



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 or your leadership

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 (See below for details)
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, or your leadership 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 years of age) 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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PCP Patient Visit Scheduling Workflows

The following links are available for guiding ambulatory staff in patient scheduling needs:

Newborn well visit:

- <https://ep.phoenixchildrens.com/ep/LinkedFiles/CommLinks/COVID-19Diagrams-NBWellVisits.pdf>

Well visits:

- <https://ep.phoenixchildrens.com/ep/LinkedFiles/CommLinks/COVID-19Diagrams-WellVisits.pdf>

Sick visits:

- <https://ep.phoenixchildrens.com/ep/LinkedFiles/CommLinks/COVID-19Diagrams-SickVisits-CaregiverScreen.pdf>

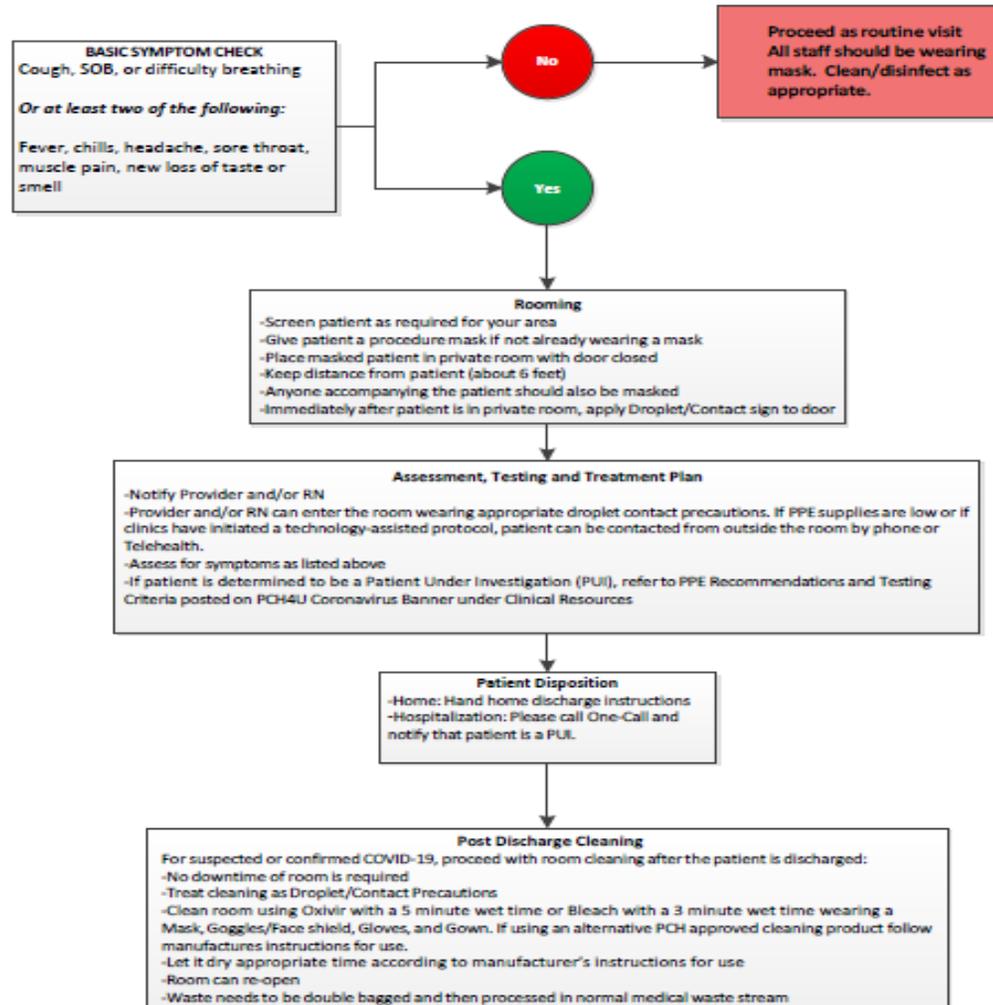
In clinic triage:

- <https://ep.phoenixchildrens.com/ep/LinkedFiles/CommLinks/COVID-19Diagrams-InClinicTriage.pdf>



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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, eye protection, and gown)*
 - *For aerosolizing procedures (same PPE as above, wear N95 mask and either goggles/face shield)*
 - *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.
- Ensure that proper signage is placed at door of room: *Special Pathogen Precautions*
- 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)



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Eye Protection Guidelines

- Eye Protection must be worn with all patient contact. Eye protection is to be put on before entering room. There are several options of eye protection to choose from depending on patient care needs. Personal glasses are not a substitute for eye protection.
 - Goggles- Approved for aerosol-generating procedures and general patient care
 - Faceshields- Approved for aerosol-generating procedures and general patient care
 - Eye Glasses- Approved for general patient care only
- Cleaning Eye Protection
 - Goggles- clean with Oxivir with 5 minute wet time. Rinse with water to remove any residue. Reusable for shift, do not discard until end of shift.
 - Faceshields- clean with Oxivir with 5 minute wet time. Rinse with water to remove any residue. Reusable for shift, do not discard until end of shift.
 - Eye Glasses- clean with Oxivir with a 5 minute wet time. Store in a clean paper bag at the end of shift for future 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



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- Call: 3-0908.

