



<b>Coronavirus Response Plan</b>	
<b>Approved by:</b> Kevin C. Joyce, Executive Director	<b>Initial Approval Date:</b> March 23, 2020 <b>Revision Date:</b> July 31, 2020

## Introduction

In response to the coronavirus outbreak, Orlando Orthopaedic Center (OOC) has the following measures in place to protect our patients and employees and reduce the spread of the virus.

### Attachments:

- A – Coronavirus Screening Tool
- B – Facility Cleaning-During COVID19 Pandemic
- C – Essential Critical Worker Dos and Don'ts

## Procedures

### Notice to Individuals

Notices regarding OOC's policy on COVID-19 are being provided as follows:

1. Patient facing signage is located at the front door of each office and reception desk. The signs read:

***“If you are experiencing cold or flu-like symptoms such as cough, fever, and shortness of breath, please reschedule your appointment by calling 407-254-2550.”***

AND

***“For the safety of all of our patients, visitors, employees and physicians, a face covering is required. If you do not agree to wear a face covering, please call our office [407-254-2550] to reschedule your appointment and discuss alternative treatment options.”***

2. A notice is on our website stating: ***“Orlando Orthopaedic Center is following CDC guidelines in regards to the Coronavirus (COVID-19) and is taking precautions to prevent its spread. Our goal is to continue providing you the best possible treatment to your orthopaedic needs. However, the safety of our employees and patients is our utmost concern. If you are experiencing symptoms of cough, fever, breathing difficulties or shortness of breath, we ask that you please do not come into our office and contact us at 407-254-2550 to reschedule any appointment you may have.”***
3. Appointment Reminder script has been modified. The phone script now includes the following message: ***“If you are experiencing cold or flu symptoms we ask that you contact our office at 407-254-2550 to reschedule your appointment”***
4. Visual alerts (i.e. posters) have been posted at each office and in strategic places (i.e. waiting areas, elevators) to provide patients with instructions about hand hygiene, respiratory hygiene, and cough etiquette.

### Individuals Screening

The temperatures of Individuals (patients, visitors, employees, physicians) entering our premises will be checked. Anyone with a temperature of 100.0 or higher will not be allowed in our premises.

In addition to the temperature check, individuals will be asked the screening questions below. OOC workforce members (i.e. employees, contract workers, etc.) are to screen themselves daily by asking the screening questions below.

1. ***Have you tested positive for COVID-19? If so, when?***

2. ***Have you been in contact in the last 14 days with someone that is a potential or confirmed case of COVID-19?***

3. ***Do you have cough, shortness of breath or difficulty breathing?***

Refer to the Coronavirus Screening Tool (Attachment A) for the appropriate action steps to take once the screening is complete.

### **Workforce**

Our workforce is expected to abide by the following measures:

1. **Attendance**

Employees are to report to work as scheduled.

On a daily basis, employees are to screen themselves by answering the screening questions above. Employees are to contact their immediate supervisor if the answer to any of the screening questions is yes.

In the event that an employee is confirmed or has the potential to be a case of COVID-19, the employee will be asked to remain at home until cleared. Employees' absences due to being a confirmed or potential case of COVID-19 will not be subject to OOC Attendance Policy discussed in OOC Employee Handbook. It is up to management's discretion to determine when an absence does not meet this criterion.

Every effort will be made to provide coverage for vacant positions. In the event a position (i.e. X-ray Tech) cannot be covered and clinic is negatively impacted, all practitioners assigned to the affected location will be notified.

Shall it become necessary to close any of our offices; the decision to close will be made by the Executive Director under the direction of the Board.

2. **Meetings**

All meetings at OOC offices that involve outside representatives or vendors are to be suspended or be replaced with meetings via phone/go-to-meeting. For meetings currently scheduled, employees are to make every effort to reschedule or conduct the meeting electronically.

3. **Marketing**

Visits by OOC staff to other physician offices for marketing purposes have been restricted until further notice.

4. **Travel Between Offices**

Employee travel between offices is to be reduced as much as possible.

