



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



Date: April 17, 2020
1500-1530 hrs.

Moderators: Leanne McArthur, Gwen Peterek

Present: Leanne McArthur (MNCYN), Gwen Peterek (MNCYN), Kristine Fraser (MNCYN), Sheila Johnston (MNCYN), Jackie Koufie (STEGH), Michelle Basacco (LHSC), Stacy Laureano (LHSC), Jocelyn Patton-Audette, Deborah Wiseman (LHSC), Kevin Coughlin (LHSC), Monica Poole (BORN)

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

Discussion:

- **Regional case update:**
 - London - 282 cases, 125 recovered, 16 deaths (24 new cases) (31 admitted to LHSC)
 - Chatham-Kent - 29 cases, 12 recovered, 1 death
 - Elgin – 41 cases, 3 deaths (18 in St. Thomas)
 - Huron-Perth - 35 cases, 9 recovered, 3 deaths
 - Lambton (Sarnia) - 128 cases, 45 recovered, 13 deaths
 - Windsor – 439, 58 recovered, 21 deaths
- **Michigan** - 29,263 cases, 433 recovered, 2,093 deaths
 - Detroit - 7383 cases, 546 deaths
- **Ontario** - 9525 cases, 4556 resolved, 478 deaths, 829 hospitalized, 245 in ICU, 200 in ICU on ventilator

- **BORN data update** - Leanne reiterated her plea for our regional hospital sites to register with BORN regarding gathering data on Covid-19 patients. At present there are only 6 hospitals and 4 midwifery practices in LHINS 1 & 2 registered, which is disappointing, as it will be extremely important for us to analyze this retrospective data in order to learn about practices, our populations, etc. Monica Poole is willing to take the information, but she recommended that MNCYN send out the direct link, which will avoid issues or edits that need to be made. Monica also reminded leaders to check the BORN FAQ on a weekly basis, as this site will be updated regularly as questions come in from the province. Monica will send link to that as well.

- **Indigenous support in the North** - Leanne reported quickly on a new working group that included herself, Wendy Katherine (Health Nexus/Best Start), Indigenous leaders and a variety of midwifery leads from across Ontario. They recently submitted a grant to the Ministry to provide support for the indigenous community in the northern region where



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recently travel restrictions on their territory have been imposed, requiring them to self-isolate for 14 days if they travel outside the northern regions in order to access appropriate care. This is affecting more people than we know, and we are aware that this is already a vulnerable population. The grant is looking at 4 initiatives to support the northern population and the working group are anxiously waiting to hear back from the Ministry, but it is unknown how long the process will take. If approved, the group will work with key stakeholders to roll out the four initiatives.

- **Regional capacity planning** – Leanne will be reaching out to the region regarding regional capacity planning with respect to OB, NICU and Paeds. in order to assess and address regional hospitals who may need to redirect their patients due to lack of equipment, staff, space or illness. We are not yet in this situation, but there will surely be other pandemics and we will want to have a strategy in place. We will be reaching out to all our sites soon.
- **Networks Update** – Leanne noted there has been an opportunity to work with the Ministry, who are impressed with the Network of Networks, including SOON led by Dr. Jon Barrett and Champlain network (Ottawa region) led by Darlene Rose. The individual network leads have had an opportunity to sit in other each other's calls, share resources and work closely during this pandemic to learn from each other as we move forward. Thunder Bay is currently part of our network. The Ministry though is looking to expand the Networks to include a northern network as well. Next Wednesday will be the first call with the northern areas and we are certainly looking forward to this.

Action Items:

- **Monica Poole to send direct link for BORN Covid-19 data collection**
- **Monica Poole will send link to BORN FAQ page**

Item #2: LHSC Women's Care Updates (Stacy Laureano, Deb Wiseman)

Discussion:

- Stacy reported that there have been no new updates on flow maps, or other documents in terms of process or procedures
- Stacy related a Simulation that took place last week that was looking to find out how people move through the system. A woman presented to the perimeter and there were new and numerous problems that were not anticipated. She did not speak English and her support person was sent away. The woman was to go to Triage, but the patient was wheelchair bound and it took 15 minutes for the porter to retrieve her. Not enough



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information was given to the Porter that she was suspected Covid. Lots of work still to do to redefine the process. Perimeter staff were not aware of calling a Code OB if needed. Once the patient was upstairs her partner was still not allowed in. The situation evolved into a significant fetal bradycardia resulting in an un-consented c-section of an infant of unknown gestational age. The staff felt quite uneasy about the simulation and an extensive debrief was held. Some questions included how could we obtain the pertinent info. from the support person before sending them away, and how we could have provided care better. Being conscious of conservation of PPE, the simulation team decided to use stickers to don on clothing instead of wasting supplies. There were periodic stops in the simulation for people to explain choices of equipment or donning/doffing procedures and handwashing. For the most part, safety threats were identified, and the team felt really good about being able to close a lot of the gaps in the moment and having multidisciplinary staff all helping to find solutions.

