

# Medical Practice Opening Certification Checklist

Provided by the Michigan Osteopathic Association

<b>Medical Practice Mailing Address</b> <input style="width: 100%; height: 40px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<b>Medical Practice Name</b> <input style="width: 100%; height: 20px;" type="text"/> <b>Manager Name</b> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
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<b>Date Completed</b>	<input style="width: 100%; height: 20px;" type="text"/>	<b>Status</b>	<input style="width: 100%; height: 20px;" type="text"/>
<b>Date Verified</b>	<input style="width: 100%; height: 20px;" type="text"/>		<div style="background-color: red; color: white; padding: 2px; font-size: 8px;">R: "No" answers and corrective action plan is NOT established</div> <div style="background-color: yellow; color: black; padding: 2px; font-size: 8px;">Y: "No" answers but corrective action plan IS established</div> <div style="background-color: green; color: white; padding: 2px; font-size: 8px;">G: All questions are answered "Yes" or N/A</div>

**1 Pandemic Response Management**

**A** Pandemic Response Team established, e.g., team identified, roles understood, operational  Initials

**B** Practice Protocols reviewed, adjusted, agreed upon  Initials

**C** Operational daily and shift change checklists created, responsibilities identified and practice team trained.  Initials

**2 Preventative Material Inventory**

**A** Adequate supply of cleaning supplies (e.g., soap, disinfectant, paper towels/tissues) or on order with sufficient lead time for delivery  Initials

**B** 30-day supply of PPE on site or on order with sufficient lead time for delivery  Initials

**C** Adequate quantity and quality of non-touch thermometers on site for timely practice team screening  Initials

**3 Personal Protective Equipment**

**A** Review and understand the PPE protocol and guidance in the Physician Practice Playbook  Initials

**4 Disinfection Measures**

**A** Site disinfected prior to anyone returning to work  Initials

**B** Actions appropriate to ensure optimal turnover of fresh/clean air within the medical practice (e.g. HVAC filters cleaned, return air fully open)  Initials

**C** General Disinfection Methods implemented per the protocols (e.g., cleaning approaches, frequency)  Initials

**5 Deep Cleaning & Disinfection Protocol**

**A** Review, understand, and prepare for the triggering of the Deep-Cleaning and Disinfection Protocol  Initials

**6 Inbound Packages including USPS Mail**

**A** Incoming Packages including USPS is managed according to Playbook standards  Initials

**7 Layered Audit Checklist**

**A** Audit process in-place and practice team trained, especially for pandemic-related audits  Initials

**9 Isolation Protocol**

**A** Review and understand the Isolation protocol  Initials

**B** Team Leader identified and trained  Initials

**C** Protocol in place to isolate practice team member if she/he is symptomatic and on-site, including forms readily available.  Initials

**10 Social Distancing Protocol**

**A** Social Distancing Protocol reviewed, understood and implemented before start-up. Practice team member assigned to check the site daily.  Initials

**11 On-site Health Screening**

**A** Protocol established for pre-work screening prior to site entry.  Initials

**B** Barriers are in place to prevent anyone from missing the screening  Initials

**12 Daily Self-Screening Protocol**

**A** Daily Self-Screening Protocol is distributed to all practice team members for voluntary, home self-screening  Initials

**B** HR prepared to receive inquiries or reports of symptomatic practice team members  Initials

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<input type="checkbox"/>		<small>Initials</small>
<b>13 Self-Quarantining and Return to Work Protocol</b>		
<b>A</b>	Protocol reviewed, understood and adjusted as necessary for local, legal and cultural environment	<small>Initials</small>
<input type="checkbox"/>	<input style="width: 95%; height: 20px;" type="text"/>	
<b>14 Visitors &amp; Contractors Self-Screening</b>		
<b>A</b>	Plan in place for screening Visitors and Contractors, including self-screening checklists printed and available	<small>Initials</small>
<input type="checkbox"/>	<input style="width: 95%; height: 20px;" type="text"/>	
<b>15 Return to Work Training Plans</b>		
<b>A</b>	Day One training organized (e.g., attendee groups, logistics, schedules, trainers, feedback loop)?	<small>Initials</small>
<input type="checkbox"/>	<input style="width: 95%; height: 20px;" type="text"/>	
<b>16 Health &amp; Wellness</b>		
<b>A</b>	Resources available to employees are understood and documented to be provided when requested	<small>Initials</small>
<input type="checkbox"/>	<input style="width: 95%; height: 20px;" type="text"/>	
<b>B</b>	Practice team will be surveyed regarding safety procedures	<small>Initials</small>
<input type="checkbox"/>	<input style="width: 95%; height: 20px;" type="text"/>	
<b>18 Communications and Signage</b>		
<b>A</b>	Adequate communication program in place to reach as many practice team members as possible, if needed	<small>Initials</small>
<input type="checkbox"/>	<input style="width: 95%; height: 20px;" type="text"/>	
<b>B</b>	Physical signage posted	<small>Initials</small>
<input type="checkbox"/>	<input style="width: 95%; height: 20px;" type="text"/>	

**Overall Comments**


**Submission Instructions**

**Interim Assessment of the Scorecard (optional):** Submit this checklist in progress file (Excel or pdf) to MOA for feedback via email to: [cearles@DOMOA.org](mailto:cearles@DOMOA.org) or Fax to 517-347-1566

**Final submission:** Submit the completed Medical Practice Opening Certification Checklist to [cearles@DOMOA.org](mailto:cearles@DOMOA.org) or via fax 517-347-1566.

You will need to have signatures in the "Approved to Open" boxes.

<p><b>Certified for Accuracy</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; height: 20px; text-align: center;">Practice Manager</td></tr> <tr><td style="border: 1px solid black; height: 20px; text-align: center;">PRT: Employee Access Control</td></tr> <tr><td style="border: 1px solid black; height: 20px; text-align: center;">PRT: Virus Prevention</td></tr> <tr><td style="border: 1px solid black; height: 20px; text-align: center;">PRT: Sanitization &amp; Disinfection</td></tr> <tr><td style="border: 1px solid black; height: 20px; text-align: center;">PRT: Communications &amp; Training</td></tr> <tr><td style="border: 1px solid black; height: 20px; text-align: center;">PRT: PPE</td></tr> </table>	Practice Manager	PRT: Employee Access Control	PRT: Virus Prevention	PRT: Sanitization & Disinfection	PRT: Communications & Training	PRT: PPE	<p><b>Approved to Open</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; height: 20px; text-align: center;">Practice Owner</td></tr> <tr><td style="border: 1px solid black; height: 20px; text-align: center;">Practice Manager</td></tr> </table>	Practice Owner	Practice Manager
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**MICHIGAN  
OSTEOPATHIC  
ASSOCIATION**

PRT=Pandemic Response Team