CAHC CLINICAL GUIDANCE

INTRODUCTION

As fall 2020 approaches, school personnel, parents and students are all anticipating what "back to school" will look like during the midst of the global COVID-19 pandemic.

The MI Safe Start Plan and the MI Safe Schools Roadmap offer directions for a safe return to school in Michigan. Possible scenarios include full-time in-person instruction or a hybrid of in-person and online instruction for communities in Safe Start Phase 4, 5, and 6; and online instruction only (required if a community is in MI Safe Start Phase 1, 2, or 3). For more information, view the MI Safe Start Plan and the MI Safe Schools Return to School Roadmap.

Whether schools reopen for in-person or online only instruction, the Michigan Department of Health and Human Services (MDHHS) Child and Adolescent Health Centers Program is positioned to support school staff, students and parents by providing safe, quality care to young people through various models of care, including clinical Child and Adolescent Health Centers (CAHC). Although primary health care services may be delivered differently, continued access to care during the pandemic is critical to ensuring support for student health and learning.

The MDHHS CAHC program staff, together with the School Community Health Alliance of Michigan (SCHA-MI) and over 30 representatives from funded program sites across the state convened a series of work groups to examine and plan for potential challenges to service delivery during this transitional time. This brief is a result of that work and is intended to help you plan for considerations to primary health care service delivery during the multiple scenarios throughout the pandemic. While some information pertains more to school-based programs, school-linked CAHCs can glean valuable guidance from this brief. It is recommended that you review the CAHC Communications with Schools Guidance for valuable information on identifying your role and communicating with clients, families and school staff throughout this pandemic, and the Return to School Administrative Guidance for Q&A on topics related to program requirements.

The recommendations contained in this document are fluid to reflect ongoing changes in the COVID-19 pandemic and status of school offerings; and situational, to reflect the uniqueness of circumstances respective to each site, school and community. Regardless of what your individual program can offer, your involvement demonstrates the value of your integration in the school and community to school staff, parents, and students.

WHAT CAN WE OFFER?

Ask your school partners what you can do to support them as they transition back to school, as well as when potentially transitioning between Safe Start phases. Identifying issues and concerns that schools need assistance with can help you identify what you can offer and what limitations or boundaries exist. Also, be sure to ask what you need from your school partner. This opens the door to brainstorming solutions in areas where gaps exist between needs and resources for either party.

Reduced attendance, staggered schedules, building closures, a focus on core academic subjects, coupled with navigating the release of students from class or other factors may all impact your ability to deliver services. However, opportunities exist to make the case for delivery of services based on the needs of your target population. Primary health care services and health education may not only be welcome, but imperative, to those who may have difficulty accessing care with the many changes brought on by the pandemic. Overall suggestions for steps to take prior to the start of school include:

- Work with the school and local health department (LHD) to establish a symptom screening protocol and process.
- Provide families with a reference checklist of symptoms, in their first language, so they can help screen youth prior to arriving at school or the health center.
- Develop a COVID-19 needs assessment to determine if parents have any specific concerns regarding physical health (e.g., underlying health conditions) or emotional health (e.g., excessive anxiety/separation anxiety) needs as their child returns to school.
- If your school chose to move forward with virtual learning, work with your school administrators to offer in-person health services, if feasible.
- Ensure confidentiality agreements are in place regarding screenings and reported information if/when students/staff are sick. Consider providing school staff training about confidentiality laws (HIPAA) that protects students' health information including what information can be shared and with whom.

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- Work with your school administrators to identify where the school's isolation room will be. Per the CDC and Michigan's Roadmap, schools should identify an isolation room and/or separate anyone who is displaying COVID-19 symptoms or who are asymptomatic and test positive.
  - Should your health center have the necessary physical space and access requirements to provide an isolation room for your school partners, as well as staffing to assist the school with supervision of the space, appropriate procedures and protocols should be developed in conjunction with your fiduciary agency, medical director, LHD and school staff.
  - If your health center is not able to assist with the isolation room, be sure to communicate with the school the reasons why you are unable to assist (e.g., space, staffing, equipment, etc.), while focusing on the areas where you may assist schools.

Remember, under the Roadmap, schools can implement stricter requirements than what is in place under the Safe Start Plan (e.g., schools can require that masks be worn by everyone in the building even though the Safe Start Plan might only recommend doing so). In these cases, your school-based programs should honor the stricter school requirements. Additionally, you should know that LHDs will be working closely with school Superintendents in every community to guide them through requirements and recommendations in each phase of the pandemic, and will be an important resource for your health center as well.

