WASHINGTON CHAPTER
AMERICAN ACADEMY OF PEDIATRICS

Promising Practices

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

Contents

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. (See guidance below about special considerations)
Call families with upcoming appointments to assess for signs of respiratory illness, and then triage if necessary. Screening includes a symptom checklist and temperature check. See below for guidance on separating "well" and "sick" care for infection control.
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. postpone or well child care or schedule well child care via telemedicine for children over the age of 18 months who do not need vaccines.). See Promising Practices for Well Child Care below.
Stop allowing walk-ins.
When possible, send refills/meds without an in-person appointment.

Consider structural protections for infection

Schedule well visits in the morning and acute visits in the afternoon. 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.
Post signs in the parking lot to call from the car. Consider having both well child and sick/acute visits with respiratory/fever symptoms call from car to avoid waiting room time if feasible for your clinic. Dedicate a phone line for this purpose only so families can reach you quickly. Consider new clinic flow to support rooming from car, dedicating front desk staff and MA's to parts of the process; for example, can front desk do phone check-ins, give paper screeners, and can MA's be notified when time to do parking lot symptom check for parents/sibs/patients, and rooming.
Some clinics are doing mostly car visits, including calling to get most of the history on the phone then, if needing to swab, go out to curbside and swab with patient in the car.
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 –separate entrances / waiting areas and/or hallways, if possible use separate clinic rooms dedicated for well care and rooms dedicated to sick care. 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.
Evaluate supplies within rooms and team's walking process to minimize entries in and out of room. Establish way to have staff already outside the room help with needed supplies, such as an assigned staff nearby outside of room who can bring needed supplies or walkie talkie to call for needed supplies.
Limit extra people at appointments – only allow patient and one healthy parent/caregiver to come to appointments if feasible. If older siblings are appropriate age and maturity, they could stay in the vehicle during a younger sibling's visit.

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.
Promising Practices for Well Child Care Q&A about well child checks from AAP
Proactively message the importance of continued well child care / vaccinations for 0-2 years old and steps your clinic is taking to ensure patient an family safety.
Continue in-person newborn visits at 3-5 days for weight check, jaundice check, and feeding issues. Continue in-person newborn visit at 7-14 days for weight, feeding, and second newborn screen.
Continue in-person well child visits for the primary vaccine series, generally obtained at 2, 4, 6, 12, and 15/18 months. If children have been following an “alternative” schedule, try to catch them up as efficiently as possible. Some clinics are splitting well-child care into in-person vaccine and anthropometrics only and conducting the rest of the visit by telemedicine.
Children older than 2 years who have completed the primary vaccination series should not be prioritized for additional vaccines, such as 4 yo and 11 yo vaccine visits. Those may safely be obtained at a later time when community contagion has decreased.
Continue to provide non-vaccine well child checks via telemedicine.
Follow recommended infection control protocols CDC Infection Control in Healthcare Settings Poster: Sequence for Donning PPE Keeping Safe at Home in the COVID-19 Era
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.
Coping with PPE shortages PPE Conservation in difficult times
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 your clinic has suggestions to share regarding patient flow, PPE, or testing, please let us know so we can add them to this list.