5. **Protection / Education**

Facial tissues and hand sanitizers have been distributed to all departments and made available at high traffic areas for easy accessibility. Education on hand hygiene and cough etiquette from CDC have been provided to all employees via email and visual alerts will be posted in breakrooms and restrooms

Employees are to:

- Cover the mouth and nose with a tissue when coughing or sneezing. Put used tissue in a waste basket. If a tissue is not available, cough or sneeze into upper sleeve, not in hands.
- Wash hands throughout the day (especially after coughing or sneezing). Wash hands with soap and water for at least 20 seconds. When hand washing is not feasible, use an alcohol-based hand sanitizer that contains at least 60% alcohol.
- Avoid close contact with people who are sick.

### **Mask / Face Covering**

1. All providers, employees, patients and visitors are required to wear a face covering inside an OOC facility. Exceptions will be evaluated as needed. Regular face masks are available at the entrance of our offices and are provided to those who need them.
2. Masks and/or face coverings must cover the mouth and nose.
3. Providers and employees who get in close proximity with patients in order to perform their job will be given the option of wearing an N95 mask and a full face shield.
4. Employees must wear their mask when conversing with or facing an individual in close quarters.
5. Employees must wear their mask when walking around the office.
6. Staff must keep their mask on when working in an area where patients are present.
7. Staff working in administrative areas (those areas where patients are not present), need to comply as follows:
  - Masks can be removed when working in an office.
  - Masks can be removed when working in a cubicle and when facing the computer monitor.
  - Masks must be donned when another individual enters the office or approaches the cubicle. Note: This does not include people walking past the office or cubicle without stopping.
  - Masks must be donned when turning away from the computer monitor to converse with a co-worker sitting at a nearby desk.
  - Masks must be donned when leaving your work area or office.

### **Social Distancing**

1. Every effort is to be made to keep a safe distance (6 feet) between individuals.
2. Chairs in the waiting areas are to be arranged with a spacing of 6 feet between them or the area is to be monitored to ensure an appropriate distance is maintained between parties.
3. Markings on the floor indicate where individuals should stand to keep a safe distance.
4. In order to minimize the number of individuals waiting in the reception area at a given time, physicians' schedules will be reviewed one day prior to the appointment and identified follow up patients will be contacted and asked to contact our office upon arrival and wait in their cars until the Clinical Assistant is ready to bring them to a room.
5. Workstations and seating arrangements for employees are to be monitored to allow for the best and safest possible distance while meeting the business needs.
6. Workstations with appropriate spacing are to be utilized prior to utilizing those work stations with less than 6 feet between desk chairs.
7. Small / closed-in work areas with multiple workstations are not to be utilized to maximum capacity, if at all possible. These areas are to be monitored by the appropriate office manager.
8. Breakrooms are not to be used for socialization; they are only to be used for meal prep and eating. While in the breakroom, employees are to adhere to social distancing.

### **Visitors**

1. Patients should come alone unless they are a minor or need assistance with their appointment (i.e. have limited mobility, have hearing loss, etc.).
2. For those patients needing a companion, only one person should accompany them.
3. The patient's companion may need to wait outside or in their car depending on the number of patients in the waiting room or the patient's needs (i.e. translator). In these cases, the patient can call the companion when they are roomed.
4. Work Comp case managers are allowed to be present for patient's appointment or meet with physician after; however, they should wait outside or in their car until the patient is roomed or finished with their appointment. Note: This may not be necessary on certain days depending on the number of physicians in clinic at your office or the type of patients on the physician's schedule.

### **Interns/Job shadowing**

Internships and job shadowing requests are suspended in an effort to minimize the amount of individuals on our premises. Exceptions may apply and prior approval is required.

### **Translation**

Translation services may be limited to video or phone translation. When scheduling patients who need interpretation assistance, staff is to encourage the video app as much as possible.

If an in-person translator comes into the office, once the translator has assisted a patient with the paperwork, they may need to wait outside or in their car until the patient is roomed. This will depend on the number of patients waiting.

### **Office cleaning protocols**

Staff is to follow the Facility Cleaning-During COVID19 Pandemic protocol (Attachment B).