For more information, refer to the CDC guidance for Schools and Childcare.

CLINICAL WORKFLOW

Developing dynamic workflows for health center services during a pandemic is a team effort. With assistance from your fiduciary, anticipate how workflow may adapt throughout the phases, and determine which responsibilities may shift to which staff member. With that in mind, the following suggestions are offered:

- Plan for flexibility in roles as staff availability and/or responsibilities shift.
- Review and revise policies and procedures as necessary to reflect changing procedures and workflows (e.g., infection control).
- In collaboration with your fiduciary agency, follow the recommended guidance for staff screening prior to arriving at work (e.g., screening questions, temperature check, etc.) and review return-to-work protocols if positive or presumptive positive for COVID-19 (symptomatic or asymptomatic).

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- Stay up-to-date on current symptoms and different presentations of COVID-19; emergent presentations of COVID-19 in youth (e.g., MIS-C); client management; and recommendations from CDC and MDHHS so that policies, procedures and responsibilities can adjust as needed.
- Develop, disseminate, and explain policies and procedures regarding referrals from school staff, appointment scheduling and walk-in services to reduce the number of clients in the program space at any given time.
- As necessary, review and revise procedures for getting clients out of class for scheduled appointments and for returning to class after appointments are completed. Clearly communicate any changes in procedures to clients, families and school staff.

CONSIDERATIONS FOR VISIT TYPES

As resources and access to spaces allow, your health center will need to determine when to conduct in-person versus telehealth services, as well as offer creative solutions to care such as hybrid visits or drive-through services. Keep in mind what changes may be necessary depending on which Safe Start Phase your community is in. Consider the following:

- Work with your fiduciary and medical director to identify which visit types could be provided via in-person versus telehealth appointments.
- Offer drive-through services (e.g., immunizations). If offering drive-through services, consider distributing Medicaid Outreach and health education materials in to-go bags.
- In order to reduce face-to-face time during appointments, and the number of clients present in the health center at any given time, consider designating well and sick visit hours, drive-through and drop off services, and offering telehealth services, when appropriate and needed.

COVID-19 TESTING:

If your health center provides testing for COVID-19, policies and procedures for reporting will need to be updated to include COVID-19 practices. Providers should follow the same confidential reporting procedures for COVID-19 as currently utilized for other communicable diseases. Consultation with your local health department, Medical Director, fiduciary, and school administration is highly recommended. For further resources, visit How to Report COVID-19 Laboratory Data and CDC Interim Guidelines for Collecting, Handling and Testing Clinical Specimens for COVID-19.

If your health center will not provide COVID-19 testing, identify local testing resources to refer clients, families, and staff to alternative locations where testing can be completed.

> Please work with your assigned MDHHS agency consultant on factors impacting the ability to meet program requirements. Teams can work together to readjust your goals and ensure plans are responsive to your unique program and school district's needs. MDHHS is committed to flexibility during this time.

PROCESSES FOR IN-PERSON VISITS

There is no getting around the fact that service delivery will look different than in the past in all but Safe Start Plan Phase 6 (post-pandemic). To accommodate for those differences, work with your fiduciary agency, medical director, LHD and school administration, where applicable. Consider the following suggestions in preparation for in-person visits:

- Review, revise, and/or develop policies, procedures, protocols and standing orders, as necessary. For assistance or for samples from other CAHC sites, contact your assigned MDHHS CAHC Agency Consultant.
- Determine any necessary client screening processes your program requires (e.g., temperature checks, screening questions, etc.) prior to appointments (referred, scheduled, and walk-in) and identify who will be conducting these screenings.
- If health center staff is expected to administer screening questionnaires and/or take temperature checks, staff should have necessary PPE (personal protective equipment) and be properly trained in these procedures by their fiduciary agency.
- Use telehealth (including telephone) for reviewing screening questions (if required by your site) and obtaining health history before in-person visits, to reduce the amount of time the client is in the CAHC site.
- Ask clients to call ahead and discuss the need to change their appointment to telehealth or reschedule if they are symptomatic on the day of their appointment.
- Develop standards for use of PPE for clients and each level of program staff (e.g., front office, medical assistant, RN, provider, etc.) during clinic flow and appointments. Your fiduciary, school administration, school health teams, and LHD can all contribute to the development of these standards. Schools should be advised of any changes to standards.
- With guidance from your fiduciary and LHD, ensure the supply of appropriate PPE for CAHC staff. Establish standards and processes for situational use of PPE, including identification of designated areas for donning, doffing and disposal of PPE.
- Ensure clients understand expectations for use of masks, hand washing/hand sanitizing and social distancing **prior** to their appointments.

