



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



**Date: April 22, 2020**  
**1600-1630 hrs.**

**Moderators:** Leanne McArthur, Kristine Fraser

**Present:** L. McArthur, K. Fraser, A. Bunnie, G. Peterek, A. Gunz, R. Singh, T. Lynch, H. Roukema, A. Stevenson, H. Roukema, S. Taheri, E. Williams, D. Wiseman, K. Koufie, J. Ouellette, C. Ford, J. Patton-Audette, A. McPherson, A. Tilstra, D. Howes, C. Edwards, J. Kooger, J. Warkentin, B. Giles, T. Bruni, K. Forbes, S. Dineen, J. Jagger, K. Turner, T. Lacroix, J. Schitka, G. Slack, J. Wilmott, I. Johnston, M. Greer-King, L. Bos, J. Piazza, D. Mayea-Parent, L. Morgan, A. Howe-Poisson

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

**Discussion: COVID-19 Case Update**

Start the meeting by taking a moment for all of the families who have lost loved ones in Nova Scotia and for all the first responders who were involved in the tragic events.

- London: 343 cases, 9 new from yesterday, 155 resolved, 23 deaths
- Ontario: 12,245 cases, 6,221 resolved, 659 deaths, 878 hospitalized, 243 ICU, 192 vents
- Windsor: 518 cases, 31 deaths
- Chatham-Kent: 37 cases, 1 death
- Sarnia: 150 cases, 14 deaths
- HPHA: 39 cases, 4 deaths
- Detroit: 7,904 cases, 728 deaths
- Michigan: 32,967 cases, 2,700 deaths

**Action Items: None**

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

**Discussion:**

**LHSC: No updates from Karyn Calwell (PCCU)**

**Bluewater Health Update, Dr. Tom Lacroix:**

- Sarnia has had 3 positive confirmed paediatric cases including an 11-year old with flu-like symptoms & 2 other teenagers (late teens) who had family contact with a COVID-19 positive adult



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- We transferred another child to London who has tested negative several times, but the ID team at LHSC feels has a high probability of COVID-19 - parents are now symptomatic and one caregiver has tested positive
- Patient is 7-month old with Trisomy 21, ASD, VSD, PPH & many other medical co-morbidities: had a cytokine storm, rapid deterioration in CXR, started to white-out, transferred to PCCU with multi-organ failure, but is doing better now
- Despite several investigations, including a spinal tap, nothing grew in Sarnia, initially wondered if the testing had been done too early in the clinical illness, giving false negative results, but testing has been repeated several times in past few days as well
- **Karyn Calwell (PCCU Coordinator):** We have done 4 swabs on the child, all negative, dad is being tested, mom is asymptomatic, ID is fairly convinced it is COVID-19, but luckily the child is getting better, which is pretty impressive
- **Q: Leanne McArthur:** Did any of the cases in Sarnia require admission or in-patient care?  
**A: Tom Lacroix:** No, all are at home under quarantine.
- **Q: Kristine Fraser:** Did any of the kids present with any GI symptoms?  
**A: Tom:** From all of the information relayed to me from Chief Medical Officer, as far as I know, there were no GI symptoms.

**Action Items: NONE**

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

**Discussion: Kristine Fraser**

**1. Heart & Stroke Foundation released updated CPR guidelines for both Adults & Paediatrics:**

- Highlights include:

Reducing Provider Exposure

- Don PPE before entering the room/scene
- Limit personnel
- Consider using mechanical CPR devices for adults and adolescents who meet height and weight criteria
- Communicate COVID-19 status to any new providers

Prioritizing Oxygenation & Ventilation Strategies Using Lower Aerosolization Risk

- Use a HEPA filter, if available, for all ventilation
- Intubate early with a cuffed tube, if possible, and connect to mechanical ventilator, when able
- Engage the intubator with highest chance of first-pass success



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- Pause chest compressions to intubate
- Consider use of video laryngoscopy, if available
- Before intubation, use a bag-mask device (or T-piece in neonates) with a HEPA filter and a tight seal
- For adults, consider passive oxygenation with nonbreathing face mask as alternative to bag-mask device for short duration
- If intubation delayed, consider supraglottic airway
- Minimize closed circuit disconnections

Considering Resuscitation Appropriateness

- Address goals of care
- Adopt policies to guide determination, taking into account patient risk factors for survival

