

## COVID-19 in OBGYN

Currently Alaska has low COVID-19 disease activity, but this disease will likely circulate for at least the coming year.

**The following represent recommendations for safely and efficiently caring for customers with possible COVID-19 symptoms in the outpatient setting for specialty care that cannot be delayed and are based on SCF and CDC guidelines.**

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# COVID-19 in Primary Care Training Module

## Safely evaluating customers with COVID-19 symptoms in your clinic

Below are steps that all primary care clinics should take prior to seeing COVID-19 symptomatic customers

- Clinic preparation
  - Designate rooms
    - COVID-19 customer exam rooms
      - Determine how many rooms are needed per clinic/floor
      - Consider location in clinic – low traffic
      - Get rid of non-cleanable things in these rooms
      - Have pulse ox, stethoscopes, etc, that stay in these rooms
    - Donning and doffing rooms
      - Locate near COVID-19 exam rooms
      - Consider larger rooms, mirror, no badge access needed
      - One room for East/West clinics might be sufficient
  - Equipment and supplies
    - Dedicated equipment in COVID-19 rooms that can be cleaned, as above
    - Appropriate and adequate cleaning supplies for terminal room cleans
    - Ensure adequate PPE stocked in donning/doffing rooms
      - Ensure proper training and PPE practice
      - Ensure respirator FIT testing available
        - Stay current on PPE recommendations
    - Review crash cart, code response
      - Respirators needed if aerosols (e.g., compressions, nebs)
- Triage and scheduling –follow updated flowcharts and guidelines
  - Every customer with COVID-19 symptoms gets triaged by RNCM and/or provider
    - If no COVID-19 symptoms, standard care and precautions apply
  - Longer appointment blocks for COVID-19 symptoms
    - Extra time for PPE, terminal clean, different workflows

### During the visit

- Current guidelines are everyone is masked all the time
  - Even asymptomatic customers and staff
- Minimize unnecessary close contact with customer with COVID-19 symptoms
  - Try to minimize or avoid time in waiting room for customer
    - Flag visits ahead of time, immediately room, call from car
  - Provider to get initial history remotely (by phone, at exam room door)
  - Can one provider in PPE get vitals, do exam, and get specimens?

- Less PPE burn
  - Fewer people in close contact with customer
- While in the room, provider can call CMA to document vitals, request assistance
  - Laptops should not go into the room
- Stay up to date on COVID-19 testing guidance
  - For example, observed self-nasal swabs may be an easier, effective option
- After the exam, the provider should not take anything out of the room
  - No specimens, no paperwork, no gowns or gloves, no unused supplies
  - CMA to escort the customer out when everything done

### **After the visit**

- If a customer needs medication from pharmacy, have them delivered to the room
  - Stay up to date with latest workflows
- If a customer needs radiology, CMA to call ahead to coordinate
  - Stay up to date with radiology workflows
- Ensure proper terminal room clean procedures are followed
  - Ensure all CMAs trained on procedure
  - Ensure adequate supplies

### **FAQ**

#### **Do I have to do everything listed above just to see a customer with COVID-19 symptoms in clinic?**

The basic goal is to identify customers with COVID-19 symptoms, mask and room them with minimal contact with others, examine them safely using current PPE recommendations, and ensure the rooms are properly cleaned.

Many of the recommendations and techniques above might help reduce risk even further, preserve PPE, and streamline care, but ultimately each clinic should develop and use a process they are comfortable with.

Visit the CDC resource below for more information.

#### **What level of PPE should I use for customers with COVID-19 symptoms?**

Current recommendations are that anyone who will be providing care for (i.e. touching) a customer with COVID-19 symptoms in an outpatient setting should have:

- Gown
- Gloves
- Surgical mask
- Face shield/eye protection.

There are lists of aerosol generating procedures (e.g., nebulizers, CPR compressions), if any are conducted in clinic, respirators (N95/PAPR) should be used.

**Does every customer with any COVID-19 symptoms require ‘full’ PPE?**

That is the current recommendation. Even mild symptoms should involve the use of the above list.

