



Hackensack Meridian Health

Clinical Practice Operations

Last updated: Sept 15th, 2020

Department of Quality and Patient Safety

Strategy for Safe Return of Patients to the Office

1. **Asymptomatic Patients, Covid- 19 exposure in the home**
 - **If there has been close contact defined as:**
 - a. Being within 6 feet of someone who has COVID-19 for a total of 15 minutes or more
 - b. Provided care at home to someone who is sick with COVID-19
 - c. Had direct physical contact with the person (hugged or kissed them)
 - d. Shared eating or drinking utensils
 - e. Have been sneezed, coughed on, or somehow got respiratory droplets on you
 - **Stay home and monitor your health**
 - o Stay home for 14 days after your last contact with a person who has COVID-19
 - o Watch for fever (100.4°F), cough, shortness of breath, or other symptoms of COVID-19
 - o If possible, stay away from others, especially people who are at higher risk for getting very sick from COVID-19
 - My return to the office at the end of quarantine, that is 14 days after the last date of contact with the infected.
2. **Previously symptomatic, now without symptoms. Test Negative.** Patient can come to the office 10 days after test, if symptoms have improved and no fever in >24hrs hours, without the use of fever reducing medications (testing result shouldn't matter if the suspicion for COVID-19 is high). Provider will need to remove alert from chart, after receipt of negative test is reviewed and scanned into the chart.
3. **Asymptomatic patients with a prior test for Covid-19 due to symptoms. Test positive.** Patient can come to office 10 days after symptom onset + >24 hours of being fever free without fever reducing medication.
4. **Chronically Symptomatic Patients from Underlying Chronic Condition eg. COPD, No Prior Testing.** Patient must be known to the provider and evaluated via telehealth and have a negative COVID-19 test within the last 2 weeks prior to in office care. If needed refer the patient to a testing site. Patient must be afebrile for at least 24 hrs without the use of fever reducing medication prior to office visit.

Face mask and physical distancing need to continue until the threat of virus is completely eliminated from the community.



Hackensack Meridian *Health*

Office Protocol for safe return of pediatric patients with and without chronic medical diseases:

- a. Assume all the patients are positive (see above for the safe return of asymptomatic patients to the office.)
- b. All offices must be equipped with proper/appropriate PPE
 - i. Offices should have access to N95 mask to use as appropriate
- c. Optimize telemedicine access, especially for sick visits – limit patients in the office
- d. Staggered visit: telehealth visit intermixed with in-person visit
- e. Screening with temperature for both the parent/guardian and child before entry into the office
 - i. If the parent/guardian is found to be febrile, the visit must be converted to a telehealth visit or rescheduled with a different afebrile parent/ guardian
- f. All patients (2 and above) and visitors(parent/guardian) must be masked prior to entering the office. Mask should cover both the nose and mouth and be present on the face for the duration of the visit – from initial entry to exit (except as needed for examination).
- g. Directly take patient/ parent/guardian to the room on entering the office
- h. Who should come into the office:
 - New patients: newborns, patients unable to be seen at prior PMD & need to be seen for catch-up/ maintain on time immunizations & want to change to us, & new patients that want to join our practice
 - Well child examinations- initially focus on newborns and 1-month well visits, and those children who need immunizations and in person checks for growth and development, ages 2, 4, 6, 9, 12, 15, 18, 24, 30 & 36 months, 4-6 yrs., 11 yrs., and 16 yrs. Expand to all well visits when able.
 - Follow up for weight checks for newborns
 - Patients who are known by the provider (other than new – after screening)
 - Individualized approach – the above well visits can be rescheduled if after screening on the date of the visit they are at risk/ need testing for COVID-19 or if their parent or guardian is febrile or symptomatic for COVID-19.

