



MNCYN & LHSC COVID-19  
Weekly Paediatric Regional  
Teleconference Update  
Minutes



**Date: March 26, 2020  
1600-1630 hrs.**

**Moderators:** Leanne McArthur, Kristine Fraser

**Present:** Leanne McArthur (MNCYN), Kristine Fraser (MNCYN), Gwen Peterek (MNCYN), Anita Bunnie (MNCYN), Amanda Williams (LHSC), Kelly Finlayson (LHSC), Anna Gunz (LHSC), Tim Lynch (LHSC), Jennifer Oulette (GBHS), Colleen Ford (GBHS), Colleen Ouwendyk (GBHS), Jocelyn Patton-Audette (GBHS), Leanne Paton (WGH), Andrea McPherson (WGH), Alexandra Tilstra (WGH), Jill Schitka (NWH), Amanda Sonnenburg (Norfolk), Kerri Hannon (HPHA), Pam Murray (HPHA), Alissa Howe-Poisson (CKHA), Ian Johnston (CKHA), Wendy Edwards (CKHA), Krista Turner (BWH), Carrie Gavigan (BWH), Thomas Lecroix (BWH), Mary Rae (Hanover), Dana Howes (Hanover), Crystal Edwards (TBRHSC), Jackie Koufie (STEGH), Brandon Garant (WRH)

**Item #1: Welcome/Regional Updates, COVID-19 Cases (Leanne McArthur)**

**Discussion:**

- **Leanne McArthur (MNCYN):** Welcome
- **London:** 20 COVID-19 positive, 5 admitted to LHSC, majority from travel (7), 3 from close contact, no children at this time

**Action Items:** None

**Item #2: Children's Hospital, LHSC Updates**

**Discussion:**

- **Amanda Williams (LHSC):** Children's Hospital, LHSC Visitor policy has changed in keeping with other Children's hospitals in the province
  - **Update:** 2 parents/caregivers can be identified, may switch out every 24H
  - Ask that person coming in is feeling well & if they become sick while at hospital, they'll be asked to leave at that point
  - Effective March 27, 2020 for all of Children's Hospital
- **Leanne:** Have there been any simulations done at LHSC in relation to a paediatric patient? For example, a child being transferred into an inpatient room, to PCCU or requiring a surgical procedure?
- **Paediatric Inpatient Unit Simulation:**
  - **Amanda Williams/Sepi Taheri:** Decompensating child on inpatient unit requiring transfer to a negative pressure room & to PCCU
  - Had identified ahead of time which negative pressure room we would use & transport route so as to travel through a less occupied area on the unit
  - Transfer down to PCCU, went fairly smoothly



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- **Paediatric Critical Care Unit Simulation:**
  - **Anna Gunz:** Intubation simulation last week
  - From intubation perspective, a lot of the issues had to do with everyone knowing their roles & identifying risks
  - COVID-19 is a sticky organism, so had to think about what to do with not only the blade after intubation, but also laryngoscope handles
  - Wipe down using hospital wipes & seal in bag for 10H
  - Arrest kits created so resuscitation cart doesn't go into the room, helps decrease the amount of equip being cleaned/discarded
- **Paeds ED Simulation:**
  - **Tim Lynch:** COVID-19 positive child requiring intubation
  - Primary issue identified was use of PPE: using PPE, using it properly, this has significantly evolved, though it was initially a barrier, but now we have the buy-in and people are using it consistently and correctly
- **Anna Gunz:** Update related to the Transport Team:
  - May start transporting unknown COVID-19 status patients with high-flow & non-invasive ventilation
  - Actively trying to get this going – more information to come on this

**Action Items:**

- Post arrest kit contents list onto MNCYN website (Anita Bunnie)

