

BLUE FISH PEDIATRICS (INTERNAL USE ONLY)

COVID-19 / Telemedicine Protocol Change Tracking – Weekly Updates

Update: 05/03/2021

Reference Number	Department(s)	Previous Protocol Date	Previous Protocol Content	Protocol Update	Updated Protocol Content
101	Back Office / Doctors	3/20/2020 AM	Nebulizer Treatment/Usage	3/20/2020 PM	Nebulizer Treatment/Usage + Guidelines for Asthma Patients
101A	Back Office / Doctors	3/20/2020	Nebulizer Treatment/Usage + Guidelines for Asthma Patients	3/23/2020	Memo on No Nebulizer Treatments
101B	Back Office / Doctors	3/23/2020	Memo on No Nebulizer Treatments	4/13/2020	Updated Memo on MDI Usage
102	Front Office	NA	NA / Pre-COVID-19	3/23/2020	Well and Sick Visits Scheduled Separately
102A	Front Office	3/23/2020	Separate WCC & Sick	3/26/2020	Wells moved to AM, Sick to PM
102B	Front Office	03/26/2020	Separate WCC & Sick	03/05/2021	Updated Schedule Template
103	Back Office / Doctors	NA	PPE Optional	3/23/2020	MAs and Doctors Required to Wear Googles and Masks
104	All	3/19/2020	COVID-19 Testing Policy	3/23/2020	COVID-19 Testing with Self-Assessment Tool link
105	All	3/17/2020	COVID-19 Triage Flow Chart	3/27/2020	COVID-19 Triage Chart (updated/simplified)
105A	All	3/27/2020	COVID-19 Triage Flow Chart	4/1/2020	COVID-19 Triage Chart (updated)
105B	All	4/1/2020	COVID-19 Triage Chart (updated)	7/20/2020	COVID-19 Triage Chart (updated)

106	Front Office	3/27/2020	Front Office Telemedicine Protocol (see file)	3/30/2020	Front Office Telemedicine Protocol with updates (see file)
106A	Front Office	3/30/2020	Front Office Telemedicine Protocol with updates (see file)	4/13/2020	Front Office Telemedicine Protocol with updates (see file)
106B	Front Office	4/13/2020	Front Office Telemedicine Protocol with updates (see file)	6/19/2020	Updated Doximity Workflow
107	Back Office	3/27/2020	Back Office Telemedicine Protocol (see file)	3/27/2020	Back Office Telemedicine Protocol with updates (see file)
107A	Back Office	3/27/2020	Back Office Telemedicine Protocol (see file)	3/31/2020	Back Office Telemedicine Protocol with updates (see file)
108	Back Office / Doctors	NA	NA / Pre-COVID-19	3/31/2020	N95 Mask Usage Memo
109	Back Office / Doctors	NA	NA / Pre-COVID-19	4/1/2020	COVID-19 Attire Memo
109A	Back Office / Doctors	04/01/2020	COVID-19 Attire Memo	03/12/2021	Updated COVID-19 Attire Memo
110	All	NA	NA / Pre-COVID-19	4/2/2020	Memo about Sick Walk-Ins During WCC Blocks
111	Doctors	NA	NA / Pre-COVID-19	4/3/2020	Memo about After-Hours Telemedicine Visits
111A	Doctors	4/3/2020	Memo about After-Hours Telemedicine Visits	4/7/2020	Updated verbiage for doctors regarding \$50 charge
112	All	NA	NA / Pre-COVID-19	4/9/2020	Testing Site Options for Patients
112A	All	4/9/2020	Testing Site Options for Patients	4/13/2020	Updated Testing Site Options for Patients
112B	All	4/13/2020	Updated Testing Site Options for Patients	4/24/2020	Updated Testing Site Options for Patients
112C	All	4/24/2020	Updated Testing Site Options for Patients	5/7/2020	Updated Testing Site Options for Patients

112D	All	5/7/2020	Updated Testing Site Options for Patients	6/22/2020	Updated Testing Site Options for Patients
112E	All	6/22/2020	Updated Testing Site Options for Patients	6/27/2020	COVID-19 Testing Sites
112F	All	6/27/2020	COVID-19 Testing Sites	8/28/2020	COVID-19 Testing Sites
112G	All	8/28/2020	COVID-19 Testing Sites	8/31/2020	COVID-19 Testing Sites with Locations
112H	All	8/31/2020	COVID-19 Testing Sites	11/2/2020	Closest Sites by BF Location
113	Front	NA	NA	4/9/2020	Updated Front Office Triage Questions/Protocol
114	Back Office	NA	NA / Pre-COVID-19	4/9/2020	Memo on Door Attendant
115	Doctors/Billing	NA	NA	4/24/2020	Memo on Inhaler Billing
116	All	NA	NA	4/30/2020	Letter to Patients about WCCs
117	All	NA	NA	5/1/2020	COVID-19 Standards of Safe Practice Sign
118	All	NA	NA	5/21/2020	Statement on Antibody Testing
119	All	NA	NA	5/21/2020	Memo on Staff Wearing Masks
120	All	NA	NA	5/21/2020	Memo on COVID-19 Testing
121	All	NA	NA	5/21/2020	Memo on Daily Staff Screening
122	All	3/17/2020	Travel Memo	5/21/2020	Updated Travel Memo
122A	All	5/21/2020	Updated Travel Memo	6/5/2020	Updated Travel Memo
123	All	NA	NA	5/22/2020	Daycare Guidance
124	All	NA	NA	5/22/2020	Spending Time with Family and Friends Guidance
125	All	NA	NA	5/22/2020	Summer Camp Guidance
126	All	NA	NA	5/22/2020	Travel Guidance
127	All	3/15/2020	COVID-19 FAQs	5/22/2020	Updated COVID-19 FAQs
128	All	NA	NA	5/28/2020	Return to Work Guidelines
128A	All	5/28/2020	Return to Work Guidelines	6/12/2020	Updated Return to Work Guidelines
128B	All	6/12/2020	Return to Work Guidelines	7/20/2020	Updated Return to Work Guidelines
129	All	NA	NA	6/3/2020	COVID-19 Return to School/Daycare Form

129A	All	6/3/2020	COVID-19 Return to School/Daycare Form	7/20/2020	COVID-19 Return to School/Daycare Form
129B	All	7/20/2020	COVID-19 Return to School/Daycare Form	8/29/2020	Return to School Note
129C	All	8/29/2020	Return to School Note	9/2/2020	Updated Return to School Note
129D	All	9/2/2020	Updated Return to School Note	9/16/2020	Updated School Note with Alternative Dx
129E	All	9/16/2020	Updated Return to School Note	11/20/2020	Updated School Note with Alternative Dx
129F	All	11/20/2020	Updated Return to School Note	01/07/2021	Updated School Note with Alternative Dx
129G	All	01/07/2021	Updated School Note with Alternative Dx	4/26/2021	Updated School Note with Alt Dx and Return to Play
130	All	NA	NA	6/9/2020	Grandparents Visiting Newborns Guidance
131	All	NA	NA	6/10/2020	Patient/Parent Return to Clinic Guidelines
131A	All	6/10/2020	Patient/Parent Return to Clinic Guidelines	6/12/2020	Updated Patient/Parent Return to Clinic Guidelines
131B	All	6/12/2020	Updated Patient/Parent Return to Clinic Guidelines	6/16/2020	Updated Patient/Parent Return to Clinic Guidelines
131C	All	6/16/2020	Updated Patient/Parent Return to Clinic Guidelines	7/20/2020	Updated Patient/Parent Return to Clinic Guidelines
132	All	NA	NA	6/16/2020	Daycare or Parents Work COVID-19 Triage Chart
132A	All	6/16/2020	Daycare or Parents Work COVID-19 Triage Chart	6/26/2020	Exposure to COVID-19 Triage Chart
132B	All	6/26/2020	Exposure to COVID-19 Triage Chart	8/14/2020	Exposure to COVID-19 Triage Chart
132C	All	8/14/2020	Exposure to COVID-19 Triage Chart	11/24/2020	Exposure to COVID-19 Triage Chart
132D	All	11/24/2020	Exposure to COVID-19 Triage Chart	12/7/2020	Exposure to COVID-19 Triage Chart

133	All	NA	NA	6/19/2020	Memo on Valve Masks (with Article)
134	All	NA	NA	6/24/2020	Memo on Patients Wearing Masks
135	All	NA	NA	7/1/2020	Employee Self-Swab Protocol
136	All	NA	NA	7/1/2020	Memo on Lunch Break Safety
136A	All	7/1/2020	Memo on Lunch Break Safety	7/10/2020	Updated Memo on Lunch Break Safety
136B	All	7/10/2020	Memo on Lunch Break Safety	04/01/2021	Updated Memo on Lunch Break Safety
137	All	NA	NA	7/6/2020	Your Risk for COVID-19 Chart
137A	All	7/6/2020	Your Risk for COVID-19 Chart	7/7/2020	Your Risk for COVID-19 Chart
138	All	NA	NA	7/6/2020	Memo on Newborns Born to COVID Positive Moms
139	Back Office	NA	NA	7/17/2020	COVID-19 Lab Order SOP
139A	Back Office	7/17/2020	COVID-19 Lab Order SOP	8/3/2020	Updated COVID-19 Lab Order SOP
140	Front Office	NA	NA	7/24/2020	Memo on Front Office Enforcing One Adult Per Patient
141	Back Office	NA	NA	5/29/2020	MH Registration for COVID-19 Testing
141A	Back Office	5/29/2020	MH Registration for COVID-19 Testing	7/17/2020	MH Registration for COVID-19 Testing
142	All	NA	NA	8/20/2020	CDC Daycare RI Info
143	All	NA	NA	8/25/2020	Mask Exemption Note Policy
144	Back Office, MDs	NA	NA	4/5/2021	COVID-19 Vaccine Waiver Memo + Waiver Form
145	Back Office, MDs	NA	NA	4/27/2021	COVID Positive Return to Play Guidelines
146	All	NA	NA	11/20/2020	Employee Symptom Decision Tree
146A	All	11/20/2020	Employee Symptom Decision Tree	4/26/2021	Updated Employee Symptom Decision Tree
147	All	NA	NA	4/29/2021	Memo on Employee COVID Testing and Their Time Off

Reference Number: 101

Department: Back Office / Doctors

PREVIOUS – 3.20.20 Nebulizer Treatment/Usage Memo

Physicians: Due to the risk of COVID-19 being aerosolized during a nebulizer treatment, we ask that you keep these to a minimum in office. Please use caution when ordering these, and only order when absolutely necessary. When going back into the room, we advise you wear an N95 mask and goggles.

MA's: Wear goggles and N95 masks while setting up the nebulizer treatment and when turning off the nebulizer machine. The room will need to be wiped down with Sani Wipes, or its substitute, after the patient has left. Wear goggles, N95 masks and gloves when cleaning the room.

CURRENT – 3.20.20 Nebulizer Treatment/Usage + Asthma Patients Memo

Physicians: Due to the risk of COVID-19 being aerosolized during a nebulizer treatment, we ask that you keep these to a minimum in office. Please use caution when ordering these, and only order when absolutely necessary. When going back into the room, we advise you wear an N95 mask and goggles. There is less risk if an inhaler and spacer is used for breathing treatments, parents will be asked to bring their own rescue inhaler and spacer to use if necessary.

MA's: Wear goggles and N95 masks while setting up the nebulizer treatment and when turning off the nebulizer machine. The room will need to be wiped down with Sani Wipes, or its substitute, after the patient has left. Wear goggles, N95 masks and gloves when cleaning the room. If a treatment is done with the patient's own rescue inhaler and spacer, then the room will only need to be cleaned with Lysol, or its substitute.

Phones MA's: When speaking with a parent of an asthma patient and the patient requires an office visit, please ask the parents to bring in the patients **rescue inhaler and spacer**. This is to help reduce the potential risk of COVID-19 being aerosolized during a nebulizer treatment in office.

Front Office: When scheduling an appointment for respiratory concerns and the patient has asthma, ask the parents to bring in the patients rescue inhaler and spacer.

Reference Number: 101A

Department: Back Office / Doctors

PREVIOUS – 3.20.20 Nebulizer Treatment/Usage + Asthma Patients Memo

CURRENT – 3.23.20 Updated Memo on Nebulizer Usage

Blue Fish Pediatrics

Memo

To: Doctors and MAs
From: Management
Date: March 23, 2020
Re: MDI and Spacer use in office

To prevent COVID-19 being aerosolized in the office, we have purchased albuterol inhalers for in office use. We will use Styrofoam cups and create a spacer and dose 4 puffs of the albuterol inhaler in lieu of the nebulizer. If the doctor requests a regular spacer and mask, we have small and medium available for use.

Once the procedure is completed, the MA will dip all parts of the inhaler in alcohol to sanitize and clean. If a regular spacer and mask are used, those will also need to be dipped in alcohol.

Doctors can order the procedure like you would normally a nebulizer treatment.

Reference Number: 101B

Department: Back Office / Doctors

PREVIOUS – 3.23.20 Updated Memo on Nebulizer Usage

CURRENT – 4.13.2020 UPDATED Memo on MDI Usage

Blue Fish Pediatrics

Memo

To: Doctors and MAs
From: Management
Date: April 13, 2020
Re: MDI and Spacer use in office

To prevent COVID-19 being aerosolized in the office we have purchased albuterol inhalers for in office use. We will use Styrofoam cups and create a spacer and dose 4 puffs of the albuterol inhaler in lieu of the nebulizer. If the doctor requests a regular spacer and mask, we have small and medium available for use.

The MA will push the template over into the progress note for documentation of the procedure.

Once the procedure is completed, the MA will wipe the inhaler with a sani-wipe and then dip all parts of the inhaler in alcohol for 5 minutes to sanitize and clean. The inhaler will be air-dried. If a regular spacer and mask are used, those will also need to be dipped in alcohol.

Doctors can order the procedure like you would normally a nebulizer treatment.

Reference Number: 102

Department: Front Office

PREVIOUS – Well and Sick Visit Scheduling

Pre-COVID-19: No separate scheduling (normal protocols)

CURRENT – Well and Sick Visits Scheduled Separately (Newborns first, Sick AM, Well PM)

- Well child checks and sick visits will be done during separate segments of the day. We will call you to reschedule if needed.
- Newborns visits will be seen first thing in the morning
- Well visits will be at designated times with no sick visits scheduled during this period
- Sick visits will be at designated times. The waiting room will be separated into those with respiratory issues and those without.

Reference Number: 102A

Department: Front Office

PREVIOUS – Well and Sick Visit Scheduling (Newborns first, Sick AM, Well PM)

CURRENT – Well AM and Sick PM per following scheduling template 3/26/2020

8:20am - 9:20am: Newborns (and wells if empty)

9:30am - noon: All wells

1:20pm - 5:00pm (or later if needed): All sick

Reference Number: 102A

Department: Front Office

PREVIOUS – Well AM and Sick PM per following scheduling template 3/26/2020

CURRENT – 03.05.2021 Memo on Updated Schedule Template

Blue Fish Pediatrics

Memo

To: All staff

From: Management

Date: 03/04/2021

Re: Update on schedule template

Starting in June, the current scheduling template will change to the following.
All of the offices will go back to the 12 pm lunch hour.

8:20 am to 12:00 pm - WCCs
12:00 pm to 1:15 pm - Lunch
1:20 am to 2:30 pm - WCCs
2:40 pm to 5:00 pm - sick or well visits (Pre-Covid schedule)

The scheduling template will change again in September to the following.

8:20 am to 10:00 am - WCCs
10:10 am to 11:50 pm - sick and well visits
12:00 pm to 1:15 pm - Lunch
1:20 pm to 3:00 pm - WCCs
3:10 pm to 5:00 pm - sick or well visits (Pre-Covid schedule)

Newborns should still preferentially be scheduled at the beginning of the day and for the parents that prefer to schedule a wellness visit late in the afternoon, please continue to give the parent full disclosure that they are potentially at risk of coming in during sick visit times.

In the late future of 2021 or 2022, we plan on going back to our normal schedule.

Reference Number: 103

Department: Back Office / Doctors

PREVIOUS – PPE was optional for MAs and Doctors

CURRENT – PPE mandatory for MAs and Doctors

Reference Number: 104

Department: ALL

PREVIOUS – Blue Fish COVID-19 Testing Policy (3/19/2020)

Dear Blue Fish patients and families:

After much study and deliberation, at this time, Blue Fish Pediatrics has decided not to offer testing for COVID-19 in our offices for the following reasons:

- Testing is not likely to alter patient treatment. Fortunately, children with COVID-19 usually exhibit mild symptoms or none at all. Like other viruses our families have experienced, there is currently no established treatment available other than supportive care. Our patients know that we usually do not order tests without knowing how the test results will change our treatment plan.
- Testing is not likely to change how our patients are triaged in an outpatient pediatric setting. Because most of our patients will experience mild illness, a positive test for COVID-19 would not change our recommendation for you to monitor your child's condition at home. While a positive test might inform you how diligent to be with isolation efforts, the CDC currently recommends aggressive social distancing for everyone. This is especially true if your child is ill. In other words, if you are concerned that your child has COVID-19, you should consider isolating them even without a positive test result. On the other hand, a negative result, while reassuring, does not eliminate the ongoing risk of your child contracting or spreading the illness.
- Testing is likely to bring more people into the office, which will facilitate the spread of the disease.
- Testing will strain the already limited testing capabilities that are needed by hospitals and healthcare providers on the very front lines.

