

Safe Start for Health Care: Outpatient Health Care Facilities, Ambulatory Care Settings, Dentistry, and Veterinary Medicine

Frequently Asked Questions (FAQs)

Executive Order 2020-160, EO 2020-161, Related EOs, and Other Guidelines

When allowed to reopen, all licensees must comply with Executive Orders, local health department orders, and local ordinances regarding protocols related to the Coronavirus (COVID-19) pandemic. Please be aware that this FAQ 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, please note that this FAQ 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.

General Questions:

1. Q: How often should special hours be scheduled for highly vulnerable patients?

A: Special hours should be held at least once per week.

2. Q: What types of facilities fall under “outpatient health care facilities”?

A: For purposes of Executive Order 2020-161 and this FAQ along with LARA’s guidance documents, outpatient health care facilities are ambulatory care settings including, 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.

Outpatient health care facilities will be referenced throughout this document which includes the facility and physician/health clinic settings as described above in this section of the FAQ.

3. Q: Where should signs be posted?

A: Signs should be posted at all entrances to the outpatient health care facility, dental office, and veterinary clinic in a manner that an individual can read them before entering.

4. Q: Do outpatient health care facilities, dental offices and veterinary clinics that are allowed to open under Sec. 9 of the order also need to abide by the requirements in Sec. 1?

A: Yes. Also, providers in these facilities and health care settings should be looking at other relevant EOs that outline requirements. Links to those EOs are listed under the Resources section of this FAQ document.

5. Q: Do outpatient health care facilities, dental offices and veterinary clinics that are allowed to open under Sec. 9 of the order also need to abide by the requirements in Sec. 7 for offices?

A: No. Section 7 is intended for non-clinical office settings versus clinical settings.

6. Q: What if it is not feasible to ask patients to wait in their cars until the time of the appointment? Is it acceptable to allow patients in the waiting room if chairs are properly separated by at least six feet?

A: If a patient cannot wait in his/her vehicle, the outpatient health care facility, dental office or veterinary clinic may have the patient wait in a designated waiting area so long as social distancing is practiced and the surfaces and waiting room chairs are properly separated at least 6 feet apart and cleaned after each patient sits in the chair.

7. Q: What should I do if a patient refuses to wear a face covering? Can I deny treatment?

A: Executive Order 2020-153 states that "no business, government office, or operation that is open to the public may provide service to a customer or allow a customer to enter its premises unless the customer is wearing a face covering." This applies to outpatient health care facilities. If a patient refuses to wear a face covering, the practitioner should use their best clinical judgment to determine if the patient is in need of treatment for the scheduled appointment or if it is an emergency situation and handle accordingly. The provider should have a plan in place to address such situations to help maintain the safety of other patients and reduce potential spread of COVID-19. It is also recommended that the clinician document in the patient's medical record refusal of wearing a face covering or mask and that treatment had to be provided regardless. Also, providers should offer face coverings to patients who arrive without them. Please also note that EO 2020-153 states that "a business may not assume that someone who enters the business without a face covering falls in one of the exceptions specified in section 2 of this order, including the exception for individuals who cannot medically tolerate a face covering. A business, may, however, accept a customer's verbal representation that they are not wearing a face covering because they fall within a specified exception."

8. Q: What caregivers are eligible to attend appointments with patients? What about spouses/ partners?

A: One caregiver may attend the appointment with a patient. A spouse or partner is permissible if the spouse or partner is the caregiver for the patient. The caregiver will have to go through the same screening and follow the protocols as the patients. See EO 2020-156 for additional guidance.

9. Q: We have two entry sites – one for patients with suspected COVID-19 and the other for all other patients. Is this allowable?

A: Yes. If a clinician is needing to treat a patient that is suspected to have COVID-19, the provider may treat the patient so long as the patient is in an isolated area and will not be in contact with other patients. The provider will want to include in their plan for maintaining infection control in such instances.

10. Q: What if I don't believe a patient's condition is properly managed via telemedicine? Do I have to still have to try that method before seeing the patient in-person?

