

AAP-CA2 COVID-19 PRACTICE SAFETY GUIDELINES

April 5, 2020

THE AMERICAN ACADEMY OF PEDIATRICS CALIFORNIA CHAPTER 2 (AAP-CA2) COMMITTEE ON PRACTICE AND AMBULATORY MEDICINE (COPAM) RECOMMENDS THE FOLLOWING MEASURES TO PREVENT AND MITIGATE THE EFFECTS OF THE COVID-19 PANDEMIC.

BACKGROUND

The Novel Coronavirus (SARS-CoV-2) infection that causes COVID-19 is a highly virulent strain that has caused a worldwide pandemic. No vaccine is currently available and care is supportive.

Transmission of SARS-CoV-2 occurs with respiratory droplet or physical contact, with an incubation period of between 3 and 7 days but as long as 24 days.

Standard recommendations to prevent infection spread include regular and meticulous hand washing, covering mouth and nose when coughing and sneezing, and avoid touching one's face.

"Stay-At-Home" and "Shelter-In-Place" orders have been mandated across the country and vary by state to state and even city to city. Compliance with these orders is also variable.

Social distancing and stay-at-home actions have proven to be effective in decreasing the impact of this pandemic.

Personal Protective Equipment (PPE) can protect health care workers from being exposed to SARS-CoV-2. The current recommendation for PPE to protect against most exposures to COVID-19 is enhanced droplet (contact) precautions, which include surgical mask, face shield/eye protection, gown and gloves. For health care providers performing aerosol-generating medical procedures (such as a nebulizer treatment), respiratory precautions with an N95 mask or powered air-purifying respirator (PAPR) are recommended. Most health care workers must be trained in appropriate donning and doffing of PPE to avoid self-contamination.

Limited data from China and Italy suggest that COVID-19 in children is a relatively mild illness. However, children and parents are potential carriers and thus pediatric offices should modify their practices to limit potential exposure.

The current PPE shortage in the U.S. has made it difficult to implement recommended precautions that would protect both patients and health care workers during the COVID-19 pandemic. Because recommendations have been dynamic and are constantly changing based on local supply of PPE, many pediatricians could be confused about how to practice during these challenging times. Our COPAM chapter recommends the following general guidelines to ensure that all children receive the care they need with minimal exposure to COVID-19:

- Whenever possible, telehealth methods (i.e., video visits or telephone visits) should be used to minimize potential exposure.

- Practice workflows should be modified with the intent to minimize potential exposure to COVID-19. This includes screening all patients when scheduling visits to direct them to telehealth if possible, screening all patients on arrival to the clinic to determine level of urgency and presence of concerning symptoms, and stocking appropriate PPE.
- Waiting rooms should be shut down and patients should wait in their car until a room is available. Books and toys should be removed from exam rooms.
- All forms, consents, and surveys should be completed at home and sent via email, fax, or portal. All payments should be handled virtually (payment through portal, credit card via phone, or mail in check).
- All rooms should be thoroughly disinfected between patients using the usual approved cleaning solutions.

SPECIFIC RECOMMENDATIONS

Well-child Visits

While there is no official consensus at this time, many pediatricians are limiting in-person well-child visits to 12 months or younger when they deem absolutely necessary. Some tips on how to minimize exposure to COVID-19 during these visits:

- Offer the visit via telehealth and only have the patient come into the office for vaccines. You can bill with the usual preventive codes if you conduct a video visit, but will have to use a telephone visit code if you conduct the visit via telephone. For this reason, many providers have switched to video visits.
- If you must conduct the visit in person, try to stand at least 6 feet away from the parent/child if possible.
- Limit the visit to the patient and one parent—no siblings or other adults.
- You can wear a mask and have the parent and child wear a mask as well.
- Limit the time of the visit—if the parent has many questions, suggest answering them after the visit via telephone or email.

Well-child visits for children over 12 months of age can be rescheduled until after the pandemic resolves.

Follow-up Visits

Children with chronic medical conditions who are seen regularly for follow-up visits should be triaged. Extra precaution should be taken with medically fragile children who could potentially be devastated by a COVID-19 infection. A separate entrance or designated time or extra cleaning could be used before and after these visits. Enhanced droplet PPE could be used to protect the child from potential infection.

Children whose chronic medical condition could be managed without an in-person visit should be encouraged to reschedule until after the pandemic resolves. The parent should be contacted to confirm that refills of crucial medications are prescribed if necessary.

Urgent/Same day Visits

Walk-in appointments should be suspended. At the time of scheduling urgent or same day visits, both patients and parents should be screened for fever or cough. Depending on the presenting concern, a telehealth visit should be offered if no face-to-face contact with the pediatrician or nursing staff is necessary. If a face-to-face visit is needed, you may consider wearing a mask and have the parent and child wear a mask as well.

For patients with fever or cough, extra precaution may be taken. These patients should come in a separate entrance or bypass usual front desk staff and go straight into an exam room. You should designate a specific exam room for these patients with extra cleaning procedures in between visits. You should also use enhanced droplet PPE if available. Patients and parents should be instructed not to touch anything in the office when they come in and out of the exam room.

For management of asthma exacerbations, consider switching to metered dose inhalers as opposed to nebulizer treatments in the office.

For practices with limited PPE, each practice is advised to prioritize the most vulnerable patients which include the following:

- 1) Infants (12 months and younger)
- 2) Medically complex children
- 3) Children with chronic medical conditions
- 4) Children with urgent issues

These are unprecedented times, and the COVID-19 pandemic can cause much anxiety among pediatricians, staff, parents and patients. As health care providers, we must continue to provide care for our patients who need it and implement strategies to minimize the risk of exposure to COVID-19. By carefully postponing preventive visits and routine follow-up visits until after the pandemic and triaging those patients seen in the office face-to-face, we are addressing the safety of our patients, their families, and everyone in our offices.

The American Academy of Pediatrics, California Chapter 2 serves the following seven counties:

- Kern
- Los Angeles
- Riverside
- San Luis Obispo
- Santa Barbara
- San Bernardino
- Ventura

Please visit our website: <http://aapca2.org/covid19>