



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



Date: April 1, 2020
1500-1530 hrs.

Moderators: Leanne McArthur, Gwen Peterek

Present: Leanne McArthur (MNCYN), Gwen Peterek (MNCYN), Kristine Fraser (MNCYN), Henry Roukema (LHSC), Sheila Johnston (MNCYN), Alison Stevenson (LHSC), Tom LaCroix (BWH), Colleen Ford (GBHS), Jocelyn Patton-Audette (GBHS), Andrea Cassidy (Midwives of Essex Co) ? Dr. Ferguson (NGH-Simcoe)

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

Discussion:

- **Update of current status of Covid-19 cases**
 - London - 66 cases, 3 deceased, 8 resolved, 11 hospitalized at LHSC (increase of 14 cases since yesterday)
 - From the region:
 - Chatham 8 cases, 0 deaths
 - Windsor/Essex 92 cases 1 death
 - In close proximity to Windsor:
 - Michigan 7615 cases, 259 deaths
 - Detroit 2080 cases, 75 deaths
 - Lambton 39 cases, 4 deaths (also seeing higher numbers due to being a border town)
 - Ontario: 2392 cases (21.7% increase from previous report), 37 deaths, 689 resolved, 3135 people under investigation.

Stats show the number of cases and deaths are increasing numbers across the province.

- Leanne touched on three important areas of discussion in Ontario
 - 1) BORN Ontario – requesting specific data points relating to any Covid positive mom or babe. BORN does not have the ability to change their BIS, so will hope to capture data after the fact.
 - T-cons are scheduled for Thursday, April 2, 2020 from 12:00 to 1:00 p.m. (EST) and repeated on Monday, April 6, 2020 from 12:00 to 1:00 p.m. (EST).
 - Monica Poole (BORN coordinator) has forwarded the email to all the regional hospitals. The information will also be posted on the MNCYN website and can also be found on the [BORN Covid page](#).



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2) Rapid testing and screening –Leanne participated in T-cons with GTA noting that the fluid required for the Rapid Test is not yet available in Canada. The US has bought up all the available tests. A number of labs that have been set up and ready for rapid testing, once the assay becomes available in Canada. Return on test results are 8 minutes for a negative test and 13 minutes for a positive test. Will communicate to region when these labs are accepting samples.

3) Discussions have been occurring at LHSC regarding the region and spectrum of care - are there vulnerabilities? Some organizations may not be able to sustain their services. In that scenario, what are the contingency plans and have there been any strategies or conversations with neighboring hospitals as to how they might cope if divesting is needed for OB or paediatric cases. There has been dialogue across the region.

- (A. Cassidy – Essex midwife) Group of midwives in Essex county are meeting on Friday to have a conversation on how to best support each other so they can continue to provide home birth services, and in the community, if colleagues become sick. Requested the caller (A. Cassidy?) to share the strategy with us so that we can, in turn, support other groups.
 - Leanne sent out a request to the nursing leadership in the region asking for stats on the number of OBS/SCN/ Paeds admissions per week and the number ventilators and smart pumps, etc. Information is urgently requested as it will be useful for LHSC to proactively plan should an organization have an influx of patients and they need to divest. Gathering responses which will assist in being able to plan and strategize.
 - Midwife (unidentified) from small rural level I area noted that midwives had offered to cover the role of the physicians and OB nurses if needed. Leanne asked about guidelines or policies re scope of practice. Midwife stated their Scope of Practice would already allow them to do this. Funding is an issue with trying to push people through the program. cover that practice. Midwifery Association working with Ministry on this.
- **Action Items:**
 - Communicate to region when rapid test labs are accepting samples.

Item #2: LHSC Women's Care Updates (Stacey Laureano / Alison Stevenson)



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Discussion:

- No new updates from LHSC Women's care at this time

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

Discussion:

- Gwen – we continue to post things on MNCYN website, including:
 - BORN Data Request and Information regarding upcoming webinars
 - Updated neonatal management algorithms (LHSC)
 - St. Thomas Elgin General (4 algorithms) *Thank you to STEGH
 - Symptomatic infant
 - Asymptomatic infant
 - OBS patient
 - Paeds Unit Action Plan
 - PowerPoint re Importance and various facets of leadership during Covid pandemic
 - New COVID-19 screening tool being used at LHSC (Health Canada / Ontario Health). Now includes question on sore throat.
 - Several PowerPoint slides re labour analgesia (from Critical Care Association, OBS Anaesthesia Association, etc)
 - Update on LHSC PPE guidelines – now encouraging use of full-face shields to conserve masks). Also collecting used N95 masks with work in process on a strategy for decontaminating and re-processing N95.
- LHSC is now calling elective c-section and induction patients about 48 hrs in advance to do initial screening and then testing all who fail the screen (confirmed by S. Laureano)
- Q: Email question from Monika Marshall (LDMH) requesting information on whether newborn clinics are being canceled and whether early discharge is being encouraged (eg. 6 hrs)
A: (Henry Roukema) re: early discharge. LHSC is not encouraging early discharge to reduce the possibility of having to return for bilirubin and newborn screen
 - Tom LaCroix (BWH) also not encouraging early discharge to avoid more exposure and fear they won't return for follow up testing. If parents wish to take baby home early, they have to sign self out.
 - (Henry) If parents make an informed choice and will accept the risk they can sign off, including the risk of not doing the testing.
- (Leanne) – continuing to look at a variety of strategies if family physicians are required to go into hospital to provide direct care to a patient who has been admitted for Covid-



