The Nuts and Bolts of Reopening your Practice after COVID-19
CHECKLIST

In accordance with the government's plan to re-open America, this checklist provides mental health facilities and behavioral health office practices with information and strategies to consider while implementing a plan to gradually re-open an office. Psychiatrists, psychologists, and mental health practitioners should remember that guidance from public health and government authorities is likely to change as the COVID-19 pandemic evolves. Therefore, all practitioners should continue to follow the most current information on maintaining workplace safety.

TASK	DATE COMPLETED	ACTION PLANNING
Federal and State Regulations and Guidelines		
Consult your local public health department and Board of Medicine/Board of Psychology for restrictions related to reopening behavioral health clinics and psychiatry, psychology, and mental health practices.[1]		
Appoint a COVID-19 director responsible for daily review of federal and state regulations and guidelines as well as review of state department of public health[2], CDC, EPA, OSHA, and professional society guidelines.		
Monitor state executive order expiration dates related to telemedicine, licensing, prescribing, and regulatory compliance.[3]		
Review the CDC *Outpatient and Ambulatory Care Settings: Responding to Community Transmission of COVID-19 in the United States.*[4]		
Telehealth and Alternatives to Face to Face Visits		
Consider telehealth visits for high risk patients/clients that do not require an in-person visit.[5][6][7]		
Explore alternatives to face-to-face visits. Consider patient portals, on-line assessment tools, and advice lines (staffed by licensed professionals).[8]		

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TASK	DATE COMPLETED	ACTION PLANNING
Staff Considerations[9]		
Follow the CDC current return-to-work guidelines for healthcare workers with confirmed or suspected COVID-19.[10]		
Follow the U.S. Equal Employment Opportunity Commission guidance to determine whether and how to test and screen employees for COVID-19 during the pandemic:[11] [12] • Determine whether staff will be required to have an antibody test prior to returning to work (consider the false positive testing rate)[13] • Determine what healthcare screening and level of monitoring will be required for employees (questions about symptoms, taking temperatures, contacts, travel and unprotected exposures) • If temperature checks will be required for employees during the pandemic, establish a written protocol and apply it consistently to all employees		
Have staff sign an acknowledgment of the risks of coming to the office.		
Require staff who are sick to stay home.		
Anticipate staffing shortages and prepare a staffing contingency plan with consideration of a second wave of COVID-19.		
Review paid time off and sick policies and revise as necessary.		
Consider opening the practice slowly with limited staff.		
Consider rotating staff that come to the office.		
Consider the physical and emotional support needs of staff. Partner with an employee assistance program to include: [14] • Emotional support services • Peer support services • Quiet dedicated space to decompress. • Huddles to share positive stories		

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TASK	DATE COMPLETED	ACTION PLANNING
Equipment, Supplies and Medications		
Communicate with vendors and supply chains to determine PPE and cleaning supply availability. Expect that supplies will be limited.		
Have a backup supplier for necessary supplies to keep the practice/facility operational.		
Review OSHA and CDC guidance on PPE and update policies and procedures.		
Ensure there is adequate PPE available for all staff in accordance with CDC and OSHA guidelines:[15] [16] • Face masks (for patients/clients, staff) • Gloves • Goggles, if necessary • Face shields, as appropriate • Gowns/protective coverings, if required		
Ensure appropriate and adequate cleaning and hygiene supplies are available in the waiting area and session rooms in accordance with CDC and EPA guidance: • No-touch hand soap • Alcohol-based hand rub containing at least 60% alcohol • Disposable towels • No-touch trash cans (May need additional trash cans) • Tissues		
Determine the availability of medications, syringes, needles, and other supplies as necessary to provide care		
Office Redesign/Workplace Controls[17]		
Review the office flow procedures to avoid unnecessary engagement of patients/clients and staff (for example, check in and check out procedures).		
Install barriers between patients/clients and staff when possible, such as plexiglass at the registration and check-out areas.		
Re-design the waiting room, workstations, and group therapy rooms to facilitate physical distancing (i.e., chairs 6 feet apart).		
Remove magazines and toys from waiting rooms and other items that may be handled by patients/clients.		
Close common areas where personnel are likely to congregate and interact – maintain physical distancing protocols for staff coming into the office.		
Consider installation of high-efficiency air filters.		