**Item #3: MNCYN Updates (if applicable) (Leanne/Kristine)**

**Discussion:**

- **Kristine Fraser (MNCYN):** We would like to upload all minutes, documents & resources to MNCYN website instead of sending out an email after each T-Cons, thereby decreasing email frequency.
  - **Leanne:** Is there any feedback about moving forward with this? (no feedback)
  - Minutes will be separated into Perinatal & Paediatrics on MNCYN homepage (COVID-19 Resources link), allowing anyone to access the information
- **FAQ Document:** Evolving document which Gwen and I use to compile questions from the region. Will post to the MNCYN website every Friday afternoon and archive old copies
- **Please email any questions to Kristine or Gwen to get answers before next TCON**

**Action Items:**

- Minutes, documents & resources will be posted on MNCYN website ([link on homepage](#)) on Friday afternoons (Anita Bunnie)



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#### Item #4: Regional Q&A, Open Discussion

##### Questions

1. **Kristine:** Follow-up related to question from last week about Code Pinks & minimizing PPV. Are we still doing this or has anything changed?
  - **Tim Lynch:** Depends if child has arrested, what the oxygenation is...hi-ox masks may be appropriate & what most people are using, but if a child needs to be intubated or bagged, we would provide PPV \*use PPE
2. **Jackie Koufie, STEGH:** What are people doing about breastfeeding & skin-to-skin?
  - Question will be addressed in Perinatal T-Cons, but Kelly Finlayson will share a flowsheet LHSC has developed for NICU
3. **Tom Lacroix, BWH:** What are we going to do with croup? At BWH, we have substituted out most nebulized treatments, but what are we planning to do with croupers when we can't substitute?
  - **Sepi Taheri:** I have put this question out to our docs. In other places, such as Ottawa & Vancouver they have replaced nebulized Epi with MDI Epi, which is available in Canada & licensed as natural health product here. This doesn't involve aerosolizing which is helpful.
  - **Anna Gunz:** If we don't have an MDI, nebulized Epi can be a life-saving treatment, so do the best you can do, but you may need to use the nebulizer if you can't get the MDI.
  - **Tim Lynch:** If a patient needs nebulized Epi, we will move to a negative pressure room using proper PPE and give it. Nebulized Epi is probably over utilized for croup. IM Epi is another option to try, there is not a lot of literature out there, but it was used back in the day for severe asthma. Reflect on whether it is truly indicated and focus on steroids and decreasing the child's temperature if febrile. Steroids usually work, but does takes time.
4. **Tom Lacroix, BWH:** Does anyone know the dose for Epi MDI?
  - **(Added March 27/2020): The inhaled epinephrine is called Primatene MDI 125 mcg per puff. Dose to be administered is 2 puff q4 prn for croup to replace the nebulized epinephrine (Dr. Sepi Taheri, CH, LHSC)**

##### Discussion:

- **Leanne McArthur:** Have other organizations completed simulation in respect to paediatric patients?
  - a. **STEGH:** No



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- **HPHA, Stratford:** We completed one yesterday with a L&D patient. We found gaps with PPE & processes. Plan will be to do another with an intubation of both mom & baby, requiring moving to a neg. pressure room
- **BWH, Sarnia:** We did mock Code Orange a few weeks ago and as part of it, a regular Code Pink at same time, but it wasn't specific to COVID-19
- **GBHS, Owen Sound:** We did a mock Code Pink, including setting up the resuscitation room adjacent to the delivery, as an isolated intensive care nursery. Did find challenges & barriers within the space. Had to define anti-square (no anti-room) of space within the room itself. Considered neutral & dirty areas. We isolated mom in one area and baby in another. Had to sort through how to get clean items into the room & dirty items out. Defining those spaces was useful when setting up resusc. room.
  - Please email Kristine with your paediatric questions
  - Next T-Con: Tuesday, March 31 @ 4:00-4:30PM

**Action Items:**

- Sepi Taheri will forward Inhaled Epi information to Kristine Fraser
- Add Inhaled Epi information to MNCYN website when available (Anita Bunnie)
- Add questions to FAQ document, post on website Friday afternoon (Anita Bunnie)
- LHSC NICU Flowsheet posted on MNCYN website (Anita Bunnie)
- Leanne hoping to gain access to Ottawa area hospital who film their simulations, in which case we will post on the MNCYN website

**Adjournment:** 1625 hrs.