- ~~Testing will not substantially contribute to the epidemiological understanding of the COVID-19 pandemic (large scale efforts are currently being planned).~~

~~For all of these reasons, we expect that the majority of our patients, even those who have been exposed to or are experiencing symptoms consistent with COVID-19, will not require testing at this time. As always, if your child is ill and you are concerned about their condition, please call our office for guidance. If your child's doctor determines that your child meets the criteria for testing established by our local public health authorities and you desire to have them tested, we will make the appropriate referral to community testing facilities.~~

CURRENT – Blue Fish COVID-19 Testing Policy Update (3/23/2020)

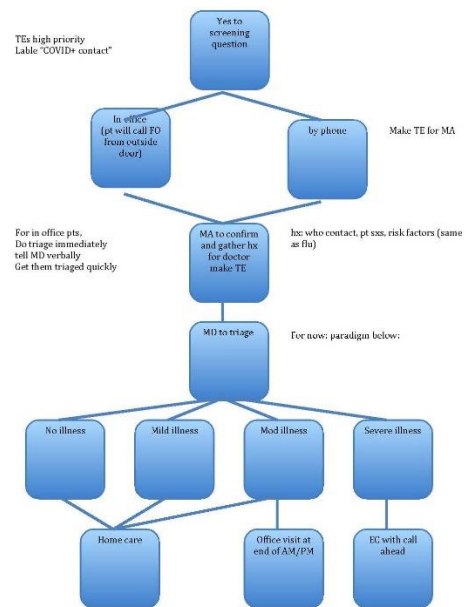
- Testing in our office will not substantially contribute to the epidemiological understanding of the COVID-19 pandemic at this time (large scale efforts are currently being implemented). Here is a link to the Harris County/Houston Coronavirus Disease (COVID-19) self-assessment tool which can determine who is at risk for COVID-19 and then refer you to a testing site if appropriate: <https://checkforcorona.com/harris-county#/welcome>

For all of these reasons, we expect that the majority of our patients, even those who have been exposed to or are experiencing symptoms consistent with COVID-19, will not require testing in our office at this time. As always, if your child is ill and you are concerned about their condition, please call our office for guidance. If your child's doctor determines that your child meets the criteria for testing established by our local public health authorities or you desire to have them tested, please visit <https://checkforcorona.com/harris-county#/welcome>

Reference Number: 105

Department: ALL

PREVIOUS – 3.17.2020 Triage Flow Chart



CURRENT – 3.27.2020 Triage Chart

COVID-19 TRIAGE CHART

	POSITIVE COVID TEST	POSITIVE COVID EXPOSURE	NO KNOWN COVID Exposure and NO Positive COVID Test
No Symptoms	<ul style="list-style-type: none"> Quarantine 14 days and monitor for symptoms Offer Telemedicine if wants evaluation If wanting to be seen in office discuss with MD 	<ul style="list-style-type: none"> Quarantine 14 days and monitor for symptoms Offer Telemedicine if wants evaluation If wanting to be seen in office discuss with MD 	Normal Triage
Mild to Moderate Symptoms	<ul style="list-style-type: none"> Isolate until fever free 3 days AND at least 7 days from beginning of symptoms* Offer Telemedicine if wants evaluation If wanting to be seen in office discuss with MD 	<ul style="list-style-type: none"> Isolate until fever free 3 days AND at least 7 days from beginning of symptoms Offer Telemedicine if wants evaluation If wanting to be seen in office discuss with MD 	Normal Triage
Severe Symptoms Very Lethargic Very Irritable Respiratory Distress	Send to Children's ER and call ahead to advise Hospital about +COVID Test	Send to Children's ER and call ahead to advise Hospital about +COVID Exposure	Normal Triage

*Test-based strategy recommends negative results for COVID-19 from at least two nasopharyngeal swabs >24 hours apart

Reference Number: 105A

Department: ALL

PREVIOUS – 3.27.2020 Triage Flow Chart (see above)

CURRENT – 4.1.2020 UPDATED Triage Flow Chart

COVID-19 TRIAGE CHART

	POSITIVE COVID TEST	POSITIVE COVID EXPOSURE	NO KNOWN COVID Exposure and NO Positive COVID Test
No Symptoms	<ul style="list-style-type: none">Quarantine 14 days and monitor for symptomsOffer Telemedicine if wants evaluationIf wanting to be seen in office discuss with MD	<ul style="list-style-type: none">Quarantine 14 days and monitor for symptomsOffer Telemedicine if wants evaluationIf wanting to be seen in office discuss with MD	Normal Triage
Mild to Moderate Symptoms	<ul style="list-style-type: none">Isolate until afebrile for 3 days, AND at least 7 days since onset of symptoms, AND URI Sx improvedOffer Telemedicine if wants evaluationIf wanting to be seen in office discuss with MD	<ul style="list-style-type: none">Isolate until afebrile for 3 days, AND at least 7 days since onset of symptoms, AND URI Sx improvedOffer Telemedicine if wants evaluationIf wanting to be seen in office discuss with MD	Normal Triage
Severe Symptoms Very Lethargic Very Irritable Respiratory Distress	Send to Children's ER and call ahead to advise Hospital about +COVID Test	Send to Children's ER and call ahead to advise Hospital about +COVID Exposure	Normal Triage

*Test-based strategy recommends negative results for COVID-19 from at least two nasopharyngeal swabs >24 hours apart

Reference Number: 105B

Department: ALL

PREVIOUS – 4.1.2020 UPDATED Triage Flow Chart

CURRENT – 7.20.2020 UPDATED Triage Flow Chart

COVID-19 TRIAGE CHART

	POSITIVE COVID TEST	POSITIVE COVID EXPOSURE	NO KNOWN COVID Exposure and NO Positive COVID Test
No Symptoms	<ul style="list-style-type: none">• Quarantine 14 days and monitor for symptoms• Offer Telemedicine if wants evaluation• If wanting to be seen in office discuss with MD	<ul style="list-style-type: none">• Quarantine 14 days and monitor for symptoms• Offer Telemedicine if wants evaluation• If wanting to be seen in office discuss with MD	Normal Triage
Mild to Moderate Symptoms	<ul style="list-style-type: none">• Isolate until fever free 24 hours AND at least 10 days from beginning of symptoms, * AND URI symptom improved• Offer Telemedicine if wants evaluation• If wanting to be seen in office discuss with MD	<ul style="list-style-type: none">• Isolate until fever free 24 hours AND at least 10 days from beginning of symptoms AND URI symptoms improved*• Offer Telemedicine if wants evaluation• If wanting to be seen in office discuss with MD	Normal Triage
Severe Symptoms Very Lethargic Very Irritable Respiratory Distress	Send to Children's ER and call ahead to advise Hospital about +COVID Test	Send to Children's ER and call ahead to advise Hospital about +COVID Exposure	Normal Triage

*Test-based strategy recommends negative results for COVID-19 from at least two nasopharyngeal swabs >24 hours apart

Reference Number: 106

Department: Front Office

PREVIOUS – 3.27.20 Front Office Telemedicine Protocol (see file)

CURRENT – 3.30.20 Front Office Telemedicine Protocol UPDATED (see file)

Reference Number: 106A

Department: Front Office

PREVIOUS – 3.30.20 Front Office Telemedicine Protocol UPDATED (see file)

CURRENT – 4.13.20 Front Office Telemedicine Protocol UPDATED (see file)

Reference Number: 106B

Department: Front Office

PREVIOUS – 4.13.20 Front Office Telemedicine Protocol UPDATED (see file)

CURRENT – 6.19.20 Doximity Doxyvisit Workflow

Workflow for Doximity "Doxyvisit"

- 1) Patient calls and asks to schedule a "Doxyvisit".
- 2) The receptionist will schedule the visit (Doxyvisit) and let the patient know they will be called before and at the appointment time. Front office please see below for an example of what to say:

"I have your doxy visit scheduled at 3:30pm today with Dr. Jung. You will receive a call from one of our MAs prior to your appointment time so we can collect some information and then we will call you at your appointment time to check you in. May I please have a good cell phone number?"

- 3) The receptionist will need to write a good cell phone number on the billing sheet by the doctor's name (or on a sticky note and stick it to the billing sheet) so when the doctor is ready to see the patient through Doximity, they can text the video link to the patient.
- 4) The receptionist will still collect the \$50 fee at the time they are scheduling the virtual visit.
- 5) The receptionist will still verify a good pharmacy and will also still tell the parent to go on our website and read the telemedicine consent.
- 6) The MA will call the parent before their appointment time to collect HPI and make sure the parent has read our telemedicine consent form before their appointment.
- 7) Once the receptionist calls the patient at their appointment time to check them in, they will inform the parent to have their phone ready and the physician will contact them momentarily.

"Hello, I am calling to check you in for your 3:30 appointment with Dr. Jung. You are now checked in so please have your phone ready. The doctor will text you when they are ready with the link. Please click on the link to start the virtual visit.

- a. If the patient does not pick up, try calling again in five minutes. After the 2nd call, if the patient does not call back within twenty minutes of their original appointment time, it is considered a no-show.
 - b. If the patient calls back after they are twenty minutes late, the front will follow protocol for no-show appointments.
- 8) The front will check the patient in and place the billing sheet in the area to be taken by an MA.
 - 9) The MA will attach the billing sheet to a room clipboard associated with the doctor and place the clipboard on the doctor's rack.
 - 10) Once the patient is next on the doctor's rack the doctor will take the clipboard into the room and text the patient. When the patient clicks on the link the visit will start.
 - 11) Once the visit is done, the billing sheet will go back up front and the receptionist will check them out.

Reference Number: 107

Department: Back Office

PREVIOUS – 3.27.20 Back Office Telemedicine Protocol (see file)

CURRENT – 3.27.20 Back Office Telemedicine Protocol UPDATED (see file)

Reference Number: 107A

Department: Back Office

PREVIOUS – 3.27.20 Back Office Telemedicine Protocol UPDATED (see file)

CURRENT – 3.31.20 Back Office Telemedicine Protocol UPDATED (see file)

Reference Number: 108

Department: Back Office / Doctors

PREVIOUS – NA / Pre-COVID-19

CURRENT – 3.31.20 Memo on N95 Mask Usage

Blue Fish Pediatrics

Memo

To: MAs
From: Management
Date: March 31, 2020
Re: N95 masks

Effective immediately MAs need to wear N95 mask while swabbing for flu, RSV, and strep. Surgical mask can be worn during all other patient interaction.

Fabric masks should have a surgical mask slid in or under the mask.

N95 that have been used for strep, flu, and RSV swabs should be changed out about every 2 weeks since these are not used with every patient.

Any mask grossly contaminated or used with a possible COVID-19 patient need to be disposed of and a new mask will be given.

Reference Number: 109

Department: Back Office / Doctors

PREVIOUS – NA / Pre-COVID-19

CURRENT – 4.1.20 Memo on COVID-19 Attire

Blue Fish Pediatrics

Memo

To: Doctors and Back Office Staff

From: Jung and Pielop

Date: 4/1/20

Re: Attire during COVID-19

To help prevent as much viral exposure as possible, we ask that doctors and staff refrain from wearing their lab coats and/or fleece jackets, bracelets/watches and ties. If you need to wear a jacket, then your sleeves should be rolled up to your elbows so that you are bare from the elbows down. This will ensure that you are able to properly clean your hands and reduce the amount of germs transferred between patients.

Dr. Jung has posted an article in regards to this on the COVID-19 Facebook page. Supervisors can pull up Facebook and allow staff to read the article.

Reference Number: 109A

Department: Back Office / Doctors

PREVIOUS – 4.1.20 Memo on COVID-19 Attire

CURRENT – 03.12.2021 Updated Memo on COVID-19 Attire

Blue Fish Pediatrics

Memo

To: Staff
From: Management
Date: 3.12.21
Re: Long sleeves, bracelets and ties

We are no longer asking staff to refrain from wearing their lab coats and/or fleece jackets, bracelets/watches or ties. Staff is no longer required to roll their sleeves up pasts their elbows.

Reference Number: 110

Department: ALL

PREVIOUS – NA / Pre-COVID-19

CURRENT – 4.2.20 Memo on Sick Walk-Ins During WCC Blocks

Blue Fish Pediatrics

Memo

To: Doctors, Front Office, Back Office
From: Management
CC:
Date: 4/2/2020

Sick Walk-Ins During WCC Block Times

1. If a sick patient walks in to the office during the well visit block times, please politely ask the parent to wait in the hallway near the door or in their car (please keep in mind waiting in car should be reserved for clinics located on the first floor). Please explain to the parent that we are separating sick visits and well visits during separate segments of the day to prevent any exposure to our patients.
2. Get guidance from the physician on whether the patient can be seen right away or be put on the schedule during the sick visit hours.
3. Doctors will assess the patient to see if they are under any distress or having any difficulty of breathing. If no URI symptoms it should be ok to add the patient to the schedule and room quickly.
4. If a parent refuses to leave the waiting room, please politely ask the other families to sit on the opposite side of the waiting room until they are pulled into a room where the situation can be further managed privately. Please make sure you clean the waiting room after the patient has been pulled back.

Reference Number: 111

Department: Doctors

PREVIOUS – NA / Pre-COVID-19

CURRENT – 4.3.20 Memo on After-Hours Telemedicine Visits

Blue Fish Pediatrics

Memo

To: All Blue Fish Doctors
From: Owners and Management
Date: March 30, 2020
Re: After-hours Telemedicine Visits

Doctors who are on-call will be able to use Doxy.me to do telemedicine visits during non-office hours. If an on-call doctor wants to convert an after-hours phone call into a telemedicine visit, they are more than welcome to, as long as the following is done:

- The parent need to approve of being billed \$50 for the visit. This needs to be addressed before starting the visit. We will subsequently check their insurance and if telemedicine is covered, the \$50 charge will become a credit and may be reimbursed to the parent.
- The doctor will need to create a "Virtual Visit" for the after-hours telemedicine visit by creating a new telephone encounter and notating a SOAP note in the Virtual Visit tab in ECW.
- Should an exam or test be necessary, it can be scheduled the following day should the office be open. The doctor will need to let the front desk know to call and schedule the patient for a carvisit. If another doctor is required to examine the patient, the visit will go to that doctor and be billed as an in-office sick visit. There will not be compensation to the televisit doctor.
- The doctor will need to inform the front office to create a billing sheet for the after-hours telemedicine visit at the start of clinic the next business day.
- The front office will scan that billing sheet into the billing department's server and make sure it goes into the correct date folder.

The billing department will match the billing sheet to the notes entered by the doctor in the virtual visit of the telephone encounter they created for the telemedicine visit in ECW.

Reference Number: 111A

Department: Doctors

PREVIOUS – 4.3.20 Memo on After-Hours Telemedicine Visits

CURRENT – 4.7.20 Updated verbiage regarding \$50 charge

Update to after-hours Doxy visits for doctors:

Doctors,

When doing an after-hours doxy visit, rather than informing parents they will be billed \$50 for the telemedicine visit and then letting them know we will reimburse them if their insurance covers it, please inform them of the following instead:

"We will check with your insurance and if there is no coverage, you will get a bill for \$50.00."

This is less confusing and more accurate as far as the workflow of the billing sheet goes.

Reference Number: 112

Department: ALL

PREVIOUS – NA / Pre-COVID-19

CURRENT – 4.9.20 Testing Site Options for Patients

COVID-19 TESTING SITE OPTIONS FOR PATIENTS

Option 1: Free Public Health Option (no referral necessary)

1. The patient will need to visit <https://checkforcorona.com/harris-county#/welcome> - Harris County
<https://www.checkforcorona.com/fort-bend-county#/welcome> - Fort Bend County
2. Fill out prescreening questionnaire
3. If they qualify for testing, they will be given a phone number to call and a unique identification code
4. They call the number provided for the phone consultation
5. If they are deemed "at risk" they will be given another unique identification code and instructions on where to go for testing.
6. **Testing is done at no cost to the patient. Tests are done based on availability.**

Option 2: PCP Referral to a UT Physicians site

1. If the patient meets the current testing criteria on checkforcorona.com, their PCP will create a referral and assign it to "Referrals, UTP." A lab slip will be created so that the front office can attach it to the referral when they submit it. The lab slip is all the patient needs in order to qualify for testing, no further screening necessary.
2. To get the testing appointment scheduled, the parents should call UTP referrals at 713-486-2619, and have their PCP name and office phone number readily available.
3. The patient should show up to their testing site during their scheduled appointment time, in their vehicle, and photo ID ready. They will need to stay in their car for testing.
4. The referring physician will receive the lab results.
5. **Cash pay patients will be charged \$67 for the test. For patients with insurance, the lab will bill their insurance.**

Option 3: Urgent Care for Kids (no referral necessary)

1. Urgent Care for Kids is providing COVID-19 testing for children and adults. They are requiring a prescreen via virtual visit. The patient will need to register online <https://urgentcarekids.com/covid19-test/>. **All copays are being waived and for self-pay patients the virtual visit will only cost \$50. Testing is included with the virtual visit, if deemed necessary.**
2. If there is a risk for COVID-19 and the test is deemed medically necessary, the patient will be directed to the nearest Urgent Care for Kids testing site.
3. Upon arriving to the testing facility, the patient will have to call the clinic to announce their arrival.
4. The provider will swab the patient in the car and the patient is allowed to leave.
5. The patient will be called with the results.

Reference Number: 112A

Department: ALL

PREVIOUS – 4.9.2020 Testing Site Options for Patients

CURRENT – 4.13.20 Updated Testing Site Options for Patients

COVID-19 TESTING SITE OPTIONS FOR PATIENTS

Option 1: Free Public Health Option (no referral necessary)

1. The patient will need to visit:
Harris County - <https://checkforcorona.com/harris-county#/welcome>
Fort Bend County - <https://www.checkforcorona.com/fort-bend-county#/welcome>
2. Fill out the prescreening questionnaire.
3. If they qualify for testing, they will be given a phone number to call and a unique identification code.
4. They call the number provided for the phone consultation.
5. IF they are deemed "at risk" they will be given another unique identification code and instructions on where to go for testing.

Testing is done at no cost to the patient. Tests are done based on availability.

Option 2: Testing with UT Physicians

1. If the patient meets the current testing criteria on checkforcorona.com, the physician will order COVID-19 test on the billing sheet.
2. An MA will create a lab slip, print it out and then hand it to the front office, informing them that it's for COVID-19 testing. **DO NOT PLACE IN THE "TO BE PROCESSED" SCAN TRAY**
3. The front office will scan the lab slip into the patient documents and assign it to "Referrals, UTP."
4. The front office will then call the UTP Referral line at 713-486-5224, to let them know a lab slip was sent.
5. The UTP referral coordinator will contact the parents to schedule the testing appointment.
6. The patient should show up to their testing site during their scheduled appointment time, in their vehicle, with photo ID ready. They will need to stay in their car for testing.
7. The ordering physician will receive the lab results through ECW.

Cash pay patients will be charged \$67 for the test. For patients with insurance, the lab will bill their insurance.

Option 3: Urgent Care for Kids (no referral necessary)

1. Urgent Care for Kids is providing COVID-19 testing for children and adults. They are requiring a prescreen via virtual visit. The patient will need to register online <https://urgentcarekids.com/covid19-test/>.
2. If there is a risk for COVID-19 and the test is deemed medically necessary, the patient will be directed to the nearest Urgent Care for Kids testing site.
3. Upon arriving to the testing facility, the patient will have to call the clinic to announce their arrival.
4. The provider will swab the patient in the car and the patient is allowed to leave.
5. The patient will be called with the results.

All copays are being waived and for self-pay patients the virtual visit will only cost \$50. Testing is included with the virtual visit, if deemed necessary.

Reference Number: 112B

Department: ALL

PREVIOUS – 4.13.20 Updated Testing Site Options for Patients

CURRENT – 4.24.20 Updated Testing Site Options for Patients

COVID-19 TESTING SITE OPTIONS FOR PATIENTS

Option 1: Free Public Health Option (no referral necessary)

1. The patient will need to visit:
Harris County - <https://checkforc corona.com/harris-county#/welcome>
Fort Bend County - <https://www.checkforc corona.com/fort-bend-county#/welcome>
2. Fill out the prescreening questionnaire.
3. If they qualify for testing, they will be given a phone number to call and a unique identification code.
4. They call the number provided for the phone consultation.
5. If they are deemed "at risk" they will be given another unique identification code and instructions on where to go for testing.

Testing is done at no cost to the patient. Tests are done based on availability.

Option 2: Testing with UT Physicians (lab slip and appointment required)

1. If the patient meets the current testing criteria on checkforc corona.com, the physician will order COVID-19 test on the billing sheet.
2. An MA will create a lab slip, print it out and then hand it to the front office, informing them that it's for COVID-19 testing. **DO NOT PLACE IN THE "TO BE PROCESSED" SCAN TRAY**
3. The front office will scan the lab slip into the patient documents and assign it to "Referrals, UTP."
4. The front office will then call the UTP Referral line at 713-486-5224, to let them know a lab slip was sent.
5. The UTP referral coordinator will contact the parents to schedule the testing appointment.
6. The patient should show up to their testing site during their scheduled appointment time, in their vehicle, and photo ID ready. They will need to stay in their car for testing.
7. The ordering physician will receive the lab results through ECW.