### **Personal Protective Equipment (PPE)**

Regular facemasks are being provided to all employees and individuals entering our offices without a face covering.

N95 masks will be made available to our clinical staff (Physicians, Physician Assistants, Clinical Assistants, Radiology Techs, Athletic Trainers, Therapists, and Screeners).

### **Interacting with patients with known or suspected COVID-19**

When interacting with patients with known or suspected COVID-19, Clinical Staff should:

1. Limit the number of staff exposure; communicate with appropriate personnel before encounter.
2. Have the patient wear a mask.
3. Expedite the patient visit.
4. Evaluate the patient in a private room with the door closed.
5. Adhere to Standard Precautions.
6. Follow sequence for putting on and removing PPE.
7. Use a facemask, gown, gloves, and eye protection.
8. Perform hand hygiene before and after removing PPE, including gloves.
9. Treat potentially coronavirus contaminated soiled linen and garments as medical waste.
10. Once the patient is discharged, place a sign for the room not to be used. Refrain from entering the vacated room until sufficient time has elapsed for enough air changes to remove potentially infectious particles. After this time has elapsed, the room should undergo appropriate cleaning and surface disinfection.

### **Patients Positive with COVID-19**

Patients testing positive for COVID-19 are not to be seen in the office until they have met the CDC criteria for ending home isolation. When a patient reports they have tested positive for COVID-19, the following information is to be gathered and documented in the patient's chart:

1. Determine the date the patient was tested.
2. Determine if the patient is symptomatic or asymptomatic (has no symptoms).
  - For patients symptomatic, find out the date the symptoms first appeared.
3. Determine the date the patient can return to the office.
4. Determine if the patient must be seen in the office.

### **Determining date patient can return to the office**

For patients that are asymptomatic (have no symptoms), the date they can return is 10 days from the date they were tested.

For patients that are symptomatic, they cannot return to the office until their symptoms have improved, AND they have been fever free for at least 24 hours (with no fever reducing medication), AND at least 10 days have passed since their symptoms appeared.

### **Patients that must be seen**

For patients needing to be seen while being positive and not meeting the criteria to come into the office, a Telemed appointment should be offered. If the physician determines the patient still needs to be seen, the staff is to follow the steps outlined in the section "Interacting with patients with known or suspected COVID-19".

### **Documenting in the patient's chart**

A communication log should be created in the patient's chart documenting the information that was gathered. If the patient has not met the criteria to come into the office, a coded-note in our Practice Management system is to be created indicating "COVID Positive-Do not schedule until xx/xx/xx (date)". The date entered is the date determined using the criteria in the section "Determining date patient can return to the office."

### **Examples**

Please review the following examples for clarification:

- Joe called the office on 7/27/2020 stating that he was tested on 07/02/2020 and tested positive. His symptoms began on 6/30/2020. His symptoms have improved and he wants to make an appointment. He has had no fever since 7/14/2020. In reviewing the information gathered, the date that Joe could return to the office would be 7/16/2020. Therefore, it is safe for Joe to make an appointment.
- Jane called on 7/30/2020. She tested positive on 07/24/2020. Her symptoms began on 7/22/2020. She is doing a lot better and has had no fever since 7/28/2020. Jane wants to come in. In reviewing the information gathered, the date Jane can return is 8/1/2020. Since 8/1 is a Saturday we will document the date of return is Monday, 8/3/2020.
- John called on 07/30/2020. His job did a random test on all employees on 07/27/2020 and his test result was positive. John has not experienced any symptoms. His has a pending appointment for 08/07/2020. Since John is asymptomatic, 10 days after testing positive would have passed before 08/07/2020 thus John is safe to come in.

### **Contacting County Health Department**

For guidance or questions on contacting the Florida Department of Health, contact the OOC Compliance Officer.

### **Monitoring Exposed Personnel**

Workforce members who have had prolonged exposure or potential exposure with a confirmed case

Any workforce member who experiences exposure or potential exposure to COVID-19 should be monitored and assessed for symptoms. Potentially exposed workforce members should monitor themselves for fever by taking their temperature twice a day and remaining alert for respiratory symptoms (e.g. cough, shortness of breath, sore throat). If a fever or any respiratory symptoms develop, the workforce member is to promptly notify their immediate supervisor.

