

COVID-19 GUIDELINES

2020-21



FOR PARENTS AND
PATIENTS

Dear Parent,

The COVID-19 pandemic has presented us with many challenges. The pandemic has cultivated fear and anxiety about resuming activities that were the norm before the onset of the pandemic. One of these activities is taking your child into their doctor's office for routine pediatric care, well-child visits, immunization visits, and even minor sick visits.

As your child's healthcare provider, we, the staff and physicians at Atlanta Pediatric Partners, P.C., take pride in providing a clean, safe, well-sanitized environment at our office. We are prepared for your child's next visit. We felt that it was essential to share what we are doing with you and the steps we are taking to continue to keep your visit with us a safe and pleasant experience!

We have also included some other helpful tips and frequently asked questions and resources related to Covid-19. We hope you find this guide useful.

QUESTIONS & ANSWERS (Q & A)

1. What is Covid-19?
2. What are the symptoms?
3. Who is at highest risk?
4. What Is the difference between COVID-19 and the flu? What is the difference between COVID-19 and seasonal allergy symptoms?
5. Why does my child need to come in during a pandemic? Can this well check visit wait?
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Abbreviations:

Atlanta Pediatric Partners, P.C. (APP, PC)
American Academy of Pediatrics (AAP)
Centers for Disease Control and Prevention (CDC)
SARS-CoV-2, novel Coronavirus disease (COVID-19)

1. What is COVID-19?

COVID-19 is a novel (new) virus that belongs to the Coronavirus family and is often referred to as COVID-19 or SARS CoV2. This virus was first noted in December 2019 in China. Since that time, it has spread across the world and is now a pandemic.

COVID-19 can be found in your respiratory tract (nose, throat, lungs) but may cause symptoms in several areas of your body.

2. What are the symptoms?

People who contract COVID-19 may exhibit a wide range of symptoms. These can range from mild to severe. Some people may end up hospitalized. Most people recover. However people are dying from this disease. Symptoms may appear anytime from 2-14 days after exposure to the virus. People with the following symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list is not exhaustive. The CDC will continue to update this list as more research becomes available.

Symptoms in children may differ, as children with COVID-19 are less likely to have symptoms of fever, cough, and shortness of breath as adults with COVID-19 may.

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

3. Who is at highest risk?

Infection rates of COVID-19 are increasing in US children. While children comprise 22% of the US population, recent data show that 7.3% of all cases of COVID-19 in the United States were among children.

Recent studies in the US are showing us that children can contract and spread COVID-19. The number of children diagnosed with and hospitalized with COVID-19 is increasing since the onset of the pandemic. While children may be less likely to be placed on the ventilator or die from COVID-19 than adults, 1 in 3 children hospitalized with COVID-19 in the United States was admitted to the intensive care unit, which is the same in adults.

According to the CDC, most children do not fall into the high-risk population. However, some children with special health care needs, may.

Children at **increased** risk include:

Those who have serious chronic medical conditions like:

Heart disease

Diabetes

Lung disease (including asthma)

Congenital heart conditions

Serious genetic, neurologic or metabolic disorders

Conditions that weaken the immune system

Obesity

Sickle cell disease

Hospitalization rates in the United States are higher among **Hispanic/Latino children and black, non-Hispanic children and non-Hispanic black children** than white children.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html>

4. What is the difference between COVID-19 and the flu?

It can be difficult to tell, especially in the early stages of the illness. Both the flu and COVID-19 are contagious respiratory illnesses, BUT different viruses cause them. COVID-19 is caused by infection with a new coronavirus (called SARS-CoV-2), and flu is caused by infection with influenza viruses. Because some of the symptoms of flu and COVID-19 are similar, it may be difficult to tell the difference between the two diseases just based on symptoms alone. Testing may be needed to help confirm a diagnosis. Here is an excellent table from the CDC comparing COVID-19 and flu.

<https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm#table>

What is the difference between COVID-19 and seasonal allergy symptoms?

Here is a chart that guides you through the symptoms of seasonal allergies, the common cold, the flu, or COVID-19. Remember to always check with your pediatrician if you have questions.