Cash pay patients will be charged \$67 for the test. For patients with insurance, the lab will bill their insurance.

Option 3: Urgent Care for Kids (no referral necessary)

1. Urgent Care for Kids is providing COVID-19 testing for children and adults. They are requiring a prescreen via virtual visit. The patient will need to register online <https://urgentcarekids.com/covid19-test/>.
2. If there is a risk for COVID-19 and the test is deemed medically necessary, the patient will be directed to the nearest Urgent Care for Kids testing site.
3. Upon arriving to the testing facility, the patient will have to call the clinic to announce their arrival.
4. The provider will swab the patient in the car and the patient is allowed to leave.
5. The patient will be called with the results.

All copays are being waived and for self-pay patients the virtual visit will only cost \$50. Testing is included with the virtual visit, if deemed necessary.

Option 4: City of Houston (open to everyone, wait times are unknown and tests are limited)

1. If the parent wishes to have the patient tested for COVID-19, but the patient does not meet the checkforc corona.com testing criteria, they can call 832-393-4220. Both Delmar Stadium and Butler Stadium offer free drive thru testing.
2. They will be given a unique identification code and directions on where to go for testing.
3. They will be given a receipt that has a phone number or lab information to find their results. If their specimen was sent to LabCorp or Quest they will need to create an account if they don't already have one.
 - a. LabCorp - <https://www.labcorp.com/results>
 - i. To create an account, they will need to enter the following:
 1. First name, last name
 2. Gender
 3. Date of birth
 4. Address (street, city, state and zip code)
 5. Phone number
 6. Email address
 - b. Quest - <https://myquest.questdiagnostics.com/web/home>
 - i. To create an account, they will need to enter the following:
 1. Full name
 2. Date of birth
 3. Full address (street, city, state and zip code)
 4. Phone number (10-digit)

Testing is done at no cost for the patient. Wait times are unknown and tests are very limited.

Reference Number: 112C

Department: ALL

PREVIOUS – 4.24.20 Updated Testing Site Options for Patients

CURRENT – 5.07.20 Updated Testing Site Options for Patients

COVID-19 TESTING SITE OPTIONS FOR PATIENTS

Option 1: Free Public Health Option (no referral necessary)

1. The patient will need to visit:
Harris County - <https://www.readyharris.org/Get-Tested>
Fort Bend County - <https://www.checkforcorona.com/fort-bend-county#/welcome>
2. Fill out the prescreening questionnaire.
3. If they qualify for testing, they will be given a phone number to call and a unique identification code.
4. They call the number provided for the phone consultation.
5. If they are deemed "at risk" they will be given another unique identification code and instructions on where to go for testing.

Testing is done at no cost to the patient. Tests are done based on availability.

Option 2: Testing with UT Physicians (lab slip and appointment required)

1. If the patient meets the current testing criteria on [checkforcorona.com](https://www.checkforcorona.com), the physician will order COVID-19 test on the billing sheet.
2. An MA will create a lab slip, print it out and then hand it to the front office, informing them that it's for COVID-19 testing. **DO NOT PLACE IN THE "TO BE PROCESSED" SCAN TRAY**
3. The front office will scan the lab slip into the patient documents and assign it to "Referrals, UTP."
4. The front office will then call the UTP referral line at 713-486-5224, to let them know a lab slip was sent.
5. The UTP referral coordinator will contact the parents to schedule the testing appointment.
6. The patient should show up to their testing site during their scheduled appointment time, in their vehicle, and photo ID ready. They will need to stay in their car for testing.
7. The ordering physician will receive the lab results through ECW.

Cash pay patients will be charged \$67 for the test. For patients with insurance, the lab will bill their insurance.

Option 3: City of Houston (open to everyone, wait times are unknown and tests are limited)

1. If the parent wishes to have the patient tested for COVID-19, but the patient does not meet the [checkforcorona.com](https://www.checkforcorona.com) testing criteria, they can call 832-393-4220. Both Delmar Stadium and Butler Stadium offer free drive thru testing.
2. They will be given a unique identification code and directions on where to go for testing.
3. They will be given a receipt that has a phone number or lab information to find their results. If their specimen was sent to LabCorp or Quest they will need to create an account if they don't already have one.
 - a. LabCorp - <https://www.labcorp.com/results>
 - i. To create an account, they will need to enter the following:
 1. First name, last name
 2. Gender
 3. Date of birth
 4. Address (street, city, state and zip code)
 5. Phone number
 6. Email address
 - b. Quest - <https://myquest.questdiagnostics.com/web/home>
 - i. To create an account, they will need to enter the following:
 1. Full name
 2. Date of birth
 3. Full address (street, city, state and zip code)
 4. Phone number (10-digit)

Testing is done at no cost for the patient. Wait times are unknown and tests are very limited.

Reference Number: 112D

Department: ALL

PREVIOUS – 5.07.20 Updated Testing Site Options for Patients

CURRENT – 6.22.2020 Updated Testing Site Options for Patients

COVID-19 Testing Sites

Site	Harris County	UT Physicians	MH Urgent Care	Signature Care ER	Urgent Care for Kids	Night Light Pediatrics
Website	https://www.readyharris.org/Get-Tested			https://ercare24.com/	https://urgentcarekids.com/covid19-test/	https://www.nightlightpediatrics.com/
Age requirements	Mobile sites - all ages All other sites - 18 years and older	None	6 months and older**	None	21 years and younger	21 years and younger
Cost	Free	Insurance Co-Pay or Cash pay is \$67	Insurance Co-Pay or Cash pay is \$67	Insurance Co-pay or Cash pay is \$175	Insurance Co-pay or Cash pay is \$150	Insurance Co-pay; Cash pay \$50 for the Telemedicine visit and will be billed by the lab for the test
Doctor's Order	Self-register, no order needed	Blue Fish needs to assist	Blue Fish needs to assist	Self-register, no order needed	Self-register, no order needed	Self-register, no order needed
Telemedicine Visit Required	No	No	No	Yes	Yes	Yes
Self-swab vs Provider Swab	Mobile sites - Provider Swab All other sites - Self-Swab	Provider Swab	Provider Swab	Provider Swab	Provider Swab	Provider Swab
Test Type	PCR (most accurate)	PCR (most accurate)	PCR (most accurate)	Antigen (less accurate)*	PCR (most accurate)	PCR (most accurate)
Turnaround Time	5-7 business days	5-7 business days	5-7 business days	15-30 minutes	48-72 hours	5-7 business days
Location	Multiple locations across Harris County	Multiple locations across Houston	Multiple locations across Houston	Multiple locations across Houston	Multiple locations across Houston	Multiple locations across Houston

*The antigen test is not as accurate as the PCR test and per the FDA may need to be confirmed with a PCR test prior to treatment decisions. Blue Fish only recommends using the rapid test when time is an issue. PCR test also available upon request, results can take 24-48 hours.

**0-6 months at West University Urgent Care only

Reference Number: 112E

Department: ALL

PREVIOUS – 6.22.2020 Updated Testing Site Options for Patients

CURRENT – 6.27.2020 COVID-19 Testing Sites

COVID-19 Testing Sites

Site	Harris County	UT Physicians	MH Urgent Care	Signature Care ER	Urgent Care for Kids	Night Light Pediatrics
Website	https://www.readyharris.org/Get-Tested			https://ercare24.com/	https://urgentcarekids.com/covid19-test/	https://www.nightlightpediatrics.com/
Age requirements	Mobile sites - all ages All other sites - 18 and older	None	6 months and older**	None	21 years and younger	21 years and younger
Cost	Free	Insurance Co-Pay or Cash pay is \$67	Insurance Co-Pay or Cash pay is \$67	Insurance Co-pay or Cash pay is \$175	Insurance Co-pay or Cash pay is \$150	Insurance Co-pay; Cash pay \$50 for the Telemedicine visit and will be billed by the lab for the test
Doctor's Order	Self-register, no order needed	Blue Fish needs to assist	Blue Fish needs to assist	Self-register, no order needed	Self-register, no order needed	Self-register, no order needed
Telemedicine Visit Required	No	No	No	Yes	Yes	Yes
Self-swab vs Provider Swab	Mobile sites - Provider Swab All other sites - Self-Swab	Provider Swab	Provider Swab	Provider Swab	Provider Swab	Provider Swab
Test Type	PCR (most accurate)	PCR (most accurate)	PCR (most accurate)	Antigen (less accurate)* or PCR (most accurate)	Antigen (less accurate)* or PCR (most accurate)	PCR (most accurate)
Turnaround Time (may take longer during pandemic surges)	5-7 business days	5-7 business days	5-7 business days	15-30 minutes for Antigen or 1-2 business days for PCR	15-30 minutes for Antigen or 2-3 business days for PCR***	5-7 business days
Location	Multiple locations across Harris County	Multiple locations across Houston	Multiple locations across Houston	Multiple locations across Houston	Multiple locations across Houston	Multiple locations across Houston

*The antigen test is not as accurate as the PCR test and per the FDA may need to be confirmed with a PCR test prior to treatment decisions. Blue Fish only recommends using the rapid test when time is an issue.

**0-6 months at West University Urgent Care only

***Camp Ozark Exclusive Hours at the Katy location only. 23730 Westheimer Parkway Suite N, 77494, 281-393-3033. 12pm-3pm on Wednesdays & Thursdays

Reference Number: 112F

Department: ALL

PREVIOUS – 6.27.2020 COVID-19 Testing Sites

CURRENT – 8.28.2020 COVID-19 Testing Sites

COVID-19 Testing Sites

Site	Harris County	UT Physicians	MH Urgent Care	Next Level Urgent Care	Urgent Care for Kids	Night Light Pediatrics
Website	https://www.readyharris.org/Get-Tested			https://www.nextlevelurgentcare.com/remote-guest-virtual-visit	https://urgentcarekids.com/covid19-test/	https://www.nightlightpediatrics.com/
Age requirements	Mobile sites - all ages All other sites - 18 and older	None	6 months and older**	2 years and older	21 years and younger	21 years and younger
Cost	Free	Insurance Co-pay or Cash pay is \$67	Insurance Co-pay or Cash pay is \$67	Insurance Co-pay or Cash pay is \$105	Insurance Co-pay or Cash pay is \$150	Insurance Co-pay, Cash pay \$50 for the Telemedicine visit and will be billed by the lab for the test
Doctor's Order	Self-register, no order needed	Blue Fish needs to assist	Blue Fish needs to assist	Self-register, no order needed	Self-register, no order needed	Self-register, no order needed
Telemedicine Visit Required	No	No	No	No	Yes	Yes
Self-swab vs Provider Swab	Mobile sites - Provider Swab All other sites - Self-Swab	Provider Swab	Provider Swab	Provider Swab	Provider Swab	Provider Swab
Test Type	PCR (most accurate)	PCR (most accurate)	PCR (most accurate)	PCR (most accurate) & Antigen (less accurate)*	PCR (most accurate)	PCR (most accurate)
Turnaround Time	5-7 business days	5-7 business days	5-7 business days	PCR: 3-5 days Antigen: same day	48-72 hours	5-7 business days
Location	Multiple locations across Harris County	Multiple locations across Houston	Multiple locations across Houston	Multiple locations across Houston	Multiple locations across Houston	Multiple locations across Houston

*The antigen test is not as accurate as the PCR test and per the FDA may need to be confirmed with a PCR test prior to treatment decisions. Blue Fish only recommends using the rapid test when time is an issue.

**0-6 months at West University Urgent Care only

Reference Number: 112G

Department: ALL

PREVIOUS – 8.28.2020 COVID-19 Testing Sites

CURRENT – 8.31.2020 COVID-19 Testing Sites with Locations

COVID-19 Testing Sites

Site	Harris County	UT Physicians***	MH Urgent Care***	Next Level Urgent Care	Urgent Care for Kids	Night Light Pediatrics
Website	https://www.harriscountytx.gov/Get-Tested			https://www.nextlevelurgentcare.com/request-virtual-visit	https://urgentcarefor-kids.com/pediatric-test/	https://www.nightlightpediatrics.com/
Age requirements	Mobile sites - all ages All other sites - 18 and older	None	8 months and older**	2 years and older	21 years and younger	21 years and younger
Cost	Free	Insurance Co-pay or Cash pay is \$0*	Insurance Co-pay or Cash pay is \$0*	Insurance Co-pay or Cash pay is \$125	Insurance Co-pay or Cash pay is \$150	Insurance Co-pay. Cash pay \$20 for the Telemedicine visit and will be billed by the lab for the test.
Doctor's Order	Self-register, no order needed	Blue Fish needs to assist	Blue Fish needs to assist	Self-register, no order needed	Self-register, no order needed	Self-register, no order needed
Telemedicine Visit Required	No	No	No	No	Yes	Yes
Self-swab vs Provider Swab	Mobile sites - Provider Swab All other sites - Self-Swab	Provider Swab	Provider Swab	Provider Swab	Provider Swab	Provider Swab
Test Type	PCR (most accurate)	PCR (most accurate)	PCR (most accurate)	PCR (most accurate) & Antigen (less accurate)*	PCR (most accurate)	PCR (most accurate)
Turnaround Time	5-7 business days	5-7 business days	5-7 business days	PCR: 3-5 days Antigen: same day	48-72 hours	5-7 business days
Location	Multiple locations across Harris County	Multiple locations across Houston	Multiple locations across Houston	Multiple locations across Houston	Multiple locations across Houston	Multiple locations across Houston

*The antigen test is not as accurate as the PCR test and per the FDA may need to be confirmed with a PCR test prior to treatment decision. Blue Fish only recommends using the rapid test when time is an issue.

**0-6 months at West University Urgent Care only

*** See below for locations

Memorial Hermann Urgent Care

Bender's Landing 4057 Fuzzell Rd, Ste 1100 B Spring, TX 77386 281-602-0450	Clear Lake 19419 Gulf Frey, Ste 3, Dept 100 Webster, TX 77598 281-316-0885
Fulshear 5107 FM 1463, Ste 1200 Katy, TX 77494 281-574-1104	Greater Heights 300 North Loop, Ste 100 Houston, TX 77008 713-426-9650
Telfair 1227 Museum Square Dr, Ste A Sugar Land, TX 77479 281-265-8125	Town & Country 12740 Memorial Dr, Ste 100 Houston, TX 77024 832-658-3110
Spring 19711 Stuebner Airline Rd, Ste 1 Spring, TX 77379 832-658-5450	Friendswood 1505 E. Winding Way Dr, Ste 112 Friendswood, TX 77546 281-993-3860
Washington 4500 Washington Ave, Ste 100 Houston, TX 77007 713-861-6490	West University 3501 W. Holcombe Blvd, Ste 325 Houston, TX 77025 713-814-2680

UT Physicians Drive-Thru Locations

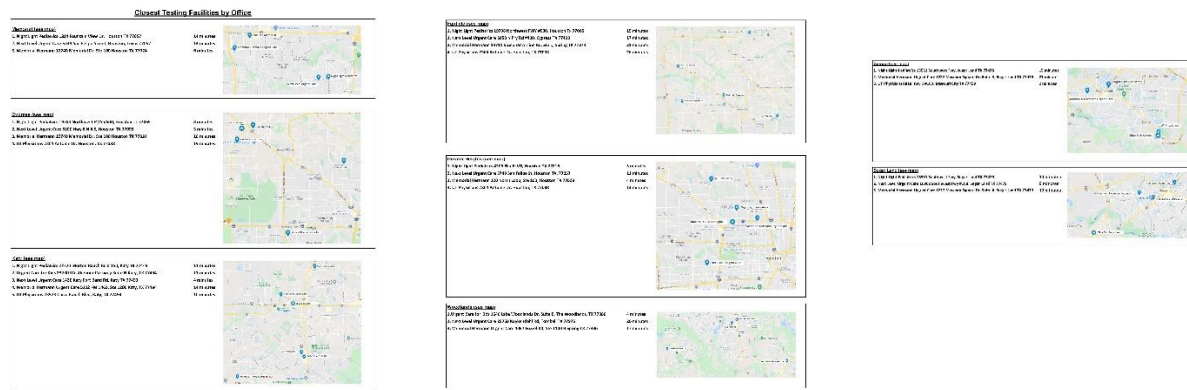
Victory 7364 Antoine Dr Houston, TX 77088	Semina 8810 Highway 6, Ste 100 Missouri City, TX 77459
Rosenberg 5115 Avenue R, Ste 701 Rosenberg, TX 77471	Cinco Ranch 23923 Cinco Ranch Boulevard Katy, TX 77494

Reference Number: 112H

Department: ALL

PREVIOUS – 8.31.2020 COVID-19 Testing Sites with Locations

CURRENT – 11.2.2020 Closest Testing Site by BF Location



Reference Number: 113

Department: Front Office

PREVIOUS – NA

CURRENT – 4.9.20 UPDATED Front Office Triage Questions/Protocol

Blue Fish Pediatrics

Memo

To: All Employees and Doctors
From: Management
cc:
Date: 4/9/2020
Re: Update on COVID-19 Screening

For all answered calls, the front office will now be asking two screening questions:

"Has your child or anyone in the household tested positive for COVID-19 or had direct contact with a positive confirmed case of COVID-19?"

"Does the child or the accompanying caretaker have both a fever and cough?"

If the answer is "Yes" to either of these questions, the front office will offer a telemedicine visit. If the parent prefers to come in to the office instead, the front desk will triage the call and send it to the phone MA to determine if the patient needs to be seen in office or not. The physician is encouraged to offer a car visit when possible.

If the physician decides to see the patient in office, the front office will schedule the visit at the end of the day.

If the patient or parent just has a fever or just has a cough and not both fever and cough, the front office will schedule a normal sick visit.

These questions will be asked when making reminder calls for WCCs the day before as well.

Reference Number: 114

Department: Back Office

PREVIOUS – NA / Pre-COVID-19

CURRENT – 4.9.20 Memo on Door Attendant

Blue Fish Pediatrics

Memo

To: All Staff
From: Management
Date: April 8, 2020
Re: Triage at the door

Starting Friday, April 10, 2020 one staff member will sit at a designated location to ask families before entering the office the triage questions.

Script: "I apologize for repeating the same question you have been already asked over the phone, but we are trying to be cautious and prevent as much viral exposure to the staff and other patients. Please answer the following questions."

"Has your child or anyone in the household tested positive for COVID-19 or had direct contact with a positive confirmed case of COVID-19?"

"Does the child or the accompanying caretaker have both a fever and cough?"

If they answer no to both questions, then okay to send them into the office.

If they answer yes, then ask them to wait outside for further triage.

If they answer yes to having fever or cough, but not both then okay to enter the office.

Designated locations for staff member to sit. The MAs will sit at the doors. They can be rotated out during lunch or hourly.

Memorial: One staff member between the 760 doors. One staff member outside 785 entrance.

Cypress: One staff member sitting right inside the main entry door.

Katy: One staff member sitting between both entry doors.

Woodlands: One staff member sitting outside the entry door.

Fairfield: One staff member sitting between both entry doors.

Heights: One staff member sitting right inside the entry door.

Sienna: One staff member sitting right inside the entry door.

