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
    - 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 12th. 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](http://sharepoint.southcentralfoundation.com/primarycare/Covid19/default.aspx).

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**


COVID-19 Screening and Response - OBGYN

**Appointment Scheduling**

1. **Customer Owner (CO) needs in-clinic appointment**
2. **Ask CO questions on the Phone Screening Checklist**
   - **No to all**
   - **Yes to any**
3. **Low suspicion for COVID-19**
   - **Propose 24 hr test to Outpt Consultant (OPC) and cancel apt. Forward note to OPC to sign**
   - **Ensure CO gets test result**
   - **Reschedule appointment when test is negative**
4. **Transfer to RN: RN documents and contacts Outpatient Consultant for plan of care**
5. **RN confirms or reschedules appointment based on plan of care**

**Check-In at Front Desk**

1. **Customer Owner presents for appointment**
2. **Ensure front door screening complete for CO and any visitors**
3. **Administer Clinic Screening checklist**
   - **No to all**
   - **Yes to any**
4. **Check in CO and Hand checklist to CMA**
5. **1. Write down CO Name and chart number**
   - **2. Instruct CO to use hand gel, put on mask, & wait in lobby**
   - **3. Notify CMA ASAP**
6. **1. CO is placed in isolation room**
   - **2. Care team develops plan of care**
   - **3. Proceed to visit with PUI/COVID precautions or reschedule per plan of care**

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

- CO enters building
- Ensures CO has an appointment and dons a mask

Front Desk

- Notifies CMA to room the CO ASAP
- Checks CO in

CMA

- Escorts CO to isolation room, tells CO "your Provider will call you on this phone shortly", closes door
- Notifies Provider/RNCM that CO is roomed, with exam room number
- Ensures donning/doffing room open
- Chaperone if pelvic exam or procedure indicated w/ PPE

RNCM

- Coordinates with Provider and team
- Is Provider available?
  - No
    - Communicates with CO ASAP by telephone
  - Yes
    - Directs team to prepare PPE if warranted

Provider

- Communicates with CO ASAP by telephone
- Completes exam & evaluation with PPE if warranted
- Builds care plan, completes COVID-19 testing if warranted
- Triage hospital vs. homecare
  - If home, review precautions
Customer Owner enters clinical building

Is CO here for an appointment or seeking immediate care?

Screening staff directs COs not here for an appointment to come back when CO has a scheduled appointment.

Screening staff asks CO to:
1) Sanitize hands
2) Put on mask

Does CO have a fever, cough, shortness of breath, cold symptoms, new onset diarrhea, acute muscle aches, acute loss of smell/taste?

Customer proceeds to their appointment

Instruct the CO to contact their PCP or if they are not empaneled, contact Internal Medicine x1500

“Right now we are limiting people’s risk of exposure by only admitting customers with a scheduled appointment. Please come back when you have a scheduled appointment.”

“Once you have been cleared by your PCP, please call back to schedule your appointment”
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:

- Fever
- Cough
- New onset shortness of breath/difficulty breathing
- Symptoms of common cold
- Diminished sense of smell/taste
- New onset diarrhea
- Chills
- Fatigue
- Headache
- Muscle/joint aches
- Runny nose
- Sore throat or sputum production
- 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.
Purpose: Details the steps for Providers or Nurse Case Managers to complete when engaging with suspected COVID-19 customers physically in clinic.

Customer Owner (CO) discloses in clinic that they have possible COVID-19 symptoms

Provider to excuse themselves from the room. Provider to confirm history by phone with CO. Dials 6 digit exam room phone extension.

Inquire if CO has any one symptom to the left

*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

*Provider determines testing for COVID-19 warranted?

Yes

**Wearing appropriate personal protective equipment (PPE), assess clinical status

Confirm Patient Under Investigation (PUI) and complete testing**. Advise CO of care plan as appropriate.

Yes

Complete office visit and advise CO of care plan as appropriate.

No

No
ACOG COVID-19 Triage Algorithm Adapted to ANMC Campus
Approved 7.20.20

Assess Customer Owner’s Symptoms
Symptoms typically include fever of at least 38°C (100.4°F) or one or more of the following: Cough, Difficulty breathing or shortness of breath, Gastrointestinal symptoms

No

Yes

Conduct Illness Severity Assessment
- Does she have difficulty breathing or shortness of breath?
- Does she have difficulty completing a sentence without gasping for air or needing to stop to catch breath frequently when walking across the room?
- Does patient cough more than 1 teaspoon of blood?
- Does she have new pain or pressure in the chest other than pain with coughing?
- Is she unable to keep liquids down?
- Does she show signs of dehydration such as dizziness when standing?
- Is she less responsive than normal or does she become confused when talking to her?

