

Massachusetts Department of Public Health Guidance

Reopen Approach for Health Care Providers

(Providers that are Not Acute Care Hospitals)

Phase 3: Vigilant



NOTE: Effective July 6, 2020, this Phase 3: Vigilant guidance updates guidance for day programs and group treatment, and incorporates public health and safety standards previously required for Phase 1: Start and Phase 2: Cautious.

I. Preamble and Purpose

As Massachusetts continues to monitor trends to guide its reopening strategy, recent data show that the impact of COVID-19 on the state's health care system is stabilizing. Consistent with the Commonwealth's broader phased reopening approach, the Department of Public Health (DPH) issued guidance for health care providers (that are not acute care hospitals) for Phase 1: Start ("Phase 1 Guidance") on May 18 (updated on May 25) and for Phase 2: Cautious ("Phase 2 Guidance") on June 8 (updated on June 24) describing the requirements and limitations for each phase.

Building off of the Phase 1 and Phase 2 Guidance, DPH issues this further guidance for how health care providers that are not acute care hospitals¹ can continue incremental resumption of in-person services and procedures in Phase 3: Vigilant without jeopardizing health system capacity or the public health standards that are essential to protecting health care workers, patients, families, and the general public. This guidance does not apply to emergency care, which has been ongoing and will continue without limitation. DPH recognizes the importance of ensuring that this guidance promote equitable access to care, including high-priority preventative care, across all communities and patient populations, including low-income communities, communities of color, children, and individuals with disabilities.

The implementation of this guidance is contingent on Massachusetts meeting a range of relevant capacity and public health metrics. Ongoing performance on these measures will inform decisions about the reopening process moving forward.

II. Statewide and Hospital-Specific or Hospital System-Specific Capacity Criteria and Required Public Health and Safety Standards and for Entering Phase 3: Vigilant

Beginning July 6, 2020, health care providers may be eligible to move into Phase 3 if the following statewide hospital bed capacity criteria continue to be met, as described below. These criteria may be modified during Phase 3 based upon relevant capacity and public health measures.

¹ As used in this document, "hospital" means an acute care hospital, unless otherwise specified. For the purposes of this guidance, acute care hospitals shall not include comprehensive cancer centers, as defined in G.L. c. 118E, § 8A, or freestanding pediatric hospitals, as defined in 105 CMR 130.



- 1.) **Statewide Intensive Care Unit (ICU) Bed Capacity:** The 7-day average of the number of available, staffed adult ICU beds statewide must be at least 30% of total staffed adult ICU beds (including staffed surge ICU beds).
- 2.) **Statewide Inpatient Bed Capacity:** The 7-day average of the number of available, staffed adult inpatient beds (adult ICU and adult medical/surgical beds) statewide must be at least 30% of total staffed adult inpatient beds (including staffed surge beds).

In addition, health care providers must continue to be in compliance with the public health and safety standards described in Section IV of the Phase 1 Guidance, including specific criteria related to: a) personal protective equipment (PPE); b) workforce safety; c) patient safety; and d) infection control and the additional standards in Section III. B of the Phase 2 Guidance.

DPH will continue to monitor bed capacity at both the statewide and individual hospital or hospital-system level as well a range of public health metrics, including COVID-19 prevalence, testing and positive test rates, and may suspend or limit provision of non-essential procedures and services based on its determination that the available bed capacity is deemed to jeopardize the hospital's, hospital system's, or overall health system's ability to respond to patient demand.

III. Guidance on Recommended Procedures and Services for Phase 3: Vigilant

If the statewide capacity criteria and public health and safety standards have been met in accordance with the Phase 1 Guidance and Phase 2 Guidance, health care providers may incrementally resume in-person delivery of day programs and may provide in-person group treatment services, subject to the following updated requirements and limitations for Phase 3:

A. Day Programs

Health care providers may resume day programs upon issuance of [the Massachusetts Day Program Reopen Approach](#) guidance from the Executive Office of Health and Human Services (EOHHS) and subject to all requirements and limitations described therein.

B. Group Treatment

Health care providers may provide in-person group treatment, including for clinical and behavioral health treatment, within the following parameters:

- 1) Telehealth and/or in-person one-on-one treatment should be prioritized in lieu of group treatment when clinically appropriate
- 2) In-person group treatment should only be utilized when, in the clinical judgment of the provider, the benefit significantly outweighs the risks for the participants, taking into account each individual's circumstances and medical and social risk factors
- 3) In order to maintain social distancing, group treatment programs must be able to maintain 6 feet of distance between all individuals (including participants and staff), which is equivalent to an occupant load of at least 113 square feet per person. Programs should assess their usable physical space when determining ability and capacity to serve participants
- 4) No food or drink may be served



- 5) No physical contact or sharing of materials during a session
- 6) In-person group treatment sessions should be limited to the minimum amount of time that the provider determines is clinically effective
- 7) Providers must adhere to all other public health and safety standards described in this guidance and any other relevant guidance from CDC and DPH

IV. Compliance and Reporting

Attestation Form

Before delivering the services described in Section III of this guidance, health care providers system must first attest, on a [form prescribed by DPH](#), to continuing to meet all Phase 3 criteria and standards, as may be modified in further guidance based upon relevant capacity and public health measures.

The attestation must be signed by the chief executive officer of a community health center² (CHC) and for other health care providers by the compliance leader responsible for internal compliance with these criteria. CHCs and other health care providers must maintain the signed attestation and make it available upon request of DPH at any time. Health care providers with multiple locations may sign and maintain one attestation on behalf of providers at all locations, as long as the designated compliance leader has clinical and operational control over the other locations. Health care providers must prominently post a copy of the signed attestation form at each of its facilities, clinics, and office locations. The Phase 3 attestation form should not be submitted to DPH, but instead maintained as indicated above.

Written Policies and Protocols

Health care providers must update and maintain written policies and protocols that meet or exceed the standards outlined in this guidance. Such policies, protocols, and documentation must be regularly updated and made available to DPH upon request at any time.

Compliance

DPH will monitor and assess compliance and may require remedial action or suspension of Phase 3: Vigilant procedures and services as warranted.

² For purposes of this guidance, the term “community health center” shall include Federally Qualified Health Centers and hospital-licensed community health centers.