Action Items:

- **Stacy to submit a summary of the simulation to be posted on the MNCYN COVID webpage**

Item #3: MNCYN Updates (Leanne/Gwen)

- Gwen: As of today there will be additions to the current list of screening questions at all entrances as recommended by Public Health. This new list of questions continues to focus on any new or worsening symptoms and includes the following:
 - Fever (≥ 37.8 °C)
 - Any new/worsening acute respiratory illness symptoms
 - Cough
 - Shortness of breath
 - Sore throat
 - Runny Nose
 - Any new, unexplainable symptoms of fatigue and generalized muscles
 - New vomiting/diarrhea/abdominal pain
 - New loss of smell/taste disturbance
- LHSC: Patients are now masking in spaces most at-risk of failing to ensure physical distance. LHSC is now providing disposable surgical/procedural masks to patients attending the hospital for care in high-risk areas where high-volume activity and space constraints have made it difficult to maintain proper physical distancing.

Update from SOON (GTA):

- There is an increasing no. of pregnant women who are COVID pos. with atypical presentations. A report from U.S. suggested a whole array of symptoms that eventually



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end up being COVID pos. eg. 3 pts. at Sunnybrook presented with unusual symptoms that ended up being COVID pos.

- one pt. had cough but no fever – felt a bit unwell
- one had fetal tachycardia
- one with minor sniffle (was tested because husband had travelled)
- Other symptoms noted in pregnant women who test pos. for COVID are diarrhea, headache, nausea but also confusion. Therefore moving forward we should have a low index of suspicion.
- Cord Blood Collection: Gov't cord blood banking has been stopped but private cord blood labs are still collecting. When collecting cord blood one suggestion was to bag the placenta and take it out of room if going to draw blood so it so not aerosolized in room. Cord blood issues will be resolved in upcoming guidelines soon.
- There is now an Ontario company that cando Rapid PCR Screening Test in 15 min. We do not yet know about sensitivity /specificity or how widely it will be applied.

Resource Update:

- Because we have so many resources posted now last week we re-organized the page into tabs to make it easier to find information
- We have added a several more resources since last week such as:
 - Updated LHSC Visitor Guidelines as of 11.04.2020
 - Video Laryngoscopy information from Canadian Hospital Specialties Ltd.
 - Since CPS has now recommended video laryngoscopy we have posted info on the one that LHSC is purchasing called the Infant View under our General tab. It's the only one with a size 0 & 00 blades.
 - New LHSC Contact and Feeding Guidelines for Caregivers with Confirmed or Suspect COVID-19 Infection
 - PPE update from Ontario Health 11.04.2020
 - Canadian Nurses Assoc. document on PPE and Ethical Dilemmas
 - Update on LHSC Guidance re: Extended Use of PPE (15.04.2020)
 - information UV sterilizers for equipment (cell phones etc.) (CleanSlate is the one LHSC is considering) -found under the "General" tab
 - LHSC NICU COVID-19 Risk Reduction Guidelines for Parents
 - UBC CPD Covid page incl. resources for virtual care (found under General tab)



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- Page of Resources from RNAO listing resource links from Health Canada, Privacy Commissioner, Gov't of On, Public Health ON and CNO (under “General tab”)
- On our list of Resource Links we have also included a link to Prenatal Screening Ontario: “What You Need to Know about COVID-19 and Pregnancy” (under Resource Links tab)
 - The COVID-19 pandemic is having an impact on how prenatal screening services in Ontario are being delivered. Some diagnostic imaging centres are not offering dating and NT ultrasounds. Community blood collection services are being consolidated to a smaller number of labs. Pregnant individuals in self-isolation are missing the NT ultrasound window
 - In situations where an NT ultrasound is NOT performed, Prenatal Screening Ontario (PSO), supported by the Ministry of Health, is endorsing the specific measures for singleton, twins and higher order multiples. These are outlined in this document.
 - Kristine and I are constantly Updating the FAQ page – Will have its own tab on our Resources page
- Also encourage any of you who have done simulations or had actual cases of suspected or confirmed COVI pos. pregnant pts. to submit a summary for us to post so that others can learn from them.
- Leanne: The task team responsible for distilling conflictual information (mother/baby dyad, PPE, etc.) has now completed their task. The guidelines are working their way through the Ministry and we hope to circulate them by next Friday.

Action Items:

- **Gwen and Kristine to update FAQ**

Item #4: Regional Q&A, Open Discussion

Questions:

Jocelyn Patton-Audette (GBHS) - non Covid-related question about Kiwi vacuum

Q: We recently learned that vacuum (Kiwi) is not being manufactured anymore and we wondered if other sites were aware and what others are doing.

- Michelle Basacco (LHSC) we became aware of this issue about 2 months ago.
- Stacy Laureano (LHSC) - we have been able to source some Kiwis
- Deborah Wiseman (LHSC) - There are only 2 practitioners who use the Kiwi vacuum, so we were able to out source some Kiwis, enough to get us through while we have additional discussions. I am not able to tell you where we sourced them from.



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Leanne McArthur (MNCYN) question for the region

Q: Has anyone initiated conversations with leadership about reducing services in Paeds. in case adult beds are needed if Covid cases escalate with adult patients? Any discussion about which beds would be used for adult Covid cases, or are certain beds being protected?

- Jackie Koufie (STEGH) we have a surge plan and have identified how many beds we have available, but specific beds have not been identified.
- Kevin (LHSC NICU) we have been keeping some older graduates in the NICU vs sending them to PCCU or general Paediatrics to allow our colleagues to create space. Volumes have not been reduced at all.
- Owen Sound – beds and staff are protected. Some allied health who have been redeployed to Obstetrics are being oriented in the nursery. Not expecting any staff from obstetrics to be redeployed to other units.

Action Items:

- **None**

Adjournment: 1527hrs.