

Proclamation Guidance for Medical Practices*

Requirement	Minimum Level	Better Performing Level
Continuously monitor the COVID-19 status in the community	<input type="checkbox"/> Review the DOH dashboard and your local health jurisdiction's webpage weekly	<input type="checkbox"/> Participate in data submission to local health jurisdiction to provide real-time feedback on health system capabilities.
Continuously monitor supply of PPE and maintain sufficient access to PPE.	<input type="checkbox"/> Review DOH/Local Health Jurisdiction (LHJ) guidance weekly. <input type="checkbox"/> Weekly PPE inventory check shows capacity to cover next 30 days at current consumption.	<input type="checkbox"/> Communicate PPE capacity to DOH/LHJ weekly. <input type="checkbox"/> Weekly PPE inventory check shows capacity to cover next 60 days at current consumption.
Comply with all state and federal labor and employment laws and provide the staffing and safe work conditions necessary to provide safe patient care.	<input type="checkbox"/> Review and post all mandatory US DOL and L&I notices resulting from work during the pandemic, including US DOL notices on workers' rights under FFCRA.	<input type="checkbox"/> Perform a monthly gap analysis on practice operations to identify and mitigate opportunities for virus spread.
Update infection prevention policies and procedures as necessary to reflect current best practice guidelines for universal precautions issued by the CDC, DOH, and L&I, and implement such policies and procedures. Circulate infection prevention practices to staff, and train staff on relevant infection prevention practices.	<input type="checkbox"/> Weekly review of guidance documents from DOH, CDC, and OSHA/WISHA to stay informed on latest infection control recommendations. <input type="checkbox"/> Set regular infection control review meetings with safety committee to confirm adherence to standards.	<input type="checkbox"/> Daily safety huddles to confirm current guidance and answer questions. <input type="checkbox"/> Internal reporting mechanism developed to identify and retrain staff not following appropriate safety protocols. <input type="checkbox"/> Maintain logs of training conducted, identifying participants, dates, and activities.
Regularly evaluate and improve a formal employee feedback process to obtain direct input regarding care delivery processes, PPE, and technology availability.	<input type="checkbox"/> Inform employees that they can bring concerns about these topics to management/ownership.	<input type="checkbox"/> Actively solicit employee feedback by conducting regular meetings and providing updates to staff.
Utilize telemedicine as permitted by law for the type of care being provided in order to facilitate access to care while helping to minimize the spread of the virus to other patients and/or health care workers.	<input type="checkbox"/> Provide telemedicine care to a minimum 25% of visits where it is a reasonable alternative to face-to-face treatment.	<input type="checkbox"/> Provide telemedicine care to a minimum 50% of visits where it is a reasonable alternative to face-to-face treatment.

Follow CDC Guidance on Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, including any subsequent amendments, for COVID-19 symptom screening for all patients, visitors, contractors, volunteers, and staff prior to, or immediately upon, entering a facility or practice.	<input type="checkbox"/> Screen everyone before entering the facility for signs of possible COVID-19 infection, daily.	<input type="checkbox"/> Contact patients in advance of visit to inquire about COVID-19 exposure, presence of any symptoms, or positive screening. Consider rescheduling the patient to a telemedicine visit or delay until symptoms have subsided.
Implement policies for non-punitive sick leave that adhere to CDC return-to-work guidance .	<input type="checkbox"/> Establish sick leave policy that gives employees adequate time to recover without concern of job loss.	<input type="checkbox"/> Reimburse employees for time loss due to work-based exposure to COVID-19 as provided for in the FFCRA.
Post signage that strongly encourages staff, visitors and patients to practice frequent hand hygiene with soap and water or hand sanitizer, avoid touching their face, and practice cough etiquette.	<input type="checkbox"/> Post signs addressing these topics throughout the clinic, including in exam rooms and bathrooms.	<input type="checkbox"/> Actively model appropriate infection control behaviors as teaching opportunity and to build confidence in patients and visitors.
<p>To the greatest extent possible given the constraints of the facility layout, maintain strict social distancing in patient scheduling, check-in processes, positioning and movement within a facility. Set up waiting rooms and patient care areas to facilitate patients, visitors and staff to maintain ≥6 feet of distance between them whenever possible, consider rooming patients directly from cars or parking lots, space out appointments, and consider scheduling or spatially separating well visits from sick visits.</p> <p>Except when physical distancing would interfere with providing health care, require, ensure, and provide adequate space, procedures, and means to maintain physical distancing of at least six feet by all employees in all areas of the hospital/clinic, including public areas, halls, office areas, breakrooms and cafeteria rooms.</p>	<input type="checkbox"/> Minimize exposure possibility in common-use areas (waiting rooms, lunchrooms) by removing selected chairs or tables to enforce social distancing. <input type="checkbox"/> Set provider schedules for patient arrivals at different times (e.g., one arrives on the hour, another 5 minutes later)	<input type="checkbox"/> Pre-register patients the day before so front desk time is minimized. <input type="checkbox"/> Admit directly from vehicle to exam room. <input type="checkbox"/> Do not use common-area height/weight stations; put in each exam room. <input type="checkbox"/> Set follow up appointments from exam room computer.
Limit visitors to those essential for the patient's well-being and care. As required under Proclamation 20-25.7, subject to any subsequent amendments, require visitors to wear face coverings in compliance with the Secretary of Health's order, found here , including the exceptions and exemptions therein.	<input type="checkbox"/> Mask everyone entering clinic if possible; if not, isolate those not masked or reschedule to telemedicine visit if possible. <input type="checkbox"/> Post notice limiting visitors to one per patient.	<input type="checkbox"/> Allow additional visitors to participate via telephone/video connection. <input type="checkbox"/> If feasible, rotate visitors through appointment to allow each to ask questions of the provider.