Cold vs. Flu vs. Allergies vs. COVID-19				
Sneezing	Allergies	Cold	Flu	COVID-19
Fever	NO	SOMETIMES	YES	YES
Headache	NO	NO	YES	SOMETIMES
General aches,pains	NO	NO	YES	SOMETIMES
Fatigue, weakness	NO	NO	YES	SOMETIMES
Extreme exhaustion	NO	NO	YES	SOMETIMES
Stuffy/runny nose	YES	YES	YES	SOMETIMES
Sneezing	YES	YES	YES	SOMETIMES
Sore throat	YES	YES	YES	SOMETIMES
Cough	YES	YES	YES	YES
Shortness of breath	NO	NO	NO	YES

5. Does my child need to come in during a pandemic? Can the well check visit wait?

As this pandemic continues into the second half of 2020, physicians want to ensure their patients are maintaining optimal health and keeping up-to-date on vaccinations. The American Academy of Pediatrics (AAP) and the CDC have informed us that across the nation, children are not getting vaccinated because of fear by parents of going into their doctor's office. As a result, national vaccination rates are declining. Declining vaccination rates can lead to outbreaks of diseases that would not occur if children were receiving their vaccines on time. Examples of such outbreaks include Measles and Pertussis (whooping cough). You may remember in 2018, we began to see measles outbreaks again in the U.S. after years of having little to no cases. 89% of these cases were in people who had not been vaccinated (or of unknown vaccine status). We do not want this to occur again. We strive to avoid vaccine-preventable diseases, which has become even more critical during this pandemic. We are strongly urging all of our patients who are due for a vaccine to schedule an appointment and obtain both their well-child visit and all recommended vaccine(s). DON'T WAIT, VACCINATE!!!!

6. What if my child does not need a vaccine, is it still worth it to come into the office?

YES, because as you already know, children can change very rapidly. We perform well-child exams to make sure that your child is growing properly, meeting developmental milestones, and coping well with the current life stressors. There are essential elements that your doctor will assess at a well child visit. These include:

- your child's gross motor skills (like walking, jumping),
- fine motor skills (like holding a pencil, picking up things with his/her finger),
- speech (are they pronouncing words correctly, is there a lisp? is there any stuttering?),
- development (is your child beginning to say words when they are supposed to? Are they making eye contact? How is your child interacting in school with other children?)

Pediatric providers also assess your child's nutrition, weight, height, and body mass index (BMI). (Is your child growing normally?)

- assess social skills(how is your teenager doing in school, interacting with peers, has smoking or alcohol use become an issue?)
- schooling (is your child successful academically? Are there concerns with focus/attention?)
- assess visual acuity (last year your child had 20/20 vision, however you have recently noticed some squinting when watching TV, what is their vision now? Do they need glasses?)
- assess your child's ability to hear – though this is rare, children may develop hearing loss from one year to the next.

Early intervention is critical if we discover a problem. Waiting even just one or two years to learn this may be harmful to your child.

Sports programs or schools that plan to open still require sports physicals. We need your child/adolescent to come in and perform a running test to assess their stamina and heart, also have your provider listen to the child's heart and address all aspects of their physical and history exam.

In our opinion, well-check visits are **NOT** suitable for telehealth visits. As physicians at APP, we take pride in the time we spend with our patients during a well visit. We perform an extensive history (question and answer portion of the visit) and a complete unclothed physical examination in the presence of a chaperone/parent. We cannot substitute this encounter with a virtual visit. We do not want to miss anything on your child's exam.

Schedule your child's well check visit today!!! We are committed to providing a safe, clean, sanitized environment for your child's appointment.

We particularly want to ensure that children with

- **special medical needs (delays in development, motor or speech impairments)**
- **chronic medical conditions (asthma, diabetes)**

receive the necessary routine recommended care. Please call our office to schedule your recommended visits.

7. What about sick visits? Do we need to come into the office?

We are taking the same extreme precautions as we do with well child visits, to ensure that your child is coming into a clean, sanitized room and that we the staff, do not spread germs from one exam room to another.

It is appropriate to conduct certain sick visits as video or telephone visits. Our office can help you determine which ones can. You will get to speak directly with a physician during these video or telephone appointments.

