

[NAME OF PRACTICE]
COVID-19 PANDEMIC POLICIES AND PROCEDURES

Policy 1.1: Patient Protocols	
Attachments: Attachment 1: Form 1.1A COVID-19 Screening Script Attachment 2: Form 1.1B COVID-19 Patient Screening Questionnaire and Consent to Treatment Attachment 3: Form 1.1C Visitor COVID-19 Visitor Screening Questionnaire	Effective Date:
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Purpose:

The PRACTICE continues to closely monitor the directives and guidance from Federal and State authorities concerning the COVID-19 pandemic. This Policy is adopted by the PRACTICE in furtherance of the Restore Illinois plan to reopen the State and in consideration of other applicable orders, directives, and guidance, and is intended to ensure the safety of the employees, patients and visitors of the PRACTICE as it reopens.

Policy and Procedures:

A. Triaging Patients

The Illinois Department of Public Health has advised providers to strongly discourage patients who have a mild disease consistent with COVID-19-like illness and who do not require medical care from visiting a health care facility. On the other hand, certain patients are at higher risk of severe disease (e.g., older adults, persons with a compromised immune system or who have chronic health conditions). An acute care facility is the most appropriate venue for evaluation of patients with signs and symptoms of severe disease (e.g., worsening symptoms or difficulty breathing). Therefore, it is the policy of the PRACTICE that when a patient contacts the PRACTICE to schedule an in-person appointment, the PRACTICE will evaluate the most appropriate setting for the patient to receive care. The patient may need to be redirected to the PRACTICE'S HIPAA-compliant telemedicine platform; a COVID-19 testing site; or a hospital.

1. All patients that contact the PRACTICE to schedule an in-person appointment will be screened for COVID-19 symptoms and risk factors using the script attached as **Attachment 1: FORM 1.1 A. COVID-19 Screening Script.**
2. If a patient answers yes to any of the questions posed related to COVID-19 symptoms or risk factors, the PRACTICE shall ensure a PRACTICE clinician evaluates the affirmative answers provided, and determines whether an alternative treatment arrangement may be more appropriate to care for the patient, such as:
 - Telemedicine visit;
 - Referral to a COVID-19 testing site; and/or
 - Referral to a hospital.

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B. Patient COVID-19 Screening Policy

1. All patients should be screened for COVID-19 symptoms and risk factors prior to their appointments. It is the policy of the PRACTICE to make all reasonable efforts to conduct such screening during appointment reminder telephone calls. The PRACTICE will use the script attached to this policy as **Attachment 1: FORM 1.1A COVID-19 Screening Script** to conduct such screenings.
2. If a patient satisfies the criteria for an in-person appointment, he or she should be advised of the Patient COVID-19 Screening Policy (Section B. of this Policy) and Visitor and COVID-19 Screening Policy (Section C of this Policy).
3. When a patient presents to the PRACTICE for an in-person appointment, he or she must be screened for COVID-19 symptoms and risk factors prior to entry to the PRACTICE'S facility. All patients presenting to the PRACTICE for an in-person appointment will be asked to complete the form attached to this policy as **Attachment 2: Form 1.1B: Patient Screening Questionnaire and Consent to Treatment.**

**** Patients who have COVID-19 symptoms or risk factors may be asked to reschedule their in-person appointments.***

**** In compliance with CDC recommendations, Patients must wear a mask while inside the PRACTICE facility if medically tolerated.***

C. Visitor and COVID-19 Screening Policy

It is the policy of the PRACTICE that visitors are prohibited from entering a PRACTICE facility unless one of the following circumstances apply:

1. The visitor is the patient's caregiver assisting with the patient's ability to complete activities of daily living.
2. The visitor is the power of attorney or court-appointed guardian of the patient.
3. The visitor is the patient's parent or guardian, provided that the patient is under the age of 21.

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4. The visitor is visiting under exigent circumstances or for the purposes of performing official government functions.

The PRACTICE will evaluate all other requests for visitors on a case-by-case basis.

Vendors, educators, and service providers shall be encouraged to utilize telephone or video communications with the PRACTICE in lieu of in-person visits. For those vendors that must physically enter the PRACTICE facility (e.g., repairmen), the PRACTICE will grant access to the PRACTICE facility during a time outside of the PRACTICE'S office hours.

*** All visitors must wear a mask while inside the PRACTICE facility if medically tolerated.**

All visitors must undergo COVID-19 symptom and risk factor screening prior to entry to a PRACTICE facility. Such screening is attached to this policy as **Attachment 3: Form 1.1C: Visitor Screening Questionnaire**.

