

Louisiana Chapter

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



Updated Guidance from LA AAP on Well Child Visits and Immunizations During COVID-19 Pandemic- 4/1/2020

The Louisiana AAP released guidance on March 25, 2020, on the continuation of well child visits and immunizations during the COVID-19 Pandemic. Original guidance and this update were in response to member requests for guidance as it relates to whether well child visits and immunizations are being considered elective or non-elective in relation to the stay home orders issued by Governor John Bel Edwards.

The Louisiana AAP reaffirms its guidance and support for well child and immunization visits, especially during the first 24 months of life and firmly believes they are essential and necessary. The Louisiana AAP shares the concern of its members that postponing immunization visits could increase the risk of a communicable vaccine preventable disease in the midst of the response to this pandemic or trigger an outbreak until children and families are able to catch up their immunization status.

Guidance from the CDC continues to state “If a practice can provide only limited well child visits, healthcare providers are encouraged to prioritize newborn care and vaccination of infants and young children (through 24 months of age) when possible.” (Source: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>.)

The American Academy of Pediatrics also supports this approach. Current guidance from AAP includes the following:

Pediatricians may choose to only conduct well visits for newborns and for infants and younger children who require immunizations and to reschedule well visits for those in middle childhood and adolescence to a later date. (Source: <https://services.aap.org/en/pages/covid-19-clinical-guidance-q-a/>).

The Louisiana Chapter supports the guidance from CDC and AAP and encourages providers to see patients needing/requesting catch-up immunizations.

We recognize every provider’s situation is unique and resources vary among practices and regions. We know that the situation is very fluid and may require frequent changes in strategies as new evidence on the SARS-CoV-2 virus emerges and community spread of COVID-19 in your area continues to evolve. We strongly encourage all providers to consider their own situation and set of circumstances to determine what is best for their practice and the children and families they serve. Individual practices may need to adjust schedules to address the volume of sick patients that they are currently seeing in clinical settings, as they make decisions regarding their clinical practice.

Suggestions for adjustments practices may consider making to their usual clinical operations:

Office Processes:

- Extra adults and siblings are discouraged from attending visits.
- “Pre-work” items such as forms and surveys are deferred, completed by families in the car by hand, or ahead of time via the patient portal. Payments are handled virtually when possible (payment through patient portal, even taking credit card number over the phone).
- Assign a staff member to review existing schedules to determine which visits can be done remotely and which visits are able to be rescheduled.
- Increase use of telehealth/ telemedicine for any visit that can reasonably be conducted using this modality.

Scheduling:

- Conduct well visits for newborns, infants and younger children up to 24 months who require immunizations. Reschedule well visits for those in middle childhood and adolescence to a later date.
- Dedicate specific morning hours for well visits and specific afternoon hours for sick visits. Be sure to allow for adequate time for cleaning and disinfecting all patient areas.
- Dedicate specific rooms for well visits and sick visits. For those operating in multiple sites, consider using one office for well child visits only.
- Utilize a “drive through” for sick visits where the provider can assess the patient in their vehicle.
- Consider drive-through vaccine clinics

Exam Room Cleaning:

When disinfecting exam rooms, wipe down each room with the usual approved cleaning solutions, this will allow for immediate turnover. The only time rooms are required to be shut down is when aerosolized procedures occur; which is for 2 hours.

Waiting Rooms

- All toys, books, tables etc. removed from the waiting room and extensively cleaned.
- Completely shut down waiting rooms altogether. Patients wait in their car; they text the office that they have arrived. When a room is open, the office texts the patient and instructs them to come straight in (picking up a mask for adult & child) and walk directly to a pre-assigned exam room number (sent to them by text).

Additional practice management resources are available to AAP members at <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/#PracticeManagement>

The Louisiana AAP will continue to evaluate the appropriateness of this guidance and make adjustments as necessary. The suggestions outlined here do not represent requirements of any provider. They are meant to support providers in making decisions for their clinic and patients. If any individual would like to talk through their specific scenario for advice or has any additional suggestions, please contact the office at (225) 505-7611 or send to ashley.politz@laaap.org.

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