

Saginaw County Medical Command and Control Guidance for Ambulatory Care Clinic

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The purpose of this document is to provide guidance to the medical community of Saginaw County in response to COVID-19. The intent of this document is to provide a standard of care that is consistent among our providers. This plan should serve as a guide and not be a substitution for sound clinical judgement. Due to the unpredictable nature of COVID-19 and the guidance from MDHHS and CDC, changes to this document should be expected. You will be informed of any changes.

1. Common guidance for all practices
 - a. Perform wellness checks on all your clinical staff working in-person at your office location
 - b. Limit exposures to staff, providers, and patients
2. Guidance for each specialty
 - a. Pediatric Visits
 - i. Consider conducting well visits for newborns, and for infants and younger children who require immunizations
 1. For example, visits at: 2 weeks, 2 months, 4 months, 6 months, 12 months, and 4 years old
 - ii. Modify your clinical schedule and space to limit exposures
 1. Sick children and WCC different times and locations
 - a. For example:
 - i. Sick visits in a restricted area in your pm clinic
 - ii. WCC in a restricted area in your am clinic
 - iii. Increase your capacity to provide telehealth
 1. Consider seeing sick children under 1 years old with serious acute concerns
 - iv. For WCC that don't require immunizations, reschedule for a later date
 - v. Immunizations-Only visits-Consider nursing visits (in person) for patients at 11 and 16 years of age in need of immunizations
 - b. Adult Primary Care
 - i. Optimize telehealth: virtual appointments and tele appointments
 1. Examples of visits that can be performed by virtual visits
 - a. Chronic Illness
 - i. HTN follow up

- ii. Depression/anxiety follow up
 - iii. With PHQ9 or GAD 7
 - iv. Chronic pain
 - 1. DM follow up with home glucose readings
 - v. Annual Medicare Visits
 - 1. Consider having patient complete appropriate forms in advance
 - vi. Obesity Management
 - vii. Form completion
 - viii. Medication refills
 - ix. Asthma follow up
 - b. Acute Illness not requiring in person examination
 - i. Rash- video visit
 - 1. Acute injury not requiring emergent in person evaluation
 - 2. Ankle sprain, child with low impact injury
 - ii. Abdominal pain, not severe/progressive
 - iii. ED/discharge follow up
 - 1. Example: COVID hospitalization symptoms improving
 - iv. Diarrheal illness
 - c. Essential procedures that can be performed
 - i. Suture removal
 - ii. Infection of another procedure
 - iii. Acute joint evaluation
 - iv. I & D of abscess
 - v. Wound packing
 - vi. Colposcopy for high grade lesions
 - vii. Consider Adult immunizations by drive-thru
 - 1. Flu
 - 2. Pneumonia
 - 3. COVID-19 (if available)
 - d. Procedures that should be deferred
 - i. Joint injections for patients with otherwise reasonably controlled pain
 - ii. Skin biopsies for low risk lesions
 - iii. Cryotherapy of warts (change to video/phone visits)
- ii. Reschedule Non-Essential visits
 - 1. Annual visits (exception of Medicare visits by telehealth)
 - 2. Non-essential OB care

- c. Defer elective Surgeries and Non-Urgent Procedures
 - i. Examples: plastic surgery, bariatric surgery, and screening like colonoscopies
- d. Essential surgeries should be continued
 - i. Examples:
 1. Cancer surgeries
 2. Injuries
 3. Infectious surgeries
 4. Heart surgeries
- e. Specialty Care Clinics
 - i. If the specialty's patient clinic population base is comprised of high-risk patients, screen patients using CDC guidelines (see Appendix A below). If screening is negative, use patient and provider discretion for appointment rescheduling.

Appendix A:

Underlying medical conditions that may increase the risk of serious COVID-19 for individuals of any age:

- **Blood disorders (e.g., sickle cell disease or on blood thinners)**
- **Chronic kidney disease as defined by your doctor. Patient has been told to avoid or reduce the dose of medications because kidney disease, or is under treatment for kidney disease, including receiving dialysis**
- **Chronic liver disease as defined by your doctor. (e.g., cirrhosis, chronic hepatitis) Patient has been told to avoid or reduce the dose of medications because liver disease or is under treatment for liver disease.**
- **Compromised immune system (immunosuppression) (e.g., seeing a doctor for cancer and treatment such as chemotherapy or radiation, received an organ or bone marrow transplant, taking high doses of corticosteroids or other immunosuppressant medications, HIV or AIDS)**
- **Current or recent pregnancy in the last two weeks**
- **Endocrine disorders (e.g., diabetes mellitus)**
- **Metabolic disorders (such as inherited metabolic disorders and mitochondrial disorders)**
- **Heart disease (such as congenital heart disease, congestive heart failure and coronary artery disease)**
- **Lung disease including asthma or chronic obstructive pulmonary disease (chronic bronchitis or emphysema) or other chronic conditions associated with impaired lung function or that require home oxygen**
- **Neurological and neurologic and neurodevelopment conditions [including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury].**