References:

The Centers for Medicare & Medicaid Services (CMS), "OPENING UP AMERICA AGAIN: Centers for Medicare & Medicaid Services (CMS) Recommendations Re-opening facilities to Provide Non-emergent, Non-COVID-19 Healthcare: Phase I," available at <https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf>

Centers for Disease Control and Prevention (CDC), "Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic," available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/framework-non-COVID-care.html>

CDC, "Use of Cloth Face Coverings to Help Slow the Spread of COVID-19," available at <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

"Restore Illinois: A Public Health Approach to Safely Reopen Our State," May 5, 2020, available at <https://coronavirus.illinois.gov/sfc/servlet.shepherd/document/download/069t000000BadS0AAJ?operationContext=S1>.

Illinois Department of Public Health Coronavirus Disease 2019 (COVID-019) Health Care Providers and Facilities, "Clinical and Public Health Guidance for Managing COVID-19 Interim Guidance (*subject to change*); March 18, 2020", available at <https://www.dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus/health-care-providers>

[NAME OF PRACTICE]
COVID-19 PANDEMIC POLICIES AND PROCEDURES

ATTACHMENT 1: FORM 1.1A COVID-19 SCREENING SCRIPT

Introduction: I would like to speak to **[Name of Patient]**. I am calling from PRACTICE to remind you of your appointment scheduled for **[Date and time]**. In preparation for your appointment, and given the recent COVID-19 outbreak, I am calling to ask a few questions designed to help promote your safety, as well as the safety of our staff and other patients. Your responses will remain confidential. As appropriate, the information you provide will be reviewed by one of the PRACTICE'S medical professionals who will provide additional guidance regarding whether any adjustments need to be made to your scheduled appointment.

Question	Yes/No	Details
1. Have you or a member of your household had any of the following symptoms in the last 21 days? - Unexplained sore throat - Cough - Chills - Body aches for unknown reasons - Loss of smell or taste - Fever (>100° F) <i>If yes, obtain information about who had the symptoms, what the symptoms were, when the symptoms started and stopped.</i>		
2. Have you or a member of your household traveled outside the U.S. in the past 30 days? <i>If yes, obtain the city, country and dates.</i>		
3. Have you or a member of your household traveled elsewhere in the U.S. in the past 21 days? <i>If yes, obtain the city, state and dates.</i>		
4. Have you or a member of your household tested positive for COVID-19? <i>If yes, obtain the date of test, results of the test, whether the person is currently in quarantine and the status of the person's symptoms.</i>		
5. Do you have any reason to believe you or a member of your household has been exposed to or acquired COVID-19? <i>If yes, obtain information about the believed source of the potential exposure and any signs that the person acquired the virus.</i>		

[NAME OF PRACTICE]
COVID-19 PANDEMIC POLICIES AND PROCEDURES

ATTACHMENT 1: FORM 1.1A COVID-19 SCREENING SCRIPT

Thank you.

I will share this information with a medical professional in our practice. Please note that our office requires all patients and visitors to follow CDC guidance regarding face coverings to prevent the spread of COVID-19. For that reason, we ask that you please wear a cloth face covering or mask to your appointment. Unless you hear otherwise from us, we look forward to seeing you at your appointment on **[Date (at) Time]**.

[NAME OF PRACTICE]
COVID-19 PANDEMIC POLICIES AND PROCEDURES

**ATTACHMENT 2: Form 1.1B: COVID-19 PATIENT SCREENING QUESTIONNAIRE AND CONSENT TO
TREATMENT**

COVID-19 PATIENT SCREENING QUESTIONNAIRE AND CONSENT TO TREATMENT

I understand that I am the decision maker for my health care. Part of the PRACTICE'S role is to provide me with information to assist me in making informed choices. I understand that the novel Coronavirus (COVID-19) has been declared a global pandemic by the World Health Organization (WHO). I further understand that COVID-19 is extremely contagious and may be contracted from various sources. I understand COVID-19 has a long incubation period during which carriers of the virus may not show symptoms and may still be contagious. Given the current limitations of COVID-19 virus testing, I understand determining who is infected with COVID-19 is exceptionally difficult.