There are times when we need your child to come in to provide quality and safe care for your child. Some of the reasons include:

- All newborn visits after a baby leaves the birth hospital.
- Vaccine visits
- To perform hearing and vision screenings
- To monitor growth, blood pressure, and other vital signs.
- To check labs such as for anemia and routine lead screening.
- To check on developmental milestones.
- To treat infections or injuries.
- To address adolescent health concerns, such as menstrual care and depression screening and academic concerns.

<https://www.healthychildren.org/English/tips-tools/ask-the-pediatrician/Pages/Is-it-OK-to-call-the-pediatrician-during-COVID-19-even-if-Im-not-sure-my-child-is-sick.aspx>

If you are not sure whether your child needs to come in, PLEASE CALL US. We are in the office every day, and our physicians will provide advice. We also have our convenient nurse advice line after the office is closed for the evening and on weekends. Live nurses on these advice lines follow a standardized protocol and provide routine advice for your child. The nurse transfers more urgent calls to the particular physician on call if deemed necessary by both the parent and the nurse.

8. What precautions is the office taking to ensure we do not contract COVID-19 by coming in for a visit?

Our goal is to make your encounter as touch-free as possible, and we have attempted to move the majority of our administrative services digitally.

In the **Front office, we are no longer asking patients to wait in our waiting room. We use curbside check-in and registration. Additionally,** we are trying as much as possible to avoid you standing for long periods at the check-in or check-out counter. You can conveniently make appointments online, via the app, our new portal and by calling in.

We will perform all registration processes remotely, BEFORE the visit. This may include obtaining a copy of the front and back sides of your insurance card, your driver's license, your copayment or deductible payment. You must complete all forms before you arrive at the office.

For routine requests, including copies of shot records, hearing, and vision forms, other forms needing to be signed by the doctor, please call us, and we will provide completed signed forms on the patient portal once the physician has completed them. You do not need to physically come in to drop off or pick up these forms. You may utilize our fax, patient portal, or front office email to send us blank forms for completion. However, due to HIPPA rules, any completed forms can only be sent to the patient portal for you to retrieve. Unfortunately, forms completed with your child's information and signed by our office cannot be faxed or emailed back to you.

Any screening forms required for your child's visit will be sent to you ahead of time via email or the patient portal. Please download and bring the completed forms to the appointment and hand it to the medical assistant. If you forget to bring them, an extra copy will be provided to you to complete during the visit.

We do not plan to use our waiting room area during the pandemic.

When your child arrives for an appointment, please adhere to any instructions to text us or call us upon entering our parking lot. Do not leave your car. We will alert you when the medical assistant is ready for you. The medical assistant will then come outside and escort you and your child into the office and directly to the triage area or exam room. To reduce the risk of the spread of COVID-19 between asymptomatic parties, we are only allowing one adult to accompany a child to their visit. (Exception: newborns through 4 months of age may be accompanied by two adults).

Our scheduling practices have also changed to ensure your safety. We no longer schedule well checks and sick visits at the same time of the day. Well-check visits are all ONLY scheduled in the morning. Sick patients are ONLY scheduled in the afternoon. Doing this allows for extra cleaning and time for further disinfection after the sick patients leave at the end of the day.

We are scheduling fewer patients per hour than we did in the past. For example, in the past, four patients were scheduled per hour, potentially having all 4 of our exam rooms filled at once. Now we only schedule 2 patients per hour. We schedule patients every 30 minutes, with minimal to no overlap in the office. In the event, two families are in the office simultaneously, we utilize two separate triage rooms, bathrooms, entrances, and exits.

No two families are placed in adjoining rooms. We alternate room usage to allow time for proper disinfection AFTER the room has been cleaned. For example, a patient leaves room one at 9 am. That room is then marked with an X on the door. That room is not used again for at least 1 hour after being sanitized. Please see the details in question 10 on how our exam rooms are disinfected.



