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Outpatient Medical Clinic Mitigation Requirements —Vermont Department of Health Guidelines—

In May 2020, the Vermont Department of Health (VDH) finally provided physician's office with more detailed guidelines regarding coronavirus safety issues in the outpatient setting. They require written procedures for medical office-based functioning. This document provides you with written procedures for my office. If you have unique needs that may not be covered in these procedures, then please discuss them with me so that I can customize your care.

Please know, that prior to publishing these guidelines, I had taken measures to protect you and me that were above and beyond what has now been better described by the CDC or VDH. *My goal has always been to provide a safe outpatient medical environment with the lowest possible risk for infectious diseases.*

All medical office visits are designated as low hazard, medium hazard, high hazard, or very high hazard. A physician then initiates mitigation procedures based upon the level of risk. Unless you are being tested for coronavirus with a nasal or nasopharyngeal swab, then an office visit with me is determined to be at the low end of a "medium risk."

All patients must be screened upon entering the office. You must complete my *Acute Respiratory Illness Inventory*, a forty question survey of symptoms that may be related to a Covid-19 infection. If any of the questions are positive then an additional history and a focused physical exam will be taken to see if you must be considered a "high risk" for coronavirus infection.

I also complete the *Acute Respiratory Illness Inventory* on a daily basis prior to seeing patients. As an additional screening, I record my temperature daily along with my oxygen level using a portable O2 saturation device.

I am getting tested for coronavirus once a month with a nasal or nasopharyngeal swab using PCR technology, even though I have remained symptomatic. My tests have all been negative for the coronavirus since my first test in May.

I wear the appropriate Personal Protective Equipment (PPE) each day in my office based upon the level of hazard or risk.

Our office building requires that everyone in public areas wear a surgical mask. Upon entering the waiting room, I am asking that you keep your face mask on. I will be wearing a surgical mask when treating you.

I wash my hands multiple times with EVERY patient using hand sanitizer or soap and water.

Hand disinfectant is available in the hallway before entering the waiting room and also in the waiting room. Washing hands and having a well ventilated room are two of the top defenses against any this category of virus.

If you need a companion for ambulatory assistance, then I ask that you call in advance to arrange for me to organize the office. If you have a family member or friend driving you to your office visit, I need for that person to wait in their car, not in the waiting room.

I am having patients place their shoes and coats in the hallway before coming into the waiting room.

I have opened up my schedule so that there is a 15-30 minute break between you and the next patient. So, when you arrive and when you leave, another patient will not be in the waiting room. This prevents the need for social distancing, since I only see one person in my office at a time.

I am aggressive in cleaning and disinfecting surfaces in common areas (waiting room) and upon frequently used surfaces in my treatment room (computer mouse, keyboard, phone, credit card machine, pens, clipboards, door knobs, treatment table, etc.). I disinfect thoroughly in between each patient.

I believe that air quality is the major unaddressed issue in this coronavirus pandemic. The guidelines from the CDC and the VDH do not even mention this essential issue. Most doctors exam rooms are small, stuffy, windowless rooms with extremely poor airflow. **Poor airflow = Infected air.**

My office is WELL VENTILATED, dramatically limiting the airborne spread of any virus. **We know that when air can move freely, infection risk is significantly lower.** That includes ALL infections, not just coronavirus. I am dedicated to providing healthy air in my office.

- BOTH my waiting room and examination room have industrial-grade, STATE-OF-THE-ART high-efficiency HEPA filters that capture 99.97% of the droplet and particulate matter in the circulating air. In my treatment room I have two HEPA filters. These high efficiency machines especially filter large and small-droplets that carry viruses exhaled from breathing, coughing, and sneezing in short and long-range transmission. They also remove the dust that can piggyback with any airborne virus.
- In between each patient I expose the entire waiting room and examination room to a powerful industrial strength UVC light lamp that KILLS AIRBORNE VIRUSES and those in hard to reach areas.
- I OPEN THE WINDOWS between each patient to provide fresh air and HIGH QUALITY ventilation.
- I have large windows that allow NATURAL SUNLIGHT to illuminate my office.
- I have a filtered forced fresh air HVAC system that provides AIR MOVEMENT, circulating the room air constantly.
- I maintain the CO2 level in my office BELOW 1000 ppm. Stuffy, poorly ventilated offices have high CO2 levels. High CO2 levels promote the airborne viability of coronavirus. High CO2 levels are a marker for poor ventilation.

- I maintain the RELATIVE HUMIDITY in my office between 30-60%, which has been shown to significantly contain the coronavirus. Dry winter air or dehumidified airconditioned air increases the coronavirus airborne lifespan.

The dirty little secret in medicine is that poor indoor air quality worsens the probability of a getting a coronavirus infection. If we have debris filled air, then we are breathing viral trash. Even if you are wearing the poorly fitting surgical masks commonly used by most people—in the stuffy poorly ventilated and unfiltered air of a typical doctor’s office—then you are breathing bad air.

If I get sick with any form of upper respiratory infection I will see my Family Physician and get tested for coronavirus and quarantine for the required amount of time.

I am assertively taking care of myself by attending to my sleep, eating impeccably, reducing sugar, meditating every day, exercising regularly, respecting social distancing, wearing a surgical mask when out in public, and not traveling. I have a loving relationship with my wife and attend to all of my relationships. Strong relationships increase the function of the immune system. Finally, I take key supplements and vitamins that support my immune system. Supplements are not perfect, but evidence-based medicine supports their use. Please see my handouts on supplements for coronavirus in my website.

There have always been two parts to any infectious disease. First, you need an infectious agent, such as a virus or bacteria. Second, the host must be susceptible. I cannot change the infectivity of the coronavirus but I can make myself less susceptible to infection—and so can you.

If you have an acute respiratory illness, then I do have the necessary swab kits to test for coronavirus. Most of my patients prefer to have me do their nasal or nasopharyngeal swab rather than going to the urgent care center, emergency room, or to a drive up facility. This procedure is determined to be a “high hazard” and the level of PPE required is more extensive, including: N95 mask, eye goggles, head covering, single use lab coat, surgical gloves, etc. I follow the CDC guidelines for proper fit of the N95 mask and proper PPE in any high risk situation. I will adopt the necessary procedures to protect you and me.

Finally, if are you are unable to come to the office for any reason, we can make your visit a telemedicine encounter.

I am a physician. I am here to help you in any way that I can. We can get through this pandemic together.

Be well, stay safe, and pay attention . . .

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