



March 17, 2020

## **BLAST COMMUNICATION**

### **COVID-19 Frequently Asked Questions Edition #1 March 17, 2020**

The COVID-19 pandemic has created large challenges for Georgia's pediatricians. The Georgia Chapter has formed a COVID-19 Task Force (hereinafter the "Task Force") and we have assembled the following FAQs from community pediatricians in order to assist this need. Please understand this situation is rapidly evolving and current guidance may be subject to change. Please feel free to email the Chapter for additional questions that we have not covered. The Task Force will rely on resources from the [CDC](#), [AAP](#), [Georgia Dept. of Public Health](#) websites to keep you informed. Future editions will be sent to you based on changing information. If you are reading this message as a blast fax, please visit us on the web at [www.gaaap.org](http://www.gaaap.org) to view this message online to enable links included in this message.

#### **1. Should primary care offices be offering COVID-19 testing?**

We believe large scale testing for COVID-19 in the private practice setting is not advisable at this time. We encourage private practices to reserve testing for ONLY those patients who are the most severely affected (i.e. hospitalized) by the virus as there may be little clinical gain in testing for COVID-19 in a non-hospitalized patient. Testing could also possibly be considered if there is someone high risk (such as elderly or immunosuppressed) in the household. There are multiple challenges regarding specimen collection for a private practice such as the risk of transmission of virus to the person collecting the specimen and storage and transportation barriers which makes this procedure difficult for a private practice to perform. Understand that the Georgia Department of Public Health (DPH) has limited capacity for processing specimens. Full information on testing is available through the Georgia Public Health Laboratory at 1-866-782-4584. The testing request system is also available online at <https://dph.georgia.gov/covid-19-online-testing-request>. Note that local public health departments are not collecting specimens for tests.

The situation with testing for COVID-19 is rapidly evolving. As of today, there is only limited testing capacity in our state, but we expect this to improve. Private labs such as LabCorp can also process specimens, but they are not offering specimen collection services at this time. We expect there will be enhanced testing capacity by DPH in the very near future which will increase the amount of testing that can be safely achieved. Source: Task Force Consensus.

#### **2. What should enhanced phone triage look like?**

Consider asking all sick visit phone calls the following: (1) Have you recently been in contact with anyone with COVID-19? (2) Have you traveled internationally? (3) Does a household member or regular caregiver have symptoms consistent with COVID-19, eg. fever, cough, respiratory symptoms? Those that answer "yes" to any question may need special procedures. For example, current guidance is that all pediatric patients with suspected COVID-19 who are medically stable should be managed at home if possible. These recommendations may quickly change, as soon there will be enough COVID-19 community spread in the US that international travel may no longer become a qualifier. Source: Task Force Consensus.

#### **3. Who should be offered a surgical mask upon arrival? What about young kids? What about caregivers?**

All children with suspected COVID-19 (per triage protocol) should be placed in a surgical mask. Consider also placing all children and adults who are coughing in one as well. We recognize the supplies are limited, and many pediatric offices are struggling to have enough PPE to protect their own staff. However if masks are available in your office, use as directed by CDC. Source: Task Force Consensus.

#### **4. When should the doctor/nurses use full PPE (we realize that supplies are very limited)?**

When managing patients with respiratory symptoms—suspected or confirmed COVID-19 or others—we recommend that clinicians perform hand hygiene before and after patient contact, wear a procedure mask, eye protection, and gloves. A gown should be used if there is a possibility of contact with a patient's secretions. When entering a patient's room, health care personnel can use a face mask if an N95 respirator isn't available. Please be aware that there is evidence that procedures such as nebulizer/aerosol treatments, suctioning, and obtaining nasopharyngeal specimens may put physicians and staff at higher risk of exposure. Source: AAP, CDC, CHOA.

#### **5. How should the doctor handle fever without a source in a non-toxic child? In someone exposed to COVID-19 or with recent travel history?**

Care management of children in the outpatient setting should remain clinical and is not necessarily impacted by COVID-19 status. Stable patients can be safely observed at home with the usual call-back parameters. Source: Task Force Consensus

#### **6. How should the doctor handle a sick child that needs to be transferred to the hospital?**

If COVID-19 is suspected, please call the receiving hospital to discuss transport protocols. Source: Task Force Consensus.

#### **7. Should practices limit walk-ins?**

We recommend limiting walk-ins so that they can be properly screened for COVID-19 exposure and proper PPE can be placed. The more important aspect of office scheduling at this time, is separating the sick and the well patients, and separate waiting room may not be adequate. If walk-in appointments are continuing during this time, ensure appropriate screening per the protocol above and attempt to minimize potential exposure to scheduled healthy visits, e.g. check-ups, newborns. Source: Task Force Consensus, AAP, CDC.

#### **8. Should we cohort patients by bringing well children in during the morning and sick children in the afternoon?**

Many practices are reporting success with finding ways to separate sick and well visit patients. There are many ways to separate sick and well patients, depending on practice resources and set up. Practices with multiple locations may find it easier to have one location for only well patients, and one location for only sick patients. However other strategies for separating patients will be utilized, e.g. cohorting well-patients in one portion of the day and sick patients in another portion. Consider that separation of patients via sick and well waiting rooms may not adequately prevent exposure to COVID-19 in the office setting. Source: Task Force Consensus.

