WASHINGTON CHAPTER
AMERICAN ACADEMY OF PEDIATRICS

Promising Practices

Ideas for managing COVID-19 from pediatric clinics around the state

Triage level of care: **The vast majority of COVID-19 infections in children are mild. These children are best cared for at home. This is an important message for families.**
Create emails, texts, and on-hold recorded messages to families outlining what constitutes mild respiratory symptoms and what care can be done at home. Identify your clinic's most effective tactics to reach all patients and use these to send key message to manage illnesses at home and when to get help via phone.
Send information electronically, through robo-calls, or mail, and post signs and have information in your clinic outlining what constitutes mild respiratory symptoms and what care can be done at home.
Phone triage as much as possible to prevent kids who don't need to be seen in person from coming into clinic. Triage providers should use best clinical judgement based on age, severity of illness, and updates on COVID-19 epidemiology to decide when a child needs to be seen in person.
Call families with upcoming appointments to assess for signs of respiratory illness, and then triage if necessary.
Use telehealth as much as possible. Need help implementing telehealth? • Apple Health clinical policy and billing for COVID-19 – including billing codes for telehealth • Official guidance from HHS on HIPAA/telehealth during the pandemic
Reduce non-urgent visits (i.e. postponing well child checks for older kids / ages that don't need vaccines). Stop allowing walk-ins.
When possible, send refills/meds without an in-person appointment.
Consider structural protections for infection
Schedule well visits/non-respiratory acute care visits in the morning, or all wells in the morning and respiratory/fever visits in the afternoon or alternate between "well days" and "sick days." Consider rescheduling well visits that would not include vaccines or other concerns. Prioritize in person care for the ages that are most critical for in person visits and for the care that can only occur in person. Some clinics are limiting well visits to children under 2 years old or under 15 months.

Post signs in the parking lot to call from the car if patient has respiratory symptoms or fever. Dedicate a phone line for this purpose only so families can reach you quickly.
Keep patients with respiratory symptoms/fever in the car until ready to be seen, then call them on cell phone to room them; some clinics are doing mostly car visits (calling to get most of the history, then if needing to swab, go out to curbside and swab with patient in the car).
Consider triaging patients at the front door of the clinic before they get to the waiting area. Screener at front of clinic or in parking lot with temperature check for all -- screen for symptoms and give colored stickers as visual indicator (and have those with symptoms mask at point of entry).
Physically separate well / sick (for respiratory symptoms) –separate entrances / waiting areas and/or hallways. If your clinic has more than one site, consider making a well-child site and an acute visit site – wholly separate care. Or consider "sick" care to occur in "parking lot" clinic.
Preserve PPE by calling into patient rooms to take histories before donning PPE for the exam. Have a dedicated runner outside of room who can bring needed supplies (preferably MA or RN).
Limit extra people at appointments – only allow patient and one healthy parent/caregiver to come to appointments.
Print discharge paperwork from the exam room or slip discharge papers in under the door to reduce multiple entries into the room. Map your typical clinic flow and identify opportunities for reduced entry into rooms.
Consider having designated person(s) for seeing sick visits (either on a given day or in general) to help reduce the likelihood of multiple pediatricians out on quarantine simultaneously.
Follow recommended infection control protocols CDC Infection Control in Healthcare Settings Poster: Sequence for Donning PPE
Patients at risk for COVID-19 according to CDC criteria should be placed in an isolated room designated for this purpose as quickly as possible.
Implement a cleaning plan for the clinic, with increased frequency of cleanings, including room phones, computer keyboards, etc.
Have signage for isolation rooms that indicate clean/dirty, time of last cleaning, who cleaned it.
Removed toys/books/shared objects in waiting rooms.

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Coping with PPE shortages

Suggested facemask or respirator use, based upon distance from a patient with suspected or known COVID-19 and use of source control: "Strategies for Optimizing the Supply of N95 Respirators: Crisis/Alternate Strategies" (Table)

Guidance on N-95 reuse
https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html

- Use a cleanable face shield (preferred) or a surgical mask over an N95 respirator and/or other steps (e.g., masking patients, use of engineering controls), when feasible to reduce surface contamination of the respirator.

Checklist for Healthcare Facilities: Strategies for Optimizing the Supply of N95 Respirators during the COVID-19 Response (https://www.cdc.gov/coronavirus/2019-ncov/hcp/checklist-n95-strategy.html)

If you have limited PPE, consider having providers at higher risk of complications take on more of the non-respiratory visits, more telehealth, more phone triaging to limit contact with patients with respiratory symptoms.

If your clinic has suggestions to share regarding patient flow, PPE, or testing, please let us know so we can add them to this list.

To participate in our biweekly (7:00AM Tuesdays and Fridays) COVID-19 community pediatrics meetings for information sharing, join from your computer, tablet or smartphone:
https://www.gotomeet.me/wcaap/wcaap-covid-19
Or **dial in using your phone:** +1 (872) 240-3212 **Access Code:** 160-795-397
New to GoToMeeting? Get the app now: https://global.gotomeeting.com/install/160795397