Providers should also use clinical judgement (recent negative COVID-19 test, duration of symptoms, alternative explanations for symptoms, community disease activity) to determine appropriate PPE for each visit.

**What about customers with COVID-19 symptoms who recently tested negative for COVID-19?**

False negative results do occur, and this should be taken into consideration. Providers should use clinical as above to determine appropriate PPE for each visit.

**What PPE should I wear for customers with no COVID-19 symptoms?**

Current recommendations are that if you are coming into contact with a customer with no COVID-19 symptoms, you can consider PPE in addition to a surgical mask (for example, if there is a lot of community transmission), but it is not necessary.

Surgical mask alone will often be sufficient.

**When can a customer previously positive with COVID-19 be seen in clinic?**

A customer can be seen in clinic at any time during their illness. Ideally, if they are considered still potentially infectious, in-person clinic visits should be avoided. If an in-person visit is deemed necessary during this time, the precautions outlined above should be followed.

To be considered non-infectious after a COVID-19 diagnosis, current recommendations are that they are at least 10 days from illness onset, and at least 3 days from any COVID-19 symptoms. Note that ageusia and anosmia can last for a long time and should not be considered persistent symptoms but sequelae. Repeat testing is not required but can be considered but note that COVID-19 PCR tests can remain positive after infectiousness (i.e. non-viable virus detected).

**Does *everyone* really need to be masked all the time?**

That is the current recommendation. Providers can wear a cloth mask (not PPE) in between customers, in the ICT area, and switch to procedure mask (PPE) for the evaluation. All customers, with or without symptoms, should be masked. All staff in a building where clinical activity is happening should be masked when close to, or potentially close to, other people.

Follow current recommendations closely, as they often change.

**How can I better prepare my team and clinic for this?**

The 'respiratory clinic' is still functioning through June 12<sup>th</sup>. Providers and staff can coordinate a visit there to observe or work a shift while it is still open to get familiar with the workflow for customers presenting with COVID-19 symptoms.

Designate a 'lead' (medical director) for each clinic/floor to help get things in place, rooms prepared, PPE stocked, education rolled out.

Additionally, many staff who worked in the 'respiratory clinic' will be going back to their home clinics to work and will be a good resource.

Educational videos have been created and are available by clicking this [LINK](#).

Ultimately, care of a customer with COVID-19 symptoms can be about as streamlined and safe as any visit for any customer with some basic preparation and familiarity with the process, outlined above.