**2. LHSC has developed an Airway Management Team for Adult Code Blues**

- **Goals include:** optimizing adult code responses for patients, minimizing number of providers involved in AGMP's, & assisting with PPE conservation efforts
- Team available 24/7 & will respond to all airway emergencies, including protected code blue, outside of the OR
- Team is comprised of physicians, RRTs & RNs & will wear enhanced PPE including elastomeric masks which provide equivalent protect from COVID-19 (part of PPE conservation effort & potential future scaling up of this reusable technology to other providers)

**3. Recent articles published in relation to paediatric patients & COVID-19.**

- a. CNN article re: 5-year old child who passed away recently. Both her parents were first responders and she contracted COVID-19 several weeks ago. She was ventilated for 2 weeks and developed a rare form of meningitis and died of cerebral edema. The article definitely suggests the COVID-19 caused the meningitis, but I am not sure we can conclude this based on the information provided in the article.  
<https://www.cnn.com/2020/04/21/us/detroit-girl-dies-coronavirus/index.html>
- b. CTV News: Published a story about a study out of France about a 9-year old child was COVID-19 positive. The child had mild symptoms and came into contact with approximately 170 people & did not infect any of those people. The authors of the study suggested "children might not be an important source of transmissions of this novel virus". <https://www.ctvnews.ca/health/coronavirus/french-case-raises-questions-over-coronavirus-child-spread-1.4903652>

**Discussion About CTV News Article:**



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- **Tom Lacroix, BWH:** It seems like it is playing out that kids might not be big spreaders, often found because of family contact
  - Even though this article was referencing a case study of 1, there was another article in National Post written by 2 epidemiologists, ID experts from McGill University this [https://nationalpost.com/opinion/opinion-on-covid-19-we-are-epidemiologists-and-its-probably-safe-to-reopen-some-schools?video\\_autoplay=true](https://nationalpost.com/opinion/opinion-on-covid-19-we-are-epidemiologists-and-its-probably-safe-to-reopen-some-schools?video_autoplay=true)
  - They reviewed world literature & suggest kids may not be potent spreaders of infection which would go along with the study out of France
  - National Post even is talking about opening schools sooner than we think
4. **CPS released a practice point today on the acute management of paediatric COVID-19 patients.**  
Excellent summary of mild, moderate, severe & critical disease presentation as well as treatment options
- Since Mid-April, 11 published studies have described clinical features in 643 paed cases
  - 57% Fever
  - 54% Cough
  - 29% Sore throat
  - 8% Rhinorrhea
  - 11% Diarrhea
  - 9% Vomiting
- <https://www.cps.ca/documents/position/the-acute-management-of-paediatric-coronavirus-disease-2019covid-19>
5. **PCMCH has many resources including a COVID-19 Paediatric Information for Healthcare Providers** [https://www.pcmch.on.ca/wp-content/uploads/2020/04/COVID-19-Pediatric-Info-for-HCP\\_vApril202020.pdf](https://www.pcmch.on.ca/wp-content/uploads/2020/04/COVID-19-Pediatric-Info-for-HCP_vApril202020.pdf)
6. **MNCYN Resource Document & FAQ continues to be updated**

**Action Items: Post articles & algorithms listed above to the MNCYN website**

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

**Questions:**

**Q: Dr. Wendy Edwards, Chatham:** Has anyone seen or read the article from Peru about vertical transmission?

**A: Leanne:** The case report, yes, we discussed this on Monday's Perinatal T-Con & have posted the article under "Perinatal" on the MNCYN website.



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- Case report, not too long after birth (16H), baby tested positive, uncertain vertical transmission could occur.
- There have been a few incidences (3), where a baby has been presumptive & then tested positive
- This is why it is so important to continue to submit our data to BORN so we can learn & understand if vertical transmission is a possibility.
- Physicians in the GTA think vertical transmission is equivoque, but the case report does lean towards.
- **Wendy:** Interesting, the viral load would be very high for that mother given how sick she was, yet tested baby 16H later and did not test amniotic fluid, placenta, etc. (Baby was removed from mother's care)
- **Gwen Peterek:** I posted this article yesterday on Perinatal section of the MNCYN website

**Action Items: NONE**

**Adjournment: 1630 hrs.**