**POLICY TEMPLATE**

Policies and Procedures for <practice name> for providing care in Massachusetts Department of Public Health Phase 2 of the COVID-19 era. We continue to adhere to the policies required for DPH Phase 1 as well as the additional policies below:

1. **Patient scheduling prioritization policy**

We schedule patients for visits without regard to their insurance type.

We schedule telehealth visits for any issues that may appropriately be managed remotely.

Urgent issues are always scheduled with the highest priority.

Exceptions to this policy may be made when a provider’s clinical judgement identifies an important need not covered by this policy.

Highest priority

High priority preventive services (e.g. cancer screenings for HIGH-RISK patients)

Pediatric immunizations and essential preventive care

Urgent procedures that, if deferred, would lead to worsening clinical condition or risk of adverse consequences

Lower priority

Acute (non-urgent) illnesses requiring in-person visit

Progressive conditions which will worsen without intervention, or with sxs negatively affecting ADLs or QOL

Monitoring health status or progression of illness

Chronic disease management

Adult preventive care if it must be done in person

Not performed in phase 2

Elective cosmetic procedures

1. **Deferral of non-essential elective care for supply concerns**

Non-essential elective care is deferred if PPE or other essential supply inventories fall below 5 days on hand and resupply is uncertain, or if additional supplies are unable to be procured within this time frame.

1. **Infection control policies and procedures**

We continue to follow all infection control policies from Phase 1. In addition, after invasive procedures, we wait to disinfect and reuse the room until sufficient time has passed to allow the room to be cleared of potential airborne contaminants.