Pediatric COVID-19 Site Planning, Cohorting, HLOC Transport and Repatriation Procedure

Site:
• **Environment**:
  ○ Island Health acute care facilities
	Scope:
	• **Audience:** Island Health acute care leaders and care providers caring for **pediatric patients** who are suspected or confirmed for COVID-19.
	• **Indications:** To provide guidance for COVID-19:
	  ○ Site planning
	  ○ Cohort unit set-up and patient placement
	  ○ Higher Level of Care (HLOC) transport
	• **Exception:**
	  ○ Modification to these guidelines may be required in the event of surge capacity, shortage of staff, beds or laboratory capacity.
	  ○ For Adults see Adult COVID-19 Site Planning, Cohorting, HLOC Transport and Repatriation Procedure

Need to know:

- These guidelines must adhere to established Island Health Policy for Life, Limb or Threatened Organ and Higher Level of Care -Inter-facility Transfer

Jump to:

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Cohort Unit Set-up (VGH and NRGH only)

- Island Health has identified three stages of COVID-19 Surge Capacity Planning. The following facilities have been designated as Pediatric Cohort Hospitals to support Stage 1 and 2 of the COVID-19 Surge Capacity Planning. Plans for Stage 3 will be communicated if the need arises.
    - **CENTRE ISLAND:** Nanaimo Regional & General Hospital (NRGH) Cohort receives all stable COVID-19 positive admissions from Geography 1 and 2.
    - **SOUTH ISLAND:** Victoria General Hospital (VGH) Cohort receives all stable COVID-19 positive admissions from Geography 3 and 4 and **ALL** COVID-19 positive admissions with severe respiratory disease (avoids possibility of multiple transfers).
- When there are **two or more patients confirmed with COVID-19 at a site**, the *Pandemic Response Coordination Committee* will direct a designated Cohort Hospital(s) to create a closed Respiratory Investigation Unit, which will function as an "Outbreak Unit."

What you need to do	What you need to know
1. Upon direction from the *Pandemic Response Coordination Committee*, establish a Cohort Unit. This will be communicated via unit manager, or site leadership.	• Cohort Unit Preparation Checklist • Leader/Educator Cohort Unit Orientation Guide
2. Implement the zone methodology.	Transitioning Between Pandemic Zones: Acute COVID-19 Cohort Units
3. Restrict access to Cohort Units with visible signage outside the unit, closed doors, and ABHR at the entrance.	
4. Require staff to sign in at the beginning of their shift.	Staff will be designated to that unit for the entire shift and should avoid visiting other units.
5. Arrange for non-clinical staff to support clinical staff so they do not have to leave the patient space.	The role of support staff may include PPE buddies fetching equipment, supplies, etc., to help conserve PPE and contain pathogens to the unit.
6. Ensure all isolated units/beds follow precautions and enhanced cleaning procedures.	This should already be in place during high pandemic activity, but as activity declines, it may need to be ordered for individual beds/rooms.
7. Escalate to *Pandemic Response Coordination Committee* for direction if admissions exceed clinical isolation capacity or care delivery	

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limitations of unit/area/facility.	

HLOC Transport Considerations

What you need to do	What you need to know
1. Consider transfer of all confirmed positive COVID-19 pediatric patients who need inpatient care to: • VGH for severe respiratory disease. • Either VGH or NRGH for mild-moderate illness, based on location and bed availability.	
2. Consider patients COVID-19 risk/status. • Patients who present with cold or fever and **do not** fit the classical picture for COVID-19 should **NOT be cohorted** unless they test positive for COVID-19.	
3. Consider risk of COVID-19 spread during transport (to environment and care providers)	• *Are we confident this will stay contained on transport?* • *Is this a closed system patient?* • *Do we have the right care providers available?* • *Do we have the required PPE available?*
4. Consider staffing and resourcing required to transport the patient.	• *What clinical staffing/medical escorts will be required to accommodate the transport?* • *What external resourcing will be needed to accommodate transport (BCEHS, etc.)?* • *Can transport of a medically stable patients be organized during the day when decision makers are easily accessible?* • *Are community acute care sites able to manage and hold patients using contact and droplet precautions in a private room until transport has been arranged?*
5. Consider transport benefit to the patient.	• *Do they need HLOC now, or is this in preparation?* • *What is the Pediatric Degree of Intervention Status?*

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	• *Is this patient likely to become medically unstable and deteriorate quickly and need urgent attention for HLOC (i.e., respiratory, immunodeficiency, or cardiac disease)?* • *Will they likely worsen?* • *Do they have other comorbidities which would preclude further treatment?*
6. Consider the patient's wishes.	• *Does the patient have an Advance Directive?* • *Are they a full code?* • *Does the patient/caregiver agree to be transported to a designated Cohort location? If not, may need to escalate to PRCC for resolution.*

Arrange HLOC Transport

1. Once the decision is made to transport the patient**,** arrange for transport following the *COVID-19 Transfer Decision Algorithm (Appendix 1)* and in accordance with the *COVID-19 Transport Contingency Plan.* • Transport may occur later than usual to accommodate operational requirements.	• COVID-19 Transfer Decision Algorithm (Appendix 1) • COVID-19 Transport Contingency Plan
2. Determine most appropriate bed placement.	• Bed Placement of Admitted Patients with Suspected/Confirmed COVID-19 (Algorithm)
3. Safely transport to HLOC or designated Cohort location or transfer to most appropriate clinical care unit at current location as soon as possible.	

