



## ***Toolkit***

# ***Sample Questions for NAFC Member Organizations to Consider When Resuming In-Person Visits During or Post COVID-19***



As the country transitions to a “re-opening” during the COVID-19 pandemic, the National Association of Free and Charitable Clinics’ Board, Advisory Working Group, State Association Leaders and Staff drafted discussion questions for member organizations to consider when transitioning back to an in-person patient visit model again.

This document is not intended to be all-encompassing given that member organizations are in different parts of the country, have different delivery models and are facing unique local opportunities and challenges. Rather, this document is intended to provide sample questions for each clinic to consider as they transition to an in-person model when it is appropriate for their organization and community.

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## **A. LEGAL, INSURANCE**

1. What is the current status of state, county, and city stay-at-home orders?
  - a. Does the organization meet the state, county, and city requirement as an essential provider because medical services are provided?
  - b. Are there any legal and liability implications of opening the offices or community space? Are they the same or different based on opening before orders are lifted or after orders are lifted locally?
2. Have necessary conversations with landlords and or insurance companies occurred to help the organization understand if there are new requirements since COVID-19?
  - a. Particularly, ask about the following:
    - i. Building entrance protocols
    - ii. Airflow adjustments/needs due to testing/sick patients
    - iii. Cleaning staff protocol changes
    - iv. Are you or the landlord responsible for cleaning protocols in the building common spaces?

## **B. POLICIES**

1. Does the organization have clinical and operational policies and procedures in place to resume in-person operations?
  - a. Policies and procedures can be found by visiting:  
<https://www.nafcclinics.org/CoronavirusResources>
  - b. At what point would the organization need to re-close and what policies/protocols exist to determine this?
2. Does the organization have an emergency pandemic plan in place? If yes, what updates need to be made?
  - a. Policies and procedures can be found by visiting:  
<https://www.nafcclinics.org/CoronavirusResources>
3. How often will the organization review and/or incorporate public health agency reporting guidelines for COVID-19 cases?



### **C. PHYSICAL SPACE OPERATIONS**

1. How will the employee/volunteer work environment be redesigned to minimize the entry of and the transmission of the virus?
2. How will the clinical space be redesigned to minimize the entry of and the transmission of the virus?
3. Does the organization have a secure place to store personal protective equipment (PPE)?
4. Review sanitation protocols for reinforcement or revision to reduce disease spread.
  - a. Time between visits needed for sanitation
  - b. Supplies required for exam rooms – supply & resupply processes
  - c. Common space and reception sanitation
5. Does the building owner/HVAC engineer utilize the following to reduce transmission of airborne diseases?
  - a. Dilute air distribution systems with outside air
  - b. Maintain positive building air pressure
  - c. Adjust minimum and maximum air flow within tenant occupied air distribution systems
  - d. Enhanced filtration (central or unitary)
  - e. UVG (Ultraviolet germicidal light) installation in air handling units
6. If the organization has been closed for a significant period, have you completed a full safety evaluation of the physical space and systems to assure they will operate correctly upon re-opening?
7. How will the organization minimize risk in the common areas of the building such as bathrooms, small meeting rooms, or common break rooms appliances such as refrigerator or coffee maker?



#### **D. WORKFORCE**

1. Does the organization have a reasonable accommodation plan for staff and volunteers that meets ADA standards?
2. If the organization relies on volunteers, is the organization's volunteer base willing to return to assist with in-person visits?
  - a. Has the organization reached out to volunteers to advise them of their status and their plans?
  - b. Has the organization considered issues related to volunteer health risk? How will that be communicated to volunteers?
3. If the organization relies on full-time or part-time paid staff members that have been working remotely, has the organization briefed them on the plan to return to in-person patient visits?
4. What does the organization's staffing/volunteer plan look like? Will the organization rotate providers? Will it have designated COVID-19 providers?
5. Does the organization have the appropriate amount of personal protective equipment (PPE) to meet CDC regulations?
  - a. A PPE burn rate calculator can be found here:  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>
6. Does the organization have to train staff and volunteers on the appropriate ways to handle personal protective equipment (PPE)?
  - a. A PPE OSHA Guide can be found here:  
<https://www.osha.gov/Publications/osha3151.pdf>
7. Has the organization needed to change its PPE sourcing?
8. Does the organization need to market for new staff or volunteers? How will that be incorporated into the ramp-up process?
9. What policies and procedures are needed to be put into place if a volunteer does not comply with the organization's policy for entering the building?



## **E. PATIENT CARE**

1. Does the organization have a plan in place, or specific message to give to those who may be looking for COVID-19 testing?
2. Does the organization have a standard script used where every patient is screened for COVID-19?
  - a. Information can be found: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/phone-guide/index.html>
  - b. Information can be found: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/dialysis/screening.html>
3. Will the organization incorporate COVID-19 testing into patient care?
4. Does the organization have patient education materials (multiple languages as appropriate) pertaining to COVID-19?
  - a. Information can be found: <https://www.nafclinics.org/CoronavirusResources>
  - b. Information can be found: <https://www.coronavirus.gov>
5. Does the organization have educational materials explaining the needed changes in clinic operations and how patient care has changed?
6. If the organization has transitioned to telehealth, does the organization have patient material and information on how to engage in telehealth if appropriate?
7. If the organization transitioned to telehealth/telemedicine services, will the organization continue to utilize telehealth to provide access to care for patients once in-person visits resume?
8. What policies will exist and how will they be communicated to staff, volunteers and patients to determine who should be seen in-person vs. virtually?
9. If the organization has not yet transitioned to a telehealth/telemedicine model, is that being considered?
  - a. What would it take for the organization to make this shift to do so? Technology? People?
  - b. A list of Free and NAFC member discounted telehealth/telemedicine companies



can be found by visiting: <https://www.nafcclinics.org/CoronavirusResources>

10. Does the organization need to resume in-person visits but limit them or limit certain services?
11. If medication is provided on-site, does the organization have enough medication needed for the patients or is there a needed shift in medication delivery?
12. Will the organization provide vaccinations this fall?
13. Who can accompany a patient for an in-person visit?
14. What partnerships does the organization need to establish to receive donated products, services and access to medicine?
  - a. A list of partners that are available can be found by visiting: <https://www.nafcclinics.org/CoronavirusResources>

## **F. FINANCES**

1. What organizational budget planning needs to be addressed?
  - a. What financial forecasting needs to be reviewed/changed as a result of COVID-19, if any?
2. What are the implications on the organizational budget when implementing telehealth and in-person visits?
3. What fundraising needs to occur this year?
  - a. Are postponed events rescheduled? Does organization need to reschedule postponed events?
4. Is the organization able to meet the grant deadlines that were agreed to prior to COVID-19?
  - a. If not, has organization reached out to the funder to explain the situation and ask for an extension?



### **G. Board and Future Planning Questions**

1. What will the organization's partnerships with lab companies, universities, hospitals, local businesses and chambers of commerce organizations look like for the next 6 months?
2. Is the organization worried that patients will not return to the clinic or that patients will return in droves to the clinic? How will the organization respond to either situation?
3. What Board and strategic goals were established for the organization for 2020 that must be shifted or changed due to COVID-19?
4. Does the Board need to consider changing its approach to supporting the organization leader in light of COVID-19's effects on the organization?
5. Does the organization need marketing support or public relations support to tell their story and the work that they do?