

## Outpatient Health Care Facilities - Ambulatory Care Settings Safe Start Guidance

On May 21, 2020, Governor Gretchen Whitmer issued the “Safeguards to protect Michigan’s workers from COVID-19” (Executive Order 2020-97) that created an enforceable set of workplace standards applicable to all Michigan businesses. In accordance with Executive Order 2020-97, since rescinded and now EO 2020-161, the Department of Licensing and Regulatory Affairs is taking proactive steps to ensure licensed health care professionals implement infection control practices to protect their employees and patients, as well as themselves.

This guidance has been developed in collaboration with the Department of Labor and Economic Opportunity (LEO), the Michigan Occupational, Health and Safety Agency (MIOSHA), and the Michigan Department of Health and Human Services (MDHHS) and should be used as a supplement to the requirements listed in EO 2020-161.

This guidance outlines best practice recommendations and should be used to assist licensed health care professionals and other individuals who own, operate, or work at ambulatory care settings. Ambulatory care settings include, but are not limited to, non-hospital based clinics (e.g., cancer treatment centers), urgent care centers, public health clinics, physician practices, federally qualified health centers, ambulatory surgical centers, and freestanding surgical outpatient facilities as licensed under Part 208 of the Public Health Code, Public Act 368 of 1978 as amended.

In addition, employers, licensed health care professionals, and employees of ambulatory care settings, such as those referenced in the previous paragraph, should also review and consider the measures found at [www.michigan.gov/leo](http://www.michigan.gov/leo) and become familiar with the requirements that must be followed pursuant to relevant EOs listed at the end of this guidance document.

- Employ telehealth, patient portals, online assessments, and telemedicine to the greatest extent possible. Further guidance on these services can be found at the following links: <https://www.telehealth.hhs.gov/providers/> and <https://www.telehealthresourcecenter.org/>.
- Where possible, consider providing services, such as vaccinations or testing, as a drive-thru service. The CDC provides guidelines for hosting vaccination clinics: <https://www.cdc.gov/flu/business/hosting-vaccination-clinic.htm>.
- Limit the number of appointments to maintain social distancing and allow adequate time between appointments for cleaning, accounting for the amount of time needed for disinfectants to be effective per the product label.
- Consider scheduling special hours for highly vulnerable patients, including the elderly and those with chronic conditions.
- Conduct a common screening protocol for all patients and workers prior to entry, including a temperature check, overall health status check, and screening questions.
- Limit waiting area occupancy by asking patients to wait in cars or outside, while maintaining

social distancing. Call patient to enter when ready.

- A patient may be accompanied by one caregiver.
- Institute safety measures to ensure patients do not come in close contact with one another (e.g., limit and monitor points of entry).
- Waiting rooms should be marked to enforce social distancing – seats should be six feet apart unless individuals live in the same household.
- Install physical barriers at sign-in, screening point, check-out, or other service points that require personal interaction that cannot be separated by 6ft distance, excluding patient examination. Barriers could include plexiglass, tables, etc.
- Enable contactless sign-in, check-out, and payment as soon as practicable.

### **Planning and Communications:**

- Symptomatic workers should stay home. Employers may require a doctor's note to release an employee who was tested and confirmed COVID-19 positive to return to work.
- Share notices both on-site and digitally if possible to explain new policies to employees and patients.
- When possible, paperwork should be made available on a website or mailed to the patient so it can be completed prior to the appointment.

### **Staff Training:**

- Establish a response plan and team or leader to design, implement, monitor, and report on key practices that apply to all site visitors, and manage COVID-19 preparedness. Included in the plan should be procedures for building disinfection in accord with CDC guidance (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ambulatory-care-settings.html>) if an employee or patient is suspected or confirmed to have COVID-19, as well as an action plan for workers who fail health screenings.
- Provide COVID-19 training to employees that covers, at a minimum:
  - Workplace infection control practices.
  - The proper use of personal protective equipment.
  - Steps an employee must take to notify the facility of any symptoms of COVID-19 or a suspected or confirmed diagnosis of COVID-19.
  - How to report unsafe working conditions.

### **PPE:**

- Incorporate measures in the procurement process to ensure necessary sanitation, soap or hand sanitizer, tissues (for respiratory hygiene and cough etiquette), PPE supplies are readily accessible, while also setting restrictions on supplies, to reduce hoarding.
- Post signage at entrance instructing individuals to wear a face covering once in the building and to not enter if they are feeling ill.
- Place hand sanitizer and face coverings at patient entrance.
- Require patient to wear a face covering when in a facility provided they can medically tolerate wearing one. Children under the age of 5 are not required to wear a face covering. Patients may remove the face covering if necessary to receive treatment.
- Health Care Practitioners who enter the room of a patient with known or suspected COVID-19 should adhere to Standard Precautions and use a respirator (or facemask if a respirator is not available), gown, gloves, and eye protection.

### **Environmental Considerations:**

- Establish an increased cleaning/sanitizing routine in accord with CDC's Guidance on Ambulatory Care Settings (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ambulatory-care-settings.html>) and OSHA's Guidance on Preparing Workplaces (<https://www.osha.gov/Publications/OSHA3990.pdf>) for employee high-touch areas (e.g., door handles, railings, counters, chairs).
- Minimize the use of shared items – consider allowing patients to keep pens or provide wipes to disinfect.
- Remove leisure reading materials, toys, and remote controls from the waiting area.
- Take precautions when performing aerosol generating procedures. CDC Interim Infection Prevention and Control Procedures at: [https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html) and <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ambulatory-care-settings.html>.

### **Additional Considerations & Resources:**

- Providers should review protocols and recommendations developed by the following:
  - MSMS <https://www.msms.org/> (should consult also with other specialty or specific health professional state and national associations)
  - CDC <https://www.cdc.gov/>  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ambulatory-care-settings.html>
  - OSHA <https://www.osha.gov/>  
<https://www.osha.gov/Publications/OSHA3990.pdf>
  - MIOSHA [www.michigan.gov/leo](http://www.michigan.gov/leo)
  - DHHS <https://www.michigan.gov/coronavirus>
  - MI Safe Start Map: [www.mistartmap.info](http://www.mistartmap.info)

### **Requirements:**

- In addition to these best practice recommendations and considerations, providers should be aware that the following EOs outline requirements for not only your specific practice but in some EOs may also be applicable to all businesses who are returning to work safely regardless of the industry type. These are ones you will want to fully review and implement the appropriate sections to maintain compliance:
  - [Executive Order 2020-166 \(COVID-19\) - State of Michigan](#)
  - [Executive Order 2020-156 \(COVID-19\) - State of Michigan](#)
  - [Executive Order 2020-138 \(COVID-19\) - State of Michigan](#)
  - [Executive Order 2020-161 \(COVID-19\) - State of Michigan](#)

- [Executive Order 2020-160 \(COVID-19\) – State of Michigan](#)

**Questions:**

- Questions about creating a preparedness plan for your facility or office, please contact the following:
  - MIOSHA: **855-SAFEC19 (855-723-3219)**.
- Any questions that providers may have during the COVID-19 pandemic or regarding this specific guidance, please email questions to the following:
  - [LARA-COVID-19-Questions@michigan.gov](mailto:LARA-COVID-19-Questions@michigan.gov)

**NOTE:**

Please be aware that this guidance is a working document and subject to change as future guidance and recommendations are provided by CDC, CMS, OSHA, MIOSHA, MDHHS, Public Health, and other authoritative entities. Further, this guidance does not constitute legal advice. Licensees are encouraged to seek legal counsel to ensure their operations comply with all applicable laws, rules, and executive orders.