### **References**

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

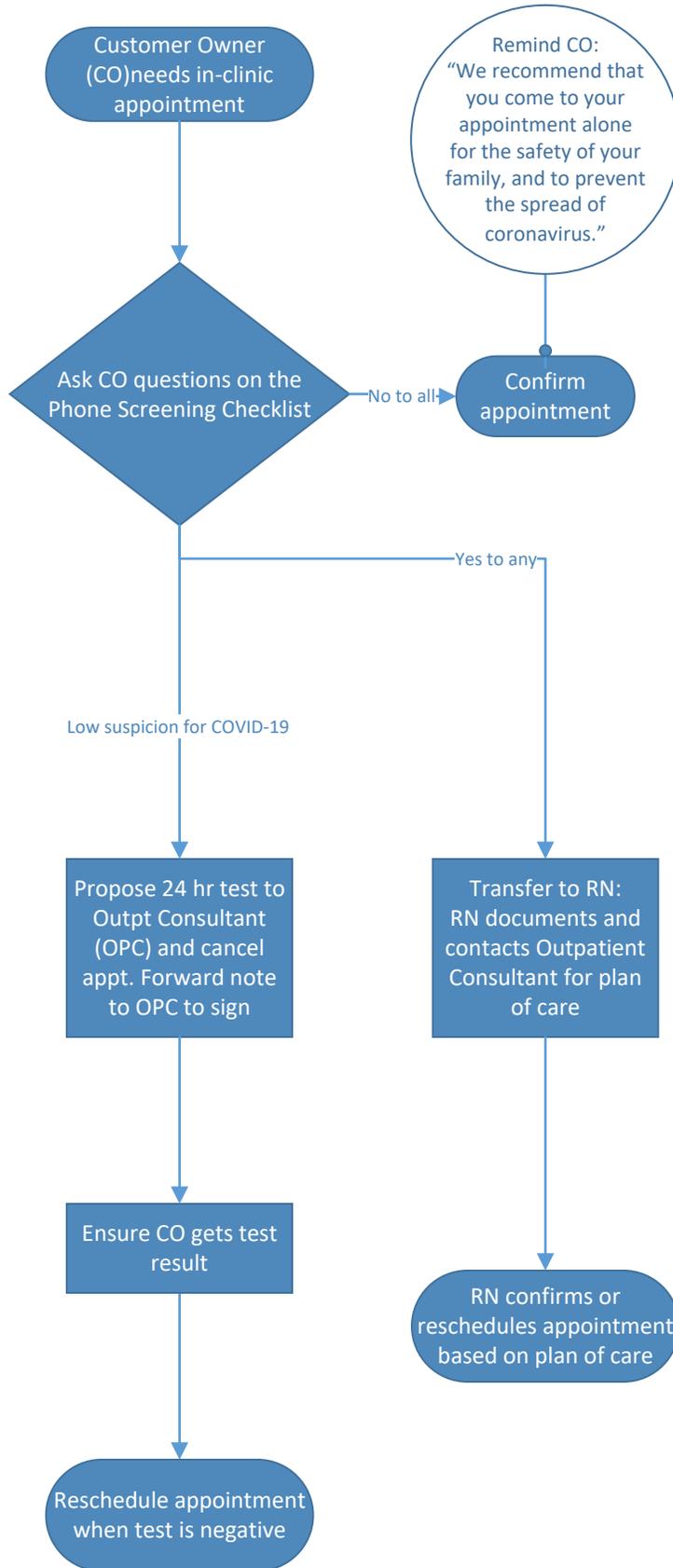
<http://sharepoint.southcentralfoundation.com/primarycare/Covid19/default.aspx>

