BMG COVID Care Model Guidelines

<table>
<thead>
<tr>
<th>Last Modified:</th>
<th>12/5/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area:</td>
<td>Employed Physician Practices</td>
</tr>
<tr>
<td>Applicability:</td>
<td>Beaumont Medical Group</td>
</tr>
</tbody>
</table>

I. PURPOSE AND OBJECTIVE:

To specify guidelines for how to operate ambulatory BMG practices as a function of local COVID activity and resource availability, with the goal of balancing the need to provide care to our patients against the need to protect the safety of patients, visitors, and staff.

II. BACKGROUND:

A. Six levels of COVID activity in our service area, conceptually categorized as:

1. Activity exceeds system’s capacity
2. Activity nears system's capacity
3. Increased activity, manageable with current resources
4. Decreased activity, manageable with current resources
5. Additional risk factors
6. Routine evaluation
### Six levels of COVID activity

<table>
<thead>
<tr>
<th>Metric</th>
<th>1 Uncontrolled Growth</th>
<th>2 Persistent Spread</th>
<th>3 Flattening</th>
<th>4 Improving</th>
<th>5 Containing</th>
<th>6 Post-Pandemic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activit</strong>es exceeds system’s capacity</td>
<td>Activity nears system’s capacity</td>
<td>Increased activity, manageable with current resources</td>
<td>Decreased activity, manageable with current resources</td>
<td>Additional risk factors</td>
<td>Routine evaluation</td>
<td></td>
</tr>
<tr>
<td><strong>Red/Yellow/Green screening for appropriate care location</strong></td>
<td>Continuous, based on exposure history and symptoms</td>
<td>Continuous, based on exposure history and symptoms</td>
<td>Continuous, based on exposure history and symptoms</td>
<td>Continuous, based on exposure tracing and/or serology</td>
<td>Seasonal</td>
<td></td>
</tr>
<tr>
<td><strong>Visit types</strong></td>
<td>Telehealth unless in office needed for chronic disease management</td>
<td>Primarily telehealth, limited green zone if passes screening</td>
<td>Telehealth preferred, green zone if passes screening</td>
<td>Telehealth preferred, but unrestricted if passes screening</td>
<td>Unrestricted if passes screening</td>
<td></td>
</tr>
<tr>
<td><strong>In office capacities</strong></td>
<td>N/A</td>
<td>• No waiting room • Patients wait in cars instead • Temporal or axillar temperatures only • Protective barriers</td>
<td>• No waiting room • Patients wait in cars instead • Temporal or axillar temperatures only • Protective barriers</td>
<td>• In office waiting room with social distancing • Temporal or axillar temperatures only • Floor spacers • Protective barriers</td>
<td>Unrestricted</td>
<td></td>
</tr>
<tr>
<td><strong>Interaction limitations</strong></td>
<td>Maintain social distancing, masks on all patients, visitors, and staff</td>
<td>Maintain social distancing, masks on all patients, visitors, and staff</td>
<td>Maintain social distancing, masks on all patients, visitors, and staff</td>
<td>Maintain social distancing, masks on all patients, visitors, and staff</td>
<td>Unrestricted</td>
<td></td>
</tr>
<tr>
<td><strong>Local disease incidence</strong></td>
<td>Per BMG practice leveling tool</td>
<td>Per BMG practice leveling tool</td>
<td>Per BMG practice leveling tool</td>
<td>Per BMG practice leveling tool</td>
<td>Post vaccine</td>
<td></td>
</tr>
<tr>
<td><strong>PPE availability</strong></td>
<td>Critical level</td>
<td>Limited availability</td>
<td>Limited availability</td>
<td>Available for all patients, visitors, and staff</td>
<td>Available for all patients, visitors, and staff</td>
<td></td>
</tr>
<tr>
<td><strong>Staffing support</strong></td>
<td>Critical level</td>
<td>Substantially impacted</td>
<td>Moderately impacted</td>
<td>Minimally impacted</td>
<td>Unrestricted</td>
<td></td>
</tr>
</tbody>
</table>
B. Red/Yellow/Green zones