Reference Number: 115

Department: Doctors / Billing

PREVIOUS – NA / Pre-COVID-19

CURRENT – 4.24.2020 Memo on Inhaler Billing

Blue Fish Pediatrics

Memo

To: Doctors
From: Billing Department
CC:
Date: 4/24/2020

Billing for inhaler use in office

According to the AAP coding guidelines, use of inhalers in the office are not considered billable. If you choose to use the inhalers in the office and the visit becomes longer than normal, you may bill for an E&M code for more complex decision making and longer time spent with patient such as 99214 if you feel that it was necessary.

Reference Number: 116

Department: ALL

PREVIOUS – NA / Pre-COVID-19

CURRENT – 4.30.2020 Letter to Patients about WCCs

April 30, 2020

Dear Blue Fish patients and families,

We hope that you are all doing well and staying safe as we work together to slow the spread of COVID-19. We are all trying to strike a balance between doing what is necessary and minimizing contact with each other. Thankfully, the American Academy of Pediatrics and other child health experts have commented on this dilemma specifically when it comes to well child care.

Please consider reading the following article from The New York Times in which health experts from the American Academy of Pediatrics and other organizations discuss the importance of keeping children vaccinated during the pandemic:

<https://www.nytimes.com/2020/04/23/health/coronavirus-measles-vaccines.html?referringSource=articleShare>

At Blue Fish Pediatrics, we are taking the following precautions to protect patients while in the office:

- Well child checks and sick visits will be done during separate segments of the day.
- Patients will be moved quickly into exam rooms, bypassing the waiting room, when space allows.
- Patients will be asked to stay in their exam rooms.
- Patients will go directly to the exit, bypassing checkout.
- We will be disinfecting the office regularly as per CDC guidelines.

We encourage you not to postpone your well child appointments as it will be difficult to accommodate everyone's requests for visits during the already limited summer schedule.

We will soon be reaching out to patients who cancelled their well child visits to offer them appointments while the schedule is currently open and flexible.

Thank you for allowing us to care for your children. We will continue to do everything that we can to protect both our patients and our community.

Thank you.

Blue Fish Pediatrics

Reference Number: 117

Department: ALL

PREVIOUS – NA

CURRENT – 5.1.2020 COVID-19 Standards of Safe Practice Sign



COVID-19 Standards of Safe Practice

- A mask will be worn by all Blue Fish staff and doctors during all patient contact.
- All patients will be screened for COVID-19 symptoms before making an appointment.
- All procedures that produce aerosolized transmission will be minimized and when performed an appropriate N95 mask and face shield will be utilized.
- Well child checks and sick visits will be done during separate segments of the day.
- Patients will be moved quickly into exam rooms, minimizing time in the waiting room, when space allows.
- Patients will be asked to stay in their exam rooms.
- Patients will go directly to the exit, bypassing checkout.
- We will be disinfecting the office regularly as per CDC guidelines.

Reference Number: 118

Department: ALL

PREVIOUS – NA

CURRENT – 5.21.2020 Statement on Antibody Testing

COVID-19 Antibody Testing Information

Some of our families have been asking for antibody testing for their children. As test quality improves and more data comes out regarding antibody testing, the value of antibody testing will increase.

However, at this time there are a lot of unanswered questions about antibody testing:

1. How accurate are the results?
2. Does a positive antibody test mean you are protected?
3. Could reinfection occur even with antibodies?
4. Could someone with antibodies still spread COVID-19 to others?

As we cannot provide accurate counsel based on this test, we believe there is low value at this time.

Please read the excerpt from the below article for further information.

McKenna, Stacy. "What COVID-19 Antibody Tests Can and Cannot Tell Us." *Scientific American*, May 5, 2020, <https://www.scientificamerican.com/article/what-covid-19-antibody-tests-can-and-cannot-tell-us/>.

Dozens of antibody tests for the novel coronavirus have become available in recent weeks. Because of limitations in testing accuracy and a plethora of unknowns about immunity itself, however, they are less informative about an individual's past exposure or protection against future infection.

In populations with a lower prevalence, tests are more likely to give false positives.

At this stage, experts warn that even the best SARS-CoV-2 antibody tests have little use at the individual level. More than four months after doctors in Wuhan, China, first identified the novel coronavirus that causes COVID-19, scientists are still scrambling to understand how our immune system responds to it. Although research increasingly shows that most people who have been infected probably produce antibodies to the virus, **it is not yet clear whether those antibodies prevent reinfection or how long any immunity will last.**

"We don't know the natural [course] of the disease. All we can do is [say] that if you have a good [antibody] test, and you trust the result, and you're positive, you did have exposure," says May Chu, a clinical professor of epidemiology at the Colorado School of Public Health. "We do not know if [those antibodies are] protective. And we won't know for months to come—until somebody else who's been infected before gets exposed to the virus again, and we see whether they get sick or not," says Chu, who is also a member of a World Health Organization expert group focused on infection control and prevention for the COVID-19 epidemic.

In fact, on April 24 the WHO released a scientific brief explicitly cautioning against the use of so-called "immunity passports" or "risk-free certificates." There have been a few reports of individuals testing positive for the virus after recovering and testing negative. But they have not been shown to have been reinfectd.

While scientists work to get a handle on how the pandemic is playing out in different populations around the world, testing for antibodies against SARS-CoV-2 remains largely in the research domain.

Reference Number: 119

Department: ALL

PREVIOUS – NA

CURRENT – 5.21.2020 Memo on Staff Wearing Masks

Blue Fish Pediatrics

Memo

To: All doctors and staff
From: Management
Date: May 21, 2020
Re: Masks

Starting immediately, masks must be worn at all times except during lunch. N95, KN95, surgical masks, or cloth masks with a surgical mask inserted.

The phone MA must wear a face shield or a mask while on phone.

Reference Number: 120

Department: ALL

PREVIOUS – NA

CURRENT – 5.21.2020 Memo on COVID-19 Testing

Blue Fish Pediatrics

Memo

To: Doctors and all staff
From: Management
Date: May 21, 2020
Re: Testing

Updated information on COVID-19 testing, both nasopharyngeal and antibody, has been added to our website for our parents. All doctors and staff should visit our website and read the updated information.

If a parent calls and request COVID-19 testing for any organized activity or just for their own peace of mind, we can direct them to our website. This can be automated by the phone MA and no approval or order is needed by the doctor. A telephone encounter will be sent to the doctor to let them know that the phone MA gave them testing information. Our preferred option for testing is now through <https://www.readyharris.org/> as it is free and easily accessible.

Reference Number: 121

Department: ALL

PREVIOUS – NA

CURRENT – 5.21.2020 Memo on Daily Staff Screening

Blue Fish Pediatrics

Memo

To: All doctors and staff
From: Management
Date: May 21, 2020
Re: Staff screening updates

Starting 5/22/2020, one staff member will check temperatures and have every staff member answer the questions on the daily screening log. If you have not had someone come by to check your temp and answer the questions, then please find your MA supervisor.

The new questions include fever, non-allergic cough, sore throat, constant runny nose, shortness of breath, and loss of taste or smell. If you answer yes to any of the questions, you will be required to go home and be tested for COVID. Your office manager will discuss with you when it is appropriate to return to work.

As a reminder, please email Lavella and Lindsay a copy of the daily screening log at the end of each week.

Reference Number: 122

Department: ALL

PREVIOUS – 3.17.2020 Travel Memo

CURRENT – 5.21.2020 Updated Travel Memo

Blue Fish Pediatrics

Memo

To: All Employees
From: Management
cc:
Date: May 21, 2020
Re: Updated COVID-19 Travel Advisory

We advise that all Blue Fish employees refrain from any travel outside of Houston based on current health policy recommendations. We also request that you not travel to prevent yourself from being quarantined when you return, and therefore unable to work. Such an outcome would be detrimental to all of us.

Blue Fish policy will be to quarantine employees for at least one week for all international travel to Level 2 and Level 3 countries. Blue Fish will be following the governor's directive on state-to-state travel.

We understand that some travel is absolutely necessary and unavoidable (e.g. family emergency). In such a case, please let your supervisor(s) know ahead of time so they can prepare/respond accordingly.

Thank you for working hard and serving our patients well during this difficult time.

Blue Fish Pediatrics Management

Reference Number: 122A

Department: ALL

PREVIOUS – 5.21.2020 Travel Memo

CURRENT – 6.5.2020 Updated Travel Memo

Blue Fish Pediatrics Travel Policy

All Blue Fish Pediatrics staff members who travel outside of Houston to any of the listed locations will be required to self-quarantine for 14 days:

- International travel to Level 3 countries
- Any states or cities listed on Governor Abbott's executive travel restriction order, either by airplane or cruise ship.
- Travel by ground transportation (i.e. car, bus, train, etc.) to any location listed on Governor Abbott's executive travel restriction order and are in a group of 10 or more.

During the required 14-day quarantine, employees will be allowed to use PTO, which will deduct from the employees paid days' bank, should they so choose. If the employee chooses not to utilize PTO for any duration of their 14-day self-quarantine, it will not affect the employees time off bank, subsequently the employee will not be compensated during this time.

For example: If an employee travels via any of the scenarios identified above, and visits a destination that is currently or later acknowledged by a Governor Abbott executive travel restriction during the time they visit (regardless of any prior planning or trip booking) the employee will be required to self-quarantine for 14 days after returning to Houston, per the Governor's orders.

Reference Number: 123

Department: ALL

PREVIOUS – NA

CURRENT – 5.22.2020 Daycare Guidance

COVID-19 Daycare Guidance

At a minimum, daycares should maintain social distancing, wipe surfaces, enforce hand washing frequently and adhere to the recent guidelines laid out by the Centers for Disease Control and Prevention (CDC). If cases of COVID-19 in Houston are rising significantly, it may be better not to send your child to daycare. TMC.edu is a great resource for tracking cases in Houston.

Some questions to ask yourself:

1. How healthy is your child? Do they have any chronic health conditions that would put them at an increased risk of significant illness from coronavirus, such as diabetes, asthma or immune deficiency?
2. How healthy are your other household members? Is there anyone who your child (upon returning from daycare) would have frequent contact with who is elderly or at increased risk of severe illness from COVID-19?
3. If your child gets sick at daycare, it could potentially mean the child or family would need to be on home quarantine for two weeks. What impact would this have on your household?

Reference Number: 124

Department: ALL

PREVIOUS – NA

CURRENT – 5.22.2020 Spending Time with Family and Friends Guidance

Guidelines for Spending Time with Family and Friends

1. If cases of COVID-19 in Houston are rising, it is probably better not to meet in person. TMC.edu is a great resource for tracking cases in Houston.
 2. If you do meet, meeting outdoors in a well ventilated area is ideal. If meeting indoors, good air circulation is important: turn on the AC/ceiling fan and open windows when possible. Maintain appropriate social distancing.
 3. Try to keep any indoor portion of any get together no longer than 30 minutes (the shorter the safer).
 4. Do not hug or shake hands. Elbow bumps are ok :)
 5. 10 people (including kids) should be the max number of people meeting. The smaller the group the safer.
 6. Anyone who is possibly sick should NOT join.
 7. Anyone who is or is living with someone who is awaiting a COVID-19 test or has recently been diagnosed with COVID-19 or is displaying COVID-19 symptoms should NOT join.
 8. Anyone who cannot afford a two-week quarantine period should they later find out someone in the group tested positive for COVID-19, should NOT join.
- Remember when you get together, you are not only potentially sharing germs with the people in your group, but you are also sharing germs with everyone they live with and everyone they live with may be sharing germs with you. The larger the group, the greater the risk to everyone at the meeting.

Reference Number: 125

Department: ALL

PREVIOUS – NA

CURRENT – 5.22.2020 Summer Camp Guidance

Summer Camp Guidance

At a minimum, camps have to maintain social distancing, wipe surfaces, enforce hand washing frequently and adhere to the recent guidelines laid out by the American Camp Association.

Some questions to ask yourself:

1. How healthy is your child? Do they have any chronic health conditions that would put them at an increased risk of significant illness from coronavirus, such as diabetes, asthma or immune deficiency?
2. How healthy are your other household members? Is there anyone who your child (upon returning from camp) would have frequent contact with who is elderly or at increased risk of severe illness from COVID-19?
3. How important is this camp to your child? If it is something they feel ambivalent about, it is probably not worth the exposure. If they have been looking forward to it since last year, it may deserve a serious family discussion.
4. What safety measures is the camp taking? Is there a screening process? Are there attempts at some degree of distancing? What happens if someone gets sick during camp? It is very possible, if someone gets sick at the camp, everyone will be sent home. It's for this reason if you do send your child, it's best that your family plan to be available for an unexpected pick-up.
5. If your child gets sick at camp, it could potentially mean the child or family would need to be on home quarantine for two weeks. What impact would this have on your household?

Reference Number: 126

Department: ALL

PREVIOUS – NA

CURRENT – 5.22.2020 Travel Guidance

Travel Guidance

Cases of coronavirus disease (COVID-19) have been reported in all states, and some areas are experiencing community spread of the disease. Travel increases your chances of getting and spreading COVID-19.

CDC recommends you stay home as much as possible, especially if your trip is not essential, and practice social distancing especially if you are at higher risk of severe illness. Don't travel if you are sick or travel with someone who is sick.

Considerations if You *Must* Travel

CDC recommends you stay home as much as possible and avoid close contact, especially if you are at higher risk of severe illness. If you *must* travel, there are several things you should consider before you go.

Protect yourself and others during your trip:

- Clean your hands often.
 - Wash your hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
 - If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub your hands together until they feel dry.
- Avoid touching your eyes, nose, and mouth.
- Avoid close contact with others.
 - Keep 6 feet of physical distance from others.
 - Avoiding close contact is especially important if you are at higher risk of getting very sick from COVID-19.
- Wear a cloth face covering in public.
- Cover coughs and sneezes.
- Pick up food at drive-throughs, curbside restaurant service, or stores. Do not dine in restaurants if that is prohibited by state or local guidance.

www.cdc.gov/travel

Reference Number: 127

Department: ALL

PREVIOUS – 3.15.2020 COVID-19 FAQs

CURRENT – 5.22.2020 Updated COVID-19 FAQs (3 pages)

COVID-19 FAQs

Updated on May 22, 2020

What is the Coronavirus Disease 2019?

The Coronavirus Disease 2019 (COVID-19) is a new respiratory virus first identified in Wuhan, Hubei Province, China. This virus was not previously known to cause human illness until the recent outbreak. It is believed that the virus was initially transmitted to humans from a wild animal. Human-to-human transmission is now the most common route of transmission.

What are the symptoms of COVID-19?

Similar to many viral respiratory illnesses, the symptoms of the virus mimic the common cold and include mild to severe respiratory illness with fever, cough, chills, muscle aches, sore throat, new loss of taste or smell, and difficulty breathing. Symptoms may appear between two to 14 days after exposure to the virus. Also be mindful that there are many causes for upper respiratory and allergy symptoms that are much more common than COVID-19.

How does COVID-19 spread?

As with any viral respiratory illness, COVID-19 can spread from person to person through small respiratory droplets, which are dispersed when a person with the virus coughs or sneezes and are then inhaled by another person. These droplets can also land on objects and surfaces around the infected person. Other people then catch the virus by touching these objects or surfaces, then touching their eyes, nose or mouth.

How do I protect myself from getting COVID-19?

There is currently no vaccine to prevent COVID-19. The best way to prevent the spread of germs is proper hand hygiene and cough etiquette. Below are some other tips:

- Wear a mask around other people
- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose and mouth.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash and perform hand hygiene immediately.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing or sneezing. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.

What do I do if I think I have COVID-19?

Based on CDC guidelines, if you think you may have COVID-19 and are experiencing minor symptoms, Blue Fish Pediatrics recommends you self-quarantine at home for at least 14 days and check our website for more information. And please call us if you have additional questions. For severe symptoms, call ahead to your local Emergency Center prior to arriving or dial 911 if you need emergent care.

How can I be tested for COVID-19?

Please read our Blue Fish COVID-19 section. ([hyperlink this Sam](#))

What happens if my child tests positive for Coronavirus?

If a patient is confirmed with COVID-19, reassuringly the pediatric population has fared very well with the illness. Most will only require a 14-day quarantine at home and will not require hospitalization. However, should they become more acutely symptomatic please contact us ASAP.

What about Multisystem Inflammatory Syndrome in Children?

MIS-C stands for multisystem inflammatory syndrome in children. Formerly called pediatric inflammatory multisystem syndrome, or PIMS, it describes a new health condition seen in children who have been infected with novel coronavirus, recovered from it and later have an immune response that results in significant levels of inflammation in organ systems and symptoms. MIS-C is similar to other inflammatory conditions like Kawasaki disease and toxic shock syndrome. Children who have MIS-C generally did not have obvious symptoms when they were infected with novel coronavirus, like cough, and generally were healthy prior to developing MIS-C. Fortunately, MIS-C is quite rare and to date most children have fared very well with proper treatment.

Will taking Tamiflu help me protect myself from getting COVID-19?

No, Tamiflu will not protect you from getting the novel coronavirus. Tamiflu is a drug to treat the flu, not a vaccine. The virus is so new and different that it needs its own vaccine. Researchers internationally have been working to develop antivirals, but at the present time, there is no specific treatment or vaccine.

How long does COVID-19 survive on surfaces?

Studies suggest that coronaviruses may persist on surfaces for a few hours or up to several days. If you think a surface may be infected, clean it with simple disinfectant to kill the virus and protect yourself and others.

How does COVID-19 compare to other Coronaviruses?

There are several common coronaviruses that typically cause respiratory illness, like the common cold. Symptoms of COVID-19 can range from mild infection to severe respiratory illness.

Is it safe to receive mail from any areas with confirmed cases of the Coronavirus?

Yes. The likelihood of an infected person contaminating commercial goods is extremely low and the risk of catching the virus from a package that has been moved, traveled and exposed to different conditions and temperatures is also extremely low.

How is Blue Fish Pediatrics protecting patients and staff from Coronavirus?

Blue Fish Pediatrics continues to take proactive steps to protect our employees, physicians, patients and community by implementing a workforce protocol based on CDC guidelines. These protocols includes screening our workforce daily, wearing masks at all times, and following CDC recommendation for sterilizing the exam and waiting rooms.

What is Blue Fish Pediatrics doing to prevent the potential spread of Coronavirus Disease 2019 (COVID-19) to patients and physicians?

To further protect the health of our patients, workforce and the community, and prevent the potential spread of Coronavirus Disease 2019 (COVID-19), Blue Fish Pediatrics is asking that at this time only one caretaker and the patient needing to be seen come to the office when at all possible – we understand this is not always feasible. Additionally, to reduce exposure to healthy children we will be using a modified scheduled for the time being.

Whom may I contact with questions on Coronavirus Disease 2019 (COVID-19) when my physician is not available?

If you have questions regarding Coronavirus Disease 2019 (COVID-19), the Houston Health Department call center is available weekdays from 9 a.m. to 7 p.m. and Saturdays from 9 a.m. to 3 p.m. They will also return voice messages left after hours on the following day.

Houstonians can call the center at [832-393-4220](tel:832-393-4220) and talk to department staff to obtain information about Coronavirus Disease 2019 (COVID-19).