# COVID-19 Screening and Response- OBGYN

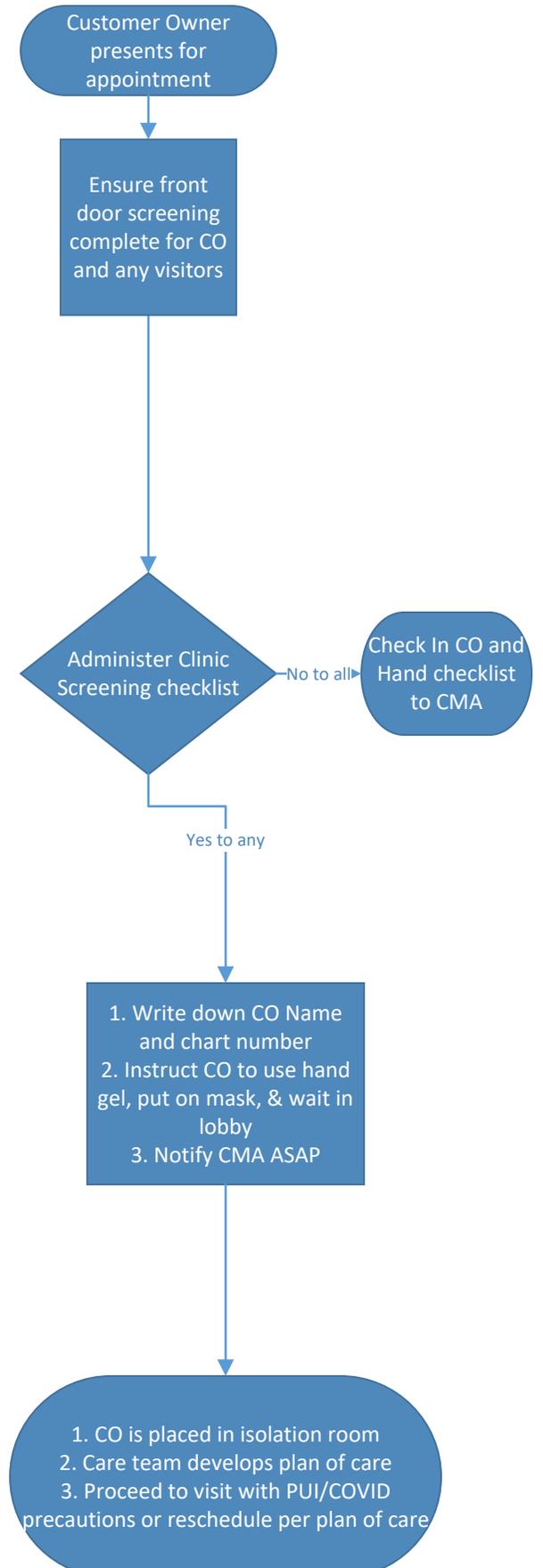
## Appointment Scheduling

## Check-In at Front Desk

CO Screening process



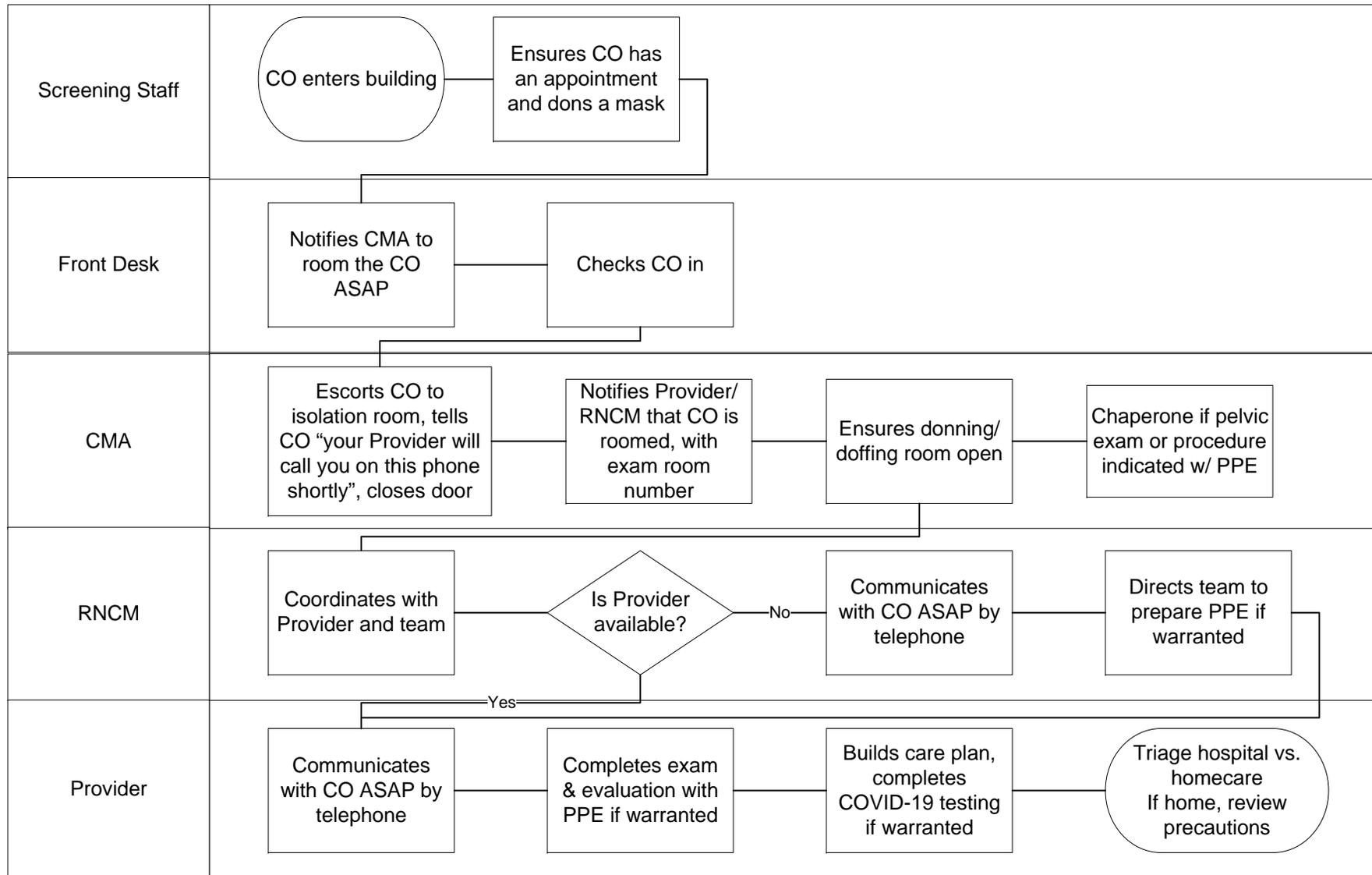
Remind CO:  
"We recommend that you come to your appointment alone for the safety of your family, and to prevent the spread of coronavirus."