#### **9. Should we change our cleaning/disinfection practices? Should we clean midday?**

Yes. Consider increasing cleaning/disinfection protocols to match CDC recommendations during this pandemic. <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

#### **10. What about telehealth?**

Some community pediatricians are looking into telehealth options to reduce staff exposures. There are commercial companies that can offer these capabilities to a practice. Both national and Georgia Chapter AAP are advocating for insurance carriers to pay for these services. As of today, DCH has not yet clarified whether Medicaid will pay for telehealth. Regardless, this is a good opportunity to learn how to implement telehealth into the practice so that patients still have access to the medical home should in-office access become limited based on office exposures, physician/staff illness or quarantine. Source: Task Force Consensus, AAP.

#### **11. Can free services such as Skype or video-chat be used instead of buying a telehealth service?**

No, these methods of communication are not considered HIPAA compliant. There may be ways to partner with these services to add HIPAA compliance features. There are, however, many commercially available telehealth platforms available to pediatricians, many are free to try and relatively inexpensive to license. Source: Task Force Consensus.

#### **12. Should we defer well-visits for children?**

Children will continue to need access to their medical home, especially for immunizations. Immunizations protect children from a variety of potentially severe vaccine preventable illnesses which are arguably at least equal to the threat posed to them by COVID-19.

However, in these unprecedented times when social distancing has been recommended, some practices have found it prudent to defer well-child visits for children who do not need vaccines at this time. If offering well-visits, the practice should consider that asymptomatic children could potentially expose other children, elderly caregivers, caregivers with chronic medical issues, and/or your practice staff to COVID-19. Thus, thorough screening is critical. Source: Task Force Consensus.

#### **13. What if a staff member is exposed to a probable or confirmed case of COVID-19?**

Please see full CDC recommendations [here](#). The CDC guidance on this matter is extensive and complex. Source: CDC.

#### **14. How should our practice handle the information needs of our patients & families?**

Patients and families are very worried and are eager to receive credible information. Please see the list of recommended patient education materials at ([HealthyChildren.org](http://HealthyChildren.org))

#### **15. How should our practice handle the mental health needs of physicians & staff?**

This is a stressful time for all of us. Please consider emphasizing the essentials of life for you and your staff---i.e. proper sleep, healthy diet, and exercise. Here is a list of mental health resources that are available:

→"Mental Health and Coping During COVID-19" US Centers for Disease Control & Prevention (CDC): <https://www.cdc.gov/coronavirus/2019-ncov/about/coping.html> [cdc.gov]

→Coronavirus & Mental Health: Taking Care of Ourselves During Infectious Disease Outbreaks American Psychiatric Association (APA): <https://www.psychiatry.org/news-room/apa-blogs/apa-blog/2020/02/coronavirus-and-mental-health-taking-care-of-ourselves-during-infectious-disease-outbreaks> [psychiatry.org]

→Coronavirus & Emerging Infectious Disease Outbreaks Response Center for the Study of Traumatic Stress (CSTS): <https://www.cstsonline.org/resources/resource-master-list/coronavirus-and-emerging-infectious-disease-outbreaks-response> [cstsonline.org]

→Research Information: Pandemics American Psychological Association: <https://www.apa.org/practice/programs/dmhi/research-information/pandemics> [apa.org]

→Five ways to view coverage of the Coronavirus American Psychological Association: <https://www.apa.org/helpcenter/pandemics> [apa.org]

→Speaking of Psychology: Coronavirus Anxiety American Psychological Association: <https://www.apa.org/research/action/speaking-of-psychology/coronavirus-anxiety> [apa.org]

→Parent/Caregiver Guide to Helping Families Cope with COVID-19 The National Child Traumatic Stress Network: [https://www.nctsn.org/sites/default/files/resources/factsheet/outbreak\\_factsheet\\_1.pdf](https://www.nctsn.org/sites/default/files/resources/factsheet/outbreak_factsheet_1.pdf) [nctsn.org]

→Just for Kids: A Comic Exploring the New Coronavirus National Public Radio: <https://www.npr.org/sections/goatsandsoda/2020/02/28/809580453/just-for-kids-a-comic-exploring-the-new-coronavirus> [npr.org]

*Please let us know how we may assist in the future and stay tuned for ongoing updates. Send questions or comments to Noreen Dahill at the Chapter office: [ndahill@gaaap.org](mailto:ndahill@gaaap.org). Thank you.*

#### **Georgia AAP Task Force on COVID-19**

- Terri McFadden, MD, President
- Hugo Scornik, MD, Vice President
- Evan Anderson, MD, Chair, Infectious Disease Committee
- Iris Basilio, MD, Chapter Secretary
- Kristie Clarke, MD, Centers for Disease Control & Prevention (CDC)
- Robert Geller, MD, Medical Director, Georgia Poison Center
- Natalie Lane, MD, Chair, Emergency Medicine Committee
- Flavia Rossi, MD, Primary Care Pediatrician
- Ben Spitalnick, MD, Chair, Practice Management Committee
- Stephen Thacker, MD, Vice Chair, Infectious Disease Committee