

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

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| <p>Site:</p> <ul style="list-style-type: none"> • Environment: <ul style="list-style-type: none"> ○ Island Health acute care facilities | <p>Scope:</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ Site planning ○ Cohort unit set-up and patient placement ○ Higher Level of Care (HLOC) transport • Exception: <ul style="list-style-type: none"> ○ 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 |
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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:

- [Site Planning \(All sites\)](#) Refer to the **Site Planning** section of the [Adult COVID-19 HLOC Transport and Cohort Procedure](#)
- [Cohort Unit Designation and Set-up \(VGH and NRGH\)](#)
- [HLOC Transport Considerations \(All sites\)](#)
- [Arrange HLOC Transport \(All sites\)](#)
- [Repatriation: Inter-facility Transfer](#)

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 |
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| 1. Upon direction from the <i>Pandemic Response Coordination Committee</i> , establish a Cohort Unit. This will be communicated via unit manager, or site leadership. | <ul style="list-style-type: none"> • 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 <i>Pandemic Response Coordination Committee</i> for direction if admissions exceed clinical isolation capacity or care delivery | |

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| limitations of unit/area/facility. | |
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HLOC Transport Considerations

| What you need to do | What you need to know |
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| 1. Consider transfer of all confirmed positive COVID-19 pediatric patients who need inpatient care to: <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> • 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) | <ul style="list-style-type: none"> • <i>Are we confident this will stay contained on transport?</i> • <i>Is this a closed system patient?</i> • <i>Do we have the right care providers available?</i> • <i>Do we have the required PPE available?</i> |
| 4. Consider staffing and resourcing required to transport the patient. | <ul style="list-style-type: none"> • <i>What clinical staffing/medical escorts will be required to accommodate the transport?</i> • <i>What external resourcing will be needed to accommodate transport (BCEHS, etc.)?</i> • <i>Can transport of a medically stable patients be organized during the day when decision makers are easily accessible?</i> • <i>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?</i> |
| 5. Consider transport benefit to the patient. | <ul style="list-style-type: none"> • <i>Do they need HLOC now, or is this in preparation?</i> • <i>What is the Pediatric Degree of Intervention Status?</i> |

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| | <ul style="list-style-type: none"> • <i>Is this patient likely to become medically unstable and deteriorate quickly and need urgent attention for HLOC (i.e., respiratory, immunodeficiency, or cardiac disease)?</i> • <i>Will they likely worsen?</i> • <i>Do they have other comorbidities which would preclude further treatment?</i> |
| 6. Consider the patient’s wishes. | <ul style="list-style-type: none"> • <i>Does the patient have an Advance Directive?</i> • <i>Are they a full code?</i> • <i>Does the patient/caregiver agree to be transported to a designated Cohort location? If not, may need to escalate to PRCC for resolution.</i> |

Arrange HLOC Transport

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| 1. Once the decision is made to transport the patient, arrange for transport following the <i>COVID-19 Transfer Decision Algorithm (Appendix 1)</i> and in accordance with the <i>COVID-19 Transport Contingency Plan</i> . <ul style="list-style-type: none"> • Transport may occur later than usual to accommodate operational requirements. | <ul style="list-style-type: none"> • COVID-19 Transfer Decision Algorithm (Appendix 1) • COVID-19 Transport Contingency Plan |
| 2. Determine most appropriate bed placement. | <ul style="list-style-type: none"> • 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.

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| 1. Repatriate patients according to established repatriation procedures once: <ul style="list-style-type: none"> • Island Health interim guidelines for <i>Interim – Discontinuing Additional Precautions in Suspect and Confirmed COVID-19 Patients</i> are met, or | <ul style="list-style-type: none"> • Interim – Discontinuing Additional Precautions in Suspect and Confirmed COVID-19 Patients • Repatriation Inter-facility Transfer Procedure |
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| <ul style="list-style-type: none"> As approved by both the Medical Microbiologist and Medical Health Officer. | |
| <p>2. Ensure excellent handover communication during repatriation of all resolved COVID-19 patients.</p> | <ul style="list-style-type: none"> IDRAW - Information Transfer and Communication at Handovers |

Persons/Groups Consulted:

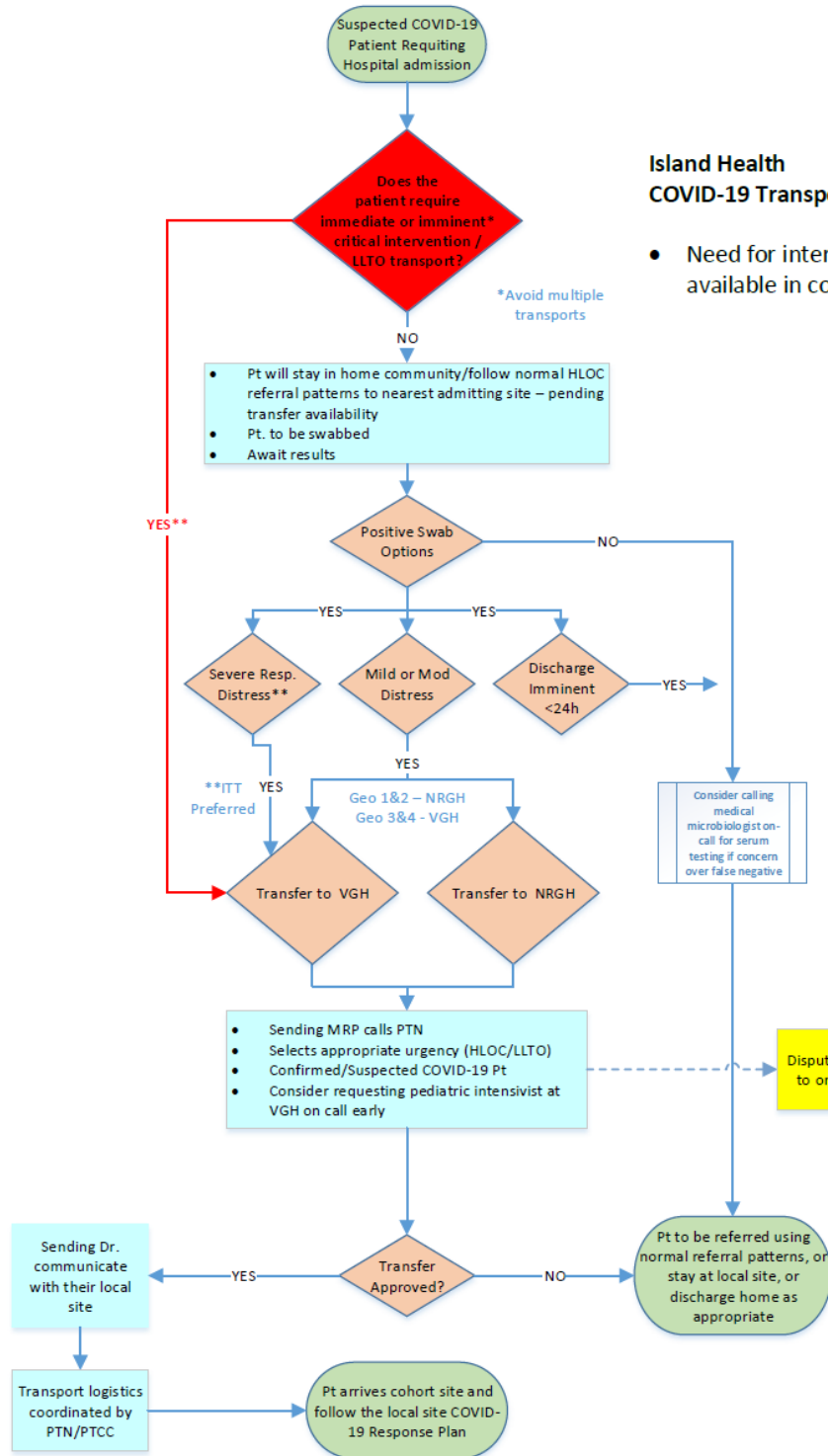
- Manpreet Khaira, Clinical Director, Restorative Health & Acute Flow Strategy
- Kerry Morrison, Director, Strategic Initiatives Geo 4 and Co-Chair Geo 4 Quality
- Dr. Pamela Kibsey, Division Director, Microbiology / Medical Director, Infection Control, Laboratory Medicine, Pathology & Medical Genetics
- 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](#)



Appendix 1: Transfer Decision Algorithm



Island Health COVID-19 Transport Criteria

- Need for interventions not available in community site