<table>
<thead>
<tr>
<th>Zone</th>
<th>Screening Criteria</th>
<th>Appropriate Care Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green Zone</td>
<td>Asymptomatic, but follow leveling guidelines Pass screening guidelines</td>
<td>BMG practices</td>
</tr>
<tr>
<td>Yellow Zone</td>
<td>Possible COVID, screens positive for one or more symptoms on the telephone screening questionnaire</td>
<td>Screened with telemedicine visit and sent to designated yellow zone locations or drive by lab testing sites</td>
</tr>
<tr>
<td>Red Zone</td>
<td>Highly suspicious for COVID or positive diagnosis</td>
<td>Emergency Center</td>
</tr>
</tbody>
</table>

C. Triggers to move between levels

Practices must always retain the ability to move up one level immediately, and up two within three days.

i. Local disease incidence
   • Based on data from regional data (https://covidactnow.org/).
   • Adjusted case rate per 100k population is calculated by taking a weighted average of the case rate times the infection factor for Wayne, Oakland, and Macomb counties. Infection factor is included to help better predict upcoming activity.
   • This score is interpreted in conjunction with the test positivity rate. Rationale is that we should assume a higher case rate than is measured as positivity rate increases.
   • Interpretation is by this table to select practice level:

<table>
<thead>
<tr>
<th>Percent positive</th>
<th>&lt;3</th>
<th>3 to 10</th>
<th>&gt;10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjusted case rate</td>
<td>&lt;10</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>10 to 25</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>&gt;25</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

III. LEVEL DESIGNATION

A. General Approval by BMG Leadership for Level Movement
   i. Movement between levels must be approved by operational and medical leadership

B. Practice Level Approval
   i. All criteria for level movement must be validated at the practice level using the appropriate checklist and approved by the BMG Operations Director

C. Communication
   i. Status of current level will be posted and updated on the BMG COVID-19 Activity Level document
   ii. Practice leadership expected to review the current level daily
IV. PROCEDURE:

A. Telephone Screening
   i. Telephone screening at the time appointment is made and within 24 hours of the appointment date
   ii. Patients should be instructed to call ahead and discuss the need to reschedule if they develop fever or symptoms of COVID-19 within the last several days of their appointment
   iii. Follow guidelines for patient scheduling on the link to current screening questionnaire
   iv. Patient should be referred for video or phone visit only based upon current screening guidelines

B. In-Office Screening
   i. Practice staff to open all doors for patients/companions and screen upon entry
   ii. Door screener to wear ear loop mask and eye protection
   iii. In cases where a door screener is not possible, patients/companions will be screened at the desk. This must be approved by the director.
   iv. If screen positive, patient/companion will be asked to exit immediately and make a telehealth appointment.
   v. All patients and companions/visitors will have their temporal temperature taken, be provided hand sanitizer and be masked upon entry. Face coverings are acceptable as long as they adequately cover the nose and mouth.
      1. If refuse to wear face mask, will not be allowed entry. Approved verbiage for those refusing to wear a mask: Beaumont requires that everyone who enters our buildings must wear a cloth mask that covers the nose and mouth. This is the best infection control practice available to us to prevent the spread of COVID-19.
      2. It is acceptable for patients to wear a mask with a valve filter from home so long as it has a surgical or ear loop mask over the filter.
      3. Exceptions will be made in certain circumstances when a patient is unable to tolerate wearing a mask. These exceptions must be approved by the physician seeing the patient.
   vi. Screening is conducted upon arrival for all staff members; any staff member screening positive for fever or symptoms of COVID-19 will not be allowed entry and will be instructed to contact Employee Health for further instructions.
   vii. Link to current screening questionnaire

C. Companions/Visitors
   i. Limit companions/visitors to only those essential for the patient’s physical and emotional wellbeing and care.
   ii. Companions/visitors should be given the option to wait outside the facility when safe social distancing cannot be maintained.
   iii. This may change based on community COVID activity.
   iv. In Levels 2 and 3, limit companions/visitors to one, and then only when necessary.

