact that a fellow worker with whom they have had recent contact has tested positive but should not disclose the employee's identity. While the employee may be able to guess who tested positive based on the circumstances, the employer should not provide a confirmation.

Q: When should an employer allow an employee who has COVID-19 to return to work?

A: Employees should not be allowed to return to work until he or she has satisfied CDC post-diagnosis illness criteria to return to work. For healthcare personnel who are symptomatic with suspected or confirmed COVID-19, if using a test-based strategy, the employee should be excluded from work until:

- Resolution of fever without the use of fever-reducing medications **and**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
- Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected greater than 2 hours apart.

If using a symptom-based strategy, the employee should be excluded from work until:

- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
- At least 10 days have passed since symptoms first appeared.

For healthcare personnel with laboratory-confirmed COVID-19 who have not had any symptoms, if using a time-based strategy, employees should be excluded from work until:

- 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not sub-

sequently developed symptoms since their positive test. If they develop symptoms, then the *symptom-based* or *test-based strategy* should be used. Note: Because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

If using a test-based strategy, employees should be excluded from work until:

- Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens). Note: Because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to viral culture.

Q: What restrictions should a physician practice impose on employees who are cleared to return to work after contracting, testing positive for, or being suspected of having COVID-19?

A: Employees in a physician practice should:

- Wear a facemask for source control at all times while in the healthcare facility/practice until all symptoms are completely resolved or at baseline. A facemask instead of a cloth face covering should be used for source control during this time period while in the facility/practice. After this time period, employees should revert to their employer's policy regarding **universal source control** during the pandemic.
  - » A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed COVID-19.
  - » Of note, N95 or other respirators with an exhaust valve might not provide source control.
- Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.

Other Resources

The EEOC updated its publication *What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEOC laws* on April 23, 2020, and it **can be found here**.

The Centers for Medicare & Medicaid Services has provided an instructive document entitled ***OPENING UP AMERICAN AGAIN – Centers for Medicare and Medicaid Services (CMS) Recommendations Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare: Phase 1***, which all physicians should review prior to resuming practice.

Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19

Employers are encouraged to consult the following EEOC publications for further information about the **Americans with Disabilities Act**, as well as other agency materials regarding COVID-19.

- **Disability-Related Inquiries and Medical Examinations:**
  - » ***Disability-Related Inquiries & Medical Examinations of Employees Under the ADA*** (2000);
  - » ***Obtaining and Using Employee Medical Information as Part of Emergency Evacuation Procedures*** (2001);
  - » Enforcement Guidance: ***Preemployment Disability-Related Questions & Medical Examinations*** (1995).
- **Reasonable Accommodation and Undue Hardship:** Enforcement Guidance: ***Reasonable Accommodation and Undue Hardship under the ADA*** (as revised 2002).
- **Telework as a Reasonable Accommodation:** ***Work at Home/Telework as a Reasonable Accommodation*** (2003).
- **Centers for Disease Prevention and Control**
  - » **CDC Guidance for Employers and Workplaces on COVID-19**
- U.S. Department of Labor
  - » **Occupational Safety and Health Administration**
  - » **Preparing Workplaces for COVID-19**
  - » Wage and Hour Division: **COVID-19 or Other Public Health Emergencies and the Family and Medical Leave Act**