- In partnership with the medical director, fiduciary and LHD, review and update (if needed) protocols and algorithms to continue to provide care for ill clients. Collaborate with the medical director and LHD to determine a CAHC tracking and follow-up process for ill clients. NOTE: If client is ill with COVID-19 symptoms, and your health center cannot accommodate an in-person visit or lab testing, identify local testing resources and provide an alternative location where testing can be completed.
- In collaboration with the medical director, LHD, and school develop specific protocols for discharge of students seen in the CAHC who are (1) symptomatic for COVID-19 or (2) have minor symptoms but did not pass the initial COVID-19 screen, and may return to class or be sent home.
- Continue to provide prevention services, including risk assessments. When feasible, consider administering risk assessments electronically or via telehealth when students are not attending school in person.
- Identify strategies (assess, immunization administration, parent communication, reminder/recall messages) to help clients get caught up with the required and recommended immunization schedule.

PROCESSES FOR DISTANCE VISITS

As you continually assess the needs of students, families, and schools to identify particular interventions, explore the provision of telehealth services and consider the following for distance-based interactions with individuals and groups:

- Use telehealth services during any phase of the pandemic, if available. Explore the provision of telehealth services during Safe Start Phase 1-3 (online instruction only) or when onsite services are not possible.
- Consider telehealth as an option for alternative service hours (before school or after hours).
- Maintain proactive contact with clients and families.

IDEAS FOR CAHC SERVICES THAT CAN BE PROVIDED REMOTELY INCLUDE, BUT NOT LIMITED TO:

- Designated acute or chronic visit types, decided by fiduciary and CAHC staff.
- Increased access to care for clients who are immunocompromised or those who screen positive for COVID-19 or had exposure to COVID-19.
- Completed health history, with client and parent/guardian as appropriate, to determine health concerns, issues and/or conditions.
- Administering risk assessments in a confidential manner and completing appropriate health screenings (e.g., depression, tobacco, alcohol, drug use, etc.).

- Coordinated care for clients with chronic conditions (e.g., asthma, diabetes, allergies, etc.).
- Education and screening questions for immunizations.
- Medication monitoring for clients with ongoing medication use.
- Follow-up after a previous in-person visit conducted onsite, as appropriate.
- Assisting clients with referral for dental and vision services.
- Consider provision of health education via web-based platforms to avoid entering classrooms.
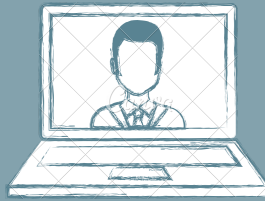
For more information and resources, visit the CAHC Telehealth Project website

CONSIDERATIONS FOR CONFIDENTIAL SERVICES

If your school-based health center sees both young children ages 5-9 years as well as adolescents, continue to have daily adolescent-only hours to ensure teens have access to the health center without concern for the presence of adults or young children.

CONSIDERATIONS FOR IN-PERSON CONFIDENTIAL SERVICES INCLUDE, BUT ARE NOT LIMITED TO:

- Work with the school to create a private room or area, with telephone access, to allow students to self-refer via phone.
- Add a locked suggestion box outside the health center and add self-referral forms for adolescents to fill out.
- If appointment reminders will be sent (by mail or electronically), or if calls are made in advance of appointments for pre-screening, ensure precautions are in place to protect confidentiality for clients seeking minor-consented services.