TASK	DATE COMPLETED	ACTION PLANNING
Pre-Screening of Patients/Clients and Visitors		
Create a written protocol and pre-screening checklist for COVID-19 symptoms.		
Pre-screen patients/clients prior to the appointment, during reminder calls and upon arrival to the appointment for possible COVID-19 symptoms.[18]		
Provide information to patients/clients about preventative measures being taken.		
Require patients to sign an acknowledgment of the risks of coming to the office (for sample COVID-19 consent, see[19])		
Patient/Client Check-in/Checkout/Payment Policies		
Establish option for patients/clients to check in by telephone.		
Encourage co-pays and other payments to be made by phone.		
Consider revising cancellation policies and penalties for missed appointments.		

TASK	DATE COMPLETED	ACTION PLANNING
Office Procedure /Protocols		
Establish structured office protocols and ensure they are followed consistently. Educate staff and patients/clients on office protocols. Consider that patients/clients may be fearful about seeking healthcare services and staff may be fearful about returning to work. When creating protocols consider the following: • Require every person that enters the practice to wear a face mask. Provide masks to those who do not have them, including patients/clients, visitors, vendors[20] [21] • Require patients/clients to call or text staff when they arrive before coming into the office/facility • Confirm that the patient/client has checked their temperature before coming into their appointment • If possible, conduct temperature checks at the patient's/client's car before they enter the office/facility • Notify patents/clients that they need to wait to come into the office until five minutes before their appointment • Bring patients/clients directly to the session/therapy room • Reduce the number of patients/clients in the office to one at a time • Revise the schedule to allow more time between patients/clients to allow for physical distancing and cleaning • Implement a no visitor policy except for an adult accompanying a minor and/ or unless required as reasonable accommodation • If a visitor is necessary, conduct the same screening procedure as with patients/clients • Post signs/posters at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette[22] • Implement universal precautions (Everyone is considered COVID-19 positive even with a negative test)		

TASK	DATE COMPLETED	ACTION PLANNING
Infection Control/Office Cleaning		
Follow CDC and EPA guidelines for cleaning and disinfection of all surfaces, including but not limited to, session/therapy rooms, general office areas and equipment.[23] [24] [25]		
Clean all session/therapy rooms and frequently touched surfaces with EPA-registered disinfectants before and after each patient/client (such as counters, seating, door handles, keyboards, counters, pens, clipboards, headsets, phones and computers).		
Notify your vendor if increased frequency of cleaning services is required to ensure these additional services are available.		
Staff Education		
Provide up-to-date staff education and training on the following: • COVID-19 symptoms, transmission, Infectious Disease Response Plan[26] • Evaluation and testing of persons for COVID-19[27] • CDC and EPA guidelines on infection prevention, disinfection, cleaning, and hand hygiene • Procedures for communication with patients/clients and use of new communication scripts • Sick leave policies • As applicable, CDC *One Needle One Syringe Only One-Time guidelines*[28] to ensure staff are not re-using single dose vials, syringes, or needles • Policies regarding use of email/texting/social media to ensure HIPAA privacy and security requirements are met[29] [30] [31]		
Patient Education		
Educate patients/clients about safety protocols, office procedures, physical environment and re-design: • Requirement to wear a face mask/covering • Consider creating a video on what has changed in the office • Post information on the practice/facility website		

TASK	DATE COMPLETED	ACTION PLANNING
Future Planning		
Plan for a second wave of COVID-19 cases		
Update policies and procedures as regulations/guidelines and office procedures change		
Update your crisis management, business continuity and communication plans		

Resources:

- American Psychiatric Association: https://www.psychiatry.org/
- American Psychological Association https://www.apa.org
- Interstate Medical License Compact (for physicians): https://imlcc.org/
- PSYPACT – Psychological Interjurisdictional Compact (for psychologists): https://www.asppb.net/page/psypact and https://psypact.org/

For risk management related questions, please contact AWAC Services Risk Management at riskmanagement@awacservices.com or call (855) 218-8161 (psychiatrists) or (855) 598-8657 (psychologists and Texas policyholders). For underwriting and coverage related questions, please call American Professional Agency, Inc. at (800) 421-6694. AWAC Services Company, a member company of Allied World

