



This is a fluid document. There are many updates daily. Please refer to PCH4U for the latest updates

Opening of Clinics Guidance

Utilize approved Division Clinic Operations Plan approved by PCMG COO, Division Chief and Director

1. Screening for symptoms/exposure as per current screening guidelines (schedulers, front entrance, texting, PARS and providers)
2. Follow PCH Visitor restrictions, masking policy** and social distancing recommendations as published on COVID-19 portion of PCH4U webpage
3. Assure Staff, Patients and Families adhere to and follow the PCH Masking Policy
4. Minimize Patients in waiting rooms
 - a. Direct room as many patients as possible
 - b. Schedule balance with telehealth
 - c. Minimize number of providers in each clinic if necessary to decrease waiting room
 - d. If applicable by location and approved by PCMG COO, Division Chief and Director, families and patient can wait in air-conditioned vehicle until room available
5. Enhanced cleaning - clean waiting rooms 2x day, or more if needed
6. Ensure there is hand hygiene visible to all staff and visitors
7. Provide cleaning and disinfectants for staff to clean appropriately
8. Remove all child size chairs and cover any wall toys that may exist.
9. Get rid of all toys/books/magazines
10. Reduce number of chairs from waiting rooms to encourage social distancing
11. Look at each area and remove furniture, tables, etc. that will allow groups of people to stand around
12. Maintain Clean/dirty separation (ex: used pens in dirty cup)

****If patient (over 2) and/or family refuses to wear a mask in clinic:**

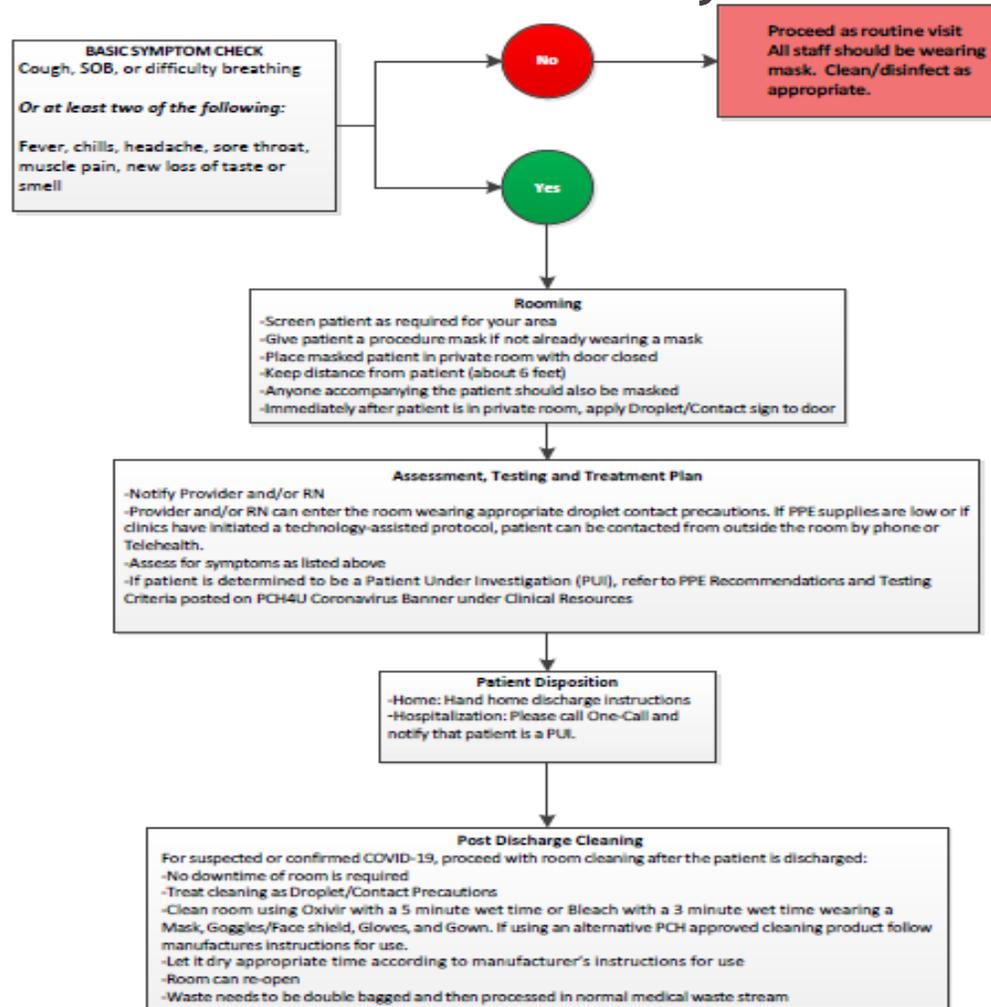
If asymptomatic, provider can choose to see them in person or flip to telehealth, or if significant concern can refer to PMD or Emergency Department (remember if provider is wearing a medical mask, based on CDC guidelines a routine clinic visit with an asymptomatic patient is low risk)

In the case of a symptomatic child if there is concern that missing the appointment would put the quality of care or their health at risk they should be referred to the Emergency Department. Otherwise they should be referred to their PMD.



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COVID-19 Ambulatory Workflow



Social Distancing – minimum 6 feet apart in waiting rooms, lobbies, etc. Scheduling of patients to reduce lines and Enhanced cleaning applies.