Reference Number: 128

Department: ALL

PREVIOUS – NA

CURRENT – 5.28.2020 Return to Work Guidelines

COVID-19 Return to Work Guidelines

5/20/2020

Doctors,

Some of you have been getting yourselves tested for COVID even though you are asymptomatic. Certainly, there are times when this is warranted, especially if you live with high risk individuals. However, in light of our return to work criteria (below), there are times when you might prefer not to be tested. If you are asymptomatic and your test is positive, you will miss between 7 and 14 days of work assuming a 3 day turn around time for test results.

Please let us know when you get tested so that we can keep the work environment at Blue Fish safe for our patients and employees. Also, please feel free to use us as a resource if you have questions about being tested.

Hope everyone is doing well!

Peter and Chris

Employee Status	Return to Work Criteria
Asymptomatic and COVID test pending	Work normally with appropriate PPE
Symptomatic and COVID test pending	Off work until you meet the criteria below
Asymptomatic and positive COVID test	May return to work when: (a) 2 negative nasopharyngeal swab specimens collected at least 24 hours apart. May re-test a minimum of 5 days after the first test was performed OR (b) 14 days after the first test was performed
Symptomatic and positive COVID test	May return to work when: (a) 2 negative nasopharyngeal swab specimens collected at least 24 hours apart OR (b) afebrile for 3 days AND at least 10 days since the onset of symptoms AND significant improvement of URI symptoms
Symptomatic but negative COVID test	May return to work when 24 hours without fever without the use of medication AND significant improvement of symptoms

Reference Number: 128A

Department: ALL

PREVIOUS – 5.28.2020 Return to Work Guidelines

CURRENT – 6.12.2020 Updated Return to Work Guidelines

Employee Return to Work Guidelines

Employee Status	Return to Work Criteria
Asymptomatic and COVID test pending	Work as normal, appropriate PPE
Symptomatic and COVID test pending	Off work until test results come back.
Asymptomatic and COVID diagnosis	May return to work when: (a) 2 negative nasopharyngeal swab specimens collected at least 24 hours apart. May re-test a minimum of 5 days' post first test OR (b) 10 days after test was completed
Symptomatic and COVID diagnosis	May return to work when: (a) 2 negative nasopharyngeal swab specimens collected at least 24 hours apart OR (b) afebrile for 3 days, at least 10 days since onset of symptoms AND URI Sx improved
Symptomatic but COVID negative test	May return to work when 24 hours without fever without the use of medication AND significant improvement of symptoms

Reference Number: 128B

Department: ALL

PREVIOUS – 6.12.2020 Updated Return to Work Guidelines

CURRENT – 7.20.2020 Updated Return to Work Guidelines

Employee Return to Work Guidelines

Employee Status	Return to Work Criteria
Asymptomatic and COVID test pending	Work as normal, appropriate PPE
Symptomatic and COVID test pending	Off work until test results come back.
Asymptomatic and COVID diagnosis	May return to work when: (a) 2 negative nasopharyngeal swab specimens collected at least 24 hours apart. May re-test a minimum of 5 days' post first test OR (b) 10 days after test was completed
Symptomatic and COVID diagnosis	May return to work when: (a) 2 negative nasopharyngeal swab specimens collected at least 24 hours apart OR (b) afebrile for 24 hours, at least 10 days since onset of symptoms AND URI Sx improved
Symptomatic but COVID negative test	May return to work when 24 hours without fever without the use of medication AND significant improvement of symptoms

Reference Number: 129

Department: ALL

PREVIOUS – NA

CURRENT – 6.3.2020 Updated COVID-19 Return to School/Daycare Form



COVID-19 RETURN TO SCHOOL / DAYCARE FORM

Name: _____ DOB: _____
Date: _____

During the COVID-19 pandemic, the Center for Disease Control (CDC) is recommending a quarantine at home for any fever and symptoms, such as cough or difficulty breathing. As such, please excuse our patient and caretaker during the quarantine period.

Per the CDC, people with COVID-19 who have stayed home (home isolated) can stop home isolation **after these three things have happened:**

- 1.) You have had no fever for at least 72 hours (that is three full days of no fever without the use of medicine that reduces fevers).

AND

- 2.) Other symptoms have improved (for example, when your cough or shortness of breath have improved).

AND

- 3.) At least 10 days have passed since your symptoms first appeared.

Signed,

Blue Fish Pediatrics

Reference Number: 129A

Department: ALL

PREVIOUS – 6.3.2020 Updated COVID-19 Return to School/Daycare Form

CURRENT – 7.20.2020 Updated COVID-19 Return to School/Daycare Form

BLUE FISH
P E D I A T R I C S
www.bluefishmd.com

COVID-19 RETURN TO SCHOOL / DAYCARE FORM (Isolation)

Name: _____ DOB: _____
Date: _____

During the COVID-19 pandemic, the Center for Disease Control (CDC) is recommending isolation at home for any fever and symptoms, such as cough or difficulty breathing. As such, please excuse our patient and caretaker during the isolation period.

Per the CDC, people with COVID-19 who have stayed home (home isolated) can stop home isolation after these three things have happened:

1.) You have had no fever for at least 24 hours (that is one full day of no fever without the use of medicines that reduce fevers).

AND

2.) Other symptoms have improved (for example, when your cough or shortness of breath have improved).

AND

3.) At least 10 days have passed since your symptoms first appeared.

Signed, _____

Blue Fish Pediatrics

Reference Number: 129B

Department: ALL

PREVIOUS – 7.20.2020 Updated COVID-19 Return to School/Daycare Form

CURRENT – 8.29.2020 Updated School Form



COVID-19 School Excuse Form

Student Name _____

Source: <https://www.cdc.gov/coronavirus/2019-nCoV/community/schools-children/symptoms-screening.html>

Symptoms

- Temperature 100.4 degrees Fahrenheit or higher when taken by mouth
- Sore throat
- New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/rhinitic cough, a change in their cough from baseline)
- Diarrhea, vomiting, or abdominal pain
- New onset of severe headache, especially with a fever

Close Contact/Potential Exposure

- Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19
- Traveled to or lived in an area where the local, tribal, territorial, or state health department is reporting large numbers of COVID-19 cases as described in the CDC Website's Community Vigilance Framework
- Lived in close proximity to a community transmission (as described in the CDC Website's Community Vigilance Framework) while the school remains open

Return-to-School Policies:

☐ Scenario 1: Student has symptoms but NO known close contact or exposure to COVID-19.

Per CDC guidelines, student can return to school when symptoms have resolved and fever free for 24 hours without fever reducing medications. A test is not required to return to school.

☐ Scenario 2: Student has symptoms and has had close contact/exposure to COVID-19 but student's presentation DOES NOT warrant a COVID-19 test at this time.

Per CDC guidelines, student can return to school when symptoms have resolved and fever free for 24 hours without fever reducing medications. A test is not required to return to school.

☐ Scenario 3: Student has symptoms and has had close contact/exposure to COVID-19 AND student has tested NEGATIVE.

Per CDC guidelines, student can return to school once symptoms have resolved and fever free for 24 hours without fever reducing medications.

☐ Scenario 4: Student has symptoms and has had close contact/exposure to COVID-19 AND student has tested POSITIVE.

Per CDC guidelines, student can return to school after a minimum of 10 days AND after all symptoms have resolved and fever free for 24 hours without fever reducing medications.

☐ Scenario 5: Student has symptoms and has had close contact/exposure to COVID-19 AND test is PENDING.

Per CDC guidelines, student can return to school after a minimum of 10 days AND after all symptoms have resolved and fever free for 24 hours without fever reducing medications. At anytime should test result return NEGATIVE, see scenario 3.

SIGNED _____


Date _____

Reference Number: 129C

Department: ALL

PREVIOUS – 8.29.2020 Updated School Form

CURRENT – 9.02.2020 Updated School Form


BLUE FISH
P E D I A T R I C S
www.bluefishmd.com
COVID-19 School Excuse Form

Student Name _____

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

Symptoms

- Temperature 100.4 degrees Fahrenheit or higher when taken by mouth
- Sore throat
- **NEW** uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)
- Diarrhea, vomiting, or abdominal pain
- New onset of severe headache, especially with a fever

Close Contact/Potential Exposure

- Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19
- Traveled to or lived in an area where the local, Tribal, territorial, or state health department is reporting large numbers of COVID-19 cases as described in the CDC Website's Community Mitigation Framework
- Live in areas of high community transmission (as described in the CDC Website's Community Mitigation Framework) while the school remains open

Return-to-School Policies:

☐ **Scenario 1: Student has symptoms but NO known close contact or exposure to COVID-19.**

Per CDC guidelines, student can return to school when symptoms have resolved and fever free for 24 hours without fever reducing medications. A test is not required to return to school.

☐ **Scenario 2: Student has NO symptoms and has had close contact/exposure to COVID-19 but student's presentation DOES NOT warrant a COVID-19 test at this time.**

Per CDC guidelines, student can return to school after 14 days of quarantining at home. Should the student develop symptoms during this quarantine period, they would then require an additional minimum 10 days of isolation at home starting from the onset of symptoms.

☐ **Scenario 3: Student has symptoms and has had close contact/exposure to COVID-19 AND student has tested NEGATIVE.**

Per CDC guidelines, student can return to school once symptoms have resolved and fever free for 24 hours without fever reducing medications.

☐ **Scenario 4: Student has symptoms and has had close contact/exposure to COVID-19 AND student has tested POSITIVE.**

Per CDC guidelines, student can return to school after a minimum of 10 days AND after all symptoms have resolved AND fever free for 24 hours without fever reducing medications.

☐ **Scenario 5: Student has symptoms and has had close contact/exposure to COVID-19 AND test is PENDING or not done.**

Per CDC guidelines, student can return to school after a minimum of 10 days AND after all symptoms have resolved AND fever free for 24 hours without fever reducing medications. A test is not required to return to school, however at anytime should a test result return NEGATIVE, see scenario 3.

Signed _____ Date _____

Reference Number: 129D

Department: ALL

PREVIOUS – 9.02.2020 Updated School Form

CURRENT – 9.16.2020 Updated School Form with Alternative Dx

BLUE FISH

PEDIATRICS
www.bluefishmd.com

COVID-19 School Excuse Form

Student Name _____

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

Symptoms

- Temperature 100.4 degrees Fahrenheit or higher when taken by mouth
- Sore throat
- New uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)
- Diarrhea, vomiting, or abdominal pain
- New onset of severe headache, especially with a fever

Close Contact/Potential Exposure

- Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19
- Traveled to or lived in an area where the local, tribal, territorial, or state health department is reporting large numbers of COVID-19 cases as described in the CDC Website's Community Mitigation Framework
- Live in areas of high community transmission (as described in the CDC Website's Community Mitigation Framework) while the school remains open

Return-to-School Policies:

☐ Scenario 1: Student has symptoms but NO known close contact or exposure to COVID-19.

Per CDC guidelines, student can return to school when symptoms have resolved and fever free for 24 hours without fever reducing medications. A test is not required to return to school. **Alternative Diagnosis:** _____

☐ Scenario 2: Student has NO symptoms and has had close contact/exposure to COVID-19 but student's presentation DOES NOT warrant a COVID-19 test at this time.

Per CDC guidelines, student can return to school after 14 days of quarantining at home. Should the student develop symptoms during this quarantine period, they would then require an additional minimum 10 days of isolation at home starting from the onset of symptoms.

☐ Scenario 3: Student has symptoms and has had close contact/exposure to COVID-19 AND student has tested NEGATIVE.

Per CDC guidelines, student can return to school once symptoms have resolved and fever free for 24 hours without fever reducing medications. **Alternative Diagnosis:** _____

☐ Scenario 4: Student has symptoms and has had close contact/exposure to COVID-19 AND student has tested POSITIVE.

Per CDC guidelines, student can return to school after a minimum of 10 days AND after all symptoms have resolved AND fever free for 24 hours without fever reducing medications.

☐ Scenario 5: Student has symptoms and has had close contact/exposure to COVID-19 AND test is PENDING or not done.

Per CDC guidelines, student can return to school after a minimum of 10 days AND after all symptoms have resolved AND fever free for 24 hours without fever reducing medications. A test is not required to return to school, however at any time should a test result return NEGATIVE, see scenario 3.

Signed _____

Date _____

Reference Number: 129E

Department: ALL

PREVIOUS – 9.16.2020 Updated School Form with Alternative Dx

CURRENT – 11.20.2020 Updated School Form with Alternative Dx

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COVID-19 School Excuse Form

Student Name _____

Source: <https://www.cdc.gov/coronavirus/2019-nCoV/community/schools-childcare/symptoms-screening.html>

Symptoms

- Temperature 100.4 degrees Fahrenheit or higher when taken by mouth
- Sore throat
- New uncontrolled cough with difficulty breathing (for chronic allergic/asthmatic cough, a change in cough from baseline)
- Diarrhea, vomiting, or abdominal pain
- New onset of severe headache, especially with a fever

Close Contact/Potential Exposure

- Had close contact (within 6 feet of an infected person for a cumulative of at least 15 minutes or longer over a 24-hour period) with a person with confirmed COVID-19
- Traveled to or lived in an area reporting large numbers of COVID-19 cases as described in the CDC Website
- Live in areas of high community transmission (as described in the CDC Website) while the school remains open

Return-to-School Policies:

1) **Scenario 1: Student has symptoms but NO known close contact or exposure to COVID-19.**

Per CDC guidelines, student can return to school when symptoms have resolved and fever free for 24 hours without fever reducing medications. A test is not required to return to school. **Alternative Diagnosis:** _____

2) **Scenario 2: Student has NO symptoms and has had close contact/exposure to COVID-19 but student's presentation DOES NOT warrant a COVID-19 test at this time.**

Per CDC guidelines, student can return to school after 14 days of quarantining at home. Should the student develop symptoms during this quarantine period, they would then require an additional minimum 10 days of isolation at home starting from the onset of symptoms.

3) **Scenario 3: Student has symptoms and has had close contact/exposure to COVID-19 AND student has tested NEGATIVE.**

Per CDC guidelines, student can return to school once symptoms have resolved and fever free for 24 hours without fever reducing medications. **Alternative Diagnosis:** _____

4) **Scenario 4: Student has symptoms and has had close contact/exposure to COVID-19 AND student has tested POSITIVE.**

Per CDC guidelines, student can return to school after a minimum of 10 days AND once symptoms have resolved AND fever free for 24 hours without fever reducing medications.

C. Student can return to full participation in athletics: _____

5) **Scenario 5: Student has symptoms and has had close contact/exposure to COVID-19 AND test is PENDING or not done.**

Per CDC guidelines, student can return to school after a minimum of 10 days AND once symptoms have resolved AND fever free for 24 hours without fever reducing medications. A test is not required to return to school, however at any time should a test result return NEGATIVE, see scenario 3.

Signed _____ Date _____

Reference Number: 129F

Department: ALL

PREVIOUS – 11.20.2020 Updated School Form with Alternative Dx

CURRENT – 01.07.2021 Updated School Form with Alternative Dx

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COVID-19 School Excuse Form

Student Name _____

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

Symptoms

- Temperature 100.4 degrees Fahrenheit or higher when taken by mouth
- Sore throat
- New uncontrolled cough with difficulty breathing (for chronic allergic/rhinitis/cough, a change in cough from baseline)
- Diarrhea, vomiting, or abdominal pain
- New onset of severe headache, especially with a fever

Close Contact/Potential Exposure

- Had close contact (within 6 feet of an infected person for a cumulative of at least 15 minutes or longer over a 24-hour period) with a person with confirmed COVID-19
- Traveled to or lived in an area reporting large numbers of COVID-19 cases as described in the CDC Website
- Live in areas of high community transmission (as described in the CDC Website) while the school remains open

Return-to-School Policies:

☐ **Scenario 1: Student has symptoms but NO known close contact or exposure to COVID-19.**

Per CDC guidelines, student can return to school when symptoms have resolved and fever free for 24 hours without fever reducing medications. A test is not required to return to school. **Alternative Diagnosis:** _____

☐ **Scenario 2: Student has NO symptoms and has had close contact/exposure to COVID-19 but student's presentation DOES NOT warrant a COVID-19 test at this time.**

Per CDC guidelines, student can return to school after 14 days of quarantining at home (see back side of note for shorter quarantine alternatives). Should the student develop symptoms during this quarantine period, they would then require an additional minimum 10 days of isolation at home starting from the onset of symptoms.

☐ **Scenario 3: Student has symptoms and has had close contact/exposure to COVID-19 AND student has tested NEGATIVE.**

Per CDC guidelines, student can return to school after 14 days of quarantining at home (see back side of note for shorter quarantine alternatives).

Alternative Diagnosis: _____

☐ **Scenario 4: Student has symptoms and has had close contact/exposure to COVID-19 AND student has tested POSITIVE.**

Per CDC guidelines, student can return to school after a minimum of 10 days AND once symptoms have resolved AND fever free for 24 hours without fever reducing medications.

☐ **Student can return to full participation in athletics:** _____

☐ **Scenario 5: Student has symptoms and has had close contact/exposure to COVID-19 AND test is PENDING or not done.**

Per CDC guidelines, student can return to school after a minimum of 10 days AND once symptoms have resolved AND fever free for 24 hours without fever reducing medications. A test is not required to return to school; however at any time should a test result return NEGATIVE, see scenario 3.

Signed _____ Date _____

Updated 1/7/21

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New CDC Quarantine Guidelines for 7-10 Days

<https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-options-to-reduce-quarantine.html>

The risks and our understanding of this disease have not changed. **The gold standard and the safest way to quarantine is to complete the full 14 days.**

The CDC is essentially gambling that if the guidelines are less onerous, more people will comply and this will lead to overall safer public health.

The exact risks for shorter quarantines are detailed by the CDC in the information below.

1. CDC recommends the following alternative options to a 14-day quarantine:
 - Quarantine can end after Day 10 without testing and if no symptoms have been reported during daily monitoring.
 - **With this strategy, residual post-quarantine transmission risk is estimated to be about 2% with an upper limit of about 10%.**
 - When diagnostic testing resources are sufficient and available (see bullet 3, below), then quarantine can end after Day 7 if a diagnostic specimen tests negative and if no symptoms were reported during daily monitoring. The specimen may be collected and tested within 48 hours before the time of planned quarantine discontinuation (e.g., in anticipation of testing delays), but quarantine cannot be discontinued earlier than after Day 7.
 - **With this strategy, the residual post-quarantine transmission risk is estimated to be about 5% with an upper limit of about 12%.**
2. Persons can discontinue quarantine at these time points only if the following criteria are also met:
 - No clinical evidence of COVID-19 has been elicited by daily symptom monitoring during the entirety of quarantine up to the time at which quarantine is discontinued; and,
 - Daily symptom monitoring continues through quarantine Day 14; and,
 - Persons are counseled regarding the need to adhere strictly through quarantine Day 14 to all recommended non-pharmaceutical interventions (NPIs), i.e., mitigation strategies, especially. They should be advised that if any symptoms develop, they should immediately self-isolate and contact the local public health authority or their healthcare provider to report this change in clinical status.
3. Testing for the purpose of earlier discontinuation of quarantine should be considered only if it will have no impact on community diagnostic testing. Testing of persons seeking evaluation for infection must be prioritized.
4. Persons can continue to be quarantined for 14 days without testing per existing recommendations. This option maximally reduces risk of post-quarantine transmission risk and is the strategy with the greatest collective experience at present.

For additional counseling, please call the office for a telemedicine visit with your doctor.

