

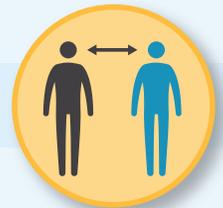


## Checklist for Communicating with Patients About Resuming Visits During COVID-19

This checklist serves as a tool to help practices prepare their communications pieces (email, website, phone instructions, portal messages, texts, etc.) for patients returning to the office for exams and treatments as restrictions are beginning to ease during the COVID-19 pandemic. Following are questions to answer to help you develop your communications.

Your communications should be friendly and thoughtful. Try to avoid overwhelming patients with scary information, but instead aim to lay out all that you are doing to protect them and your staff, thereby creating a space where patients can feel comfortable seeking care.

- 1. Why is it important that patients continue to come and see us/come back to see us so we can keep them healthy?
- 2. What types of services are we currently prepared to provide in-person? (new patient visits, follow-ups, allergen immunotherapy, oral immunotherapy, biologics, skin testing, oral challenges, spirometry, FeNO etc.)
- 3. What types of visits are we currently offering via telemedicine? Via telephone?
- 4. What volume of patients can we currently accommodate with our physical office setup, supply of PPE and staffing?
- 5. How will we ensure physical distancing among patients?
- 6. Do we have virtual check-in and check-out options for patients?
- 7. Where will we ask patients to wait for various types of appointments? Will we contact them via text when it is time for them to enter the office?
- 8. Will we ask patients to provide and wear their own mask, or will we provide one if needed?
- 9. Are there certain services that may be performed at the patient's car?



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- 10. How will we adjust allergen immunotherapy protocols? What about biologics protocols?
- 11. How will we adjust post allergen immunotherapy protocols? Will patients wait in the waiting room with social distancing protocols or in their car or somewhere else? If we allow them to wait in their car, will we require them to have epinephrine autoinjectors, cell phones, or another adult present?
- 12. How will we ensure that we have the supplies needed to disinfect spaces and surfaces between patients?
- 13. What are we requiring our staff to do to prevent transmission of infection? (Self-assessments, temperature taking, laundering of uniforms, wearing masks and gloves, frequent hand washing)
- 14. Where are we getting our guidance for preventing transmission of COVID-19 in the office? (List all sources when communicating with patients) (Advice from CDC, state health department, AMA, your health system or institution)
- 15. How often do we consult these guidance sources for updates?
- 16. How will we need to adjust our appointment schedule to allow enough time between patients to thoroughly clean/air out the space and ensure distancing? Will we stagger our schedules to maximize social distancing? What about extended days/hours?
- 17. What instructions do we need to give patients ahead of their visit? (Require all patients to wear a mask; alert patients that their temperature will be taken upon arrival; prohibit visitors or anyone accompanying a patient unless it is necessary, and then only one person; remind patients that physical distancing will be in place; explain any instructions for where to wait; etc.)
- 18. What are we doing about cleaning high-touch areas such as door knobs, railings and elevator buttons?
- 19. What sort of access will our patients have to a rest room during their visit?
- 20. What types of communications do we need to prepare? Suggestions: Customized emails based on groups of patients and treatment types; web-based instructions and updates regarding safety and scheduling plus practice COVID-19 safety protocols; portal communications; text-based patient communications; a phone script for staff to instruct and inform each patient before their appointment)
- 21. What is our preferred way for patients to communicate with us at this time?