CONSIDERATIONS FOR MINOR-CONSENTED SERVICES (THOSE SERVICES WHICH MINORS CAN CONSENT TO ON THEIR OWN BEHALF) THROUGH VIRTUAL PLATFORMS:

- Offer HIPAA-compliant scheduling via online or text messaging options, if available.
- Obtain consent/minor consent to participate in the visit on the virtual platform.
- Determine if the client is in a place that affords privacy (even if in their own home) for the visit. If available, confirm this through the text messaging function of the virtual platform.
- Inform the client that the visit will not be recorded.
- Consider future ordering of confidential labs be completed when client is able to come into the health center, as appropriate. When confidential services are provided via telehealth, develop a plan for arranging pick-up of supplies and specimen drop-off (e.g., pregnancy tests, STI testing, etc.).
- Consider using a coding system to share confidential lab results with the client.
- Provide the health center number or try to obtain a confidential contact number for clients to obtain confidential lab results, per CAHC policy and procedure.
- Consider use of a pre-determined code word with patients during telehealth visits when a confidential environment has been compromised as appropriate.

PHYSICAL ENVIRONMENT

Under the guidance of your fiduciary agency and LHD, assess the physical space where services are provided and make necessary accommodations to continue safe and successful service delivery throughout the pandemic. Your fiduciary agency should provide you with specific guidance for establishing and maintaining a safe physical environment.

Recommendations to consider include, but are not limited to:

- Develop procedures that identify what items need to be sanitized, frequency of sanitation, staff protective equipment when cleaning and what sanitation products will be used. This includes both client and staffing areas.
- Make arrangements with custodial services to complete deep cleaning and disinfection of the health center on an established and agreed-upon schedule.
- Remove high-touch items (e.g., pens, brochures, clipboards, toys, etc.) from the waiting room, reception area and exam rooms.
- Use laminated posters and other wall-mounted items that can be easily sanitized.

- Assess what items to keep in the health center (e.g., furniture) and which items may need adapting to meet current safety standards (e.g., cleanable seat coverings for chairs).
- Consider having only staff open and close doors for clients, leading client in and out of areas of service provision.
- Have health center staff dispense needed supplies at time of service (e.g., water, specimen cups, hygiene products, etc.).
- Use clean gloves to remove supplies from drawers/cabinets.
- Stagger appointments to allow enough time between clients for cleaning and sanitizing; and follow most up-to-date guidelines per Michigan Occupational Safety and Health Administration (MI-OSHA) and CDC on air settling time between clients.
- Consider no-touch items such as trashcans, soap and hand sanitizer dispensers, sinks, paper towel dispensers, etc..
- Ensure hand sanitizer contains at least 60% alcohol. View a list of disinfectants that meet the EPA's criteria for use against SARS-CoV-2 (COVID-19).
- Explore the use of air filtration systems and Plexiglas where needed in waiting rooms, exam rooms and other health center spaces. School-based programs should consult with school administration before making any permanent or semi-permanent structural modifications to school property.
- Review with your fiduciary agency, medical director, and LHD if/how aerosol-generating procedures and/or procedures that may trigger coughing (e.g., spirometry, peak flow meters) will be provided at your health center. Review and revise policies, procedures and protocols as needed.

PHYSICAL (SOCIAL) DISTANCING

In order to adhere to the minimum recommended distance of six (6) feet between individuals, consider the following:

- Utilize floor markings and signage to ensure proper physical distancing (6 feet).
- Use appropriate PPE by all parties when distances are less than 6 feet.
- Limit waiting room seating to maintain 6 feet of distance. Remove unnecessary large items such as furniture to free up space.
- Limit the number of persons allowed in the health center at one time.
- Ensure physical distancing between clients and providers by moving or removing furniture and equipment from exam rooms as necessary.
- Safeguard physical distancing for staff, including the front and back office, as well as shared common spaces such as conference and break rooms.

CRISIS AND EMERGENCY RESPONSE PLANNING

Finally, it is important that the fiduciary agency has a crisis response plan for the health center and if/how the CAHC will respond to school emergencies. Providers should know and understand these plans, as well as their roles (if any). With this in mind, consider the following actions:

- Review the current crisis and emergency response plans with your agency and with the school's Crisis Response Team.
- Consider revisions to include crisis and emergency response for those clients who are not onsite, such as telehealth services, if and when appropriate to do so.
- Clarify responsibilities of each named party in the crisis and emergency response plans.

For more information, visit the CAHC Individual Student Crisis and Emergency Response Plan Guidance

ADDITIONAL RESOURCES

- AAP COVID-19 Planning Considerations
- CDC Information for Healthcare Professionals about Coronavirus (COVID-19)
- MDHHS Coronavirus Resources for Health Professionals
- MIOSHA COVID-19 Workplace Safety Guidance