Updated 1/7/21

Reference Number: 129G

Department: ALL

PREVIOUS – 01.07.2021 Updated School Form with Alternative Dx

CURRENT – 04.26.2021 Updated School Form with Alternative Dx and Return to Play Protocol

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COVID-19 School Excuse Form

Student Name _____

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

Symptoms

- Temperature 100.4 degrees Fahrenheit or higher when taken by mouth
- Sore throat
- New uncontrolled cough with difficulty breathing (for chronic allergic/asthmatic cough, a change in cough from baseline)
- Diarrhea, vomiting, or abdominal pain
- New onset of severe headache, especially with a fever

Close Contact/Potential Exposure

- Had close contact (within 6 feet of an infected person for a cumulative of at least 15 minutes or longer over a 24-hour period) with a person with confirmed COVID-19
- Traveled to or lived in an area reporting large numbers of COVID-19 cases as described in the CDC Website
- Live in areas of high community transmission (as described in the CDC Website) while the school remains open

Return-to-School Policies:

☐ **Scenario 1: Student has symptoms but NO known close contact or exposure to COVID-19.**

Per CDC guidelines, student can return to school when symptoms have resolved and fever free for 24 hours without fever reducing medications. A test is not required to return to school. **Alternative Diagnosis:** _____

☐ **Scenario 2: Student has NO symptoms and has had close contact/exposure to COVID-19 but student's presentation DOES NOT warrant a COVID-19 test at this time.**

Per CDC guidelines, student can return to school after 14 days of quarantining at home (see back side of note for shorter quarantine alternatives). Should the student develop symptoms during this quarantine period, they would then require an additional minimum 10 days of isolation at home starting from the onset of symptoms.

☐ **Scenario 3: Student has symptoms and has had close contact/exposure to COVID-19 AND student has tested NEGATIVE.**

Per CDC guidelines, student can return to school once symptoms have resolved and fever free for 24 hours without fever reducing medications. **Alternative Diagnosis:** _____

☐ **Scenario 4: Student has symptoms and has had close contact/exposure to COVID-19 AND student has tested POSITIVE.**

Per CDC guidelines, student can return to school after a minimum of 10 days AND once symptoms have resolved AND fever free for 24 hours without fever reducing medications.

☐ Student can return to full participation in athletics: _____

☐ **Scenario 5: Student has symptoms and has had close contact/exposure to COVID-19 AND test is PENDING or not done.**

Per CDC guidelines, student can return to school after a minimum of 10 days AND once symptoms have resolved AND fever free for 24 hours without fever reducing medications. A test is not required to return to school, however at any time should a test result return NEGATIVE, see scenario 3.

Signed _____ Date _____

Updated 4/26/21

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New CDC Quarantine Guidelines for 7-10 Days

Source: <https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-options-to-reduce-quarantine.html>

The risks and our understanding of the disease have not changed. **The gold standard and the safest way to quarantine is to complete the full 14 days.**

The CDC is essentially gambling that if the guidelines are less onerous, more people will comply and this will lead to overall safer public health.

The exact risks for shorter quarantines are detailed by the CDC in the information below.

1. CDC recommends the following alternative options to a 14-day quarantine:
 - o Quarantine can end after Day 10 without testing and if no symptoms have been reported during daily monitoring.
 - **With this strategy, residual post-quarantine transmission risk is estimated to be about 1% with an upper limit of about 10%.**
 - o **When diagnostic testing resources are sufficient and available (see bullet 3, below), then quarantine can end after Day 7 if a diagnostic specimen tests negative and if no symptoms were reported during daily monitoring.** The specimen may be collected and tested within 48 hours before the time of planned quarantine discontinuation (e.g., in anticipation of testing delays), but quarantine cannot be discontinued earlier than after Day 7.
 - **With this strategy, the residual post-quarantine transmission risk is estimated to be about 5% with an upper limit of about 12%.**
2. Persons can discontinue quarantine at these time points only if the following criteria are also met:
 - o No clinical evidence of COVID-19 has been elicited by daily symptom monitoring during the entirety of quarantine up to the time at which quarantine is discontinued; and,
 - o Daily symptom monitoring continues through quarantine Day 14; and,
 - o Persons are counseled regarding the need to adhere strictly through quarantine Day 14 to all recommended non-pharmaceutical interventions (NPIs), a.k.a. mitigation strategies, especially. They should be advised that if any symptoms develop, they should immediately self-isolate and contact the local public health authority or their healthcare provider to report this change in clinical status.
3. Testing for the purpose of earlier discontinuation of quarantine should be considered only if it will have no impact on community diagnostic testing. Testing of persons seeking evaluation for infection must be prioritized.
4. Persons can continue to be quarantined for 14 days without testing per existing recommendations. This option maximally reduces risk of post-quarantine transmission risk and is the strategy with the greatest collective experience at present.

For additional counseling, please call the office for a telemedicine visit with your doctor.

COVID RETURN TO PLAY PROTOCOL

Stage 1: Day 1 and Day 2 - (2 Days Minimum) - 15 minutes or less: Light activity (walking, jogging, stationary bike), intensity no greater than 70% of maximum heart rate. NO resistance training.

Stage 2: Day 3 - (1 Day Minimum) - 30 minutes or less: Add simple movement activities (eg, running drills) - intensity no greater than 80% of maximum heart rate.

Stage 3: Day 4 - (1 Day Minimum) - 45 minutes or less: Progress to more complex training - intensity no greater than 80% maximum heart rate. May add light resistance training.

Stage 4: Day 5 and Day 6 - (2 Days Minimum) - 60 minutes: Normal training activity - intensity no greater than 80% maximum heart rate.

Stage 5: Day 7 - Return to full activity/participation (ie, - Contests/competitions).

This progression back into sports was provided by the American Academy of Pediatrics, adapted from Elliott N, et al, infographic, British Journal of Sports Medicine, 2020. It is intended to help guide the patient. If you experience any health issues while following this guide, you should stop the activity and contact a healthcare provider.

Updated 4/26/21

Reference Number: 130

Department: ALL

PREVIOUS – NA

CURRENT – 6.9.2020 Grandparents Visiting Newborns Guidance

Guidance for Grandparents Visiting Newborns During the Pandemic

1. Consider the risk

Until there's a vaccine, the safest recommendation is for the most vulnerable people to stay home if they can. This includes grandparents over 60 and people with chronic illnesses.

Meaningful connections are very important, but seeing a loved one means you'll interact with people you haven't seen in weeks who've spent their isolation in a different environment than you.

You have to decide whether that risk is worth it to you.

Risk of grandparents passing COVID-19 to the baby:

There is some risk that this could happen but it is low, given that when they visit, grandparents wear a mask, wash their hands, and are asymptomatic. If you want to be extremely conservative, you can ask grandparents to quarantine themselves from meeting other people for 14 days prior to visiting the baby.

Risk of family passing COVID-19 to the grandparents:

This is probably the greater risk, but it is also reasonably low if all people - 2 years and older - wear a mask, wash their hands, and are asymptomatic. If you want to be extremely conservative, you can have your family quarantine themselves from meeting other people for 14 days prior to visiting with the grandparents.

2. Discuss the plan

Discuss and acknowledge the risk involved.

- Have you been staying home and limiting your exposures?
- Have you had to work daily in environments that could expose other people to the virus?

If the answer to the second question is yes, a virtual visit would probably be best.

3. Follow the safest protocol

There's no way to ensure total safety. But there *are* steps you can take to keep the risk as low as possible.

- **Be well.** Make sure no one is sick when they plan to visit, whether that means a runny nose, fever or stomach ache -- any form of illness.
- **Wear masks.** Keep it on for the duration of the visit, if you can.
- **Wash your hands.** As soon as you meet, wash your hands for 20 seconds with soap and water.
- **Greet without touch.** Try not to greet with a kiss or hug.
- **Keep your distance.** When possible keep at least six feet of distance.
- **Meet outdoors.** Meet at a park or garden where you can stay safely socially distance yourselves from other groups (not in your party).

Grandparents may want to re-up their vaccinations, particularly against the flu (seasonally in the fall/winter), whooping cough (can be done year round) and pneumonia (can be done year round).

Reference Number: 131

Department: ALL

PREVIOUS – NA

CURRENT – 6.10.2020 Patient and Parent Return to Clinic Guidelines

Patient and Parent Return to Clinic Guidelines

Asymptomatic and COVID test pending



- May require a telemed visit, car visit or to be scheduled at the end of the day

Symptomatic and COVID test pending



- May require a telemed visit, car visit or to be scheduled at the end of the day

Asymptomatic and positive COVID test



- May come into clinic when
 - 2 negative COVID-19 tests collected at least 24 hours apart
 - OR**
 - 14 days after the first test was performed
- Will require a telemed visit, car visit or to be scheduled at the end of the day until the above criteria are met

Symptomatic and positive COVID test



- May come into clinic when
 - 2 negative COVID-19 tests collected at least 24 hours apart
 - OR**
 - No fever for 3 days **AND** at least 10 days since the onset of symptoms
 - AND** significant improvement of URI symptoms
- Will require a telemed visit, car visit or to be scheduled at the end of the day until the above criteria are met

Symptomatic but negative COVID test



- May come into clinic when 24 hours without fever without the use of medications **AND** significant improvement of symptoms

Reference Number: 131A

Department: ALL

PREVIOUS – 6.10.2020 Patient and Parent Return to Clinic Guidelines

CURRENT – 6.12.2020 Updated Patient and Parent Return to Clinic Guidelines

Patient and Parent Return to Clinic Guidelines

Asymptomatic and COVID test pending



- May require a telemed visit, car visit or to be scheduled at the end of the day

Symptomatic and COVID test pending



- May require a telemed visit, car visit or to be scheduled at the end of the day

Asymptomatic and positive COVID test



- May come into clinic when
 - 2 negative COVID-19 tests collected at least 24 hours apart
 - OR**
 - 10 days after the first test was performed
- Will require a telemed visit, car visit or to be scheduled at the end of the day until the above criteria are met

Symptomatic and positive COVID test



- May come into clinic when
 - 2 negative COVID-19 tests collected at least 24 hours apart
 - OR**
 - No fever for 3 days **AND** at least 10 days since the onset of symptoms **AND** significant improvement of URI symptoms
- Will require a telemed visit, car visit or to be scheduled at the end of the day until the above criteria are met

Symptomatic but negative COVID test



- May come into clinic when 24 hours without fever without the use of medications **AND** significant improvement of symptoms

Reference Number: 131A

Department: ALL

PREVIOUS – 6.10.2020 Patient and Parent Return to Clinic Guidelines

CURRENT – 6.12.2020 Updated Patient and Parent Return to Clinic Guidelines

Reference Number: 131B

Department: ALL

PREVIOUS – 6.12.2020 Patient and Parent Return to Clinic Guidelines

CURRENT – 6.16.2020 Updated Patient and Parent Return to Clinic Guidelines

Return to Clinic Guidelines

Asymptomatic and COVID test pending



- May require a telemed visit, car visit or to be scheduled at the end of the day

Symptomatic and No COVID test pending



- May come into clinic when
 - No fever for 3 days **AND** at least 10 days since the onset of symptoms **AND** significant improvement of URI symptoms
 - May require a telemed visit, car visit or to be scheduled at the end of the day

Symptomatic and COVID test pending



- May require a telemed visit, car visit or to be scheduled at the end of the day

Asymptomatic and positive COVID test



- May come into clinic when
 - 2 negative COVID-19 tests collected at least 24 hours apart **OR**
 - 10 days after the first test was performed
- Will require a telemed visit, car visit or to be scheduled at the end of the day until the above criteria are met

Symptomatic and positive COVID test



- May come into clinic when
 - 2 negative COVID-19 tests collected at least 24 hours apart **OR**
 - No fever for 3 days **AND** at least 10 days since the onset of symptoms **AND** significant improvement of URI symptoms
- Will require a telemed visit, car visit or to be scheduled at the end of the day until the above criteria are met

Symptomatic but negative COVID test



- May come into clinic when 24 hours without fever without the use of medications **AND** significant improvement of symptoms

Reference Number: 131C

Department: ALL

PREVIOUS – 6.16.2020 Updated Patient and Parent Return to Clinic Guidelines

CURRENT – 7.20.2020 Updated Patient and Parent Return to Clinic Guidelines

Return to Clinic Guidelines

Asymptomatic and COVID test pending



- May require a telemed visit, car visit or to be scheduled at the end of the day

Symptomatic and No COVID test pending



- May come into clinic when
 - No fever for 24 hours **AND** at least 10 days since the onset of symptoms **AND** significant improvement of URI symptoms
 - May require a telemed visit, car visit or to be scheduled at the end of the day

Symptomatic and COVID test pending



- May require a telemed visit, car visit or to be scheduled at the end of the day

Asymptomatic and positive COVID test



- May come into clinic when
 - 2 negative COVID-19 tests collected at least 24 hours apart **OR**
 - 10 days after the first test was performed
- Will require a telemed visit, car visit or to be scheduled at the end of the day until the above criteria are met

Symptomatic and positive COVID test



- May come into clinic when
 - 2 negative COVID-19 tests collected at least 24 hours apart **OR**
 - No fever for 24 hours **AND** at least 10 days since the onset of symptoms **AND** significant improvement of URI symptoms
- Will require a telemed visit, car visit or to be scheduled at the end of the day until the above criteria are met

Symptomatic but negative COVID test



- May come into clinic when 24 hours without fever without the use of medications **AND** significant improvement of symptoms

Reference Number: 132

Department: ALL

PREVIOUS – NA

CURRENT – 6.16.2020 Daycare and Parents Work COVID-19 Triage Chart

DAYCARE OR PARENTS WORK -COVID-19 TRIAGE

DISCLAIMER: THIS CHART IS TO ASSIST IN COUNSELING AND IS NOT DEFINITIVE

Scenario	Risk Factor	Nasopharyngeal Swab	Antibody Test	Quarantine
Briefly walking by a person who tested positive for COVID-19 and was not experiencing symptoms.	MINIMAL RISK	LOW VALUE	LOW VALUE	NOT NECESSARY Highly suggest to wear mask around others.
Briefly being in the same room as a person who tested positive for COVID-19, 48 hours before they started with symptoms or had symptoms AND you were within 6 feet.	LOW RISK	MEDIUM VALUE www.readyharris.org/get-tested *	LOW VALUE	NOT NECESSARY Mandatory mask wearing around others for 14 days minimum
Prolonged close contact (15 minutes or longer) AND within 6 feet of a person with COVID-19, 48 hours before they started with symptoms or had symptoms.	MEDIUM RISK	HIGH VALUE www.readyharris.org/get-tested *	MEDIUM VALUE https://bluefishmd.com/wp-content/uploads/2020/05/5.20.20.-Updated-COVID-Antibody-Handout.pdf	STRONGLY CONSIDER Mandatory mask wearing around others for 14 days minimum
Sustained close contact at work, school, home, or in the same room with a person who tested positive for COVID-19.	HIGH RISK	HIGH VALUE www.readyharris.org/get-tested *	MEDIUM VALUE https://bluefishmd.com/wp-content/uploads/2020/05/5.20.20.-Updated-COVID-Antibody-Handout.pdf	MANDATORY Should not go to work or school/daycare or be around others for 14 days minimum.**

Please note if both parties were wearing masks it significantly reduces the risk of transmission in all scenarios.

*Optimal time to test is 5 days or more after exposure

** 14 day quarantine should begin from testing date (not when results received) or if no test completed, then quarantine should begin from first day of observed symptoms

Reference Number: 132A

Department: ALL

PREVIOUS – 6.16.2020 Daycare and Parents Work COVID-19 Triage Chart

CURRENT – 6.26.2020 Exposure to COVID-19 Triage Chart

EXPOSURE TO COVID-19 TRIAGE CHART

DISCLAIMER: THIS CHART IS TO ASSIST IN COUNSELING AND IS NOT DEFINITIVE

Scenario	Risk Factor	Nasopharyngeal Swab	Antibody Test	Quarantine
Briefly walking by a person who tested positive for COVID-19 and was not experiencing symptoms.	MINIMAL RISK	LOW VALUE	LOW VALUE	NOT NECESSARY Highly suggest to wear mask around others.
Briefly being in the same room AND within 6 feet of a person who tested positive for COVID-19, 48 hours before they started with symptoms or had symptoms.	LOW RISK	MEDIUM VALUE http://bluefishmd.com/wp-content/uploads/2020/06/6.22.2020-COVID-19-Testing-FacilitiesC.pdf	LOW VALUE	NOT NECESSARY Mandatory mask wearing around others for 14 days minimum
Prolonged close contact (15 minutes or longer) AND within 6 feet of a person who tested positive for COVID-19, 48 hours before they started with symptoms or had symptoms.	MEDIUM RISK	HIGH VALUE http://bluefishmd.com/wp-content/uploads/2020/06/6.22.2020-COVID-19-Testing-FacilitiesC.pdf	MEDIUM VALUE https://bluefishmd.com/wp-content/uploads/2020/05/5.20.20-Updated-COVID-Antibody-Handout.pdf	STRONGLY CONSIDER Mandatory mask wearing around others for 14 days minimum
Sustained close contact within the same room at work, school, or home with person who tested positive for COVID-19.	HIGH RISK	HIGH VALUE http://bluefishmd.com/wp-content/uploads/2020/06/6.22.2020-COVID-19-Testing-FacilitiesC.pdf	MEDIUM VALUE https://bluefishmd.com/wp-content/uploads/2020/05/5.20.20-Updated-COVID-Antibody-Handout.pdf	MANDATORY Should not go to work or school/daycare or be around others for 14 days minimum.*

Please note if both parties were wearing masks it significantly reduces the risk of transmission in all scenarios.

* 14-day quarantine should begin from testing date (not when results received) or if no test completed, then quarantine should begin from first day of observed symptoms

Reference Number: 132B

Department: ALL

PREVIOUS – 6.26.2020 Exposure to COVID-19 Triage Chart

CURRENT – 8.14.2020 Exposure to COVID-19 Triage Chart

EXPOSURE TO COVID-19 TRIAGE CHART

DISCLAIMER: THIS CHART IS TO ASSIST IN COUNSELING AND IS NOT DEFINITIVE

Scenario	Risk Factor	Nasopharyngeal Swab	Antibody Test	Quarantine
Briefly walking by a person who tested positive for COVID-19 and was not experiencing symptoms.	MINIMAL RISK	LOW VALUE	LOW VALUE	NOT NECESSARY Highly suggest to wear mask around others.
Briefly being in the same room AND within 6 feet of a person who tested positive for COVID-19, 48 hours before they started with symptoms or had symptoms.	LOW RISK	MEDIUM VALUE http://bluefishmd.com/wp-content/uploads/2020/06/6.22.2020-COVID-19-Testing-FacilitiesC.pdf	LOW VALUE	NOT NECESSARY Mandatory mask wearing around others for 14 days minimum.
Prolonged close contact (15 minutes or longer) AND within 6 feet of a person who tested positive for COVID-19, 48 hours before they started with symptoms or had symptoms.	MEDIUM RISK	HIGH VALUE http://bluefishmd.com/wp-content/uploads/2020/06/6.22.2020-COVID-19-Testing-FacilitiesC.pdf	MEDIUM VALUE https://bluefishmd.com/wp-content/uploads/2020/05/5.20.20-Updated-COVID-Antibody-Handout.pdf	STRONGLY CONSIDER Mandatory mask wearing around others for 14 days minimum.
Sustained close contact within the same room at work, school, or home with person who tested positive for COVID-19.	HIGH RISK	HIGH VALUE http://bluefishmd.com/wp-content/uploads/2020/06/6.22.2020-COVID-19-Testing-FacilitiesC.pdf	MEDIUM VALUE https://bluefishmd.com/wp-content/uploads/2020/05/5.20.20-Updated-COVID-Antibody-Handout.pdf	MANDATORY Should not go to work or school/daycare or be around others for 14 days minimum.* Other family members need only quarantine if the original quarantined individual becomes symptomatic or has a positive test.

