PROCEDURE

COVID-19 HLOC Transport and Cohort Procedure

island health

Purpose:	The World Health Organization declared the novel coronavirus outbreak a global pandemic on March 10th. The purpose of this document is to offer direction to clinicians considering HLOC referrals for COVID-19 and to support cohorting of all COVID-19 positive patients on dedicated units. This document will be updated regularly based on information available at the time.

Scope:	• Principles and likelihood for transfer
	• Applicable to all admitted acute care patients and long-term care residents residing in Island owned and operated or affiliate sites regardless of their MOST status
	• Indications for use:
	  • Until direction form the BCCDC/Island Health that there is no longer the need.
	  • To help guide HLOC conversations in Island Health
	• Exceptions: None at this time.

Outcomes	• Planned approach to caring for COVID-19 patients once admissions begin • Cohorting of COVID-19 positive patients at dedicated units in South Island, Centre Island and North Island

This document is intended as a guideline to manage confirmed and suspected COVID-19 patients that would potentially require HLOC and transfer to a cohort unit. This guideline may not apply to all patients, however, clinical judgment is still required in the application of this procedure.

1.0 Apply the following principles to support decision making for Higher Level of Care transfer in alignment with Island Health Higher Level of Care Policy:

1.1 Consider Geographical cohort locations
- **Geography 1 & 2:** NRGH cohort would receive all Covid positive patients from Geography 1 & 2 that are code status C1 and C2. All Covid-19 positive patients with M1-3, C0 code status will be cared for at the local site if able to support
- **Geography 3 & 4:** RJH would receive all Covid-19 positive patient from Geography 3 and 4

1.2 Containment
- Are we confident this will stay contained on transfer?

1.3 Risk to care providers
- Is this a closed system patient?
- Do we have the right care providers available?

1.4 Benefit to patient
- Is the patient to be imminently discharged or imminently palliative (next 12-24 hours)? If yes, no benefit to transfer to cohort location
- Will they likely worsen?
- Do they have other comorbidities which would preclude further treatment?

1.5 Advanced directive
- What are the patient's wishes for treatment?
- What is their MOST? Is the patient in agreement to transfer to the geographical cohort?
- Is the patient full code (C1 and C2) and has indicated as part of their wishes or advanced care plan to intubate?

1.6 Staffing / Resourcing

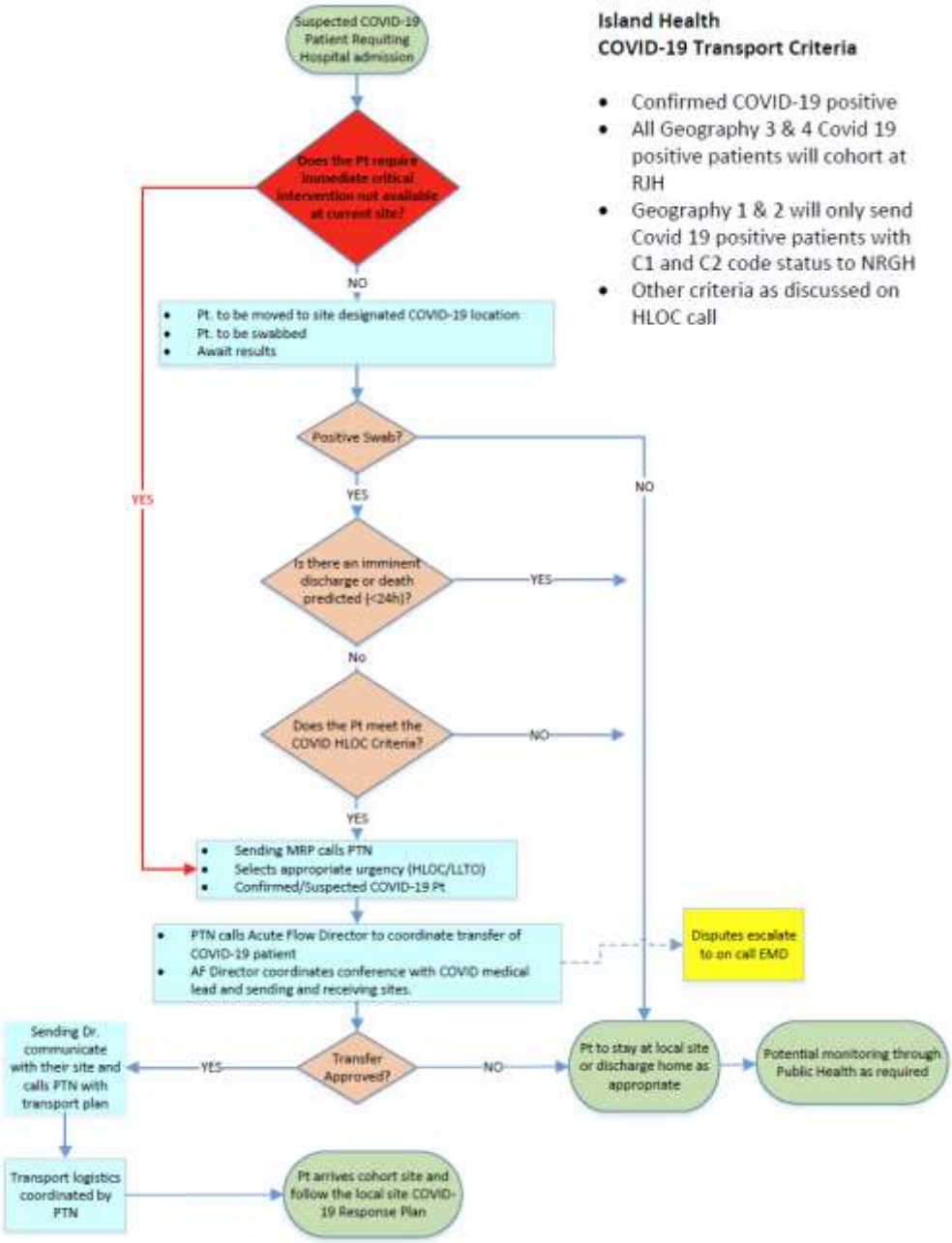
- What clinical staffing will be required to accommodate the transport?
- What external resourcing will be needed to accommodate transport (BCEHS, etc.)?
- Can we consider for a medically stable patient, communication and transport be organized during the day when appropriate decision makers are easily accessible?
- Are community acute care sites able to manage and hold patients using droplet precautions in a private room until transport has been arranged?

