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Guidance and Best Practices for Resumption and Expansion of Services

As directed by Governor Jim Justice in [Executive Order 30-20](#), the West Virginia Board of Osteopathic Medicine provides its licensees the following guidance and best practices for resumption and expansion of services. The measures set forth herein are designed to protect health care providers and the public from COVID-19 as providers resume procedures that were temporarily suspended by [Executive Order 16-20](#). This guidance applies to clinics, offices, and other facilities operated by or with medical and health care professionals licensed by the Board. This guidance does not apply to hospitals or ambulatory surgical centers regulated by the Office of Health Facility Licensure and Certification (OHFLAC), as those facilities remain subject to the provisions of [Executive Order 28-20](#).

The Board reminds licensees that Executive Order 30-20 allows, but does not require, resumption of elective procedures. Licensees should use their professional judgment in determining whether their particular practice is thoroughly prepared to safely resume these procedures. At this time, the Board encourages its licensees to continue utilizing telemedicine technologies where that technology is consistent with the standard of care and the patient's needs. For those licensees who choose to resume and expand in-person services, the Board issues the following guidance and best practices:

1. Adopt and implement comprehensive safety measures that protect staff and patients by:
 - A. Maintaining physical distance and appropriate facility capacity:
 - i. Practices must comply with all facility capacity limits established by Executive Order, the Bureau for Public Health and/or local health departments.
 - ii. Providers should consider reserving specific appointment days and times for patients who are elderly, immunocompromised or are otherwise particularly vulnerable to COVID-19.
 - iii. Providers should consider limiting the number of individuals in waiting rooms and should promote social distancing within the facility. Some strategies to consider include:
 1. Implementing telephone or text check-in processes and, where consistent with patient health, instructing patients to wait in their vehicles until an exam room is ready;
 2. Communicating with patients prior to appointments 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. Scheduling patients at intervals that limit patient overlap;

4. Establishing protocols for isolating infectious or presumptively infectious patients;
5. Modifying work areas or schedules to further social distancing, where possible;
6. Modifying waiting rooms to promote social distancing;
7. Modifying traffic flow patterns in the facility, where possible;
8. Providing hand sanitizer for patient use before and after check-in and check-out, and employ appropriate sanitizing practices for check-in and check-out equipment, such as pens and clipboards;
9. Removing common waiting room items, such as magazines, toys, and beverage stations, that could be touched by multiple individuals; and
10. Prohibiting adult patients from being accompanied within the medical facility unless the patient needs a companion or aide as a reasonable accommodation.

B. Face Protection and PPE

- i. Providers should only resume elective procedures if appropriate PPE is available. Providers are specifically required by Executive Order 30-20 to ensure that occupationally appropriate PPE and other medical equipment and resources are sufficiently available, to be aware of statewide PPE, supplies, equipment, and medicine needs, and to be prepared to contribute as necessary.
- ii. Providers and staff should observe universal masking.
- iii. Patients should wear appropriate face protection. Providers should clearly communicate this requirement to patients when scheduling or confirming appointments. Practices should consider appropriate accommodations to this requirement for young children and patients with medical conditions that make reduced airflow through face protection difficult.
- iv. Providers should provide face protection to patients and other visitors when necessary and appropriate.

2. The Board further advises its licensees to review and adopt the following guidance where appropriate:

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

3. Licensees should also continue to monitor the DHHR's COVID-19 resources [webpage](#) and the Board's [website](#) for further COVID-19 updates.