Dear Fellow Pediatricians,

I was asked to share the protocols we have instituted at the Pediatric Center during this pandemic. We believe we have been seeing COVID-19 for longer than many people realize. In addition, even though the majority of pediatric patients do seem to have a milder course, we have documented spread to other family members EVEN IN THE CASE OF MILD DISEASE.

So that is our rational for testing. As of today, we have had 8 positive patients for COVID-19 from our tests (at a rate about 16% of those we have tested).

Here are our protocols (for this week at least – until something changes):

1). 8:30 a.m. - 11:30 a.m: We are seeing well-checks for children 2 and younger and newborns. We are trying to encourage newborn visits from 8:30-9:30 a.m. (i.e., first appointment of the day). Obviously, we are wiping down all surfaces with CDC approved cleaner in between every patient.

2). 11:30 -12:30 p.m: We have this time reserved for catch-up, phone calls, complete cleaning of waiting rooms, etc. and telemedicine visits (we are using doxy.me). We are trying to encourage telemedicine when appropriate.

3). 1:30 – close: We are seeing sick patients.

4). We have been asking patients to WAIT IN THEIR CARS instead of the waiting room (both sick and well children). We have quite a few well-children coming in, and with multiple providers, we are trying to ensure social distancing. Here is how our protocol works:

- The patients call the receptionist when they arrive and leave phone number (the receptionist also completes any check-in tasks, insurance, etc.). The receptionist then changes the patient status to "PARKING LOT." (I made a new location in Office Practicum (OP) – our EMR). This alerts us that the patient is here.
- The nurse will call the patient when they are ready to bring the patient in and back to room. The nurse takes the entire history on the phone. This limits our staff's exposure to sick patients; when they come into office, they take vitals and bring immediately to room.
EVERY sick patient is asked screening questions while nurse is taking histories on phone. I made a new template in OP: “nurse coronavirus question,” which the nurse enters in addition to whatever symptom template the nurse is using (i.e. “cough”).

Rationale behind screening questions: This either increases or decreases our threshold to test for COVID.

Screening questions:
- Is the patient showing any signs of respiratory distress (increased respiratory rate, shortness of breath, increased work of breathing)? (if yes, then pass our office and go to the ER).
- Any known contact to someone who tested positive for COVID-19?
- If yes, source of contact:
- Does the patient have any special health care needs (diabetes, congenital heart disease, asthma, immnosuppression, IBD, etc.): Are the parents leaving the house for work?
- Are parents/caretakers health care professionals, first responders, or other essential employees?
- Any direct household contacts of the patient who are elderly, immnosuppressed, or other high-risk conditions?

TEMPERATURES are taken on EVERYONE when the patient arrives in office (patient and parent).

We are NOT doing ANY nebulizer treatments in the office. If patient has history of asthma, we ask them to bring inhalers with them to appointment. We are working on getting some albuterol inhalers in office for patient use. The only procedures that we do in our office that has risk of aerosolization – nebs and testing (and tests are being done outside).

5). EACH DAY WE HAVE A DESIGNATED “TESTER” – either an MD or NP. This provider does NOT have a schedule of patients. The TESTER comes in at 11:30 a.m. and has a designated nurse to assist with forms, gowning, etc. and stay until all sick patients are seen. The TESTER performs ALL tests: strep/flu/COVID testing.

- We have a tent set up outside our office (we take it up and down each day).
- If the patient needs testing – the provider seeing that patient changes the patient status to “TESTER” (another new add to OP) – and the testing assistant-nurse will be able to see the orders in OP to prepare testing (labels, lab slips, etc.).
- I made a template in OP “COVID TEST ONLY” – the provider overlays this template when ordering COVID testing (has orders already pre-populated; also has documentation of consent, implications of test, requirements for quarantine until results known, CDC handout given, etc.). I know that OP has some templates we could download, but I was having problems downloading these – so I made my own.
- The patient is asked to return to car and directed to tent. Testing is either done with patient in car, or if that is not feasible (younger child or car seat out-of-reach) – the
5). **PPE:** We began masks and eye protection of all of our clinical staff (nurses, MDs and NPs) when community spread was documented in Howard County. We now have asked ALL staff to wear surgical masks (including receptionists). Our providers also have 1-2 N-95s that they are re-using – if they are the TESTER, the N-95 used that day is placed in a bag and sealed for 3 or more days (usually 6-7 days) – then re-used on next TESTER day. All shields and goggles are cleaned in between patients.

The TESTER nurse assistant wears N-95 and eye protection, gloves. The nurse is at least 6 feet away when testing is completed. The TESTER wears N-95, eye goggles, gowned, double gloves, and has a plastic face shield (looks like Darth-Vader) for testing. The nurse assists the TESTER in donning and doffing PPE. We are following CDC guideline for the PPE for testing.

**EVERY SICK patient wears a surgical mask. We have always had this policy during flu season.**

I keep thinking: “well, when we run out of PPE or tests – we will make a new plan.” But people have been incredible thankful for our presence and therefore generous in giving surgical masks. We are asking dentists, vets, and other businesses that use surgical masks for donations. We have bought more face shields from cleaning supply companies. We launder the gowns in our personal washing machine with bleach (we read the labels, and who knew? They are washable). I reached out to someone I know who owns a mold remediation company – and he donated 2 boxes of N-95s. This is jungle medicine, and we are trying to be creative in how we approach serving our patients.

6). The expectation is we will send some of the staff home early (both nursing and providers) if we are not filling with sick appointments in the afternoon. These decisions are made on a day to day basis.

We are constantly re-evaluating and adapting our protocols. I would love to hear any improvements or ideas from your practice - please feel free to email any suggestions. Thank you for taking the time to read this protocol - and hoping you are all staying safe and well.

Cheers,
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