2.0 Consider the possible scenarios for an HLOC transfer:

Possible	Less Likely

• Patients with typical virial illness confirmed COVID-19 positive result
  • These patients should be cohorted since they are likely to needing ICU and ventilator treatment.
• Need for tertiary services (dialysis, proning, ECMO, etc)
• Early stages of epidemic (tertiary resources unburdened)
• Timely BCEHS transfer resource available and medical escort to support transfer
• Pregnant patients that present with respiratory symptoms (COVID Positive or presumptive) and require admission, the patient should be admitted to medical services, **not** maternity.
  • This is to reduce exposure to other maternity patients
  • These patients can be cohorted with the appropriate care teams to address the patients care needs.
• Long-term residents from Island owned and operated and affiliate sites with covid positive swab will come to tertiary site cohort
	• Multiple severe/end of life comorbidities (palliative care)
	• Imminent discharge potential in next 12-24 hours
	• Pt is outside of the ventilator decision making framework
	• Patients who present with cold or fever and **do not** fit the classical picture of COVID-19 should **not** be cohorted **unless a positive test swab for COVID-19**.
	• Patient/Health representative does not consent to movement to cohort location; would require escalation to leadership for resolution

3.0 **Based on the above considerations, a decision is made to call Patient Transport Network (regular process) and consult a receiving physician and Covid Medical Lead for consideration of HLOC transfer.**



4.0 Decision Making support and Disputes

4.1 Clinical disagreement on higher level of call transport should be escalated to the EMD on-call

4.2 Acute Flow Director will assist in coordinating approval of transport

4.3 Any challenges in transport logistics with PTN will be mitigated with the PTN EPOS, send and receiving Dr, and EMD on call

5.0 Medical Escort Support

5.1 Any clinical staff escorting patients with BCEHS will wear the required droplet precaution PPE which includes:

- Mask with visor
- Gown and gloves

5.2 If the clinical staff have supported or will be supporting a ventilated patient or completing an aresolized generating procedure, they will require an N-95 mask.

6.0 COVID-19 Information, signage, & FAQs

https://intranet.viha.ca/departments/infection_prevention/toolkits/Pages/coronavirus.aspx

7.0 Definitions

MOST: Medical Orders for Scope of Treatment
HLOC: Higher Level of Care

6.0 Resources

- **Donning PPE:** https://vimeo.com/392259790
- **Doffing PPE:** https://vimeo.com/392260043
- **Self-isolation handout**: (https://intranet.viha.ca/departments/infection_prevention/toolkits/Documents/patient-handout-covid-19-self-isolation.pdf)
  https://intranet.viha.ca/departments/infection_prevention/toolkits/Documents/patient-handout-covid-19-simplified-chinese.pdf
  https://intranet.viha.ca/departments/infection_prevention/toolkits/Documents/patient-handout-covid-19-traditional-chinese.pdf
- **BCCDC Health Provider information updates and laboratory testing information are available at:** http://www.bccdc.ca/health-professionals/clinical-resources/coronavirus-%28novel%29
- **VIHA Coronavirus information site:** https://intranet.viha.ca/departments/infection_prevention/toolkits/Pages/coronavirus.aspx
- **Government of Canada:** Infection prevention and control for novel coronavirus (2019-nCoV): Interim guidance for acute healthcare settings.

https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/interim-guidance-acute-healthcare-settings.html#a4.1

- Ministry of Health Ventilator Decision Making Framework (TBA)