D. Visit Types
   i. Telehealth will always be there to complement, and when necessary replace, in office visits. How much telehealth is appropriate is based upon the level of COVID activity in the community.
   ii. The red/yellow/green approach is to be used at Levels 1 through 5. For Level 2, refer to the specialty-specific lists of diagnoses and chief complaints eligible for green zone in office visits vs. telehealth.
   iii. Levels 4 and 5 are unrestricted in visit type so long as patients pass screening. Telehealth is preferred in Level 3.
E. Waiting Room Configuration
   i. Waiting rooms will only be used in Levels 4 through 6.
   ii. At Levels 1 through 3, patients will be instructed to wait in their cars and called in once a room is ready.
   iii. In levels where social distancing is required, the practices will need to ensure the following are in place:
       1. Floor spacers
          a. Six-foot markings on the floor to keep appropriate distances
          b. Used at Levels 4 and 5 to ensure social distancing
       2. Check-in windows
          a. Protective barriers used in all but Level 6 situations
          b. Remove pens and clipboards for sign in
          c. Use of appropriate PPE and social distancing
       3. Waiting room furniture
          a. At levels where waiting rooms are allowed, establish at least six feet between seats
          b. Can be achieved by removal or roping off of seats
       4. Remove magazines and other items that cannot be sanitized from waiting room

F. Signage
   i. Signage to be ordered from the COVID-19 Whitlock Catalog as needed

G. Social Distancing Plan
   i. Maintain social distancing by limiting interactions between patients and staff
      1. Directly rooming patients
      2. Limiting physical interactions at check in and check out
   ii. Staff following social distancing guidelines

H. Check Out and Payment Process
   i. For Levels 2 through 4, limit physical transactions
   ii. AVS
      1. Provide patient AVS and follow-up to patient in room rather than waiting in lobby
      2. Notes: AVS is compliant to send by mail for telehealth or via MyChart
   iii. Payment
      1. Pre-Payment
         a. Patients will be asked to pre-pay through MyChart eCheck-in process
      2. Alternative Workflow
         a. If exception to standard workflow, use measures to disinfect any items shared between patients
I. PPE

i. PPE use will be based on the following guidelines

### PPE GUIDELINE SUMMARY

<table>
<thead>
<tr>
<th></th>
<th>N95 Respirator Mask</th>
<th>Mask</th>
<th>Goggles/ Face Shield</th>
<th>Gown</th>
<th>Gloves</th>
<th>Hand Hygiene</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient door screeners</td>
<td>NO</td>
<td>Ear loop mask</td>
<td>Yes at door; No barrier at front window</td>
<td>NO</td>
<td>NO</td>
<td>Hand hygiene between patients</td>
</tr>
<tr>
<td>All patients and companions &gt; 2 years of age</td>
<td>NO</td>
<td>Homemade mask, ear loop mask, or filter mask with ear loop over top</td>
<td>NO</td>
<td>NO</td>
<td>No - if comes with gloves discard</td>
<td>Upon Entry and Before Exit</td>
</tr>
<tr>
<td>Non-Clinical Staff</td>
<td>NO</td>
<td>Homemade or ear loop mask</td>
<td>At office window if no other barrier</td>
<td>NO</td>
<td>NO</td>
<td>Yes - frequent</td>
</tr>
<tr>
<td>Direct care givers - Should be limited to the minimal number of staff needed for care of the patient</td>
<td>N95 with aerosol generating procedure or when exam prevents patient from wearing a mask; See room protocol below</td>
<td>Ear loop mask for all other routine exams when patient wears a mask; Change caregivers mask if soiled</td>
<td>With all direct patient care, aerosol generating procedure or when exam prevents patient from wearing a mask; See room protocol below</td>
<td>With aerosol generating procedure, when exam prevents patient from wearing a mask, or other routine procedures</td>
<td>Yes</td>
<td>Hand hygiene before donning and after doffing PPE</td>
</tr>
</tbody>
</table>