9. What is your cleaning regimen?

Room cleaning:

Once a patient has left the examination room, the room is then thoroughly cleaned with hospital-grade disinfectant wipes: the exam table, the counter, the sink and faucets, the doorknobs, the equipment on the wall, the mirror and the chairs. The disinfectant spray will also be used in the room. You will note that we have also pulled the room curtains back permanently to avoid contaminating them during visits.

Please know this level of cleaning and disinfection has always been the norm for and expectations of our staff.

After this initial thorough cleaning, we allow the disinfectants to work for a minimum of 1 hour. At that time, a green checkmark will be placed on the door letting everyone know that it is now ready for the next patient.

To make you more comfortable, when you are brought into the exam room by our medical assistant, we will perform a second cleansing in your presence with wipes to the exam table, counter, sink, chairs, and equipment in the room. If you

notice any deficits, please point them out, and we will be happy to clean again to your satisfaction. We want you to be comfortable!

Waiting room cleaning

Even though we are not using the waiting room, we will still clean the front doorknobs, the chairs in the waiting room, and sanitize with a disinfectant spray every hour.

Triage room cleaning

The triage room in our office has the scales for weighing your child, the vision chart, etc.

This room is disinfected after each patient encounter as we have more equipment in here. All the medical equipment, the counters, the chairs, the sink, etc. are sanitized using a disinfectant wipe and spray after each patient encounter.

When you arrive in the triage room, we will wipe down in your presence any equipment that we will be using on your child. A clean, sterile drape is placed on the respective scale before weighing your child.

Bathroom cleaning

Bathrooms will be cleaned and sanitized every hour by our staff. Please help us keep the bathrooms as clean as possible by utilizing the disinfectant spray and wipes after your use. These items have been left in each bathroom. We also encourage you to accompany your child into the bathroom if you feel they may not be able to adequately cleanse the bathroom after use. This typically applies to children under the age of 10 years old but may vary from one child to another.

Meeting with the doctor.

Once your doctor comes into the exam room, the first thing you should see your doctor do is wash their hands for at least 20 seconds. You will also notice them remove and clean their stethoscope before use. After examining your child, your doctor will rewash their hands before leaving the room.

Again, this is standard practice at APP, however, we want to reassure you that we respect your safety concerns and do not take this for granted.

Handwashing and use of PPE

You will notice that all of our staff will be wearing a mask. All parents and all children ages two years and older are also required to wear a mask. Children with severe cognitive, behavioral, or respiratory impairments may have a hard time tolerating a cloth face covering or even a face shield. Please make us aware if this is the case. We will make exceptions and take other precautions for these children.

You may also notice some of our staff members wearing a face shield, masks, gloves, and perhaps a gown. This can all be disconcerting for your child, and we understand this, however, our goal is to keep everyone safe. If our staff uses gloves, you will notice them wash their hands and place on new gloves before touching your child and they will remove gloves and wash their hands before leaving the room.

We strongly encourage hand washing by everyone. You will see our staff wash hands often. We kindly ask that you please wash your hands and have your children wash their hands upon entering the examination room and again before leaving the examination room.

For further information on face coverings for your child, please refer to: <https://www.healthychildren.org/English/health-issues/conditions/COVID-19/Pages/Cloth-Face-Coverings-for-Children-During-COVID-19.aspx>

10. What about testing? Do you perform testing in the office?

At this time, we do not perform the rapid tests in the office. We will notify you of any updates.

Testing Information:

There are currently two types of tests available for COVID-19: viral tests and antibody tests.

- A viral test (obtained using a nasal or mouth/throat swab). This test tells you if you have a current infection. This is the rapid test you see at drive-thru testing sites. Results are usually available in a few hours. This test can also be done in the doctor's office. APP does not currently perform a rapid test in office for COVID-19. We will collect a sample and send it to the laboratory for testing. The result may come back in 3-5 business days or longer.
- An antibody test (obtained by drawing your blood from your arm. This test might tell you if you had a past infection. An antibody test might not show if you have a current infection because it can take 1–3 weeks after infection for your body to make antibodies. Having antibodies to the virus that causes COVID-19 might protect from getting infected with the virus again. If it does, we do not know how much protection the antibodies might provide or how long it might last.