Any questions about rescheduling, ask Outpatient Consultant  
Assess pregnant or postpartum CO for flu and refer to flu algorithm if necessary

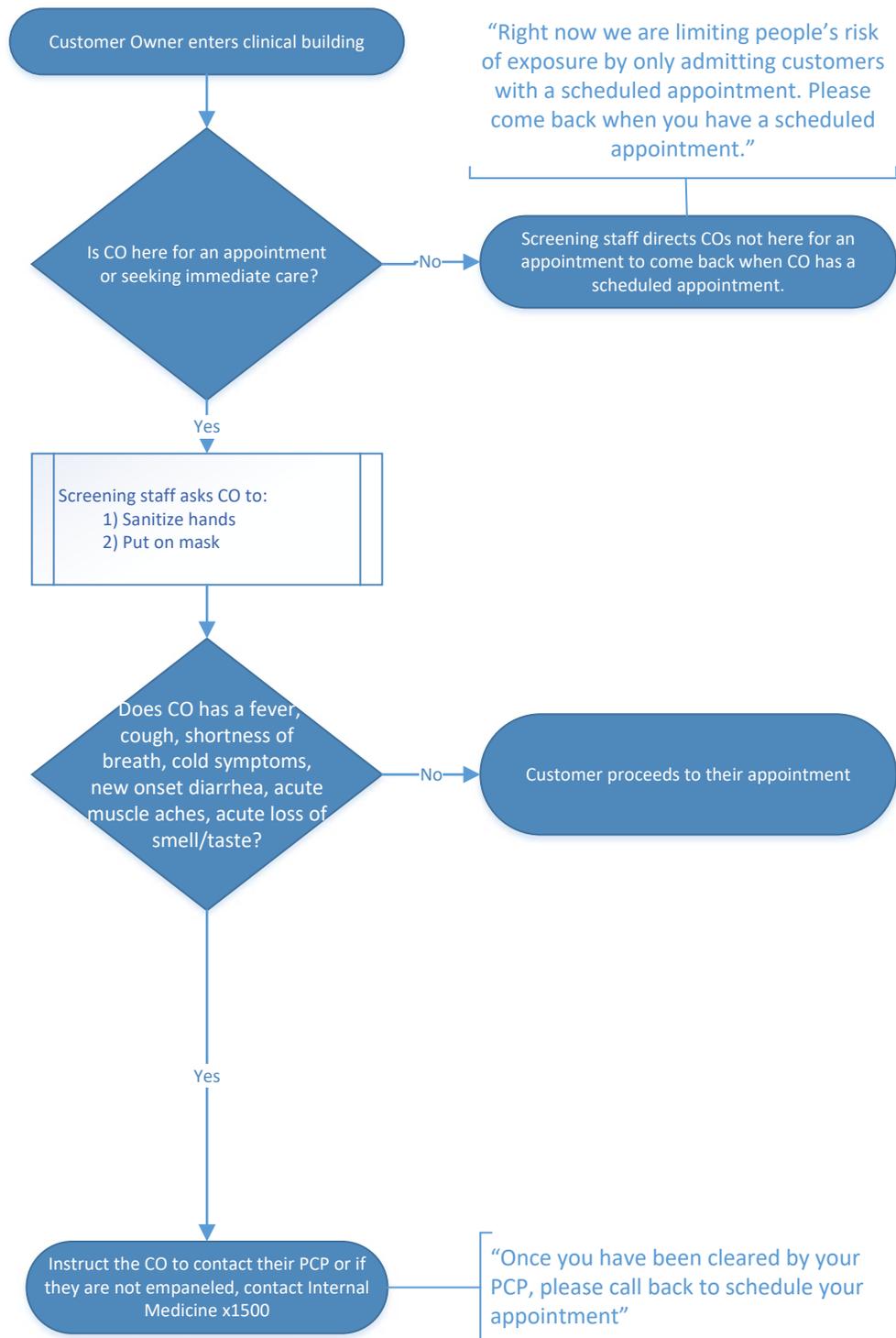
# OBGYN Roles & Responsibilities for Suspected COVID/COVID+ Specialty OBGYN Care

