



Considerations on Reopening Face to Face Visits in Your Practice

Conflicting information is causing confusion as practices carefully weigh resuming in-person visits. This guidance is meant to help you weigh these decisions. As more evidence becomes available, AAFP will update its guidance.

Due to the COVID-19 pandemic, family physicians should consider the following factors on resuming in-person primary care.

1. Prevalence and trends of COVID-19 [testing and cases](#) in your city, state, or region; coordinate with local public health efforts and state policies.
2. [State-level information](#) on emergency declarations, including those published by the Association of State and Territorial Health Officials (ASTHO) and the [National Governors Association](#), along with [White House guidance](#).
3. Access to accurate and reliable [testing](#) for staff and all patients with symptoms.
4. Availability of [personal protective equipment](#) and other supplies
5. Practice readiness, including finances and staffing availability and the ability to deploy telehealth.

It is reasonable to expect patients without COVID-19 symptoms to have hesitation, even fear, about visiting any health care facility. Consider how to help your patients regain comfort in visiting your practice. Plan communications to your patient population to help them feel safe and to understand how their visit will be different than in the past.

Face-to-face care in your office should employ physical distancing and mitigation strategies to reduce the risk of COVID-19 exposure and transmission. Start with CDC guidance for [ambulatory care settings](#).

Below are some potential strategies and procedures to consider for your practice. With each, think about how you'll educate both your staff and patients.

- Thorough sanitation procedures
- New screening protocols for scheduled patients with staff outreach via phone or video in advance of the office visit
- Temperature checks of staff and patients; consider greeting patients outside for their checks
- Evaluate the necessity of face-to-face care based on clinical needs and individualized care for each patient; consider prioritizing high-complexity chronic condition management and patients with illness; preventive services may be necessary based on the individual patient's needs.
- Designated separate areas and portions of the day for non-COVID-19 care delivery
- Divide staff schedules into shifts with a "team of teams" If one team is exposed, it will not expose members of other team(s).

- Limit surfaces that everyone must touch (i.e., prop doors open or use sensors)
- Require all patients and staff to wear masks

Visit familydoctor.org to access COVID-19 patient education materials.

You should continually monitor your local area's incidence of COVID-19 to take appropriate actions if the risk increases. Until a vaccine is widely available, there will be a risk of COVID-19.

(Updated 9/15/20)