Whether you test positive or negative for COVID-19 on a viral or an antibody test, **you should take preventive measures to protect yourself and others.**

When or why should I get tested?

- If your child has symptoms of COVID-19 and you want to get he/she tested, please call your healthcare provider first to determine where to go.
- If your child does not have symptoms, but someone in the family has tested positive, please call us immediately for recommendations for testing your child.
- If your child does not have symptoms, but you just want to know, please call your doctor to discuss further. We generally will not test unless there is a positive household member/positive contact or if your child is sick with symptoms suggestive of COVID-19.

You can visit your [state](#) or [local](#) health department's website to look for the latest local information on testing.

If you have symptoms of COVID-19 and are not tested, it is important to stay home. Learn [what to do if you are sick](#) (tips from the CDC).

What do the Results mean?



- **If you test positive for COVID-19 by a viral test**, know what protective steps to take [if you are sick or caring for someone](#). (tips from the CDC).
- **If you test negative for COVID-19 by a viral test**, you probably were not infected at the time your sample was collected. However, that does not mean you will not get sick. The test result only means that you did not have COVID-19 at the time of testing. You might test negative if the sample was collected early in your infection and test positive later during your illness. You could also be exposed to COVID-19 after the test and get infected then.

Here is a chart to help you understand your test results.

<https://www.whitehouse.gov/wp-content/uploads/2020/05/Testing-Guidance.pdf>

11. What about your staff and physicians? How do I know that they do not have COVID-19?

If anyone on our staff is sick, they cannot return to work until they have been cleared by their doctor and tested for COVID-19. If they test positive, they have to stay at home for a minimum of 14 days and have two negative COVID-19 tests before returning to work.

No staff with symptoms of COVID-19 is allowed to work. Temperature checks and employee screening is performed daily before their shift for all our staff.

We assume there may be asymptomatic transmission, and hence our staff is being tested for COVID-19 regularly due to our higher exposure risk.

12. What if my child is positive for COVID-19, can they come into the office?

Please remember that we care about the safety and wellbeing of your child. Our goal is to ensure proper care for patients with COVID-19 while reducing the risk of spread to other children.

Hence, unfortunately, if a child has tested positive for COVID-19, they cannot come to our office until they have subsequently tested negative. We will continue to provide Telehealth visits and guidance for when to seek care at the nearest Children's hospital. The physicians at Atlanta Pediatric partners PC will coordinate with the hospital staff and make them aware of your child.

13. What about my newborn? I am so scared to come into the office.

Please know that we are just as concerned for all of our newborns during this Coronavirus pandemic. We schedule newborns during our well-check portion of the day. We do not allow other families in the facility while newborns are in the office. We clean appropriately and attempt to schedule specific time slots to minimize risk. We practice all safety guidelines, as noted in our section on cleaning.

14. What about Emergencies? Can I still go to the E.R.? Is it safe?

If you feel you need to call 911, please call 911 and seek help immediately. Otherwise, we encourage you to call our office. We will provide guidance and help coordinate other kinds of care for your child without going to the hospital. The physician will refer to the nearest pediatric Emergency Room if needed.

See the article, *When to Call Emergency Medical Services (EMS)* for more information about what to do in an emergency.

<https://www.healthychildren.org/English/tips-tools/ask-the-pediatrician/Pages/Is-it-OK-to-call-the-pediatrician-during-COVID-19-even-if-Im-not-sure-my-child-is-sick.aspx>

15. What is the multisystem inflammatory disease?

Per the CDC:

Multisystem inflammatory syndrome in children (MIS-C) is a condition where different body parts can become inflamed, including the heart, lungs, kidneys, brain, skin, eyes, or gastrointestinal organs. Children with MIS-C may have a fever and various symptoms, including abdominal (gut) pain, vomiting, diarrhea, neck pain, rash, bloodshot eyes, or feeling extra tired. We do not yet know what

causes MIS-C. However, many children with MIS-C had the virus that causes COVID-19, or had been around someone with COVID-19.

<https://www.cdc.gov/mis-c/>

The association between COVID-19 and MIS-C is not well understood, and we do not know who is most at risk for this illness. However, the American Academy of Pediatrics (AAP) wants to reassure parents that very few children get severely ill from the virus that causes COVID-19. Also, most diagnosed with MIS-C have recovered after getting medical care.

