Coronavirus Protocol for The Pediatric Center of Frederick
As of 4/7/2020

1. Facilities
   - Signage on front doors informing patients to return to car and call 301-662-0133, option 5 to complete check in and be met by a Medical Assistant
   - Signage made to close a room if person under investigation (PUI)
     - Daily cleaning protocol: Clinical staff to wipe down rooms after each patient visit. Clinical staff wipe down work area in the morning, lunchtime and end of the day; Front office staff wipe down waiting areas and their workspace in the morning, lunchtime and end of the day; Providers wipe down their laptops in the morning, lunchtime and end of the day
   - Each office to remove chairs from waiting room

2. Scheduling, Triage, and Patient Flow
   - Walk-ins suspended until further notice effective 3/16/20
   - Separate clinical teams into sick and well teams
   - As of 3/27/20 all non-acuteley ill patients will be seen at satellites; all acutely ill patients will be seen at Taney Avenue
   - Continue to schedule well visits 0-18 months, 4 years and 11 years and all others that are interested in having a well visit.
   - Continue to schedule non-sick visits with a provider via virtual visits (except routine well visits)
   - All acute illness calls will be assessed by a triage nurse who will assess for distress
     - Refer to the emergency department if appropriate
     - If an ED visit is not needed, triage nurses will schedule an acute illness visit if the patient meets office visit guidelines
     - If an office visit is not needed, schedule a virtual visit
   - All waiting rooms will be closed. All patients will check in from their vehicle and called when a room is available.
   - All patients will be met at the front door by a clinical staff wearing appropriate PPE. If the patient has a fever or cough and is over the age of 5 years, the patient will be given a surgical mask
• Any patients with fever or cough should remain in their exam room with the door closed.
• Encourage social distancing with all patients, request that patient sit at the far end of the exam table until the provider needs to examine them.
• When the patient leaves the office, they should leave directly and not stop at checkout. Any front desk tasks, including scheduling follow up appointments, should be completed and communicated while the patient is in the exam room.

3. **Testing**
   • Testing for LabCorp involves 1 NP swab to be placed in 1 purple top viral transport tube. OP specimens are acceptable, NP are preferred. Specimens should be labeled, and frozen pending pick up from LabCorp. Use test code 139900, source NP or OP.
   • If testing is to be done by the state lab, call FCHD to coordinate testing at FHH (Frederick Health Hospital)
   • Avoid testing low risk children without respiratory distress who do not have a known epidemiological risk (contact with a patient or travel)

4. **Supplies, Equipment and PPE**
   • Clinical staff and providers should wear surgical mask and gloves for all patients. Switch to N95 and protective eyewear if fever or cough.
   • When doing an NP swab or running a nebulizer on patient with fever or cough, wear N95 mask, eye protection, gown and gloves
   • Remove PPE in the patient room
   • Monitor inventory of PPE at each office
   • Have paper bags available for N95 respirators to label for personal reuse
   • Obtain/maintain inventory of viral medium, NP and oral swabs for LabCorp at all offices
   • Obtain freezer labels for LabCorp specimens
   • For non-patient care (ex. Cleaning) use restaurant grade gloves rather than clinical grade

5. **Communication**
   • **With staff:**
     • Daily email updates sent to all staff
     • Protocol and all daily emails available on SharePoint
   • **With patients**
     • Maintain links to CDC and Healthy Children
     • Post any emails sent to patients on our website and Facebook page
6. **Human Resources**

- Encourage social distancing between staff with a goal of keeping 6’ of separation
- If staff have cough or fever, talk to your supervisor before coming to work
- If staff are exposed to a patient with known or suspected COVID-19, we will follow CDC recommendations for active vs self-monitoring and exclusion from patient care
- Attempts will be made to remove high risk staff from direct patient care
- Travel to high risk areas is discouraged. Talk to your supervisor before you leave the immediate area.
- Staff who feel uncomfortable performing their clinical duties should speak with Brenda, Amy, or Katie