<p>As required under Proclamation 20-25.7, subject to any subsequent amendments, and the requirements of the Emergency Medical Treatment and Active Labor Act, 42 U.S.C. §1395dd, and other applicable state and federal laws, require patients to wear face coverings in compliance with the Secretary of Health’s order, including the exceptions and exemptions therein.</p>	<input type="checkbox"/> Require patients and visitors to wear a mask while in the facility. If not able, isolate.	<input type="checkbox"/> Provide a mask supply to patients who arrive without one. <input type="checkbox"/> If possible, ask patients to discard the mask they wear into practice and have staff provide a new mask to minimize contaminants in the practice. <input type="checkbox"/> Communicate DIY mask creation instructions to patients.
<p>Frequently clean and disinfect high-touch surfaces regularly using an EPA-registered disinfectant, in accordance with guidance issued by the CDC, DOH, and L&I. Follow CDC guidelines to clean after reports of an employee with suspected or confirmed COVID-19 illness. This may involve the closure of the facility or areas of the facility until the location can be properly disinfected.</p>	<input type="checkbox"/> Clinical areas cleaned per DOH guidance. <input type="checkbox"/> Common areas cleaned daily.	<input type="checkbox"/> Common areas cleaned every two hours.
<p>Notify the local health jurisdiction where the facility or practitioner is located within 24 hours of identification of a COVID-19 outbreak, defined as two or more cases within a 14-day period caused suspected by transmission among staff, patients, or visitors within the facility as defined in the Department of Health’s COVID-19 Outbreak Definition for Healthcare Settings. Subject to applicable privacy and confidentiality laws and rules, create and maintain a list of staff, patients, contractors, volunteers, and visitors with confirmed or suspected cases or exposure.</p>	<input type="checkbox"/> Establish reporting mechanism and requirement for employees to communicate to their supervisor if they have been exposed to or are confirmed with infection. <input type="checkbox"/> Identify any staff, patients or visitors that may have been in contact with employee and work with LHJ contact tracers to get notice out. Maintain a log of these reports. <input type="checkbox"/> Disinfect areas where employee was present, closing those areas if necessary.	<input type="checkbox"/> Provide paid leave for ill employee(s), even if normal sick leave accrual is exhausted. <input type="checkbox"/> Establish relationship with appropriate occupational health service to rapidly test any staff that were exposed; staff should isolate until negative result received or quarantine period ends.

Exclude employees infected with or with known or suspected high-risk exposure to COVID-19 from the workplace in accordance with the CDC's Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19 and Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection, subject to the direction of the local health jurisdiction. Promptly offer and make available, either on-site or by directing to, an external local testing location, testing to employees who have signs or symptoms consistent with COVID-19.	<input type="checkbox"/> If practice does not perform testing, arrange with local facility to have employees tested; streamline referral process if possible.	<input type="checkbox"/> Maintain call list of employees willing to work overtime to cover a peer who is unable to report to work due to illness. <input type="checkbox"/> Arrange contracts with staffing agencies to assist if widespread absences are encountered.
Educate patients about COVID-19 in a language they best understand. The education should address the signs, symptoms, and risk factors associated with COVID-19 and how to prevent its spread.	<input type="checkbox"/> Have information from DOH/CDC available in a variety of languages relevant to practice's patient demographics.	<input type="checkbox"/> Post links to multi-language resources on practice website and social media.
Follow the requirements in Governor Inslee's Proclamation 20-46 - High-Risk Employees – Workers' Rights , as amended.	<input type="checkbox"/> Review all employee work assignments to minimize risk wherever possible. <input type="checkbox"/> Maintain employee benefits even if absences under the proclamation would eliminate said benefits.	<input type="checkbox"/> Clarify HR policies to allow employees to specify whether time off taken is in accordance with the proclamation, for another protected reason (i.e., FMLA), or is otherwise unprotected, and build plans based on these criteria.

***There are additional requirements for ASCs and hospitals. Visit WSMA's COVID-19 resources at www.wsma.org or email policy@wsma.org for more information.**