Please note if both parties were wearing masks it significantly reduces the risk of transmission in all scenarios.

* https://bluefishmd.com/wp-content/uploads/2020/07/Home-IsolationQuarantine-Release-Graphic_FINAL_2nd_Chart.pdf

Reference Number: 132C

Department: ALL

PREVIOUS – 8.14.2020 Exposure to COVID-19 Triage Chart

CURRENT – 11.24.2020 Exposure to COVID-19 Triage Chart

EXPOSURE TO COVID-19 TRIAGE CHART

Scenario	Risk Factor	PCR Test	Antigen Test	Quarantine
Briefly walking by a person who tested positive for COVID-19 and was not experiencing symptoms.	MINIMAL RISK	LOW VALUE	LOW VALUE	NOT NECESSARY Highly suggest to wear mask around others
In the same room for less than 15 minutes AND within 6 feet of a person who tested positive for COVID-19, 48 hours before the test of onset of symptoms.	LOW RISK	MEDIUM VALUE https://bluefishmd.com/wp-content/uploads/2020/09/8.28.2020-COVID-19-Testing-Facilities-for-Website.pdf	LOW VALUE	NOT NECESSARY Mandatory mask wearing around others for 14 days minimum
In the same room within 6 feet for a cumulative of 15 minutes or longer over a 24 hours period, 48 hours before the close contact started symptoms or had symptoms.	HIGH RISK	HIGH VALUE https://bluefishmd.com/wp-content/uploads/2020/09/8.28.2020-COVID-19-Testing-Facilities-for-Website.pdf	MEDIUM VALUE	MANDATORY FOR NON HEALTHCARE WORKERS
Sustained close contact for a cumulative of 15 minutes or longer within the same room at work, school, or home with person who tested positive for COVID-19.	HIGHEST RISK	HIGH VALUE https://bluefishmd.com/wp-content/uploads/2020/09/8.28.2020-COVID-19-Testing-Facilities-for-Website.pdf	MEDIUM VALUE	MANDATORY Should not go to work or school/daycare or e around others for 14 days minimum. * Other family members need only quarantine if the original quarantined individual becomes symptomatic or has a positive test.

Please note if both parties were wearing masks it is likely to significantly reduce the risk of transmission in all scenarios.

*https://bluefishmd.com/wp-content/uploads/2020/07/Home-IsolationQuarantine-Release-Graphic_FINAL_2nd_Chart.pdf

Reference Number: 132D

Department: ALL

PREVIOUS – 11.24.2020 Exposure to COVID-19 Triage Chart

CURRENT – 12.07.2020 Exposure to COVID-19 Triage Chart

EXPOSURE TO COVID-19 TRIAGE CHART

Scenario	Risk Factor	PCR Test	Antigen Test	Quarantine
Briefly walking by a person who tested positive for COVID-19 and was not experiencing symptoms.	MINIMAL RISK	LOW VALUE	LOW VALUE	NOT NECESSARY Highly suggest to wear mask around others
In the same room for less than 15 minutes AND within 6 feet of a person who tested positive for COVID-19, 48 hours before the test of onset of symptoms.	LOW RISK	MEDIUM VALUE https://bluefishmd.com/wp-content/uploads/2020/09/8.28.2020-COVID-19-Testing-Facilities-for-Website.pdf	LOW VALUE	NOT NECESSARY Mandatory mask wearing around others for 14 days minimum
In the same room within 6 feet for a cumulative of 15 minutes or longer over a 24 hours period, 48 hours before the close contact started symptoms or had symptoms.	HIGH RISK	HIGH VALUE https://bluefishmd.com/wp-content/uploads/2020/09/8.28.2020-COVID-19-Testing-Facilities-for-Website.pdf	MEDIUM VALUE	MANDATORY FOR NON HEALTHCARE WORKERS
Sustained close contact for a cumulative of 15 minutes or longer within the same room at work, school, or home with person who tested positive for COVID-19.	HIGHEST RISK	HIGH VALUE https://bluefishmd.com/wp-content/uploads/2020/09/8.28.2020-COVID-19-Testing-Facilities-for-Website.pdf	MEDIUM VALUE	MANDATORY Should not go to work or school/daycare or be around others for 14 days minimum. * For shorter quarantine information click here . Other family members need only quarantine if the original quarantined individual becomes symptomatic or has a positive test.

Please note if both parties were wearing masks it is likely to significantly reduce the risk of transmission in all scenarios.

https://bluefishmd.com/wp-content/uploads/2020/07/Home-IsolationQuarantine-Release-Graphic_FINAL_2nd_Chart.pdf

Updated 12/7/20

Reference Number: 133

Department: ALL

PREVIOUS – NA

CURRENT – 6.19.2020 Memo on Valve Masks (with Article)

Blue Fish Pediatrics

Memo

To: Physicians and Staff

From: Management

Date: 6/17/20

We will no longer allow parents or patients to use valve masks while in office. If a family comes in wearing valve masks, they will need to switch to a cloth mask provided by the front office. If they refuse to remove the valve mask, they can continue to wear it as long as they wear a cloth mask over it.

Studies show that valve masks do protect the wearer, by filtering the air inhaled. However, it does not protect those around them. The air exhaled is not filtered and can possibly carry COVID-19 viral particles and may propel these particles further.

There is an article attached that can be given to the parents if there is any push back.

May 26, 2020 | Kevin Hunt (https://healthnewshub.org/author/kevin_hunt_admin/)

Do NOT Use a Mask With a Filtered Valve (It Can Spread COVID-19)

It's easy to spot a mask that could put anyone who comes within 6 feet of the wearer at risk of COVID-19 exposure. Look for a little plastic valve.

These are known as one-way valves, with the filter functional only in one direction. As you inhale, the incoming air is filtered. As you exhale, the outgoing mixture of carbon dioxide, oxygen, water vapor and, yes, possibly COVID-19 viral particles releases unfiltered. The San Francisco Department of Public Health actually tweeted a warning that these masks "may actually propel your germs further." It prohibited them in its original public health order requiring masks or other face covering during the pandemic.

Before COVID-19, people would buy these masks for DIY projects like installing fiberglass insulation, sweeping a dusty garage, sanding an old bookcase or removing mildew or efflorescence — a white, powdery substance — from basement walls. A valveless N95 became a coveted personal protective equipment for healthcare professionals during the pandemic. A valved N95 mask became a potential menace.

So what's the attraction? Two possibilities: An N95 respirator with an exhalation valve offers the same protection to the wearer as one without a valve, says the Centers for Disease Control and Prevention, and the valve makes it easier to breathe. Some people also say the mask keeps their face cooler and reduces moisture buildup.

In a healthcare setting, however, these masks are unacceptable.

They should not be used, says the CDC, "where a sterile field must be maintained (e.g., during an invasive procedure in an operating or procedure room) because the exhalation valve allows unfiltered exhaled air to escape into the sterile field."

Valved masks are advertised frequently online and often look both functional and fashionable. The buyer, meanwhile, probably doesn't know they defeat the intended purpose — to protect other people.



The CDC recommends cloth face coverings in public when it's difficult to maintain 6-foot social distancing. (To read more about why a cloth mask is even better than a surgical mask, click [here](https://healthnewshub.org/health-news-hub-top-news/cloth-mask-vs-surgical-mask-vs-n95-how-effective-is-each/).) An N95 mask offers the best protection, but these masks have been reserved for healthcare professionals during the pandemic.

Washing your hands frequently and maintaining physical distancing remain the best ways out of this pandemic. A mask, without a valve, worn in public is the final piece. It shows you care about other people's health, too.

Need to see your doctor? New Patient? For more information about Hartford HealthCare virtual health visits, click [here](https://hartfordhealthcare.org/services/virtualhealth) (<https://hartfordhealthcare.org/services/virtualhealth>).

Click [here](https://www.gohealthuc.com/connecticut/virtual-visits) (<https://www.gohealthuc.com/connecticut/virtual-visits>) to schedule a virtual visit with a Hartford HealthCare-GoHealth Urgent care doctor. Find out more about COVID-19 antibody tests [here](#)

Reference Number: 134

Department: ALL

PREVIOUS – NA

CURRENT – 6.24.2020 Memo on Patients Wearing Masks

Blue Fish Pediatrics

Memo

To: Doctors and all staff
From: Management
Date: June 24, 2020
Re: Masks

Per the CDC children over the age of two years old should wear a mask when out in public. However, we know all too well that most younger children will not keep a mask on the whole time they are in clinic. All we can do is encourage them to keep it on.

Reference Number: 135

Department: ALL

PREVIOUS – NA

CURRENT – 7.01.2020 Employee Self-swab Protocol

COVID-19 Employee Self Swabbing SOP

We have decided to do employee self-swabbing at one centralized location due to supply shortages and it's easier to make sure one office has the correct amount.

To ensure that we do not expose the patients and the staff, we are requiring that the self-swab be done in the employee's vehicle. We are also requiring this be done in the afternoon when the office is not as busy.

The employee can text Devin at 832-567-9074 or call the office at 713-467-1741 ext. 1208, to let them know you have arrived. If Devin, Erica, Ginnie and Victor are available, they will bring the swab downstairs and wait for the employee to perform the self-swab. If they are not available, please stay in your vehicle until they are. To ensure the swab is done properly, the employee will need to be observed, from a distance, while swabbing themselves.

Once the sample is collected, it should be labeled, and put in a specimen bag with the lab slip. Refrigeration is not required. It can be picked up at the end of the day with the rest of the lab samples.

This is only for employees whose manager has deemed it necessary to be tested in order to return to work, or for employees who have been exposed to COVID-19 while at work. Due to the limited number of swabs that we need to reserve for in-house use, employees wanting a swab done for their own personal reasons need to go to one of our testing sites.

How to perform a self-swab

1. Open the individual collection package and remove the swab and the viral transport tube.
2. Open the collection swab by peeling open the top of the wrapper. Remove the swab, make sure you do not touch the tip of the swab or lay it down.
3. Hold the swab in the middle of the shaft across the score line
4. Gently insert the swab into the nostril, keeping the swab near the septum floor of the nose while gently pushing the swab into the post nasopharynx. The swab should be inserted about half the distance from the opening of the nostril to the ear.
5. Rotate the swab several times. If the swab tip is saturated with fluid from the first nostril it is not necessary to swab both nostrils. If the swab is not saturated with fluids from the first nostril, repeat step 4.
6. While holding the swab with the same hand, and while making sure you do not touch the tip of the swab or lay it down, remove the cap from the tube.
7. Insert the swab into the tube with the transport medium.
8. Break the swab shaft at the score line, and discard the top portion.
9. Replace the cap and close tightly.

Reference Number: 136

Department: ALL

PREVIOUS – NA

CURRENT – 7.01.2020 Memo on Lunch Break Safety

Blue Fish Pediatrics

Memo

To: Physicians and all staff
From: Management
Date: 7/1/20
Re: Safety during the lunch break

To ensure the safety of all staff members during the lunch break, we are requesting that you all try to sit in groups no larger than 3 people. Keep a distance of at least 6 ft. apart, if possible. We also ask that you sit outside, if possible. If sitting outside is not an option, then we ask that you eat in separate exam rooms and clean the room well before and after eating.

Reference Number: 136A

Department: ALL

PREVIOUS – 7.01.2020 Updated Memo on Lunch Break Safety

CURRENT – 7.10.2020 Updated Memo on Lunch Break Safety

Blue Fish Pediatrics

Memo

To: Physicians and all staff
From: Management
Date: 7/10/20
Re: Safety during the lunch break

Over the past couple weeks, we have seen an increased amount of positive cases within the Blue Fish staff. In order to ensure the safety of all staff members during the lunch break while in our office, we are strictly enforcing that you sit in groups no larger than 3 people. Keep a distance of at least 6 ft. apart, if possible. We also ask that you sit outside, if possible. If sitting outside is not an option, then we ask that you eat in separate exam rooms and clean the room well before and after eating.

If you want/need to eat a snack, you must do so in the breakroom. Let your supervisor know before heading to the breakroom.

We are also strictly enforcing wearing masks. Please enter the office with your mask on and keep it on until you are back in your car. The only time your mask may be off is when you are taking a drink or while eating.

If you are seen without your mask or eating with more than 3 people, you will be given a disciplinary action report.

Reference Number: 136B

Department: ALL

PREVIOUS – 7.10.2020 Updated Memo on Lunch Break Safety

CURRENT – 04.01.2021 Updated Memo on Lunch Break Safety

Blue Fish Pediatrics

Memo

To: Physicians and all staff
From: Management
Date: 7/1/20
Re: Safety during the lunch break

To ensure the safety of all staff members during the lunch break, we are requesting that you all try to sit in groups no larger than 3 people. Keep a distance of at least 6 ft. apart, if possible. We also ask that you sit outside, if possible. If sitting outside is not an option, then we ask that you eat in separate exam rooms and clean the room well before and after eating.

Revision 4.1.21


All offices, except Cypress, will no longer be required to follow this protocol. All staff who covers at Cypress will be required to follow this protocol.

Reference Number: 137

Department: ALL

PREVIOUS – NA

CURRENT – 7.06.2020 Your Risk for COVID-19 Chart



AN AFFILIATION WITH
**Children's
MEMORIAL
HOSPITAL**

**YOUR RISK
FOR COVID-19**

If you believe you have come into contact with someone in the community who has been diagnosed with COVID-19, here is how you can determine your risk for contracting the virus.

LOWEST RISK	BRIEFLY WALKING BY A PERSON WHO TESTED POSITIVE FOR COVID-19 AND WAS NOT EXPERIENCING SYMPTOMS.
LOW RISK	BEING IN THE SAME ROOM AS A PERSON WHO TESTED POSITIVE FOR COVID-19, HAD SYMPTOMS AND YOU WERE LESS THAN SIX FEET APART FOR 15 MINUTES OR LONGER.
MEDIUM RISK	SUSTAINED CLOSE CONTACT (15 MINUTES OR LONGER) WITHIN SIX FEET OF A PERSON WITH COVID-19 WHILE THEY HAD SYMPTOMS.
HIGHEST RISK	CLOSE HOUSEHOLD CONTACT WITH A PERSON WHO TESTED POSITIVE FOR COVID-19.

If you are experiencing symptoms, contact your healthcare provider.


Information about COVID-19 is available at www.cdc.gov and also on our website <https://bluefishmd.com/services/covid-19/>

Reference Number: 137A

Department: ALL

PREVIOUS – 7.06.2020 Your Risk for COVID-19 Chart

CURRENT – 7.07.2020 Your Risk for COVID-19 Chart



YOUR RISK
FOR COVID-19

If you believe you have come into contact with someone in the community who has been diagnosed with COVID-19 here is how you can determine your risk for contracting the virus.

LOWEST RISK	BRIEFLY WALKING BY A PERSON WHO WAS NOT EXPERIENCING SYMPTOMS.
LOW RISK	BEING IN THE SAME ROOM WITH SOMEONE WHO HAD SYMPTOMS AND WERE MORE THAN SIX FEET APART FOR 15 MINUTES OR LESS.
MEDIUM RISK	SUSTAINED CLOSE CONTACT WITHIN SIX FEET FOR 15 MINUTES OR LONGER WHILE THEY HAD SYMPTOMS.
HIGHEST RISK	SHARE THE SAME HOUSEHOLD

If you are experiencing symptoms, contact your healthcare provider.

Information about COVID-19 is available at www.cdc.gov and also on our website <https://bluefishmd.com/services/covid-19/>

Reference Number: 138

Department: ALL

PREVIOUS – NA

CURRENT – 7.06.2020 Memo on Newborns born to COVID Positive Moms

Blue Fish Pediatrics

Memo

To: Physicians and all Staff
From: Management
Date: July 2, 2020
Re: Newborn Protocol

For newborns that are born to moms that test positive for COVID-19:

Before the appointment, the front office should instruct the parents to email the patient registration and all of the necessary paperwork required for the first visit. This will allow a smooth sign in process and no wait time in the waiting room.

Due to the high risk of COVID-19, the front office will schedule an appointment for the end of the day. The mom will be informed that it is required for her to wear a surgical mask and a face shield while in the building during the appointment. The mom will also be informed to call the front office once she has arrived in the parking lot to let us know she has arrived. When an appointment is made and the mom has arrived, the front office will inform the doctor verbally the patient has arrived. The patient and family should wait in the car until they are asked to come inside. All staff and doctors are required to wear full PPE for the visit. Once the mom has signed in, the patient needs to be brought back to the exam room immediately. There should be no wait time in the waiting room once the patient has signed in. After the appointment, the back office MA needs to wipe down the room thoroughly.

Reference Number: 139

Department: Back Office

PREVIOUS – NA

CURRENT – 7.17.2020 COVID-19 Lab Order SOP

COVID-19 Lab Order SOP

Testing with UT Physicians (lab slip and appointment required)

1. If the patient meets the current testing criteria on <https://www.readyharris.org/Get-Tested>, the physician will order COVID-19 test on the billing sheet.
 2. An MA will create a lab slip, print it out and then hand it to the front office, informing them that it's for COVID-19 testing. **DO NOT PLACE IN THE "TO BE PROCESSED" SCAN TRAY**
 3. The front office will scan the lab slip into the patient documents and assign it to "Referrals, UTP."
 4. The front office will then call the UTP Referral line at 713-486-5224, to let them know a lab slip was sent.
 5. The UTP referral coordinator will contact the parents to schedule the testing appointment.
 6. The patient should show up to their testing site during their scheduled appointment time, in their vehicle, and photo ID ready. They will need to stay in their car for testing.
 7. The ordering physician will receive the lab results through ECW.
- Cash pay patients will be charged \$67 for the test. For patients with insurance, the lab will bill their insurance. Accepts all major insurances and Medicaid except TCHIP, Tx Star and T-START KIDS. Only schedules a week in advance. No age limitations or requirements.**

Test with Memorial Hermann Urgent Care (lab slip and appointment required)

1. If the patient meets the current testing criteria on <https://www.readyharris.org/Get-Tested>, the physician will order COVID-19 test on the billing sheet, or if a parent calls and would like to use Memorial Hermann Urgent Care to have patient tested for any reason.
2. An MA will create a lab slip, print it out and have the front office email the lab slip to the parents along with the instructions on how to schedule an appointment through Memorial Hermann Urgent Care clockwise scheduling. The parent will schedule the appointment for the patient through the clockwise scheduling.
3. Test results will be returned to the ordering physician and will be available within our Quest accounts. The patient can also receive their test results by logging into their Everyday Well Account, or by visiting <https://myquestquestdiagnostics.com/web/home>
4. Specimen Collection Age Limits:
 - 0-6 months: West University Urgent Care only
 - 6 months and older: All Urgent Care Clinics

There is no charge at the time of the specimen collection, however, cash pay patients will receive a bill from Quest and commercial patients will receive a bill for any portion not paid by their insurance.