To proceed with receiving care, I confirm and understand the following:

- I understand my treatment may create circumstances, such as the discharge of respiratory droplets or person-to-person contact, in which COVID-19 can be transmitted.
- I understand that I am opting for a treatment that may not be urgent, and that I may have the option to defer my treatment to a later date. However, while I understand the potential risks associated with receiving treatment during the COVID-19 pandemic, I agree to proceed with treatment at this time.
- I understand due to the frequency of appointments with patients, the attributes of the virus, and the characteristics of procedures, I may have an elevated risk of contracting COVID-19 simply by being in a health care office.
- I confirm I am not experiencing any of the following symptoms of COVID-19 that are listed below:
 - Unexplained sore throat
 - Cough
 - Chills
 - Body aches for unknown reasons
 - Loss of taste or smell
 - Fever of >100° F
- I understand travel increases my risk of contracting and transmitting the COVID-19 virus. I verify that I have NOT in the past 30 days I have not traveled: 1) Outside of the United States to countries that have been affected by COVID-19; or 2) Domestically within the United States by commercial airline, bus, or train.
- I am informed that you and your staff have implemented preventative measures intended to reduce the spread of COVID-19. However, given the nature of the virus, I understand there may be an inherent risk of becoming infected with COVID-19 by proceeding with this treatment. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this treatment and give my express permission to you and the staff at your offices to proceed with providing care.
- I have been offered a copy of this consent form.

I KNOWINGLY AND WILLINGLY CONSENT TO THE TREATMENT WITH THE FULL UNDERSTANDING AND DISCLOSURE OF THE RISKS ASSOCIATED WITH RECEIVING CARE DURING THE COVID-19 PANDEMIC. I CONFIRM ALL OF MY QUESTIONS WERE ANSWERED TO MY SATISFACTION.

I HAVE READ, OR HAVE HAD READ TO ME, THE ABOVE COVID-19 RISK INFORMED CONSENT TO TREAT. I APPRECIATE THAT IT IS NOT POSSIBLE TO CONSIDER EVERY POSSIBLE COMPLICATION TO CARE. I HAVE ALSO HAD AN OPPORTUNITY TO ASK QUESTIONS ABOUT ITS CONTENT, AND BY SIGNING BELOW, I AGREE WITH THE CURRENT OR FUTURE RECOMMENDATION TO RECEIVE CARE AS IS DEEMED APPROPRIATE FOR MY CIRCUMSTANCE. I INTEND THIS CONSENT TO COVER THE ENTIRE COURSE OF CARE FROM ALL PROVIDERS IN THIS OFFICE FOR MY PRESENT CONDITION AND FOR ANY FUTURE CONDITION(S) FOR WHICH I SEEK CARE FROM THIS OFFICE.

Patient		Patient/Guardian	
Signature:	_____	Signature	_____
Name	_____	Name	_____
Date	_____	Date	_____

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Purpose:

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Policy and Procedures:

A. Triaging Patients

The Illinois Department of Public Health has advised providers to strongly discourage patients who have a mild disease consistent with COVID-19-like illness and who do not require medical care from visiting a health care facility. On the other hand, certain patients are at higher risk of severe disease (e.g., older adults, persons with a compromised immune system or who have chronic health conditions). An acute care facility is the most appropriate venue for evaluation of patients with signs and symptoms of severe disease (e.g., worsening symptoms or difficulty breathing). Therefore, it is the policy of the PRACTICE that when a patient contacts the PRACTICE to schedule an in-person appointment, the PRACTICE will evaluate the most appropriate setting for the patient to receive care. The patient may need to be redirected to the PRACTICE'S HIPAA-compliant telemedicine platform; a COVID-19 testing site; or a hospital.

1. All patients that contact the PRACTICE to schedule an in-person appointment will be screened for COVID-19 symptoms and risk factors using the script attached as **Attachment 1: FORM 1.1 A. COVID-19 Screening Script.**
2. If a patient answers yes to any of the questions posed related to COVID-19 symptoms or risk factors, the PRACTICE shall ensure a PRACTICE clinician evaluates the affirmative answers provided, and determines whether an alternative treatment arrangement may be more appropriate to care for the patient, such as:
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1. All patients should be screened for COVID-19 symptoms and risk factors prior to their appointments. It is the policy of the PRACTICE to make all reasonable efforts to conduct such screening during appointment reminder telephone calls. The PRACTICE will use the script attached to this policy as **Attachment 1: FORM 1.1A COVID-19 Screening Script** to conduct such screenings.
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3. When a patient presents to the PRACTICE for an in-person appointment, he or she must be screened for COVID-19 symptoms and risk factors prior to entry to the PRACTICE'S facility. All patients presenting to the PRACTICE for an in-person appointment will be asked to complete the form attached to this policy as **Attachment 2: Form 1.1B: Patient Screening Questionnaire and Consent to Treatment.**

**** Patients who have COVID-19 symptoms or risk factors may be asked to reschedule their in-person appointments.***

**** In compliance with CDC recommendations, Patients must wear a mask while inside the PRACTICE facility if medically tolerated.***

C. Visitor and COVID-19 Screening Policy

It is the policy of the PRACTICE that visitors are prohibited from entering a PRACTICE facility unless one of the following circumstances apply:

1. The visitor is the patient's caregiver assisting with the patient's ability to complete activities of daily living.
2. The visitor is the power of attorney or court-appointed guardian of the patient.
3. The visitor is the patient's parent or guardian, provided that the patient is under the age of 21.

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4. The visitor is visiting under exigent circumstances or for the purposes of performing official government functions.

The PRACTICE will evaluate all other requests for visitors on a case-by-case basis.

Vendors, educators, and service providers shall be encouraged to utilize telephone or video communications with the PRACTICE in lieu of in-person visits. For those vendors that must physically enter the PRACTICE facility (e.g., repairmen), the PRACTICE will grant access to the PRACTICE facility during a time outside of the PRACTICE'S office hours.

*** All visitors must wear a mask while inside the PRACTICE facility if medically tolerated.**

All visitors must undergo COVID-19 symptom and risk factor screening prior to entry to a PRACTICE facility. Such screening is attached to this policy as **Attachment 3: Form 1.1C: Visitor Screening Questionnaire**.

References:

The Centers for Medicare & Medicaid Services (CMS), "OPENING UP AMERICA AGAIN: Centers for Medicare & Medicaid Services (CMS) Recommendations Re-opening facilities to Provide Non-emergent, Non-COVID-19 Healthcare: Phase I," available at <https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf>

Centers for Disease Control and Prevention (CDC), "Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic," available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/framework-non-COVID-care.html>

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"Restore Illinois: A Public Health Approach to Safely Reopen Our State," May 5, 2020, available at <https://coronavirus.illinois.gov/sfc/servlet.shepherd/document/download/069t000000BadS0AAJ?operationContext=S1>.

Illinois Department of Public Health Coronavirus Disease 2019 (COVID-019) Health Care Providers and Facilities, "Clinical and Public Health Guidance for Managing COVID-19 Interim Guidance (*subject to change*); March 18, 2020", available at <https://www.dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus/health-care-providers>

[NAME OF PRACTICE]
COVID-19 PANDEMIC POLICIES AND PROCEDURES

ATTACHMENT 1: FORM 1.1A COVID-19 SCREENING SCRIPT

Introduction: I would like to speak to **[Name of Patient]**. I am calling from PRACTICE to remind you of your appointment scheduled for **[Date and time]**. In preparation for your appointment, and given the recent COVID-19 outbreak, I am calling to ask a few questions designed to help promote your safety, as well as the safety of our staff and other patients. Your responses will remain confidential. As appropriate, the information you provide will be reviewed by one of the PRACTICE'S medical professionals who will provide additional guidance regarding whether any adjustments need to be made to your scheduled appointment.

Question	Yes/No	Details
1. Have you or a member of your household had any of the following symptoms in the last 21 days? - Unexplained sore throat - Cough - Chills - Body aches for unknown reasons - Loss of smell or taste - Fever (>100° F) <i>If yes, obtain information about who had the symptoms, what the symptoms were, when the symptoms started and stopped.</i>		
2. Have you or a member of your household traveled outside the U.S. in the past 30 days? <i>If yes, obtain the city, country and dates.</i>		
3. Have you or a member of your household traveled elsewhere in the U.S. in the past 21 days? <i>If yes, obtain the city, state and dates.</i>		
4. Have you or a member of your household tested positive for COVID-19? <i>If yes, obtain the date of test, results of the test, whether the person is currently in quarantine and the status of the person's symptoms.</i>		
5. Do you have any reason to believe you or a member of your household has been exposed to or acquired COVID-19? <i>If yes, obtain information about the believed source of the potential exposure and any signs that the person acquired the virus.</i>		

[NAME OF PRACTICE]
COVID-19 PANDEMIC POLICIES AND PROCEDURES

ATTACHMENT 1: FORM 1.1A COVID-19 SCREENING SCRIPT

Thank you.

I will share this information with a medical professional in our practice. Please note that our office requires all patients and visitors to follow CDC guidance regarding face coverings to prevent the spread of COVID-19. For that reason, we ask that you please wear a cloth face covering or mask to your appointment. Unless you hear otherwise from us, we look forward to seeing you at your appointment on **[Date (at) Time]**.

**[NAME OF PRACTICE]
COVID-19 PANDEMIC POLICIES AND PROCEDURES**

**ATTACHMENT 2: Form 1.1B: COVID-19 PATIENT SCREENING QUESTIONNAIRE AND CONSENT TO
TREATMENT**

COVID-19 PATIENT SCREENING QUESTIONNAIRE AND CONSENT TO TREATMENT

I understand that I am the decision maker for my health care. Part of the PRACTICE'S role is to provide me with information to assist me in making informed choices. I understand that the novel Coronavirus (COVID-19) has been declared a global pandemic by the World Health Organization (WHO). I further understand that COVID-19 is extremely contagious and may be contracted from various sources. I understand COVID-19 has a long incubation period during which carriers of the virus may not show symptoms and may still be contagious. Given the current limitations of COVID-19 virus testing, I understand determining who is infected with COVID-19 is exceptionally difficult.

To proceed with receiving care, I confirm and understand the following:

- I understand my treatment may create circumstances, such as the discharge of respiratory droplets or person-to-person contact, in which COVID-19 can be transmitted.
- I understand that I am opting for a treatment that may not be urgent, and that I may have the option to defer my treatment to a later date. However, while I understand the potential risks associated with receiving treatment during the COVID-19 pandemic, I agree to proceed with treatment at this time.
- I understand due to the frequency of appointments with patients, the attributes of the virus, and the characteristics of procedures, I may have an elevated risk of contracting COVID-19 simply by being in a health care office.
- I confirm I am not experiencing any of the following symptoms of COVID-19 that are listed below:
 - Unexplained sore throat
 - Cough
 - Chills
 - Body aches for unknown reasons
 - Loss of taste or smell
 - Fever of >100° F
- I understand travel increases my risk of contracting and transmitting the COVID-19 virus. I verify that I have NOT in the past 30 days I have not traveled: 1) Outside of the United States to countries that have been affected by COVID-19; or 2) Domestically within the United States by commercial airline, bus, or train.
- I am informed that you and your staff have implemented preventative measures intended to reduce the spread of COVID-19. However, given the nature of the virus, I understand there may be an inherent risk of becoming infected with COVID-19 by proceeding with this treatment. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this treatment and give my express permission to you and the staff at your offices to proceed with providing care.
- I have been offered a copy of this consent form.

I KNOWINGLY AND WILLINGLY CONSENT TO THE TREATMENT WITH THE FULL UNDERSTANDING AND DISCLOSURE OF THE RISKS ASSOCIATED WITH RECEIVING CARE DURING THE COVID-19 PANDEMIC. I CONFIRM ALL OF MY QUESTIONS WERE ANSWERED TO MY SATISFACTION.

I HAVE READ, OR HAVE HAD READ TO ME, THE ABOVE COVID-19 RISK INFORMED CONSENT TO TREAT. I APPRECIATE THAT IT IS NOT POSSIBLE TO CONSIDER EVERY POSSIBLE COMPLICATION TO CARE. I HAVE ALSO HAD AN OPPORTUNITY TO ASK QUESTIONS ABOUT ITS CONTENT, AND BY SIGNING BELOW, I AGREE WITH THE CURRENT OR FUTURE RECOMMENDATION TO RECEIVE CARE AS IS DEEMED APPROPRIATE FOR MY CIRCUMSTANCE. I INTEND THIS CONSENT TO COVER THE ENTIRE COURSE OF CARE FROM ALL PROVIDERS IN THIS OFFICE FOR MY PRESENT CONDITION AND FOR ANY FUTURE CONDITION(S) FOR WHICH I SEEK CARE FROM THIS OFFICE.

Patient		Patient/Guardian	
Signature:	_____	Signature	_____
Name	_____	Name	_____
Date	_____	Date	_____

[NAME OF PRACTICE]
COVID-19 PANDEMIC POLICIES AND PROCEDURES

ATTACHMENT 3: Form 1.1C: COVID-19 VISITOR SCREENING QUESTIONNAIRE

COVID-19 VISITOR SCREENING QUESTIONNAIRE

The safety of our employees and patients is the overriding priority of the PRACTICE. To prevent the spread of COVID-19 and reduce the potential risk of exposure to our employees and patients, we are conducting a simple screening questionnaire for all visitors. Your participation is important to protect you, our employees and patients.

Visitor's Name:	Phone Number:
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Declaration by Visitor	Yes/No
1. Have you or a member of your household had any of the following symptoms in the last 21 days? - Unexplained sore throat - Cough - Chills - Unexplained body aches - Loss of smell or taste - Fever (>100° F)	
2. Have you or a member of your household traveled outside of the U.S. within the past 30 days?	
3. Have you or a member of your household traveled outside of the State within the past 21 days?	
4. Have you or a member of your household tested positive for COVID-19?	
5. To the best of your knowledge, have you been in close contact with anyone who has tested positive for COVID-19 or has traveled outside of the U.S. within the past 14 days?	

If the answer is “yes” to any of the questions, access to the PRACTICE’S facility will be denied.

I attest the above information is correct o the best of my knowledge.

Signature (visitor): _____
4850-7253-6000, v. 2

Date: _____

[NAME OF PRACTICE]
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Policy 1.2: COVID-19 Social Distancing and Use of Physical Space Policy	
Attachments: Attachment 1: Form 1.2 COVID-19 SOCIAL DISTANCING CHECKLIST	Effective Date:
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Purpose:

The PRACTICE shall continue to monitor Federal and state directives, orders, and guidance as the COVID-19 pandemic continues to evolve. This Policy is adopted by the PRACTICE in furtherance of the **Restore Illinois Plan** to reopen the State of Illinois and to incorporate the requirements of the Executive Orders of the Governor of Illinois and recommendations by the Centers for Disease Control (CDC) and other guidance applicable to the PRACTICE in the delivery of healthcare services to our patients during the COVID-19 pandemic.

Responsible Party within Practice: The PRACTICE Administrator shall be responsible for implementing this Policy.

Policy:

1. **Social Distancing**. The PRACTICE shall promote, and require where possible, Social Distancing to reduce the spread of coronavirus disease 2019 (COVID-19), and to minimize the chance of exposure to respiratory pathogens, including SARS-CoV-2, the virus that causes COVID-19, within the PRACTICE.
2. **Physical Distancing**. The PRACTICE shall establish guidelines to promote and maintain Physical Distancing within the PRACTICE relevant to Social Distancing for compliance with Federal and state orders, directives and guidance during the COVID-19 pandemic.

What is Social Distancing? The PRACTICE shall use the descriptions and the recommendations (that may change from time to time) by the CDC regarding ***Social Distancing*** to reduce the spread of COVID-19. The CDC describes Social Distancing, also called “physical distancing,” as keeping space between yourself and other people outside of your home, and “to practice social or physical distancing stay at least 6 feet (about 2 arms’ length) from other people”.

Please reference Form 1.2 COVID-19 Social Distancing Checklist for reviewing the PRACTICE’S Social Distancing and Physical Distancing practices.

Procedure(s):

1. **Social Distancing under the Executive Orders of the Governor of Illinois.**

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COVID-19 PANDEMIC POLICIES AND PROCEDURES

Policy 1.2: COVID-19 Social Distancing and Use of Physical Space Policy	
Attachments: Attachment 1: Form 1.2 COVID-19 SOCIAL DISTANCING CHECKLIST	Effective Date:
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The PRACTICE shall comply with all requirements of all applicable Executive Orders of the Governor of Illinois during the COVID-19 pandemic. The PRACTICE shall implement the following Social Distancing following requirements and recommendations in Executive Order 2020-38:

Requirements Applicable to All Businesses

The PRACTICE, shall:

- Continue to evaluate which employees are able to work from home, and are encouraged to facilitate remote work from home when possible;
- Ensure that employees practice Social Distancing and wear face coverings where Social Distancing is not always possible, unless the PRACTICE determines face coverings should be worn at all times;
- Ensure that all visitors to the PRACTICE maintain a 6 foot social distance, if possible, and encourage visitors to wear face coverings;
- The Prominently post the guidance from the Illinois Department of Public Health (IDPH) and Office of the Illinois Attorney General regarding workplace safety during the COVID-19 emergency.

Social Distancing, Face Coverings, and PPE Requirements

The PRACTICE shall take proactive measures to ensure compliance with Social Distancing requirements, including:

- **Designate Six-Foot Distances**. The PRACTICE shall designate with signage, tape or by other means 6-foot spacing for patients, employees and visitors to maintain appropriate physical distance.
- **Hand Sanitizer and Sanitizing Products**. The PRACTICE shall make hand sanitizer and sanitizing products readily available for patients, employees and visitors at entry points and common areas within the PRACTICE.
- **Separate Operating Hours for Vulnerable Populations**. The PRACTICE shall implement separate operating hours for elderly and vulnerable patients, if applicable, for the healthcare services delivered by the PRACTICE to these populations.
- **Online and Remote Access**. The PRACTICE shall post online, and regularly update such information, regarding whether the PRACTICE is open and how best to reach the PRACTICE and to attempt to continue services by telemedicine or other similar means.

[NAME OF PRACTICE]
COVID-19 PANDEMIC POLICIES AND PROCEDURES

Policy 1.2: COVID-19 Social Distancing and Use of Physical Space Policy	
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2. Use of Physical Space.

- a. **Determine Maximum Occupancy of the PRACTICE Office Space.** The PRACTICE shall determine the maximum number of individuals that can safely occupy all areas of the PRACTICE office space without exceeding recommended Social Distancing standards (e.g. 6-foot separation). This number will be the recommended number of individuals in the office, and in the applicable common areas or rooms at any given time.
- Maximum occupancy shall be calculated for each room, or conference room.
 - A 6-foot separation equates to 9 square feet per person occupancy load.
- b. **Avoid Gatherings.** The PRACTICE shall evaluate activities that cause individuals to aggregate together and avoid or limit such activities. Daily meetings, staff events, etc. should be modified to occur via teleconference or meet distancing requirements.
- Areas typically used for informal staff gatherings, such as coffee or kitchen locations, break rooms, etc. should be modified or monitored to prevent crowds.
 - Face-to-face interactions shall be limited to less than 15 minutes, if possible.
- c. **Modify Office Layout and Flow Patterns.** The PRACTICE shall alter the physical layout of the PRACTICE's overall work spaces where possible to maximize 6-foot distancing between clinicians, patients, staff and visitors.
- The PRACTICE shall re-assess office flow patterns to limit intra-office and visitor traffic as much as possible.
 - Selective removal of furniture or taping signs on furniture may also be considered to minimize circumstances where individuals are seated too close together.
- d. **Physical Markings.** The PRACTICE shall place queuing marks (i.e., by tape or other means) in waiting areas, common areas such as hallways, and elevator lobbies to reinforce Social Distancing; and the PRACTICE shall further consider using stanchion, floor decals, mats, etc., to provide reminders of Social Distancing in hallways and to control elevator traffic.
- e. **Waiting Rooms.** The Practice shall:
- Provide supplies – tissues, alcohol-based hand rub, soaps at sinks, and no-touch trash cans.

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- Place chairs 6-feet apart, when possible, or place signs and tape on chairs that should not be used to ensure that patients and visitors are spaced at least 6-feet apart in seating areas.
 - Create separate spaces in waiting areas for sick and well patients, if necessary.
 - Place sick patients in a private room as quickly as possible, if applicable.
 - Reduce crowding in waiting rooms by asking patients to remain outside (e.g., stay in their vehicles or in a designated outdoor waiting area), if feasible, until they are called into the PRACTICE for their appointment.
 - The PRACTICE may consider setting up triage booths to screen patients safely.
 - Patients should be given the option to wait in a personal vehicle or outside the PRACTICE where they can be contacted by mobile phone when it is their turn for their office visit.
- f. **Elevators.** The PRACTICE shall consider elevator sizes, if applicable, the number of building floors, and daily number of patients, employees and visitors when establishing Social Distancing guidelines for elevator riders. If an elevator cab is not large enough to accommodate 6-foot spacing between occupants, consider limiting riders to 4-one in each corner-for example.

3. Patients with Suspected or Confirmed COVID-19.

The PRACTICE should implement the following in regard to providing services for patients with suspected or confirmed COVID-19:

- a. **Utilize Separate Entrances.** The PRACTICE shall establish separate entrances to be utilized by patients with suspected or confirmed COVID-19.
- b. **Isolate symptomatic patients as soon as possible.** The PRACTICE shall set up, when applicable, separate, well-ventilated triage areas, and place patients with suspected or confirmed COVID-19 in private rooms with the door closed.
- c. **Signage.** Post signage encouraging hand washing, hand sanitizing and wiping down of surfaces in high traffic, shared spaces (elevator lobby, meeting rooms, restrooms, etc.).
- d. **Plexiglass Shields (Sneeze Guards).** The PRACTICE shall consider placement of a "sneeze guard" or "plexiglass barrier" at the point of entry between visitors and the PRACTICE receptionist and/or point of contact. A floor marking indicating a six foot standoff mark from the receptionist or a pair of floor stanchions with cord suspended between them are other alternatives.

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4. Signage.

- a. The Practice shall place visual alerts, such as signs and posters in appropriate languages, at entrances and in strategic places providing instructions on hand hygiene, respiratory hygiene (including the use of cloth face coverings), and cough etiquette. Examples of signage that the PRACTICE may use are described and available in **Attachment 1: Form 1.2 A** attached to this policy.
- b. **Post Guidance from the IDPH.** As noted above, the PRACTICE shall also prominently post the guidance from the Illinois Department of Public Health (IDPH) and Office of the Illinois Attorney General regarding workplace safety during the COVID-19 emergency.

References:

Social Distancing: Keep Your Distance to Slow the Spread, CDC,
<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>

Coronavirus Disease 2019 (COVID-19), Interim Infection Prevention and Control Recommendations for patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings, CDC,
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

Governor of Illinois, Executive Order
Executive Order 2020-38,
www.Illinois.gov/Pages/Executive-Orders/ExecutiveOrder2020-38.aspx

FAQ Face Coverings
<https://dph.illinois.gov/covid19/faq-face-coverings-business>

General public use of masks
<https://dph.illinois.gov/covid19/community-guidance/mask-use>

Clinical and Public Health Guidance for Managing COVID-19
Interim Guidance (subject to change); March 18, 2020
<https://dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus/health-care-providers>

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[Workplace Health and Safety Guidance for Employees and Staff of Businesses](https://dph.illinois.gov/covid19/community-guidance/workplace-health-and-safety-guidance)
<https://dph.illinois.gov/covid19/community-guidance/workplace-health-and-safety-guidance>

[Healthcare Facilities: Managing Operations During the COVID-19 Pandemic](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-hcf.html#outpatient-ambulatory)
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-hcf.html#outpatient-ambulatory>

[Get Your Clinic Ready for Coronavirus Disease 2019 \(COVID-19\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinic-preparedness.html)
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinic-preparedness.html>

[Social Distancing](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html)
<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>

[How to Wash Cloth Face Coverings](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-wash-cloth-face-coverings.html)
<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-wash-cloth-face-coverings.html>

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ATTACHMENT 1: FORM 1.2 - COVID-19 SOCIAL DISTANCING CHECKLIST

General	Yes/No	Comments
Are clinicians, patients and visitors able to maintain 6 feet social distancing at all times practicable?	Y / N	
Are entrances and exits clearly marked to encourage one-directional traffic?		
Are staff placed in sufficient proximity to entrances to screen patients/employees /visitors for possible COVID-19 symptoms and fever, and provide information about mask/social distancing requirements while in the PRACTICE?		
Personal Protective Equipment (PPE)	Yes/No	Comments
Are healthcare providers provided face coverings? (surgical or procedure masks are permitted)	Y / N	
Are healthcare providers treating confirmed or suspected COVID-19 patients equipped with gowns, gloves, and eye protection?		
Do non-clinical staff have clean face coverings? (cloth face coverings are permitted for non-clinical personnel)		
Are front desk/triage staff equipped with additional face coverings to provide to patients and visitors?		
Are all staff aware of PRACTICE requirement that staff must wear masks at all times while indoors, regardless of six (6) feet distancing, as well as encouraged to maintain social distancing outside the PRACTICE?		
Hygiene	Yes/No	Comments

Is hand-sanitizer (60-95% alcohol) available for staff, patients, and visitors in conspicuous locations?		
Are staff utilizing hand-sanitizer regularly, or, alternatively, washing hands with soap and water for at least 20 seconds?		
Do staff, patients, and visitors have access to tissues and no-touch disposal receptacles?		
Are all frequently touched surfaces (e.g., light switches, keyboards, phones, countertops, doorknobs) cleaned at regular intervals with approved cleaning products?		
Are staff leaving non-essential accessories (e.g., jewelry, watches) at home or in their personal vehicle before the start of shifts?		
Are staff members with medium to long length hair pulling hair back so as to avoid the necessity of touching their faces?		
Patient Waiting Areas	Yes/No	Comments
Are chairs in patient waiting areas spaced at least six feet apart? Alternatively, are partitions used to separate patients seated next to each other?		
Is there a separate patient waiting area for patients suspected or confirmed of having COVID-19?		
Are practices in place to avoid overcrowding in patient waiting areas? (e.g., overflow or outdoor waiting areas) *If not, consider asking patients to wait inside their personal vehicles in the parking lot until called for their appointment.		
Have staff removed publicly available items such as toys and reading materials?		
Common Areas	Yes/No	Comments

Are common areas (e.g., break rooms, copy/scanner rooms) clearly marked with signage indicating maximum occupancy to maintain social distancing requirements?		
Are chairs in break rooms, dining rooms spaced at least six feet apart?		
COVID-19 Related Signage	Yes/No	Comments
Have signs been placed outside the PRACTICE to notify patients of social distancing/face covering requirements?		
Is the interior floor marked with arrows six feet apart indicating one-directional flow of foot traffic?		
Are signs conspicuously placed outside and throughout the PRACTICE regarding hygiene? (e.g., handwashing, covering mouth while coughing, etc.)		
Are signs conspicuously placed outside and throughout the PRACTICE listing potential symptoms and other COVID-19 related information?		

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