

Date: March 18, 2020
To: Ambulatory clinics
From: Gigi Chawla, Tammy Swing and Primary Care Pandemic Planning Committee
Subject: Children's Ambulatory COVID-19 update 3/18/2020

Thanks again, team, for another day of hard work. Please take good care of yourselves during this challenging time. Do not come to work if you are sick. Eat well, sleep, get some physical activity, and take deep breaths. Be kind to your colleagues and co-workers, find grace and compassion for each another, and know that we are all doing our best during a stressful situation. We need to be at our best, just as we always are.

As expected, our equation has changed in just 2 days, we will keep evaluating it and planning for the future.

we kept patients healthy + treated patients when concerns or sick = safe in our care

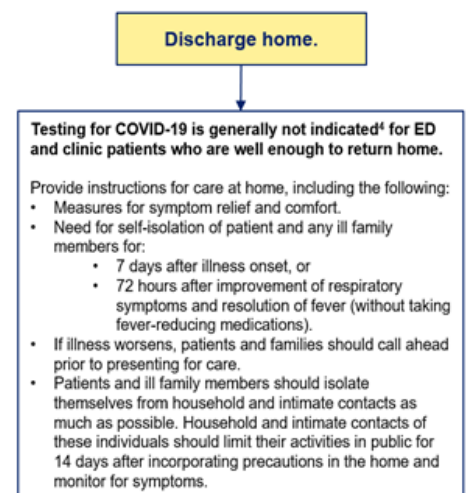
well child checks, vaccines + mental health visits or heme onc f/u appts separated sick visits, rehab visits telehealth and myChildrens portal access improvement	= no nebulizations PPE appropriate waiting room cleaning screening day prior enhanced screening at entry no elective procedures
--	--

Here are the changes and additional workflows from today:

1) Ambulatory clinics are working towards offering essential visit care in person, expanding telehealth care, and optimizing screening patients for illness to keep patients and staff safe. Primary Care began splitting well and sick child visits to physically different locations.

Families have appreciated of all efforts!

2) **MDH ambulatory COVID-19 testing update.** Due to a nationwide shortage of lab kits and chemical reagents, MDH and commercial laboratories, COVID-19 tests will focused on running tests on hospitalized patients, health care workers, and patients living in congregate settings, like group homes. Some of our **special needs patients who reside in congregate settings**, or households with several other special needs patients, and **families living in shelters**, could qualify for testing. For these particular groups of outpatients, testing may be performed when you describe the reasons on the MDH testing request form. The excerpt from the guideline and footnote are attached. Cerner directions to order these tests (given the specific patient populations above) are attached.



1. Although COVID-19 testing is generally not indicated in the outpatient setting, there are situations in which COVID-19 testing is warranted (e.g. individuals living in congregate settings, immunocompromised status).

The specific teaching sheet for self-isolation for strong clinical suspicion of COVID-19 is nearly completed, hopefully with recommendations about daycare.

3) **MDH backlog of tests.** Given the latest restrictions on COVID-19 testing and the backlog prior to the declaration, the gap has been understanding whether the samples sent to the MDH prior to the restriction will be analyzed. The specific comment from the MDH is “Specimens already received by MDH...will be tested when reagents become available. Turn-around times are not available.” Please contact your families and let them know the concern so that they aren’t left waiting.

4) **RSV and influenza testing, revert to anterior nasal swab again.** Prior to the MDH restrictions for testing COVID-19, we had switched to NP swabs to consolidate all three tests (NP and OP coronavirus, RSV/influenza) to one swab. Now that we are not testing for COVID-19, please revert back to RSV/influenza testing by anterior nares swab, if needed, for ease of collection and patient comfort. Also recognize, that rates of RSV and influenza are declining and the kits and cartridges are also in short supply. Thus, consider if the test is necessary for your management of the patient.

5) **Consider inhalers over nebulizer treatments for home use too.** Nebulizer treatments may be better than inhalers when it comes to mobilizing secretions, but they are aerosol generating in patients’ homes too. Clinicians should use their best judgment in offering recommendations during the COVID-19 outbreak. See memo for families which may also be helpful as a script for triage nursing.

6) **WHO for PPE guidelines.** Children’s is following the recommendations from the MDH and WHO guidelines for PPE use. Please see attached and recommendations for reuse.

7) **Clinician documentation of PPE worn.** This is an excellent opportunity to be clear about who is wearing what PPE in the event of exposures. Documentation by the MA has reflected their PPE usage and implied clinician usage. When the MDH tracks health care workers exposure to positive COVID-19 cases, they needed to know exactly who was wearing what. The expectations for COVID-19 are contact/droplet *plus eye protection*. Please consider documenting your usage. For Cerner, see attached dot phrase.

8) **Scrubs and laundry.** We will not have scrubs or laundry available for outpatient use. All are permitted to wear their personal supply of scrubs, if desired. Thus, we are obtaining recommendations for ambulatory staff for self-laundering regular clothes or scrubs. We do know that doffing before interacting with your household to minimize exposures, and soap and water are effective in killing this virus.

9) We are assessing the possibility of **drive-through immunizations** to reduce risk of patients forgoing vaccine visits creating another community outbreak of vaccine preventable disease in the future.

10) **Children’s Hospitals will be extending inpatient care to age 25.** In an effort to support adult organizations in their responses to COVID-19, we are adjusting our age limit

Memo page 3

from 21 to 25 years for conditions that we would normally also care for, with the receiving clinicians deciding to accept or not based on the clinical scenario.

11) We are continuing to work through details of **rehab sites consolidation** to address high cancellations and low volume as parents adhere to the principles of social distancing. We are now assessing work flow and policy for time off.

12) **Dental varnish.** We are awaiting the input from IPC. But, given that NP and OP swabs are not considered aerosol-generating, dental varnish is likely not either.

13) **Check the attached waiting room cleaning procedures.** We've updated our ambulatory standard work for cleaning waiting rooms, **updated MDI cleaning, and room turnover cleaning** to align with current recommendations for COVID-19 prevention.

Remember to follow some general precautions to help keep our patients safe. Avoid touching your face, tie long hair back, and consider not wearing jewelry on your hands or wrists, so that you can optimally wash your hands. Also consider not using white coats in patient rooms.

And, remember the 3 C's:

1) Stay Calm. Our patients need that and we all think better when we are calm,

2) Be Compassionate. Our patients and teams are stressed and scared, and

3) Be Current. Read the Children's StarNet "Get the latest information about COVID" portion twice per day.

Please share this update with your teams. Thanks and reach out with anything needed, including workflows or scripting, to the **PPP DL.**