We continue to watch this newly recognized syndrome very carefully. Scientists from around the world, including pediatric specialists, are working together to understand MIS-C and how best to diagnose and treat it.

Resources:

https://www.healthychildren.org/English/health-issues/conditions/COVID-19/Pages/covid_inflammatory_condition.aspx

16. I was invited to a Coronavirus party.. is it okay to attend?

Bad idea! Please do not do this. COVID-19 is not always a mild, benign disease. Even though the disease is mild in most children, some have become seriously ill, and some have died. We still do not know enough about the condition and what some of the long term effects may be after recovery.

17. Can my child play with other children in my neighborhood? They look well.

We often hear this question and recommend social distancing of at least 6 feet with anyone outside of your immediate household. You may not know if someone in the other household is truly practicing social distancing when they go out. Are they going to crowded places? Do they always wear their masks? Are they exposed to others who work in a high-risk environment.? Do you or do they have an immunosuppressed grandparent or relative that could inadvertently get infected because your two households decide not to social

distance? The impact of this disease is far-reaching. Hence extra diligence is required during this tough time.

Tips on how to get your child or teen outdoors while still social distancing:
<https://www.healthychildren.org/English/health-issues/conditions/COVID-19/Pages/Getting-Children-and-Teens-Outside-While-Social-Distancing.aspx>

18. How can I boost my child's mood during this time?

The COVID-19 pandemic is indeed a difficult time for us as parents but also for our children, adolescents, and young adults.

As parents, we must:

- stay abreast of new findings
- watch for signs of anxiety in children of all ages
- monitor their media intake
- offer reassurance
- help them see what they can do themselves to stay in control, like handwashing, social distancing
- and remember to be a good role model yourself:

Enjoy outdoor activities such as:

- riding bikes,
- walking,
- running,
- skating and hiking
- while practicing social distance.

Here are some resources and tips to help you and your family during this time (Insert slide from Zoom session and other pediatric friendly resources).

Mindfulness resources:

- [stopbreathethink](#)
- [Materials for Mindfulness-Based Cognitive Therapy for Depression](#)
- [Online Mindfulness Course](#)

[10% Happier podcast](#)

<https://www.healthychildren.org/English/health-issues/conditions/COVID-19/Pages/Mood-Boosting-Tips-for-Families-COVID-19.aspx>

CDC's guideline for Helping Children Cope

<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/for-parents.html>

Children's Healthcare of Atlanta guideline for coping:

<https://www.strong4life.com/en/news/figuring-out-your-familys-covid-19-reentry-plan>

19. Is it safe to send a child back to school? (Guidance from the Georgia Chapter of the American Academy of Pediatrics)

There are national and state guidelines on how to safely reopen schools that minimize health threats to students and school staff. There is always a risk of contracting and spreading the virus once you engage with others. Safeguards are in place to minimize the risk (physical distancing, good hand hygiene, wearing masks when feasible, monitoring for illness, testing and contact tracing, etc.). None of the recommendations are mandatory, and every school district has the flexibility to implement findings based on resources and prevalence of COVID in the community. It is also essential to consider the disadvantages of NOT being in school (effect on academic performance, lack of social interactions).

For children with chronic medical conditions or special health needs, plans should be based on individual circumstances and discussed with the pediatrician/specialists involved in daily care.

Please review the following two tools produced by the CDC to help parents decide about the return to in-person schooling.

a. Deciding how to go back to school

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/decision-tool.html>

b. Checklist for going back to school:

<https://www.cdc.gov/coronavirus/2019-ncov/community/pdf/Back-to-School-Planning-for-In-Person-Classes.pdf>

For students in a **virtual school environment**, here is a checklist from the CDC:

<https://www.cdc.gov/coronavirus/2019-ncov/community/pdf/Back-to-School-Planning-for-Virtual-or-At-Home-Learning.pdf>

Additional resources:

COVID – 19 Planning Considerations: Guidance for school re-entry

<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>

CDC School Reopening Decision Tree



<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/Schools-Decision-Tree.pdf>

CDC updated guidelines for school reopenings

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>

GA DOE and DPH – Pathway for school reopening

https://www.georgiainsights.com/uploads/1/2/2/2/122221993/georgias_k-12_recovery_plan.pdf

20. Does a child need to wear a mask at school?

Masks may be recommended but are not generally mandated. This depends on the school district and the prevalence of COVID-19 in the community. Also, based on age: younger children likely will not be asked to wear a mask.