Reference Number: 139A

Department: Back Office

PREVIOUS – 7.17.2020 COVID-19 Lab Order SOP

CURRENT – 8.3.2020 Updated COVID-19 Lab Order SOP

COVID-19 Lab Order SOP

Testing with UT Physicians (lab slip and appointment required)

1. If the patient meets the current testing criteria on <https://www.readyharris.org/Get-Tested>, the physician will order COVID-19 test on the billing sheet.
 2. An MA will create a lab slip, print it out, write at the top of the lab slip "send to UT pathology."
 3. The MA will hand the lab slip to the front office, informing them that it's for COVID-19 testing. **DO NOT PLACE IN THE "TO BE PROCESSED" SCAN TRAY**
 4. The front office will scan the lab slip into the patient documents and assign it to "Referrals, UTP."
 5. The front office will then call the UTP Referral line at 713-486-5224, to let them know a lab slip was sent.
 6. The UTP referral coordinator will contact the parents to schedule the testing appointment.
 7. The patient should show up to their testing site during their scheduled appointment time, in their vehicle, and photo ID ready. They will need to stay in their car for testing.
 8. The MA will create an action and set the due date for 4 days out.
 9. When the action is due, the MA will log into UT Pathology to see if results are available.
 10. If results are available, the MA will print them out and give them to the front office to scan and assign to the ordering physician. If the results are not available, the MA will set the action due date out another day.
 11. The ordering physician will receive the lab results through their D Jelly bean in ECW.
- Cash pay patients will be charged \$67 for the test. For patients with insurance, the lab will bill their insurance. Accepts all major insurances and Medicaid except TCHIP, TxStar and T-START KIDS. Only schedules a week in advance. No age limitations or requirements.**

Test with Memorial Hermann Urgent Care (lab slip and appointment required)

1. If the patient meets the current testing criteria on <https://www.readyharris.org/Get-Tested>, the physician will order COVID-19 test on the billing sheet, or if a parent calls and would like to use Memorial Hermann Urgent Care to have patient tested for any reason.
2. An MA will create a lab slip, print it out and have the front office email the lab slip to the parents along with the instructions on how to schedule an appointment through Memorial Hermann Urgent Care clockwise scheduling. The parent will schedule the appointment for the patient through the clockwise scheduling.
3. Test results will be returned to the ordering physician and will be available within our Quest accounts. The patient can also receive their test results by logging into their Everyday Well Account, or by visiting <https://myquest.questdiagnostics.com/web/home>
4. Specimen Collection Age Limits:
 - 0-6 months: West University Urgent Care only
 - 6 months and older: All Urgent Care Clinics

There is no charge at the time of the specimen collection, however, cash pay patients will receive a bill from Quest and commercial patients will receive a bill for any portion not paid by their insurance.

Reference Number: 140

Department: Front Office

PREVIOUS – NA

CURRENT – 7.24.2020 Memo on Front Office Enforcing One Adult per Patient

Blue Fish Pediatrics

Memo

To: Physicians and all Staff
From: Management
Date: July 23, 2020
Re: Front Office asking at Check-in for one parent only

To continuously ensure a healthy and safe environment for patients and staff during the COVID-19 pandemic, we are only allowing one visitor or caregiver to accompany the patient to the appointment except for a newborn visit, two-fers, and three-fers. The movement of visitors in the practice should be restricted. If a patient shows up with more than one visitor or caregiver (grandparents, aunts, uncles, etc), please inform the parent of our policy and politely ask them to wait outside in the hallway or in their car.

If the parent asks if they can wait in the waiting room, it can be allowed as long as the parent is wearing a face mask and adhere to social distancing. If the parent pushes back and asks for both parents to be there during the appointment, the receptionist will quickly check in the back to see if the doctor is available and ask the doctor if it is ok. If the doctor is not available, the receptionist will write on a post-it, "Both parents want to be in the room" and attach it to the billing sheet. When an MA comes to the front to pull the patient, the MA will call the patient back and will ask the other parent to wait. As soon as we get an answer from the physician, we will inform the front desk and have them call the parent to let them know.

Front office staff: When scheduling or making a reminder call, please continue asking parents to only have one parent bring the patient into the office.

Please note this is only for participating providers. For non-participating providers, if you feel comfortable having more than one visitor or caregiver in the room during a patient's visit, you do not need to enforce this memo.

Reference Number: 141

Department: Back Office

PREVIOUS – NA

CURRENT – 5.29.2020 MH Registration for COVID-19 Testing (2 pages)

Clockwise Registration for COVID-19 Test Sample Collection

MEMORIAL HERMANN URGENTCARE

Enter the Patient's first name and last name.

The nearest date/time will be pre-populated. If a different date/time is preferred, select it. Please note: the only dates available will be today or tomorrow.

Enter the patient's preferred email address.

Enter the patient's cell phone number.

Enter the patient's date of birth.

Under "Is the patient experiencing any of the following severe symptoms?", select "No".

Within Chief Complaint, type the test(s) being ordered:

- COVID-19 NAA
- COVID-19 IgG

Review the acknowledgements with the patient and select them.

Click "Confirm me!"

Please inform the patient that the time given is not an appointment time, but a best estimation on when their sample will be collected. Due to patient emergencies, their time may be delayed but will receive updates via text.

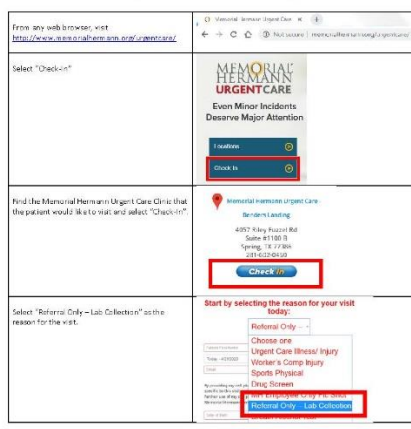
Reference Number: 141A

Department: Back Office

PREVIOUS – NA

CURRENT – 7.17.2020 MH Registration for COVID-19 Testing (2 pages)

Clockwise Registration for COVID-19 Test Sample Collection




From any web browser, visit <http://www.memorialhermann.org/urgentcare/>.

Select "Check-in"

Find the Memorial Hermann Urgent Care Clinic that the patient would like to visit and select "Check in"

Select "Referral Only – Lab Collection" as the reason for the visit



Enter the Patient's first name and last name.

The access deadline will be prepopulated. If a different deadline is preferred, select it. Please note the city dates available will be today or tomorrow.

Enter the patient's preferred email address.

Enter the patient's cell phone number.

Enter the patient's date of birth.

Under "Is the patient experiencing any of the following severe symptoms?" select "No".

Within Chief Complaint, type the test(s) being ordered:

COVID-19 RNA

Review the acknowledgements with the patient and accept them.

Click "Confirm me!"

Please inform the patient that the time given is not an appointment time, but a best estimation on when their sample will be collected. Due to patient emergencies, their time may be delayed but will receive a telephone call.

Reference Number: 142

Department: ALL

PREVIOUS – NA

CURRENT – 8.22.2020 CDC Daycare RI Info

The following is an epidemiologist's summary of the 8/21/20 CDC report on Rhode Island daycare COVID transmission.

Punchline: if you follow strict guidelines, daycares can operate with minimal spread.

On June 1, Rhode Island opened up daycares with strict guidelines.

As of July 31, 666 of 891 (75%) programs were approved to reopen, with a capacity for 18,945 children. This represents 74% of the state's January 2020 childcare program population.

So, from June 1 to July 31, what happened in terms of COVID19 cases and spread?

- VERY few cases: 33 confirmed cases and 19 probable cases in the entire state.
- Among the 52 cases, 58% were children and 42% were adults.
- 39 (75%) cases occurred from mid- to late July, when incidence in the state was increasing.
- 4 daycare programs had spread beyond a single case. 20 programs had a single case with no secondary transmission.

The 4 programs with spread basically did not follow state guidelines:

- **1st program:** 10 confirmed cases (five children, four staff members, and one parent).
- **2nd program:** 3 confirmed cases were identified from a single classroom.
- **3rd program:** 2 cases with symptom onset dates indicating potential transmission; however, no epidemiologic link was identified.
- **4th program:** 2 cases (one staff member and one child). The staff member moved among all the classrooms, exposing adults and children in the entire program, which was subsequently closed.

Translation:

Non-pharmaceutical public health interventions work! Especially when community transmission is down. The cases slightly increased as community spread increased, but this is expected. The key is to ensure that daycares and schools are not creating NEW hotspots.

The following guidelines seemed to work to reduce spread in daycare:

1. Reduced enrollment (initially max 12 persons; increased to 20 on June 29)
2. Stable groups (staff and students did not switch between groups) in physically separated spaces
3. Universal use of masks for adults
4. Daily symptom screening of adults and children
5. Enhanced cleaning and disinfection

Hope this helps while making daycare decisions!

Link to CDC study:

https://www.cdc.gov/mmwr/volumes/69/wr/mm6934a2.htm?s_cid=mm6934a2_e&deliveryName=USCDC_921-DM435954&fbclid=IwAR0b5K8jr6Qmu4Z0DuVY01KtdeICkAhVC7W4C1JAnPhko7apJmkGj2_s8

Reference Number: 143

Department: ALL

PREVIOUS – NA

CURRENT – 8.25.2020 Mask Exemption Note Policy (see website)

Reference Number: 144

Department: Back Office and MDs

PREVIOUS – NA

CURRENT – 4.05.2021 COVID-19 Vaccine Waiver Memo + Waiver Form

Blue Fish Pediatrics

Memo

To: Doctors and MAs
From: Management
Date: April 5, 2021
Re: COVID vaccines

Updated memo: The MA will hand the waiver to the parent at the beginning of the visit and if the patient has not received their covid vaccine, the parent will sign it. If the patient has already received the vaccine, the MA should confirm and document the date in ecw and the parent will not need to sign the waiver.

Starting immediately, the MAs will ask the if the patient has received a COVID-19 vaccine at WCC for patients 16 and older. If they don't have the official record, document it in the HPI section. Then, once we get the official record, it should be added into ecw like an normal vaccine. The CDC guidelines say no other vaccination should be given 14 days prior or 14 days post COVID-19 vaccine. The MA will document the COVID-19 vaccine in the patient's chart in ecw. Please see below recommendation pulled from the CDC website.

Coadministration with other vaccines

None of the currently authorized COVID-19 vaccines are live virus vaccines. Because data are lacking on the safety and efficacy of COVID-19 vaccines administered simultaneously with other vaccines, the vaccine series should routinely be administered alone, with a minimum interval of 14 days before or after administration of any other vaccine. However, COVID-19 and other vaccines may be administered within a shorter period in situations where the benefits of vaccination are deemed to outweigh the potential unknown risks of vaccine coadministration (e.g., tetanus-toxoid-containing vaccination as part of wound management, rabies vaccination for post-exposure prophylaxis, measles or hepatitis A vaccination during an outbreak) or to avoid barriers to or delays in to COVID-19 vaccination (e.g., in long-term care facility residents or healthcare personnel who received influenza or other vaccinations before or upon admission or onboarding). If COVID-19 vaccines are administered within 14 days of another vaccine, doses do not need to be repeated for either vaccine.

BLUE FISH
PEDIATRICS
www.bluefishmd.com

Patient Name: _____ Date of Birth: _____

Excerpt from the CDC website:

<https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>

Co-administration with other vaccines

None of the currently authorized COVID-19 vaccines are live virus vaccines. Because data are lacking on the safety and efficacy of COVID-19 vaccines administered simultaneously with other vaccines, the vaccine series should routinely be administered alone, with a minimum interval of 14 days before or after administration of any other vaccine. However, COVID-19 and other vaccines may be administered within a shorter period in situations where the benefits of vaccination are deemed to outweigh the potential unknown risks of vaccine coadministration (e.g., tetanus-toxoid-containing vaccination as part of wound management, rabies vaccination for post-exposure prophylaxis, measles or hepatitis A vaccination during an outbreak) or to avoid barriers to or delays in to COVID-19 vaccination (e.g., in long-term care facility residents or healthcare personnel who received influenza or other vaccinations before or upon admission or onboarding). If COVID-19 vaccines are administered within 14 days of another vaccine, doses do not need to be repeated for either vaccine.

My child has not received the COVID-19 vaccine in the past 14 days. I also acknowledge that my child should wait 14 days after receiving any other type of vaccines before receiving the COVID-19 vaccine.

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____ Date: _____

Revised 4.19.2021

Reference Number: 145

Department: Back Office and MDs

PREVIOUS – NA

CURRENT – 4.27.2021 COVID Positive Return to Play Guidelines

COVID-19 POSITIVE RETURN TO PLAY GUIDELINE

All children and adolescents who are COVID-19 positive, once asymptomatic, should seek clearance from their PCP prior to returning to athletic participation. This visit should occur after they are asymptomatic for a minimum of 24 hours off fever-reducing medicine, and have completed their 10-day quarantine period.

	ASYMPTOMATIC	MILD	MODERATE	SEVERE
Symptoms	None (no fever/ cough/ dyspnea/ diarrhea/ loss of taste)	Fever for <3 days, aches and pains, mild gastrointestinal illness	Fever > 100.4° F > 4 days, chills, cough, dyspnea, body aches, persistent chest pain, palpitations	Severe respiratory symptoms or MIS-C or heart failure/ myocarditis requiring inpatient management, +/- need or ventilator
Exercise (graded return)	10 days of no intense exercise since the positive test	10 days of no intense exercise since the positive test and a minimum of 24 hours of symptom-free period off fever-reducing medications	10 days - 4 weeks* of no intense exercise since the positive test and a minimum of 10 days of symptom-free period off fever-reducing medications	3-6 months of no intense exercise as per AHA myocarditis return to play guidelines
12 lead ECG		ECG**	ECG***	ECG****
Doctor visit prior to return to play for clearance	PCP	PCP	PCP/ pediatric cardiology	Pediatric cardiology consult
Referral to pediatric cardiology	If abnormal ECG or PPE or physical examination	If abnormal ECG or PPE or physical examination	If abnormal ECG or PPE or physical examination	Pediatric cardiology consult (inpatient and outpatient follow-up)

*Depending on symptoms and findings on additional testing

**Maybe indicated

***Likely indicated

****Definitely indicated

Source: <https://www.contemporarypediatrics.com/>

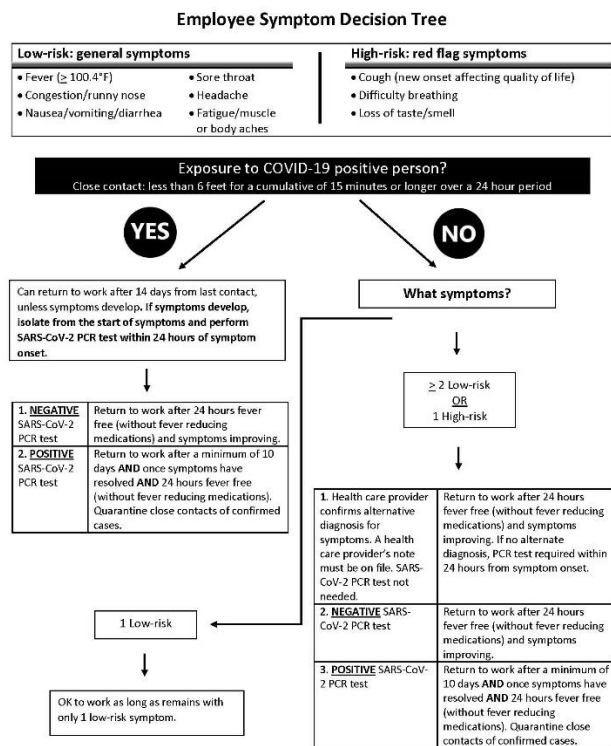
Created 4.27.21

Reference Number: 146

Department: All

PREVIOUS – NA

CURRENT – 11.20.2020 Employee Symptom Decision Tree

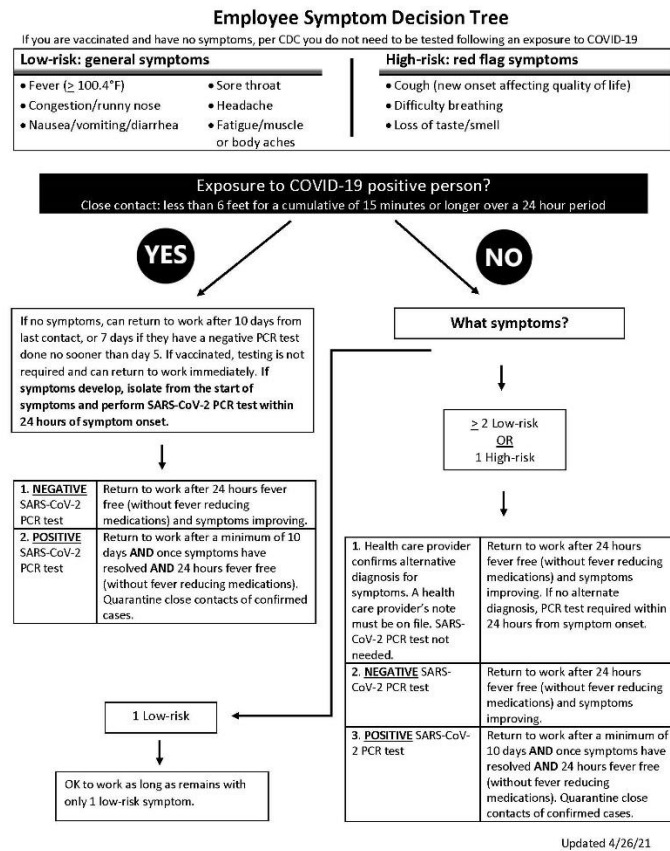


Reference Number: 146A

Department: All

PREVIOUS – 11.20.2020 Employee Symptom Decision Tree

CURRENT – 04.26.2021 Updated Employee Symptom Decision Tree



Reference Number: 147

Department: All

PREVIOUS – NA

CURRENT – 04.29.2021 Memo on Employee COVID Test and Their Time Off

Blue Fish Pediatrics

Memo

To: All staff
From: Management
Date: 4/29/21
Re: Employee COVID testing and their time off bank

Now that 83% of our staff is vaccinated and we've seen a drop in COVID cases in our area, we feel that it is time to start scaling back our COVID protocols. This includes employee time off for COVID testing due to symptoms.

For all staff members that are fully vaccinated and it has been at least 2 weeks since your last dose, you can continue to work while your COVID test is pending and throughout the duration of symptoms, as long as the employee feels well enough to work and as long as their symptoms are not distracting. Lavella and Lindsay will help determine whether or not the employee can stay at work or if they should go home.

For all staff members that are not fully vaccinated, they must stay home while test results are pending. If negative, they may return to work as long as the employee feels well enough to work and as long as their symptoms are not distracting. Lavella and Lindsay will help determine whether or not the employee can stay at work or if they should go home.

If any employee is cleared to stay at work by Lavella or Lindsay but decides they would like to stay home, these days will count against their time off bank.

If an employee's COVID test comes back positive, the days used for isolation will not count against their time off bank.

Any time used while the COVID test is pending, will not count against the employee, however any days used after a negative test result will count against their time off bank.