Repatriation: Inter-facility Transfer

- COVID-19 positive patients should not return to community or non-cohort sites.
- COVID-19 positive palliative patients may be repatriated on a case-by-case basis.

1. Repatriate patients according to established repatriation procedures once: • Island Health interim guidelines for *Interim – Discontinuing Additional Precautions in Suspect and Confirmed COVID-19 Patients* are met, or	• Interim – Discontinuing Additional Precautions in Suspect and Confirmed COVID-19 Patients • Repatriation Inter-facility Transfer Procedure

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• As approved by both the Medical Microbiologist and Medical Health Officer.	
2. Ensure excellent handover communication during repatriation of all resolved COVID-19 patients.	• IDRAW - Information Transfer and Communication at Handovers

Persons/Groups Consulted:

- Manpreet Khaira, Clinical Director, Restorative Health & Acute Flow Strategy
- Kerry Morrison, Director, Strategic Initiatives Geo 4 and Co-Chair Geo 4 Quality
- Dr. Pamela Kibsey, Division Director, Microbiology / Medical Director, Infection Control, Laboratory Medicine, Pathology & Medical Genetics
- Lisa Young, Director, Infection Prevention and Control
- Matt Erickson, Director Acute Utilization & Flow
- Dr. Richard Crow, Executive Medical Director
- Dr. Jeff Bishop, Pediatrician
- Dr. Amanda Barclay, Division Head, PICU
- Trapper Edison, Manager, Pediatric Services, VGH
- Dr. Keith Menard, Department Head, Pediatrics
- Site Clinical Operations Directors
- Site Directors

Resources

- COVID-19 Intranet webpages

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Appendix 1: Transfer Decision Algorithm

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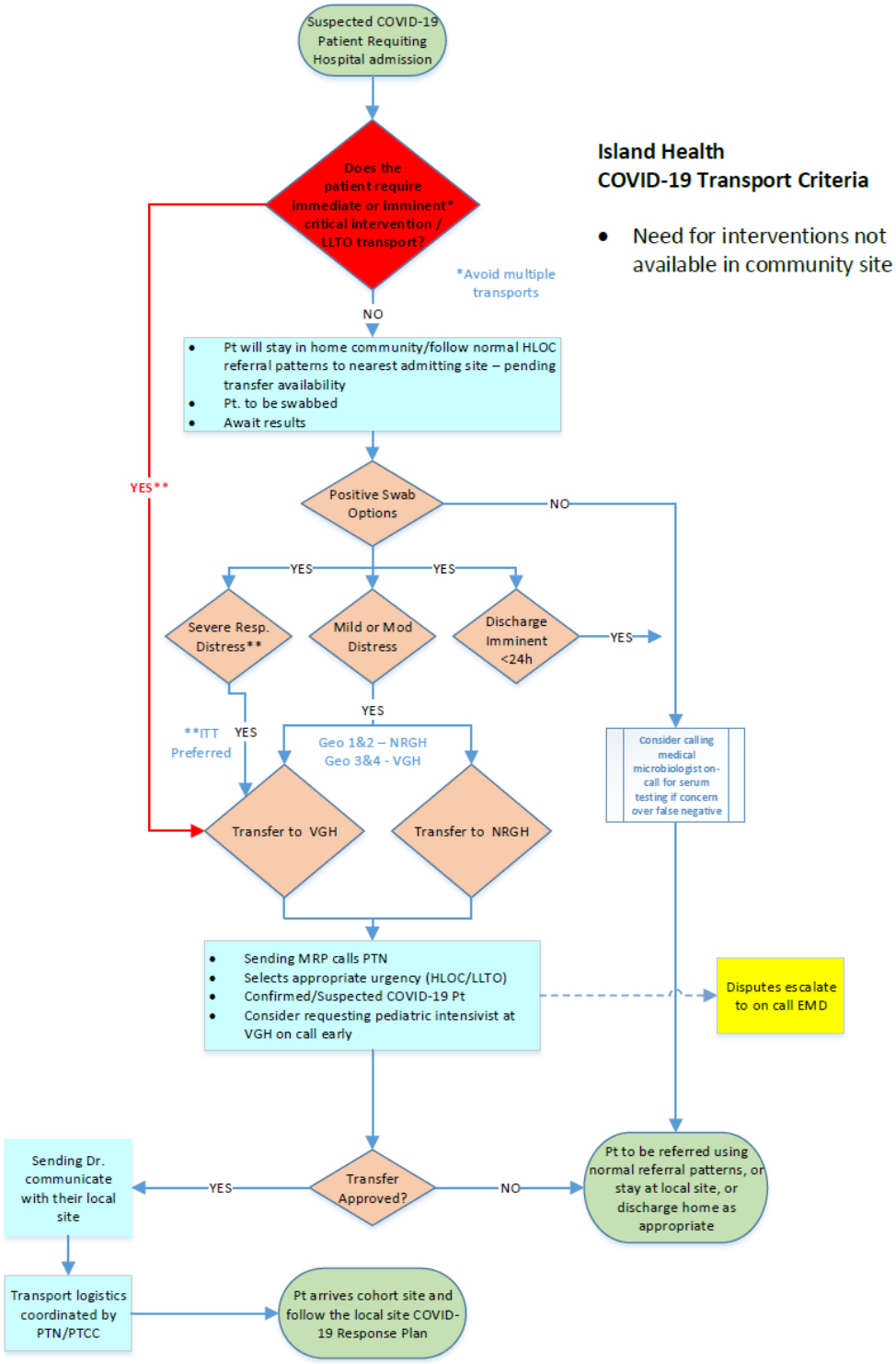

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