7.29.20



# Specialty Clinics COVID-19 Front Door Screening and Response

Front Desk/Schedulers



COVID-19 OBGYN Front Desk Screening Checklist

**\*Use this checklist when COs arrive IN CLINIC for their appointment. Screen all visitors as well. Anyone who screens positive should not enter the clinic area until discussed with the team\***

**STEP 1:** Ensure they are masked.

**STEP 2:** Ask the following additional questions:

In the past 14 days have you had any of the following symptoms:

- |   |   |
|---|---|
| <input type="checkbox"/> Fever  | <input type="checkbox"/> Chills                           |
| <input type="checkbox"/> Cough  | <input type="checkbox"/> Fatigue                          |
| <input type="checkbox"/> New onset shortness of breath/difficulty breathing | <input type="checkbox"/> Headache                         |
| <input type="checkbox"/> Symptoms of common cold                            | <input type="checkbox"/> Muscle/joint aches               |
| <input type="checkbox"/> Diminished sense of smell/taste                    | <input type="checkbox"/> Runny nose                       |
| <input type="checkbox"/> New onset diarrhea                                 | <input type="checkbox"/> Sore throat or sputum production |
|   | <input type="checkbox"/> None                             |

In the past 14 days have you or a household member traveled outside the state of Alaska?

- Yes
- No

Have you had known close contact with someone who tested positive for COVID19?

- Yes
- No

Do you have a test pending for COVID19?

- Yes \*\*\*
  - Check here if the test was ordered as a pre-op or pre-admission. Treat this as a **No\*\*\***
- No

**IF a CO has a positive screen at the door they will be brought over by the door screener and should be attended to immediately. Ensure mask is on and 6 feet of distancing is maintained.**