### PPE LEVEL SUMMARY

<table>
<thead>
<tr>
<th>Level</th>
<th>Ear loop mask</th>
<th>Gloves</th>
<th>Gown</th>
<th>Face shield or goggles</th>
<th>N95</th>
<th>Face Covering</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPE1</td>
<td>X - acceptable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X - acceptable</td>
</tr>
<tr>
<td>PPE2</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PPE3</td>
<td></td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x optional</td>
</tr>
<tr>
<td>PPE4</td>
<td></td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

GLOVES SHOULD BE WORN WITH ALL PATIENT CONTACT

- **PPE1** - All staff with minimal patient contact
- **PPE2** - Contact with patient (Medical Assistants)
- **PPE3** - Close contact/potential for splash but no Aerosol Generating Procedures
- **PPE4** - Aerosol Generating Procedures, MOHS, ENT, Infectious Dx, maxillofacial exams, Pulmonary, and procedures requiring cautery

PPE Orders will be delivered biweekly based upon designated needs of office

Additional requests should be sent to: BMG_PPE_Request@beaumont.org

**PLEASE REVIEW WITH STAFF:** OSHA video on Proper Donning, Doffing, and Seal Checks

J. **Cleaning Workflow**
   1. Cleaning will be based on the following guidelines.
   2. **Sensitive Equipment:**
      1. Order grey top wipes; supply chain may replace with hydrogen peroxide wipes, Virex Plus, Oxivir, or PDI Hypercide, for computers, cell phones, and other sensitive equipment; all are acceptable.
   3. **All Other Cleaning:**
      1. Order purple top wipes, supply chain may replace with grey tops (or any grey top replacements listed above), hydrogen peroxide wipes, PDI-24 Germicide, Cavi Wipes, or Stryker yellow top wipes; all are acceptable.
   4. Red tops are not effective for COVID.

#### CLEANING SUMMARY

<table>
<thead>
<tr>
<th>Room Cleaning Between Patients</th>
<th>Exam tables</th>
<th>Countertops, keyboards</th>
<th>Doorknobs, faucets</th>
<th>Exam lights/handles</th>
<th>Exam room chairs</th>
<th>Thermometer, BP cuffs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room Cleaning When a N95 Is Required</td>
<td>Close Door and leave room empty for one hour or per IFU if HEPA filter in use; Wear ear loop mask, eye protection, gown, and gloves and clean per usual protocol</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>End of Day Cleaning</td>
<td>Exam Room</td>
<td>Exam tables</td>
<td>Countertops, keyboards</td>
<td>Doorknobs, faucets</td>
<td>Exam lights/handles</td>
<td>Exam room chairs</td>
</tr>
<tr>
<td>Bathrooms</td>
<td>All surfaces</td>
<td>Toilet seat and handle; urine pass through areas</td>
<td>Light switches</td>
<td>Other bathroom items including markers for urine specimens</td>
<td>Door handles</td>
<td></td>
</tr>
<tr>
<td>Reception, Offices, Lab Area</td>
<td>All surfaces</td>
<td>Keyboards, phones</td>
<td>Light switches</td>
<td>Chairs, armrests</td>
<td>Door handles</td>
<td></td>
</tr>
<tr>
<td>Waiting Room</td>
<td>All counter surfaces</td>
<td>Tables, lamp switches</td>
<td>Light switches</td>
<td>Chairs, armrests</td>
<td>Door handles</td>
<td></td>
</tr>
<tr>
<td>Break Room</td>
<td>All surfaces</td>
<td>Handles</td>
<td>Light switches</td>
<td>Chairs, armrests</td>
<td>Door handles</td>
<td></td>
</tr>
<tr>
<td>Trash</td>
<td>Empty end of day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### REFERENCES (if applicable):

#### ATTACHMENTS: