



State of West Virginia *Board of Medicine*

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Guidance and Best Practices for the Safe Resumption of Practice for Board of Medicine Licensees

Pursuant to [Executive Order 30-20](#), which was entered by Governor Jim Justice on April 27, 2020, the West Virginia Board of Medicine hereby provides the following guidance and best practices for the safe resumption or expansion of services by health professionals licensed by this Board. These guidelines are intended to facilitate the protection of medical and health care providers and the public alike against the COVID-19 virus as providers resume the performance of elective procedures which were temporarily limited by [Executive Order 16-20](#). This guidance is intended for clinics, offices, and other facilities operated by or with medical and health care providers licensed by this Board with one exception. This guidance does not provide standards for the resumption of elective procedures by hospitals or ambulatory surgical centers regulated by OHFLAC.¹ Additionally, the Board encourages providers to continue utilizing telemedicine technologies for all patient encounters where the available technology is consistent with the standard of care and the patient's needs.

Resumption of Elective Procedures

[Executive Order 30-20](#) authorizes, but does not require, the resumption of elective procedures beginning at 12:00AM on Thursday, April 30, 2020. Providers who are concerned about immediately resuming elective procedures have the discretion to defer resuming this aspect of practice until they are comfortable that they have protocols in place to maximize safety for patients, providers and staff. For those providers who resume performing elective procedures, the Board provides the following guidelines and best practices. As some of the proposed guidelines will result in a change of office or facility practices, the Board encourages clear communication with patients regarding the changes to avoid confusion and ensure that patients are aware of and compliant with newly implemented policies and practices.

¹ Pursuant to Executive Order 30-20, hospitals and ambulatory surgical centers regulated by OHFLAC remain subject to the terms of [Executive Order 28-20](#).

The Board encourages providers to adopt the following resumption of elective procedure and non-emergent care guidance:

1. [Local Resumption of Elective Surgery Guidance](#) published by the American College of Surgeons.²
2. Centers for Medicare & Medicaid Services (CMS) [Recommendations Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare: Phase I](#)³
3. [Joint Statement on Resuming Elective Surgery](#) published by the American College of Surgeons, American Society of Anesthesiologists, Association of periOperative Registered Nurses, and the American Hospital Association.⁴

The following guidelines and best practices are also recommended for providers in clinic, office and other non-hospital or ambulatory surgical center settings:

1. Adopt and implement comprehensive safety protocols which address staff and patient safety through:
 - a. Maintaining physical distance and appropriate facility census:
 - i. Practices must comply with all facility census limits established by gubernatorial Executive Order, the Bureau for Public Health and/or the local health department.
 - ii. Consider establishing specific appointment times/days which are reserved for patients who are elderly, immunocompromised or are otherwise particularly vulnerable and at higher risk if exposed to COVID-19.
 - iii. Consider implementing strategies which limit the census in waiting areas and which promote social distance within the facility, including the following:
 1. Implement telephone or text check-in processes and, where consistent with patient health, instruct patients to wait in their vehicles until an exam room is ready;
 2. Expand pre-appointment communications with patients to collect information concerning any recent known exposure to COVID-19 and concerning the patient's ability to check-in via telephone or text and wait for their appointment in a vehicle;
 3. Schedule patients at intervals which limit office census and patient overlap;
 4. Establish protocol for isolating infectious or presumptively infectious patients;
 5. Modify office staff work areas or schedules to promote physical distance, where possible;

² <https://www.facs.org/covid-19/clinical-guidance/resuming-elective-surgery>

³ <https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf>

⁴ <https://www.asahq.org/about-asahq/newsroom/news-releases/2020/04/joint-statement-on-elective-surgery-after-covid-19-pandemic>

6. Modify the physical environment of waiting areas to facilitate social distancing;
7. Modify office traffic flow patterns, where possible, to limit cross traffic by patients and office staff and any unnecessary engagement at check-in/check-out;
8. If check-in or check-out processes require patients to use pens, clipboards or electronic signature equipment, provide hand sanitizer for patient use before and after, and employ appropriate sanitizing practices for such equipment;
9. Remove magazines, toys, puzzles, complimentary beverage stations or other waiting room items that may be handled by multiple individuals, including potentially infected patients; and
10. Prohibit adult patients from being accompanied within the medical facility unless the patient needs a companion or aide as a reasonable accommodation.

b. Masks and other Face Coverings

- i. Practices and facilities should only resume elective procedures if appropriate PPE is available.
 - ii. Providers and medical office staff should implement universal masking.
 - iii. Patients who enter the practice location should wear an appropriate face covering. Providers should clearly communicate this requirement to patients when an appointment is made or, for existing appointments, when the appointment is confirmed. Practices should incorporate appropriate modifications and/or accommodations to this requirement for young children and patients with medical conditions that make reduced airflow through a mask or face covering difficult.
 - iv. Practices and facilities should be prepared to provide face coverings to patients when necessary and appropriate.
2. As the COVID-19 State of Emergency is a rapidly evolving situation, the Board encourages providers to check the [WVDHHR Coronavirus Disease provider resources webpage](#) and the Board's [COVID-19 webpage](#) for updated guidance and information.