**Complete Step 2 for more detailed screening and follow flow to contact the care team.**

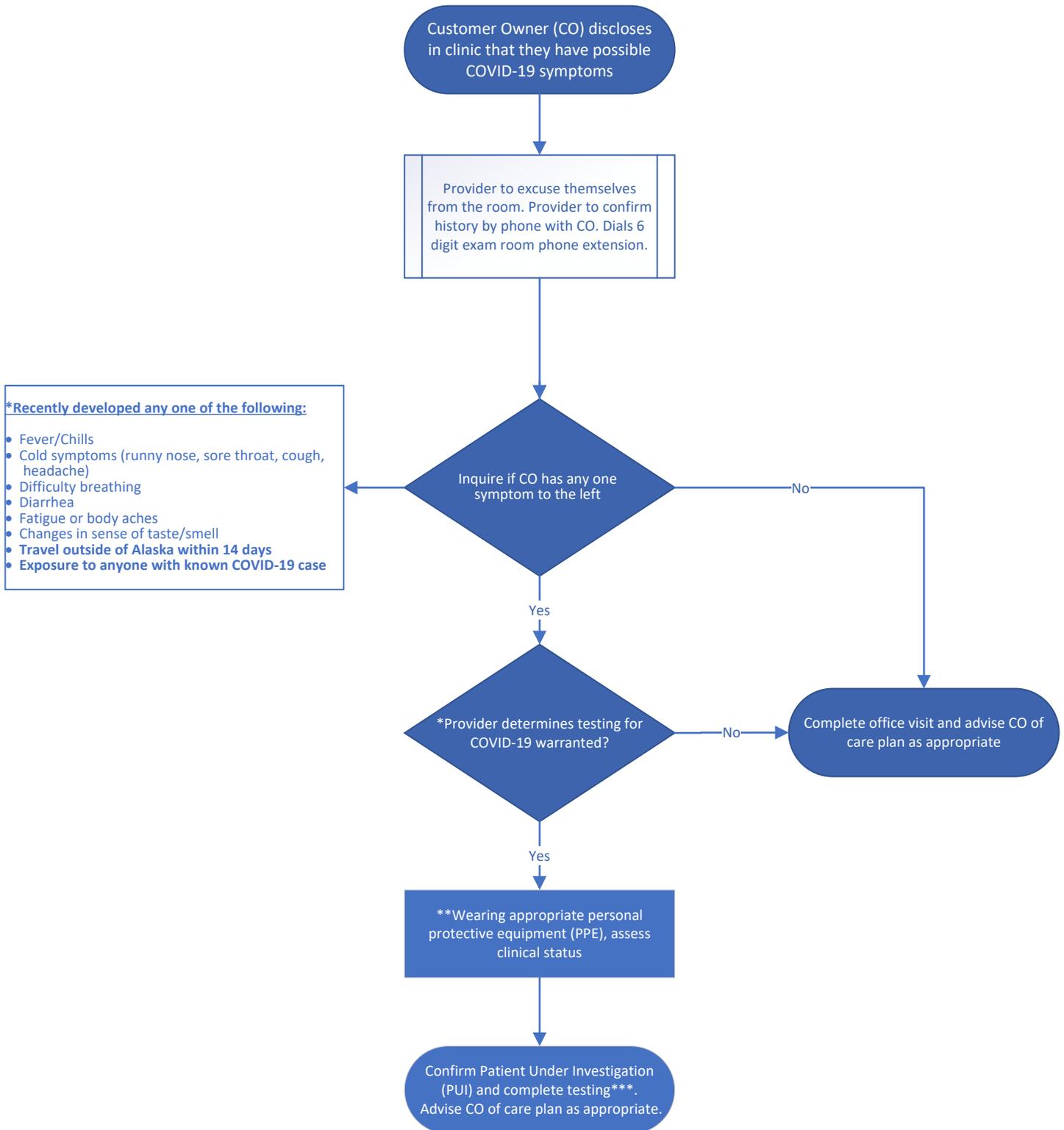
**-If NO for all, Proceed with appointment. Hand completed checklists to CMA.**

**-If a visitor and YES to any, instruct use of alcohol hand gel, don a mask, follow social distancing, and wait in the lobby.**