Pre-Procedure Positive Result Notification Process

1. PCMG Surgeons/Proceduralists will be responsible for monitoring COVID positive results and subsequent notifications to patient/family, PCP, and procedure scheduler (to cancel/reschedule the case). Results can be monitored through the COVID testing Dashboard found here: <http://tpdcpbi02/reports/powerbi/Clinical%20Departments/Surgery/Scheduled%20Cases%20COVID19%20PreAdmission%20Testing%20Dashboard>. Results will also populate in the ordering provider's SCM inbox.
2. Non-PCMG Surgeons/Proceduralists
 - a. Monday through Friday - OR/Preop staff will notify provider office of positive result and need to cancel/reschedule procedure. OR team is utilizing the COVID testing Dashboard to monitor positive results.
 - b. Saturday and Sunday - Command Center will notify non-PCMG providers for positive patients with procedures on Mondays only. Command Center team will utilize the COVID Testing Dashboard to monitor results for patients scheduled for procedures on Monday. Staff can filter dashboard to Monday's cases and non-PCMG providers to efficiently monitor for positive results over the weekend.
 - i. If unable to reach the Non-PCMG provider with a positive result for Monday's schedule, the command center will call the Main building front desk at 8-0543 to hold patient in the lobby until speaking with Main or ADSC Preop for clearance to proceed.
3. Radiology: The radiology team is monitoring the COVID Testing Dashboard 7 days per week to identify positive patient results. When a positive test results, the Radiology team is contacting the patient/family to notify that the procedure is being cancelled and to contact their referring provider for reason and plan to reschedule. Radiology team is also sending communication to referring provider office alerting them to the positive COVID result.



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Pre-op/Anesthesia Retesting Guidance

Recommendations for managing patients who have a positive COVID-19 PCR test result. This guidance does not apply to urgent/emergent cases. This is an update from a prior communication and is based on new guidance from CDC and Maricopa Department of Public Health.

This guidance applies to the following patients undergoing pre-procedural COVID-19 PCR testing:

- a. patient is asymptomatic
- b. patient has not been hospitalized for COVID-19
- c. patient is not immune-compromised

2. When the pre-procedural COVID test result is positive, the provider should wait four (4) weeks before scheduling surgery. Repeat COVID NP swab test is not needed if they meet the criteria listed above. There are not good data available on the incidence of persistent positive tests and their significance, particularly for asymptomatic children undergoing pre-procedural testing. However, based on available evidence, it is unlikely that the patient would still be shedding replication-competent virus after 4 weeks even if the PCR test remains positive. Therefore, CDC has moved away from repeat testing and now recommends time and symptom based criteria in determining when isolation precautions can be removed. Their guidance suggests that once their criteria are met, it is not likely that the patient remains contagious. Asymptomatic patients who have repeatedly tested positive while following previously recommended test-based guidance can now be considered not contagious 4 weeks after their first test. Any subsequent (i.e. more recent) positive tests can be disregarded as long as the above criteria for time-based strategy are met.

3. Consultation with infectious disease should be obtained for patients that do not meet the above criteria. They will provide guidance and help determine the best course of action. They can assist the clinical team on the decision as to whether to proceed with surgery.



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4. There will be patients who may need to be rescheduled sooner than 4 weeks from the initial test. If so, it would be preferred that they have two negative tests in order to proceed with surgery. These repeat COVID tests should not be done until 10-14 days from the initial positive COVID 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.

5. Patients that need a procedure prior to 4 weeks after first positive PCR and cannot be re-tested as per #4 above or patients that require surgery before negative test results are available will require enhanced precautions. This includes full PPE protection including N95 masks during procedure and in PACU. Decisions on use of negative pressure rooms for anesthesia induction and whether to use a negative pressure room for the procedure will be made by perioperative leadership and medical director. The perioperative team has developed an algorithm that outlines the process.



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Guideline on COVID-19 Saliva Testing in Patients

Phoenix Children's is planning to perform saliva testing on our employees through the Arizona State university (ASU) program. ASU has validated saliva as a specimen source for their testing platform and have converted to saliva for all of their testing sites. Phoenix Children's is not able to perform in-house testing on saliva. Our platforms used to perform COVID-19 testing makes it quite difficult to accomplish this test.

We have been asked by a number of providers whether saliva testing will be available to patients. Several limitations will preclude us from allowing this routinely:

1. Per ASU guidelines, there is an age limit for specimen collection
 - a. patients must be eight years of age or older for adequate specimen collection
2. Logistics of patient scheduling for saliva testing is challenging
 - a. Patient samples (NP swabs) are currently sent out to Sonora Quest
 - b. Routing patient specimens to ASU is a labor-intensive process for Phoenix Children's personnel that requires manual accessioning and results reporting
3. Phoenix Children's is not able to perform saliva testing with in-house platforms.

Saliva testing of patients will require approval of the COVID-19 Command Center.

General guidelines for saliva testing of patients are:

1. Patient must be 8 years of age or older
2. Thrombocytopenia or other diagnosis/condition that poses increased risk for bleeding
3. Anatomic abnormality that precludes NP swab

Parent refusal of NP swab will not be an acceptable reason to send for saliva testing.



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Plexiglass Guidance and Cleaning

Plexiglass should be taller than the tallest worker standing. The width should be as wide as the desk. The width requirement may not always be possible.

- If this is the case, make sure to continue practicing social distancing as much as possible. Eye protection should be worn in instances where the plexiglass does not meet requirements per standard precautions in patient contact situations.
- Masks should always be worn behind the plexiglass with universal masking in place.

**Plexiglass dimension requirements may change to some degree depending on the individual space and reasoning for the barrier (front facing staff or social distancing in work stations).*

Cleaning: Plexiglass glass will be cleaned when visibly soiled and at the start and end of each day.

2 step cleaning process

1. Oxivir TB for 5 min wet time
2. After wet time is met, spray with glass cleaner (windex) to remove any residual residue from the Oxivir

**If EVS at your location, EVS will clean plexiglass at the end of the day. Each area will be responsible to clean plexiglass when visibly soiled and at the start of each day.*