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19. What does community access look like. Also having dialogue with midwifery practices, having some strategies and be prepared

- (Leanne) LHSC is working on a discharge brochure for families. MNCYN is tweaking the document for the region with a lens for the ill mother or family members, suggesting different strategies to prevent transmission at home (eg. How to create homemade masks). Will include information on breastfeeding and pumping, cleaning and sterilization of pump equipment. Will embed this information into the brochure and post on website when available in the coming weeks.
- (Henry) has shared the updated neonatal management for asymptomatic newborns. Will share to MNCYN website

Action Items:

- **Post discharge brochure when available**
- **Share Neonatal Management for Asymptomatic Newborn guideline**

Item #4: Regional Q&A, Open Discussion

Questions:

1. Q: (Jocelyn - GBHS) OR and positive pressure. Owen Sound is treating every surgery as possible Covid, no one can move out of the OR after 36 minutes with cauterization or intubation. What are others doing – turning off positive pressure or not doing cautery? How are Code Pinks being managed?

A: (T. LaCroix - BWH) surgery volumes have gone down because of canceling elective procedures. Sarnia has converted one OR to neutral pressure room and then looked at air exchange times, so it drops it significantly. For a true Covid positive mom they would deliver in OR 3 and perform neonatal resuscitation in OR 4, which is not the usual area for newborn resuscitation. Low risk C-sections would be done still in the standard c-section room, where they can move within the area and using the ante room for NRP.

(Henry Roukema – LHSC) – similar issues at LHSC – IPAC determined that air circulation in the ORs is extremely high (30+ minutes). Toronto document for management around deliveries states babies should not be moved out for resuscitation, rather, resuscitation should be done within the OR. This was not feasible at LHSC, where a separate room has now been created (like BWH) for Covid positive moms. This is an ongoing issue and LHSC continue to working out strategies. Will be diligent in having moms self isolate as they get closer to their due date.

(T. Lacroix) BWH has really tried to shrink resuscitation teams to a bare minimum to reduce PPE use.



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Q: (H. Roukema) are you using enhanced PPE in c-section room?

A: (T. Lacroix) has flip-flopped in the past 36 hrs. BWH rates are the highest in the province. We are moving to assuming every patient is potential covid-19 positive. Had been using white waterproof gowns and N95 masks, but this has changed a few times since then.

Simulation (Leanne) – One of the Ottawa hospitals had done a code blue (could be used also for code pink) where staff were wearing regular PPE until needed to switch out / change. The length of time it takes to do that was surprising. Leanne will share the video.

Leanne asked if anyone else done any simulations and if so, would you please share with us.

- Stacey L (LHSC) – did one last week, but don't have notes yet. Was eye opening in terms of flow and process and alleviated some fears but has also opened up some new concerns / questions. The scenario was a covid mom with screening, proceeded to Triage, decompensated and then required PPE and was transferred to CCTC (ICU). Will share when report is available.
- T. Lacroix (BWH) had an actual case of a woman who had been traveling and was asymptomatic. Testing results returned in 12 hours and were negative, however, she had to go through protocols. She opted to keep the baby in the room with her instead of a designated Covid nursery. Leanne asked to please share notes, as this may assist others to learn from.

Discussion:

- Q: (? Dr. Ferguson - NGH Simcoe) – If I transfer a baby to a level III, are they taking moms too, or are we expected to keep mom here?
A: (H. Roukema) - t's a scenario that hasn't occurred yet, however, if mom is negative, it's hoped LHSC would accept, but this is not certain due to visitor restriction policies. We will ask the question and get back to you.
- Q: H. Roukema – shared a question from Dr. Adie (Windsor) re: concerns with aerosol generating procedures affecting the ability to use high flow, CPAP and NiPPV. From NICU perspective, this is a low risk population and, for now, LHSC is continuing to use non-invasive ventilation as the first option. If Covid positive, procedure would be done in negative pressure environment with advanced PPE. As things develop, we might have to revisit that. Generally speaking, this is a low risk population and we don't want to have unintended negative consequences due to being overly cautious. In suspect cases, we



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would be able to get a test in 12 hrs. If we do have a baby that's possibly positive we might intubate earlier, but that decision is in flux.

Action Items:

- **Leanne to share the Ottawa simulation Code Blue video**
- **Stacey Laureano to share simulation**
- **Tom Lacroix to share real case**
- **Team to follow up Question re transport of moms with babes who require Level III care**

Adjournment: 1531 hrs.