Infection Prevention Team:
Office (602) 933-0830
Vocera text the "On-call Infection Preventions"

This document contains general guidance that is a recommendation for each area to integrate into their current workflows.



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Cleaning Guidelines for Common and High Traffic Areas

All Lobby/ Waiting Areas

Clean/ disinfect minimum twice each day:

Chairs, tables, couches, counters, door knobs, door push tabs, badge swipes, receptacles, elevator buttons, cough stations, high dust daily

Patient exam rooms (see Ambulatory Clinic Flow Sheet for PUI related patients)

Clean/ disinfect after each patient visit:

Bed and or chair, stool, sink, light switch, door knobs, receptacles, equipment, hazardous waste

Kiosks

Clean/ disinfect between each patient sign-in

Front desk

Clean/ disinfect minimum twice each day:

Counter, cough stations

Restroom

Clean/ disinfect minimum twice each day:

Sink, light switch, doorknobs, ADA handrails, flush handle, receptacles, toilet seat, sweep and mop floors, high dust, dispensers



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Nurse stations

Clean/ disinfect minimum twice each day:

Counter, chair, receptacles, high dust

Laboratory

Clean/ disinfect minimum twice each day:

Counters, chairs, stools, light switch, receptacles, adjoining restroom, telephone, special equipment, high dust, hazardous waste

Infusion/Procedure/Treatment Rooms

Clean/ disinfect after each patient visit:

Counters, equipment, sink, door knobs, light switch, high dust, sweep and mop floors, receptacles, high dust, collect pharmaceutical waste, hazardous waste

BMT Clinic rooms

Clean/ disinfect after each patient visit:

Bed and or chair, stools, light switch, receptacles, equipment, over bed table, adjoining restroom, hazardous waste

Med Rooms

Clean/ disinfect minimum twice each day:

Counters, equipment, sink, door knobs, light switch



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Isolation Precautions for PUI and Confirmed COVID-19 Patients

- **Special Pathogen Precautions** (e.g. gloves, surgical mask, goggles, and gown)
 - For aerosolizing procedures (same PPE as above, wear N95 mask)
- **Aerosol-generating procedures (AGP)** are procedures that stimulate coughing and/or promote the generation of aerosols. (Nebulized medications, IPV, cough assist, EzPap, vest therapy, HFNC, CPAP, BiPAP, trach care, tracheal intubation, supraglottic airway, nasopharyngeal suctioning, HHNC, CPR, bag-mask ventilation, open suctioning of ETT or tracheostomy)
- Hand hygiene should be performed prior to putting on and after removing PPE using hand sanitizer or soap and water.
- Patients will be evaluated in a private room with the door closed (unless performing aerosol-generating procedures, which should be performed in a negative pressure room if available)
- Eye Protection must be worn with all patients undergoing testing and confirmed COVID-19.
 - Eye protection is to be put on before entering room. Glasses are not a substitute for eye protection.

If using a face shield it must be disposed of with each use



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Visitor Restrictions and Exception Process

- Only one healthy primary caregiver will be permitted per patient in the Emergency Department and Ambulatory settings.
- Only one healthy primary caregiver will be permitted per patient in the preoperative, postoperative, and surgery waiting areas.
- Visitors must wear a mask while on campus except for when eating, sleeping, or in the room alone with the patient

Visitor Exception Process

- There are outliers and special circumstances in which may warrant additional review and may be deemed appropriate for an exception to the enhanced visitor restrictions. The COVID-19 Call Center staff will triage any exception request on a case-by-case basis and direct & escalate the request as appropriate.
- Special circumstances include:
 - *Unstable / declining health of patient*
 - *End of life*
- All Command Center approved exceptions to the enhanced visitor restrictions will be received in an official communication originating from the Command Center. A phone call placed from the COVID-19 Call Center may suffice in certain time sensitive situations. This will be followed by a formal written communication.
- Requests for an exception to enhanced visitor restrictions must be made with as much advanced notice as possible when able and applicable to:
 - VisitorExceptionRequests@phoenixchildrens.com
 - Call: 3-0908.



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Pre-op/Anesthesia Retesting Guidance

Recommendations for managing patients who have a positive COVID-19 PCR test result:

1. When the pre-procedural COVID-19 PCR test result is positive, the provider should wait four (4) weeks before scheduling another COVID-19 NP swab test.
2. Perform only one repeat COVID-19 test if 4 weeks have passed from the first positive.
3. A repeat COVID-19 test that is still positive after ≥ 4 weeks of the initial positive, is unlikely to mean that the patient remains contagious, and the test is likely still detecting nucleic acid remnants, and not live virus. However, consultation with Infectious Diseases may be needed to determine the best action. They can assist the clinical team whether to proceed with surgery. They can also collectively decide if enhanced personal protective equipment (to include N95 masks) is needed during the procedure.
4. There will be patients who may need to be rescheduled more urgently. If so, they will need to have two negative PCR tests in order to proceed with surgery. These repeat COVID-19 tests should not be done until 14 days from the initial positive COVID-19 test. If the repeat testing is not completed, consultation with the Medical Director for perioperative services, Chief of Surgery and/or Chief Medical Officer will be needed before the procedure can be scheduled.