Recommendations about children wearing masks at school may change.

Refer to:

CDC guidelines K-12 and childcare. <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools-faq.html>

COVID –19 Planning Considerations: Guidance for school re-entry

<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>



21. What about activities such as athletics, marching band, and chorus in school?

Refer to:

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/youth-sports-faq.html>

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/youth-sports.html>

Guidelines for Marching Bands: NFHS

<https://www.nfhs.org/media/3812337/2020-nfhs-guidance-for-returning-to-high-school-marching-band-activities.pdf>

22. What can parents do to ensure a safe, smooth visit for their family?

* Before your appointment, provide all required information to the front office to allow for remote registration, check-in, and check-out. Please send us copies of your insurance card, ID, complete all necessary forms, and make any payments ahead of time.

* Have everyone over the age of 2 years old in your family wear a mask. Wash your hands when you come into the office and before leaving. Limit caregivers to one per child.

* Call ahead if you or your child are sick.

We ask that you complete a confidential screening questionnaire when you call to schedule your appointment. Any positive responses will be shared with the physician to assess whether your child can keep the scheduled date. We will notify you after making the decision.

The screening questions include the following:

- Have you or anyone in your household had any of the following symptoms in the last 21 days: sore throat, cough, chills, body aches for unknown reasons, shortness of breath for unknown reasons, loss of smell, loss of taste, fever at or greater than 100 degrees Fahrenheit?
- Have you or anyone in your household been tested for COVID-19?
- Have you or anyone in your household visited or received treatment in a hospital, nursing home, long-term care, or other healthcare facilities in the past 30 days?
- Have you or anyone in your household traveled in the U.S. in the past 21 days?
- Have you or anyone in your household traveled on a cruise ship in the last 21 days?
- Are you or anyone in your household a health care provider or emergency responder?
- Have you or anyone in your household cared for an individual who is: in quarantine; is a presumptive positive, or has tested positive for COVID-19?
- Do you have any reason to believe you or anyone in your household has been exposed to or acquired COVID-19?
- To the best of your knowledge, have you been close to any individual who tested positive for COVID-19?

All patients, parents, guests or visitors will be screened PRIOR to entering the building.

Front office staff will obtain temperature(s) and completed questionnaires.

This information will be reviewed by the Office manager or physician on duty. Any positive responses will be shared with the physician to assess whether your child can keep the scheduled date. We will notify you after making the decision.



COVID-19 Screening Questionnaire

Our families, staff and community mean a great deal to us and your safety is our top priority! During the COVID -19 pandemic, we have instituted a screening process. Please complete this questionnaire prior to entry into our office.

Your responses will be kept confidential and will be reviewed by a practice clinician who will provide guidance regarding any adjustments to the patient's scheduled appointment.

1. Have you or anyone in your household had any of the following symptoms in the last 21 days: (If yes, Please check all the boxes that apply)?

NO

YES, I have/had a...

Cough

Fever at or greater than 100 degrees Fahrenheit

Chills

Shortness of breath/difficulty breathing

Muscle or body aches

Sore throat

New loss of taste or smell

Diarrhea

Headache

Nausea or vomiting

New fatigue

Congestion or runny nose

2. Have you or anyone in your household tested **POSITIVE** for COVID-19?

Yes	NO	IF YES, WHEN?
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3. Have you or anyone in your household cared for an individual who is in quarantine or is a presumptive positive or has tested positive for COVID-19 in the past 21 days?

Yes	No
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4. To the best of your knowledge have you been in **CLOSE PHYSICAL CONTACT** to any individual who tested positive for COVID-19 in the past 21 days?

Yes	No
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