



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



**Date: April 9, 2020  
1600-1630 hrs.**

**Moderators:** Leanne McArthur, Kristine Fraser

**Present:** L. McArthur, K. Fraser, A. Bunnie, G. Peterek, A. Williams, A. Stevenson, S. Taheri, T. Lynch, H. Roukema, J. Ouellette, C. Ouwendyk, C. Ford, J. Patton-Audette, L. Paton, A. McPherson, A. Sonnenberg, P. Murray, C. Gavigan, T. Lecroix, D. Howes, C. Edwards, K. Hannon, B. Garant, J. Kooger, S. Sampson, J. Koufie, K. Blaine, P. Kerr, R. Gobburu, B. Giles, J. Warkentin, K. Forbes, S. Dineen, A. Howe-Poisson, M. Koval, J. Koufie, M. Rae, E. Ilac, T. Bruni, J. Jagger, K. Turner, M. Adegbite

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

**Discussion: COVID-19 Case Update**

- London: 170 cases, 8 new, 48 resolved, 8 deaths, 27 hospitalized, 9 ICU,
- Ontario: 5,759 cases, 2,305 resolved, 200 deaths, 632 hospitalized, 264 ICU, 214 vented
- Canada: 19,774 cases,
- Elgin: 27 cases, 7 resolved, 2 deaths
- Huron-Perth: 28 cases, 1 death
- Windsor: 262 cases, 7 deaths,
- Chatham: 18 cases, 1 death
- Lambton: 98 cases, 8 deaths, 8 recovered
- Detroit: 5824 cases, 251 deaths
- Michigan: 20,346 cases, 959 deaths
- Projections: We are not out of the woods yet

**Action Items: None**

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

**Discussion:**

**Henry Roukema:** No update as paediatrics has been quiet with no COVID-19 positive paediatrics in the province yet.

**Tim Lynch:** No updates, CAEP is hosting weekly town-halls on Wednesdays. April 8<sup>th</sup> was really good on airway & ventilation with some Canadian strategies

- Mainly looking at how adults had different types of presentations & speaking to colleagues in other areas around the world to see how they are presenting, treating and managing these adults
- Reviewed adults with co-morbidities, etc.



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**Action Items: Will post CAEP onto MNCYN website**

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

**Discussion: Kristine Fraser**

1. Protected Code Pink Checklist for resuscitation of patients during the COVID-19 pandemic. This is a CH-LHSC document which was shared and will be posted on the MNCYN website.
2. LHSC also updated the Extended Use & Re-Use of PPE document which is also posted.
3. Our MNCYN website has many COVID-19 resources, so Anita, one of our program assistant is working away to organize the site into tabs so it is a little easier to find what you may be looking for quickly. (thank you Anita)
4. Gwen and I continue to update the Resources document as well as the FAQ document. Both will be posted today as tomorrow is a holiday.

**Action Items: None**

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

**Questions**

**Q: Wendy Edwards (CKHA): The CPS statements are conflicting. One statement suggested despite COVID-19 status, infants are considered clean and can be intubated or started on CPAP without using N95 masks, however other statement says to keep baby away from other babies in the nursery. So, do we only isolate if exposed to mom later?**

- **Henry Roukema:** It is contradictory. I was on CPS call last night about this.
- You don't have to wear an N95 for intubation, but if baby goes into the unit and if doing non-invasive ventilation, we would need to wear one.
- Our group in London (NICU) are using advanced PPE
- Locally for suspected or confirmed COVID, we are wearing N95s for intubation & if baby goes on to CPAP, we are keeping that baby away from others & staff will continue to wear N95 \*hopefully soon after we will get confirmed what mom's status is, feels prudent to do it this way
- All Level 3's have mixed opinions on whether to wear one or not: some IPAC's saying no

**Q: Wendy Edwards (CKHA): So CPS says this is a clean baby, so why are we N95ing to intubate and give CPAP?**

- **Henry Roukema:** This is the contradictory part, once they come into unit you are not treating as clean anymore.



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- At LHSC, we did the opposite – once in unit treated as not clean so might as well treat as not clean from start in the resuscitation room. IPAC did not agree, but they negotiated.

**Q: Wendy: But another statement says to keep baby away in nursery – so we do have to follow that one?**

- Henry: Yes
- Leanne McArthur: FYI, there is a provincial taskforce now through PCMCH looking at guidelines related to PPE, etc. – Leanne will put this info on table for them to discuss – also talking about mother baby dyad, support people/partners related to PPE and remaining in hospital for support. They are looking at all guidelines regionally, provincially & nationally.
- Henry: Between the level 3 centers, Dr. Harrold (Ottawa) was on call with lots of questions as there are conflictual practices & uncertainty from frontline clinicians.

**Q: Wendy Edwards (CKHA): What are other people doing about dads when mom is COVID positive or PUI and she's had a C/S and wants to keep the baby in the room, but she can't take care of the baby? Can dad stay and care for the baby in the room?**

- Leanne: This is the case in GTA/Ottawa, yes, most organizations are letting this happen. Father needs to be prepared to stay in room the entire time, some organizations may have him leave 2H after birth, while others will let him stay until discharge
- Most organizations currently are allowing him to stay, but no in-out of room privileges
- LHSC are providing meals to the partner through the foundation (also being done for paediatric inpatient floors as well as PCCU)
- HPHA: We are doing the same here, receiving all meals so they stay in the room
- Leanne: On a call with Ottawa, one organization has developed a brochure for families to prepare them to come in for birth – a checklist, so parents are ready

**Q: STEGH: When the COVID labour simulations occurred, what was done with documentation? At STEGH, we are using paper charting during labour so the question was "Is the chart in the room or is a 'clean' HCW outside doing the charting?"**

**A:** In terms of paperwork and risk of transmission, while it is true that coronavirus can be detected on multiple surface, close to COVID-19 patients, it is unclear if this detection translates to infectious viable virus and we are not aware of any studies linking survival on paper to transmission of the virus. Staff are reminded that by following proper routine precautions, washing hands, and not contaminating mucosal membranes with unclean hands, any potential for risk in this regard can be eliminated.



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Excluding cases where an AGMP is being completed, the organism is spread by the droplet/contact route and can travel up to 2 metres from the patient. In instances where the chart needs to come in, it should be kept 2 metres away from the patient environment and handled with clean hands. As it would not be realistic for staff to don and doff between charting, have them remove their gloves, clean their hands, chart, clean their hands and re don their gloves.

Tim Lynch: In Paeds Emerg, we stopped taking charts to the bedside several weeks ago.

**Q: Kirsten Blaine (Stratford): Tim, do you have any suggestions for those of who use who use our phones for references (i.e.) medications, infusion rates, etc. Do you have any guidelines for your staff or residents?**

- Tim Lynch: Not really, we are now putting phones in little baggies, but I don't know how to answer this
- Henry: In NICU, recommending to clean phones with alcohol and not Virox wipes as they will be a problem.
- UV sterilizers as well for the phones, but currently take 10-15 mins, so NICU is looking at one to purchase with a fairly quick turn around, can do several devices at once

**Action Items: Henry will send the link to the sterilizing device <https://cleanslateuv.com/>**

- Moving the paediatric teleconference calls to once a week, on Wednesday afternoons from 4:00-4:30pm. More details to come in the new appointment time.

Adjournment: 1620 hrs.