For patients who are known to be COVID-19 positive or a child accompanied by a COVID-19-affected adult who need to be seen in the office (For Example, newborn infants in the first week of life with a COVID-19 Positive Parent):

Appropriate infection prevention methods must be followed in order to decrease the risk of transmission to other patients, office staff and healthcare providers. To minimize the likelihood of exposure, the following guidance is to be adhered to for the situations listed below:

- A. The child or the accompanying adult has a positive communicable disease screen
- B. The child or the accompanying adult has history of COVID-19 (suspected or confirmed) and has not met HMH criteria for removal of isolation
- C. Symptomatic child or accompanying adult with pending COVID-19 test

Procedure:

- D. All clinical staff involved in the care of COVID-19 children will be trained in donning and doffing PPE
- E. Appropriate PPE (N95 respirators, face shields, waterproof gowns and gloves) will be available to the practices with protocols for reuse and sanitizing appropriate for their situation
- F. All office staff will wear 3-layer face masks per HMH guidance while in the office
- G. Pre-office communicable-disease screening shall be asked for the child and the accompanying adult
- H. If communicable-disease screening is positive, the visit will be scheduled for the end of the day
- I. On arrival, the accompanying adult and the child (as appropriate for age and condition) will wear a health-care appropriate face mask (3-layer)
 - a. If the family does not have one, they will be supplied by the office
- J. The child and adult will be placed immediately in a room with the door closed
- K. Appropriate signage for expanded airborne precautions will be placed on the door
- L. Entrance to the room will be limited
 - a. Necessary persons only
 - b. As few entries and exits as needed to care for the patient
 - c. Anticipate necessary equipment needed and bring it into the room on first entry
- M. PPE will consist of (at a minimum): N95 mask (or equivalent), face shield, waterproof gown and clean (non-sterile) gloves
- N. Donning of PPE prior to room entry will be completed under direct observation by a trained observer with a checklist to ensure all steps are followed appropriately
- O. Following completion of the in-room evaluation, the healthcare provider(s) will remove (doff) PPE under direct observation by a trained observer with a checklist to ensure all steps are followed appropriately.
 - a. Doffing PPE carries potential risk of contaminating the person and the environment if not done properly. Thus, doffing should occur in a closed space immediately adjacent to the room. This space must have appropriate trash receptacles, sanitizing wipes, hand sanitizer, sink with soap and paper towels, and a surface for placing face shields and re-usable N95 respirators
- P. After the visit is completed, the room will be cleaned per environmental protocols before the next patient, including all surfaces and durable equipment remaining in the room
 - a. If the patient or accompanying adult has not been coughing, the room can be cleaned immediately

- b. If the patient or accompanying adult has been coughing, the amount of time the room remains closed depends on multiple factors related to air exchanges and could require as much as 2-3 hours for removal of droplet aerosols.

Antibody TESTING: EUA

HMH Guide to Covid anti-body testing for patients.

COVID-19 anti-body testing using IgM, IgG Anti-body is most useful as a surveillance tool to estimate relative proportions of different populations that have been exposed to SARS CoV- 2. There is less utility as a diagnostic tool for individual patient assessment. Moreover, it is too soon to determine how long any form of assumed immunity will last.

As per IDSA, “The antibody response in infected patients remains largely unknown, and the clinical values of antibody testing have not been fully demonstrated. Seroprevalence data will be important in understanding the scale of the pandemic and future vaccine utility.

- Potential utility of serology in SARS-CoV-2:
 - Detection of PCR-negative cases, especially for patients who present late with a very low viral load below the detection limit of RT-PCR assays, or when lower respiratory tract sampling is not possible;
 - Identification of convalescent plasma donors;
 - Epidemiologic studies of disease prevalence in the community;
 - Verification of vaccine response once antibody correlate(s) of protection identified.
- A "positive" test is exceptionally difficult to interpret because the performance of these tests is not well known. For some assays both sensitivity and specificity may be poor, or at the very least undefined.
- Clinical laboratories will need to perform validation studies of commercial reagents”.

Additional information is available here:

<https://www.idsociety.org/globalassets/idsa/public-health/covid-19/idsa-covid-19-antibody-testing-primer.pdf>

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

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Disclaimer: The Ambulatory Practice guidelines in this document should not be construed as standards of care. The guidelines are not rules and should not be construed as establishing a legal standard of care or as encouraging, advocating, requiring, or discouraging any particular treatment. The guidelines are intended only as educational tools to provide information that may assist HMH Ambulatory Care Practitioners in providing care to patients. All decisions regarding the care of a patient should be made by the health care team, patient, and family in consideration of all aspects of the individual patient's specific medical circumstances. HMH Ambulatory Quality Team considers adherence to the guidelines to be voluntary. Clinical decisions in any particular COVID case involve a complex analysis of the patient's condition and available courses of action. This document is subject to change anytime without notice due to the ever-changing nature of this pandemic and the evolving clinical trials to find evidence-based treatment.