End Notes

1 CDC. Public Health Professionals Gateway. Health Department Directories. https://www.cdc.gov/publichealthgateway/healthdirectories/index.html
2 CDC. Public Health Professionals Gateway. https://www.cdc.gov/publichealthgateway/accreditation/departments.html
3 The Council of State Governments. Covid-19Resources for State Leaders. https://web.csg.org/covid19/executive-orders/
4 CDC. Outpatient and Ambulatory Care Settings: Responding to Community Transmission of COVID-19 in the United States. https://www.cdc.gov/coronavirus/2019-ncov/hcp/ambulatory-care-settings.html
5 HHS. Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency. https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html
6 Center for Connected Health Policy. Current State Laws & Reimbursement Policies. https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies
7 Center for Connected Health Policy. COVID-19. https://www.cchpca.org/
8 CDC. Outpatient and Ambulatory Care Settings: Responding to Community Transmission of COVID-19 in the United States. Actions to Take in Response to Community Transmission of COVID-19. https://www.cdc.gov/coronavirus/2019-ncov/hcp/ambulatory-care-settings.html
9 OSHA. Guidance on Preparing Workplaces for COVID-19. https://www.osha.gov/Publications/OSHA3990.pdf
10 CDC. Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 (Interim Guidance). https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html
11 The EEOC enforces workplace anti-discrimination laws, including the Americans with Disabilities Act (ADA) and the Rehabilitation Act (which include the requirement for reasonable accommodation and non-discrimination based on disability, and rules about employer medical examinations and inquiries), Title VII of the Civil Rights Act (which prohibits discrimination based on race, color, national origin, religion, and sex, including pregnancy), the Age Discrimination in Employment Act (which prohibits discrimination based on age, 40 or older), and the Genetic Information Nondiscrimination Act.
12 U.S, Equal Employment Opportunity Commission. Coronavirus and COVID-19. https://www.eeoc.gov/coronavirus

[13] Appenteng, K; Gordon, P; et al. The Next Normal: A Littler Insight on Returning to Work – Privacy and Data Security Implications of Employee Screening. Littler. April 27, 2020. https://www.littler.com/publication-press/publication/next-normal-littler-insight-returning-work-privacy-and-data-security

[14] AMA. Caring for our caregivers during COVID-19. https://www.ama-assn.org/delivering-care/public-health/caring-our-caregivers-during-covid-19

[15] CDC. Operational Considerations for Personal Protective Equipment in the Context of Global Supply Shortages for Coronavirus Disease 2019 (COVID-19) Pandemic: non-US Healthcare Settings. https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/emergency-considerations-ppe.html

[16] OSHA. COVID-19. https://www.osha.gov/SLTC/covid-19/

[17] OSHA. Guidance on Preparing Workplaces for COVID-19. https://www.osha.gov/Publications/OSHA3990.pdf

[18] CDC. Coronavirus Disease 2019 (COVID-19). Information for Healthcare Professionals about Coronavirus (COVID-19). https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html

[19] American Psychological Association. Sample informed consent form for resuming in-person services. May 7, 2020. https://www.apaservices.org/practice/clinic/covid-19-informed-consent?_ga=2.240552579.1622029650.1589812783-1347536465.1570033047

[20] OSHA. Guidance on Preparing Workplaces for COVID-19. https://www.osha.gov/Publications/OSHA3990.pdf

[21] CDC. Coronavirus Disease 2019 (COVID-19). Print Resources, including masks. https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html?Sort=Date%3A%3Adesc

[22] CDC. Coronavirus Disease 2019 (COVID-19). Print Resources, including hygiene. https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html?Sort=Date%3A%3Adesc

[23] United States Environmental Protection Agency. Pesticide Registration. List N: Disinfectants for Use Against SARS-CoV-2. https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

[24] United States Environmental Protection Agency. Coronavirus (COVID-19). https://www.epa.gov/coronavirus

[25] CDC. Coronavirus Disease 2019 (COVID-19). Cleaning and Disinfection for Community Facilities. https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html

[26] CDC. Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19) https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html

[27] CDC. Coronavirus Disease 2019 (COVID-19). Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19). https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html

[28] CDC. Injection Safety. One & Only Campaign. https://www.cdc.gov/injectionsafety/one-and-only.html

[29] Office of Civil Rights (OCR). Does the HIPAA Privacy Rule permit health care providers to use e-mail to discuss health issues and treatment with their patients? https://www.hhs.gov/hipaa/for-professionals/faq/570/does-hipaa-permit-health-care-providers-to-use-email-to-discuss-health-issues-with-patients/index.html

[30] HIPAA Journal. HIPAA Compliance for Email. Are Emails HIPAA Compliant? https://www.hipaajournal.com/hipaa-compliance-for-email/

[31] HIPAA Journal. HIPAA Social Media Rules. https://www.hipaajournal.com/hipaa-social-media/