#### Risk Exposure Categories:

Per CDC, it is reasonable to consider the following definitions:

- Prolonged exposure: an exposure greater than a few minutes.
- Close contact: being within approximately 6 feet of a person with COVID-19 for a prolonged period of time or having unprotected direct contact with infectious secretions or excretions of the patient.

Risk assessment will be conducted to assess the risk of exposure. OOC will use clinical judgement to assess risk, determine work restrictions, and require the workforce member to be tested.

### **Response to confirmed cases of COVID19**

Workforce members living with someone who tested positive for COVID19

Employees living with someone who tested positive for COVID19 should:

1. Be tested for COVID19
  - If testing negative, continue watching for warning signs and seek medical guidance if needed
2. Follow CDC recommendations, which includes:
  - Limiting the contact with the person who tested positive.
    - i. If possible, have the person who is sick use a separate bedroom and bathroom
    - ii. Eat in separate rooms or areas

- iii. Avoid sharing personal items
  - Wearing a face covering when interacting with the sick person (sick person should also wear a face covering)
  - Cleaning your hands often
  - Cleaning and disinfecting
  - Tracking your own health
- 3. Notify immediate supervisor

NOTE: Workforce members may be required to stay home for 14 days after exposure based on the time it takes to develop illness. Some positions are deemed “Essential Critical” (i.e. Physician). Depending on your position and the ability to provide coverage for it, workforce members may be asked to report to work under close monitoring. If reporting to work, OOC will follow the CDC guidelines for “Essential-Critical-Workers\_Dos-and-Don’ts”. (Attachment C).

#### Workforce members testing positive for COVID-19

Any member of our workforce who tests positive for COVID19 should notify their immediate supervisor as soon as the test result is received, and follow the following CDC recommendations:

- Tested Positive – with symptoms:
  - Individuals can be with others after
    - 24 hours with no fever without fever-reducing medication AND
    - Symptoms improved AND
    - 10 days since symptoms first appeared
- Tested Positive – but had no symptoms:
  - Individuals who have no symptoms can be with others after 10 days have passed since test

NOTE: OOC follows the CDC symptom-based methodology. OOC reserves the right to request Workforce members who tested positive to get tested again to see if they still have COVID19. If tested, the workforce member can be around others when they have no fever, symptoms have improved, and receive two negative test results in a row, at least 24 hours apart.

#### **Related Documents:**

- Coronavirus (COVID-19) Screening Tool
- Facility Cleaning – During Covid19 Pandemic
- CDC Essential-Critical-Workers\_Dos-and-Don’ts

## Attachment A



# Coronavirus (COVID-19) Screening Tool

Screening Questions for Individuals:	No	Yes
1. Have you tested positive for COVID-19? If so, when?		
2. Have you been in contact in the last 14 days with someone that is a potential or confirmed case of COVID-19?		
3. Do you have a fever, cough, shortness of breath or difficulty breathing?		

**Action Steps:**

**If the answer to any of these questions is yes:**

<i>Visitors</i>	<i>Patients</i>
<ul style="list-style-type: none"> <li>Ask visitor to leave the premises and conduct any business with us by phone</li> <li>Visitor exhibiting any symptoms refer to urgent care</li> </ul>	<ul style="list-style-type: none"> <li>Notify manager who will assess the reason for the visit and offer alternative treatment options (i.e. Telemed)</li> <li>Appointment not urgent (i.e. routine f/u visit) → reschedule appointment</li> <li>Practitioner must see patient due to post-op concern or severity of the condition → staff to follow guidelines in section "Interacting with patient with known or suspected COVID-19" of the Coronavirus Preparedness policy</li> <li>Notify Physician Team of any appointment canceled or rescheduled</li> <li>For patients with acute respiratory distress → facilitate transfer to the ER</li> <li>Refer to urgent care, if applicable</li> <li>Notify OOC's Compliance Officer to coordinate proper notification to the County Health Department, for any patient transferred to urgent care or ER</li> </ul>

## Attachment B



### Policy: Facility Cleaning – During COVID19 Pandemic

**Approved by:**  
Lisa Lerro, Director of Operations

**Initial Approval Date:** 06/04/2020  
**Revision Date:**

**Policy:** As a result of the COVID19 pandemic, Orlando Orthopaedic Center (OOC) has enhanced its cleaning procedures and is taking more stringent measures to sanitize the office environment during this pandemic.