**-If yes and a CO, Follow Flow to contact the appropriate person.**

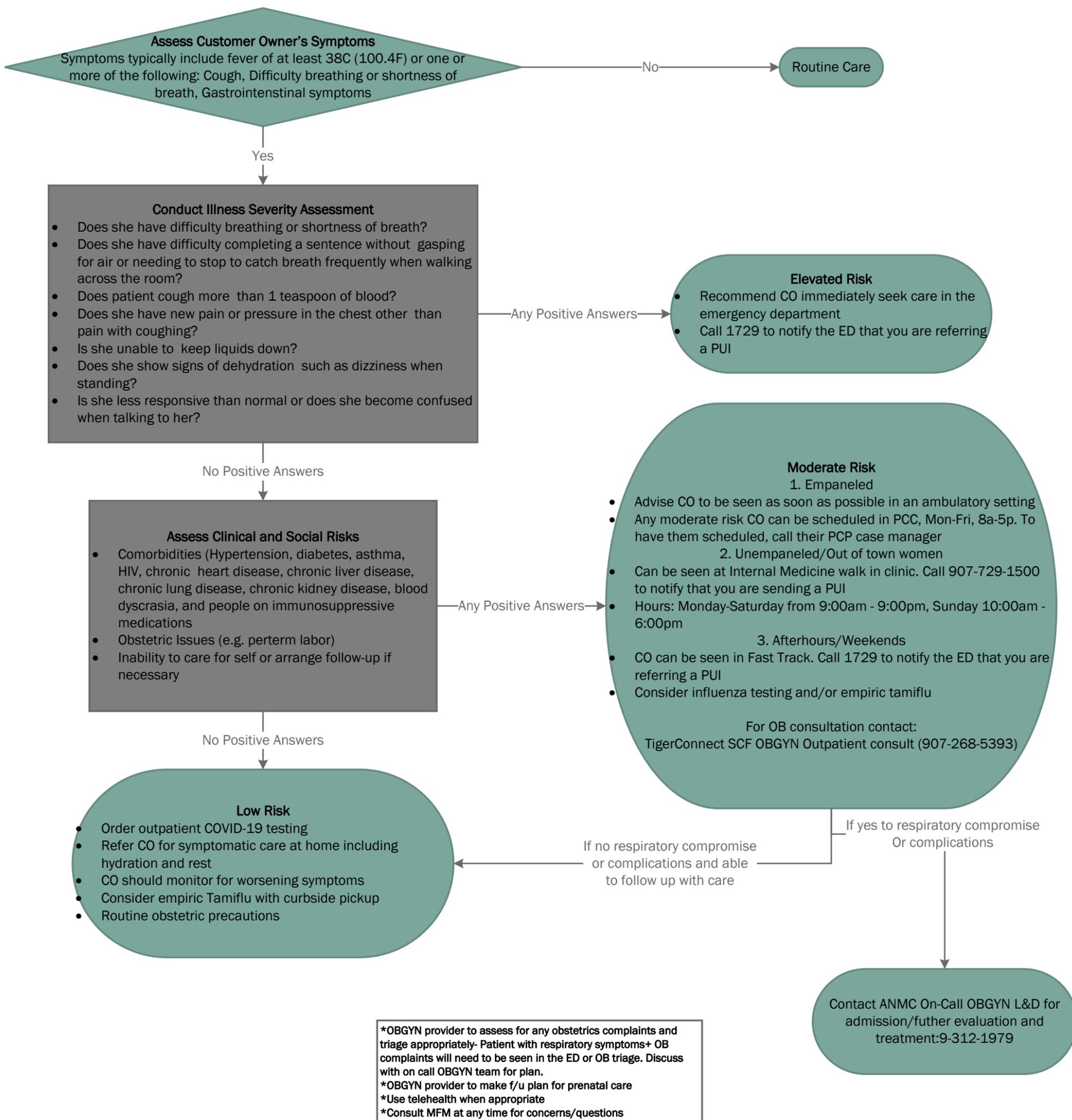
# COVID-19 IN CLINIC RESPONSE

Purpose: Details the steps for Providers or Nurse Case Managers to complete when engaging with suspected COVID-19 customers physically in clinic.



# ACOG COVID-19 Triage Algorithm Adapted to ANMC Campus

## Approved 7.20.20



\*OBGYN provider to assess for any obstetrics complaints and triage appropriately- Patient with respiratory symptoms+ OB complaints will need to be seen in the ED or OB triage. Discuss with on call OBGYN team for plan.  
 \*OBGYN provider to make f/u plan for prenatal care  
 \*Use telehealth when appropriate  
 \*Consult MFM at any time for concerns/questions

# COVID-19 SCREENING, TRIAGING AND RESPONSE

The purpose of this flow is to assist case management support, admin support, nurse case managers and providers in triaging appointments and directing care for customers

**Alaska COVID-19 Testing Criteria**  
(Click Here To Open)

ANMC evaluates all symptoms recommended by CDC however is not requiring 2 or more prior to testing

**\*Recently developed any one of the following:**

- Fever/Chills
- Cold symptoms (runny nose, sore throat, cough, headache)
- Difficulty breathing
- Diarrhea
- Fatigue or body aches
- Changes in sense of taste/smell
- **Travel outside of Alaska within 14 days**
- **Exposure to anyone with known COVID-19 case**

**\*Respiratory Distress Scale (for adults)**

Grade	Description
0	breathless with strenuous exercise
1	when hurrying on level ground or walking up a slight hill
2	walk slower because of breathlessness or have to stop for breath when walking normal pace
3	stop for breath after walking about 100 yards or after a few minutes on level ground
4	too breathless to leave the house, or breathless when dressing