A: This is where a practitioner needs to use his/her best clinical judgement in terms of the manner in which the patient will be provided treatment whether by telemedicine or by an in-person appointment with the practitioner. While it is recommended to continue to use telemedicine wherever possible, if a practitioner believes it is important to see the patient for an in-person appointment, then that is up to the decision of the practitioner.

11. Q: How often do we need to take the temperature of all employees? Daily? Weekly? Multiple times throughout the day?

A: EO 2020-161 requires that daily employee screening protocols be implemented but does not specifically require temperature checks for all covered industries. It is recommended that health care employers continue to monitor federal, state, and local guidelines should temperature checks become a mandatory screening requirement.

12. Q: When screening staff, what are the guidelines for fever to send staff home?

A: The CDC's guidance available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html> includes information about risk assessments for health care staff and states the following guidance for temperature:

- Individuals with COVID-19 have had a wide range of symptoms reported –ranging from mild symptoms to severe illness, cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, and new loss of taste or smell. This list is not all possible symptoms. Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea.
- Fever is either measured temperature >100.0°F or subjective fever.
- Note that fever may be intermittent or may not be present in some patients, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs). Clinical judgement should be used to guide testing of patients in such situations.
- Respiratory symptoms consistent with COVID-19 are cough, shortness of breath, and sore throat. Medical evaluation may be recommended for lower temperatures (<100.0°F) or other symptoms (e.g., muscle aches, nausea, vomiting, diarrhea, abdominal pain headache, runny nose, fatigue) based on assessment by occupational health or public health authorities.

13. Q: Am I allowed to require my staff members to get tested for COVID-19 before returning to work?

A: Yes. On April 23, 2020, the Equal Employment Opportunity Commission (“EEOC”) issued guidance authorizing employers to administer a COVID-19 test before allowing staff member to enter the workplace, confirming that such activities do not violate the

ADA. The results from any staff member's COVID-19 test should be kept confidential by the health care employer, unless the staff member voluntarily authorizes the release of his or her medical diagnosis. Consistent with staff member screenings, a provider's ability to require staff members to undergo COVID-19 testing may depend on the continued declaration of national and Michigan state of emergencies and/or any future guidance by state or federal public health authorities.

14. Q: Is it safe to eat or drink in the health care office or clinic? For doctors, health care workers, and staff? For patients?

A: Yes, as long as the outpatient health care facility, dental office, or veterinary clinic do not share the food and drinks (e.g., potluck meals). Office breakroom surfaces, chairs, tables and other areas where staff are touching should be cleaned frequently. Any drinking fountains or self-service beverages for patients should be prohibited.

Veterinary Medicine:

1. Q: Can companion animals contract and spread COVID-19?

A: The CDC has indicated that it is aware of a small number of animals, including dogs and cats, that were reported to be infected with COVID-19. Limited information is available to characterize the spectrum of clinical illness associated with COVID-19 infection in animals. Clinical signs thought to be compatible with COVID-19 infection in animals include fever, coughing, difficulty breathing or shortness of breath, lethargy, sneezing, nasal/ocular discharge, vomiting, and diarrhea. Still, it is thought that the greatest risk of COVID-19 exposure comes from person-to-person transmission through respiratory droplets from coughing, sneezing, or talking.

Additional Considerations & Resources:

1. Providers should review protocols and recommendations developed by the following:
 - CDC <https://www.cdc.gov/>
 - OSHA <https://www.osha.gov/>
 - MIOSHA www.michigan.gov/leo
 - DHHS <https://www.michigan.gov/coronavirus>
 - Review specific health professional state and national association websites.

2. Template for common screening protocols may be found at:
 - MIOSHA www.michigan.gov/leo

Requirements:

1. 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 2020-138 \(COVID-19\) - State of Michigan](#)
- [Executive Order 2020-156 \(COVID-19\) – State of Michigan](#)
- [Executive Order 2020-160 \(COVID-19\) - State of Michigan](#)
- [Executive Order 2020-161 \(COVID-19\) – State of Michigan](#)
- [Executive Order 2020-153 \(COVID-19\) - State of Michigan](#)

Questions:

1. 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 FAQ, please email questions to the following:

- LARA-COVID-19-Questions@michigan.gov