



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



**Date: March 31, 2020  
1600-1630 hrs.**

**Moderators:** Leanne McArthur, Kristine Fraser

**Present:** Leanne McArthur, Kristine Fraser, Gwen Peterek, Amanda Williams, Kelly Finlayson, Sepi Taheri, Tim Lynch, Jennifer Ouellette, Colleen Ouwendyk, Colleen Ford, Jocelyn Patton-Audette, Leanne Paton, Andrea McPherson, Amanda Sonnenberg, Pam Murray, Carrie Gavigan, Thomas Lecroix, Dana Howes, Crystal Edwards, Brandon Garant, Jessica Kooger, Samantha Sampson, Jackie Koufie, Kirsten Blaine, Paul Kerr

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

**Discussion: COVID-19 Case Update**

- London: 52 cases, 8 hospitalized, 3 death
- ON: 1966, 33 deaths, 4380 PUI
- St. Thomas: 11 cases, 4 hospitalized, 1 death
- Huron-Perth: 9 cases, 3 presumed, 0 deaths
- Windsor: 65 cases, 0 deaths
- Chatham: 6 cases, 0 deaths
- Lambton: 28 cases, 4 deaths
- Detroit: 1891 cases, 62 deaths
- Michigan: 6,498 cases, 189 deaths
- Emphasized need to stay vigilant & be prepared

**Action Items: None**

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

**Discussion:**

**Amanda Williams:**

- Big change Friday evening re: mask conservation, needed to look at mask utilization very closely, ensuring staff are using right mask without compromising staff or patient safety
- Visitor Policy: Continues to be 1 caregiver per child at bedside, if a parent is by themselves & needs support, looking at how to provide respite to those families as well

**Tim Lynch:**

- Volumes in Paeds ED are down probably 60% in past week, usually see 100-110 children/day, now seeing 30-40/day
- One practice pattern we are seeing & need to be cognoscente of is antibiotics for probable bacterial infections (i.e.) Otitis Media or Strep throat. Scripts being given virtually without examining child (due to nature of situation), but this has led to some partially treated cases of Kawasaki or UTI's \*just something to be aware of



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- Canadian Association of Emergency Physicians hosting weekly town halls, do not need to be a CAEP member to participate. Next town hall is **April 1 at 8pm**, looking at some ethical issues related to nursing homes, care of the elderly. These will be recorded & can be watched later on as well. <https://caep.ca/covid-19/>

**Action Items:**

- CAEP Link added to Resources Page (Kristine Fraser) & will be posted on MNCYN Website (Anita Bunnie)

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

**Discussion: Kristine Fraser** CPS has released new resources for paediatricians re: Children & COVID-19

1. [Current epidemiology and guidance for COVID-19 caused by SARS-CoV-2 virus in children \(March 25 2020\):](#)
    - a. Children appear to have reduced severity of illness compared to adults
    - b. Physicians caring for children should continue to offer routine immunizations & carefully triage patients to minimize spread of the virus
    - c. In-office infection control measures include facilitating hand hygiene & cleaning of surfaces before & after patient visits, & having PPE available in offices for management of symptomatic patients
  2. [Can NSAIDs be used in children when COVID-19 is suspected? \(March 24 2020\):](#)
    - a. We know children commonly present with low-grade & transient fever with COVID-19
    - b. Concerns have been raised regarding use of NSAIDs in suspected COVID-19 cases, based on theoretical concern anti-inflammatory drugs may be associated with aggravating the severity of illness: \*no evidence of this with COVID-19
    - c. Health Canada recommends use of either acetaminophen or ibuprofen for symptomatic relief of fever for paed patients (>6 months of age) with suspected COVID-19
- **Translating Emergency Knowledge for Kids (TREKK):**
    - Early reports show asymptomatic carriage rate of 5-15% in children
    - Common symptoms in children: fever, cough, sore throat, stuffy nose, rhinorrhea, fatigue, GI symptoms: abdominal discomfort, nausea, vomiting, diarrhea
  - **Provincial Council of Maternal-Child Health (PCMCH):** Many resources (i.e.) FAQ Information for Children & Families (MNCYN website)
  - **Aerosol-Generating Medical Procedures** has been updated & will be posted to MNCYN website
  - **European Society of Paediatric & Neonatal ICU:** Recently released Nursing Guidance for Care of a Child with Suspected or Proven COVID-19 (MNCYN website)
  - **Dr. Singh & Dr. Campbell:** Planning to host Zoom meeting with regional Paediatric Chiefs & senior leadership teams to answer questions & touch base regarding plans should escalation be required (stay-tuned)
  - **Leanne McArthur:** Your leadership will receive email reaching out from LHSC re: number of admitted patients each hospital would receive per week in OBS, SCN or Paeds. If organizations need to divest patients to LHSC due to COVID, LHSC needs to be able to initiate planning



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- Leanne sending spreadsheet, please complete & send back as soon as possible as there is a sense of urgency with this
- Continue to receive questions via email & we are responding directly to individuals & also posting on FAQ document online (updated every Friday)

**Action Items:**

- Post TREKK documents, PCMCH resources, AGMP fact sheet & Nursing resource on MNCYN website (Anita Bunnie)
- Add CPS links to Resources document (Kristine) & update on Friday to MNCYN website (Anita)

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

**Questions**

1. **Sepi Taheri (LHSC):** Has anyone had an admitted case yet?
  - Tom Lacroix (BWH: Sarnia): We haven't had any cases, but had a PUI mom, doing delivery today, going through algorithm for neonatal. All kids on floors have come back negative so far.
2. **Leanne:** Are there any other resources or information that would be helpful?
  - Tom Lacroix: The biggest anxiety is around PPE, from a paediatric standpoint, we need to be proactive & advocate, as we know asymptomatic carriage is much higher in children. We are all tight on masks, even droplet masks, but we need senior leadership to understand importance in paedics world
  - Sepi Taheri: Literally over last 24H, we have had to create new PPE guidelines at Children's Hospital on the ward, it will be limited, with aerosolizing procedures using N95
  - Residents are getting 4-6 masks/day, we do need to think about how to use PPE & conserve it
  - Limitation of visitors, sibling etc. onto units will limit exposure to asymptomatic children
  - Kelly Finlayson: LHSC wants to share resources, then those resources can be discussed internally with your own IPAC teams.
  - LHSC still in phase 1 of PPE (critical care units/ED) wearing surgical masks & face shields
  - Phase 3 would be where all HCP in organizations wear surgical masks
  - Tom Lacroix: Thank you for the offer to share document, however, unsure if this will be helpful as Children's particular circumstances & resources are different than regional hospitals, not sure it translates to what we are seeing, our biggest anxiety – how do pick out who the asymptomatic person is – you can't

**Action Items:** Post LHSC PPE resources on MNCYN resource page (Anita Bunnie)

**Adjournment:** 1630 hrs.