No Positive Answers

Any Positive Answers

Elevated Risk
- Recommend CO immediately seek care in the emergency department
- Call 1729 to notify the ED that you are referring a PUI

Moderate Risk
1. Empaneled
   - Advise CO to be seen as soon as possible in an ambulatory setting
   - Any moderate risk CO can be scheduled in PCC, Mon-Fri, 8a-5p. To have them scheduled, call their PCP case manager
   - 2. Unempaneled/Out of town women
   - Can be seen at Internal Medicine walk in clinic. Call 907-729-1500 to notify that you are sending a PUI
   - Hours: Monday-Saturday from 9:00am - 9:00pm, Sunday 10:00am - 6:00pm
2. Afterhours/Weekends
   - CO can be seen in Fast Track. Call 1729 to notify the ED that you are referring a PUI
   - Consider influenza testing and/or empiric Tamiflu

Low Risk
- Order outpatient COVID-19 testing
- Refer CO for symptomatic care at home including hydration and rest
- CO should monitor for worsening symptoms
- Consider empiric Tamiflu with curbside pickup
- Routine obstetric precautions

Assess Clinical and Social Risks
- Comorbidities (Hypertension, diabetes, asthma, HIV, chronic heart disease, chronic liver disease, chronic lung disease, blood dyscrasia, and people on immunosuppressive medications
- Obstetric Issues (e.g. preterm labor)
- Inability to care for self or arrange follow-up if necessary

No Positive Answers

Any Positive Answers

If yes to respiratory compromise or complications or able to follow up with care

Contact ANMC On-Call OB/GYN L&D for admission/further evaluation and treatment: 9-312-1979

*OB/GYN 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 OB/GYN team for plan.
*OB/GYN provider to make it a plan for prenatal care
*Use telehealth when appropriate
*Consult MFM at any time for concerns/questions

If no respiratory compromise or complications

No Positive Answers

Any Positive Answers

Yes

Routine Care
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.

Customer Owner (CO) calls for an appointment

CMS/Admin receives call

Is CO calling for an in-person visit?

Yes

Inquire if CO has any one symptom to the left

Yes

Call transferred and triaged by RNCM or provider

Is COVID-19 the CO’s primary concern?

No

Schedule CO for primary concern and use additional COVID-19 precautions during visit following ANPCC Roles and Responsibilities

Yes

Schedule CO for in-person or virtual visit

Documents triaging in the record (RNCM nursing note; provider brief note under case management FIN)

Team contacts CO regarding COVID testing results (positive or negative), and ensures contact with CO who tests positive are triaged to home care/support

Minimal symptoms:
Fever, cough, respiratory distress scale 0-1,* and breathing comfortably, no evidence for hypoxia, mental status at baseline

CO does not require higher level of care at this time, does not require in-person visit; can be offered telephone visit or alternate site testing

Mild symptoms:
Fever, cough, respiratory distress scale 1-2,* possible early signs of respiratory compromise, mental status at baseline

CO may require higher level of care/in-person PCC visit or virtual visit

Moderate symptoms:
Fever, cough, respiratory distress scale 2-3,* evolving signs of respiratory compromise, mental status at baseline

CO requires higher level of care/in-person or virtual visit. Consider triage to Fast Track/ED

Severe symptoms:
Fever, cough, respiratory distress scale 4,* clear signs of respiratory compromise, changes in mental status, risk factors for rapid decline

Coordinates EMS response with CO/family. Team calls charge nurse or ED attending, documents actions & warm handoff in EHR

*)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)

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<thead>
<tr>
<th>Grade</th>
<th>Description</th>
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<tbody>
<tr>
<td>0</td>
<td>Breathless with strenuous exercise</td>
</tr>
<tr>
<td>1</td>
<td>Walk slower because of breathlessness or have to stop for breath when walking normal pace</td>
</tr>
<tr>
<td>2</td>
<td>Stop for breath after walking about 100 yards or after a few minutes on level ground</td>
</tr>
<tr>
<td>3</td>
<td>太息 breathlessness to leave the house, or breathless when dressing</td>
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*Respiratory Distress Scale (for children)

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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

CMS/Admin follow Appointment Type and Duration Guidelines for scheduling

Rev 5.14.2020