- **Personal Protective Equipment (PPE):** When cleaning, use the proper PPE. For example, wear gloves and other PPE, like a gown and/or mask as you come in contact with blood or other body fluids during cleaning.
- **Cleaning Supplies:** OOC will provide the necessary cleaning supplies. Employees are to follow the manufacture instructions when using these supplies and notify their immediate supervisors of any questions or concerns they may have.

For electronic devices, use alcohol-based wipes or sprays containing at least 70% alcohol. Dry surfaces thoroughly.

- **Frequency:** The frequency of cleaning is contingent upon several factors such as available resources and frequency of use.

Workspaces that are shared among several employees require special attention prior to use. Shareable equipment refers to equipment that is used by more than one individual. These include workspaces, desktops, phones, keyboards, monitors, pens, clipboards, tablets, etc. **Shareable workspaces and equipment are to be cleaned and disinfected before use by a different individual.**

**Procedures:** The following cleaning steps must be followed at a minimum.

#### **Reception area (check-in, waiting room) – to be done before the start of each clinic**

1. Remove magazines, other printed materials not required by law, toys, and unnecessary items.
2. Arrange chairs and tables, keeping appropriate distance.
3. Wipe all surfaces in patient areas. This includes chairs, door handles and knobs, countertops, and any other surface that may have been touched.

#### **Clinical Areas – to be done before the start of each clinic and/or between patients**

##### Clinical PODs

1. Clean all equipment use for patient care. This includes blood pressure cuffs, thermometers, and any other portable equipment; these should be wiped with a disinfectant as they are used during the day.

##### Exam Rooms – to be cleaned/disinfected after each patient

1. Pull back any liner paper in order to apply disinfectant.
2. Replace used linens, towels, and patient gowns immediately after each patient is dismissed. Put the dirty ones in laundry bags or the laundry area.
3. Gather all the used instruments and put them in an established location for sterilization. Make sure every instrument and tool for patient care is taken away from patient rooms and care areas before the next patient arrives.
4. Wipe all surfaces that may have been touched, held, or could have come in contact with body fluids (i.e. countertops, cabinets (pay special attention to drawer handles and edges that are touched frequently), chairs, patient tables, door handles and knobs, etc.).



#### Check-out stations

1. Remove magazines, other printed materials not required by law, and unnecessary items.
2. Before clinic, arrange chairs and tables, keeping appropriate distance.
3. Wipe all surfaces that may have been touched or held. This includes chairs, door handles and knobs, or countertops.

#### **Admin/Non-clinical work areas – to be done at the start of the day and/or before use**

1. Wipe all surfaces in common areas. This includes door handles and knobs, countertops, and any other surface that is regularly touched.
2. Clean messes as needed.

#### **Breakroom – to be done as needed/used**

1. Put personal items (i.e. dishes, food) immediately away after use. Do not leave any personal belongings in the breakroom (except lunch bags in the fridge/freezer).
2. Clean messes as needed. Do not leave any dishes/food out. Get rid of any garbage.
3. Wash hands.

#### **Restrooms – to be done as needed/used**

1. Ensure no personal items are left behind.
2. Keep restroom clean as much as possible after use.
3. Get rid of any garbage in the corresponding disposal method (i.e. paper towels in trash cans, not on the floor).
4. Wash hands.

#### **Related Policies**

- Coronavirus Response

IF YOU ARE AN **ESSENTIAL CRITICAL WORKER**  
WHO HAS BEEN EXPOSED TO COVID-19

**DO**

- Take your temperature before work.
- Wear a face mask at all times.
- Practice social distancing in the workplace as work duties permit.

**DON'T**

- Stay at work if you become sick.
- Share headsets or objects used near face.
- Congregate in the break room or other crowded places.

