



## From The Children's Care Network (TCCN):

The recommended guidance below is provided to pediatric healthcare providers as they care for and protect patients and their parents/guardians and to protect healthcare providers and their staffs during the COVID-19 outbreak. These guidelines and recommendations are not exhaustive. All medical decisions remain at the full discretion of each healthcare provider.

### **Immediate COVID-19 Office Containment Steps**

#### **1. Patient scheduling**

- a. Clinics should consider postponing/rescheduling all non-urgent well visits.
- b. For well visits requiring vaccinations, newborn visits, medically fragile well visits as well as sick patients requiring a visit, please consider the following:
  - i. Informing all patients and their families and guardians of risks inherent in any office visit, especially during the current virus outbreak.
  - ii. Consider separation of well and sick patients either by scheduling well patients at the beginning of the day and/or beginning of the afternoon.
  - iii. Consider scheduling vulnerable staff with well visits only or having them utilize telemedicine.
  - iv. If possible, offer that parents check in at the desk or by phone upon arrival and return to their vehicle until a room is ready to avoid congregating in the waiting room after cleaning steps have been taken.
- c. If possible, convert sick visits to telemedicine visits (ear recheck, weight check for obesity).

#### **2. Physical plant**

- a. Remove all toys, books and magazines from waiting areas, exam rooms, and common areas.
- b. Schedule time intervals to clean waiting room including doorknobs and push panels, especially when moving from sick visits to well visits.
- c. Wipe down all high touch surfaces (doorknobs, drawer pulls, chairs, exam tables) after every visit.
- d. Clean laptops and phones frequently.
- e. Create COVID-19 supply box in office with 2 sets of full PPE (gown, gloves, mask, goggles), procedural masks for patient, disposable stethoscopes, list of important phone numbers for Dept of Health, Children's Infectious Disease, etc.
- f. Secure your supplies to prevent theft of hand sanitizer and procedural masks.
- g. Switch from clipboards and pens to disposable pencils for completing paperwork.
- h. Consider setting aside exam rooms for only well or sick visits that may have access to a separate entrance or exit.
- i. Maintain separate sick and well waiting areas if possible.
- j. Consider installing glass or plexiglass around the reception area in each office to provide a barrier for the front office staff.

#### **3. Phone triage**

- a. Consider having providers to rotate for the calls concerning the virus.
- b. Consider having scheduling staff noting any travel and exposure of the patients and their families and including such information in history taken and including in the "reason for appointment reason field"  
Schedulers are asking:
  - Has your child experienced any cough, fever, shortness of breath in the past 48 hours?

- Has your child been out of the country or had contact with a person who has traveled outside of the country in the past 14 days?
- Has your child been in close contact with anyone who has tested positive, is waiting for results of testing or has been quarantined for COVID-19?

If yes, these patients get routed to the advice nurse to determine severity of symptom then to doctor on call to determine next step (telemedicine visit, in office visit, refer to urgent care or ER with phone call)

- c. Consider having all patients with URI/Fever history and/or history of exposure being discussed with a provider before scheduling an appointment

#### **4. Patient rooming and exam**

- a. Intake history should include and document the same questions (re: URI/fever history and/or history of exposure) as documented at appointment scheduling in case circumstances have changes
- b. Consider staff gloving, masking, and eye protection for intake history
- c. Use full gown/glove/mask/eye protection if COVID-19 suspected for provider exam or sample acquisition (if all PPE available)

#### **5. PPE management**

- a. Procedural mask distributed and fitted to clinical staff if available for symptomatic known exposures and sample acquisition.
- b. Procedural masks can be used for nebulizers and nasopharyngeal swabs.
- c. Procedural masks for non-clinical staff.
- d. Gowns for examiners if available who have COVID-19 symptoms or exposure.
- e. Consider that PPE be inventoried in locked supply cabinet and checked out by office manager or back office lead ONLY in order to prevent theft.

#### **6. Prepare for future practice needs**

- a. Expect disruptions in staffing as providers/nurses/front staff become ill or have to go under quarantine for contact with COVID-19. Cross-train and look into alternatives (e.g., allowing quarantined staff to work from home if possible).
- b. In addition to current shortages of gowns, gloves, masks and hand sanitizer – anticipate possible shortages of cleaning supplies, toilet paper and isopropyl alcohol. The CDC recommends replenishing your disinfectant by preparing a bleach solution by mixing 5 tablespoons (1/3rd cup) bleach per gallon of water or 4 teaspoons bleach per quart of water.
- c. Provide daily updates on PPE and cleaning supplies to practice.
- d. If hand sanitizer is made by staff, solution must be 70% isopropyl alcohol.
- e. Frequent attempts should be made to order replacements until supply chain re-established.
- f. Consider outreach to other practices/facilities to pool and distribute resources.
- g. Send out weekly emails, posting videos and updates on social media to keep patients updated.
- h. Consider telehealth options and billing that coordinates with call group as we enter treatment phase.
- i. Anticipate revenue cycle disruption.