1) **All participants will be muted upon joining the call.**

   If you dialed in or out, unmute by pressing #6 to ask a question (and press *6 to mute).

   Presenters: Please avoid the use of speakerphone and make sure your computer speaker is muted if you dialed in via phone.

2) **To ask or respond to a question using the Chat box,** type your question and click the 📣 icon or press Enter to send.
Overview

■ Situation update
  ■ Surveillance/testing
  ■ Pediatric Home Health Agency/MCH nursing services
  ■ New VDH information/resources
  ■ Other updates: Planned Parenthood

  ■ Pediatric Inpatient Admissions – Karen Leonard, MD FAAP
  ■ L & D Mother/Baby COVID Admission Rubric – Karin Gray, MD FAAP

■ Question and answer

[Please note: the COVID-19 situation continues to evolve very rapidly – so the information we’re providing may change]

March 27, 2020
Situation Update

- Surveillance/Laboratory testing: VDH lab running ~130 samples/day (clinical prioritization: symptomatic HCWs, hosp. pts., LTC residents, incarcerated individuals, “other high-priority groups”).

- Current COVID activity in Vermont (VDH/other PH labs, commercial):

  | Positive test results* | 158 |
  | Total tests conducted  | 2,008 |
  | Deaths*               | 9    |
  | People being monitored | 325  |
  | People who have completed monitoring | 371 |


- Actual (11 a.m. press conference) 25 new cases; 183 total; 10 d.

- Reminder – new VDH web page: **COVID-19 Resources for Health Care Professionals**
From our (MCH) Home Health Partners

- In some regions, referrals have dropped significantly
- They are available to help families – being creative
- Don’t hesitate to make referrals for MCH nursing services.
- Able to administer immunizations and do repeat filter papers for newborn screening on an as needed basis
  - Some nurses don’t have the immunization rescue meds on hand so will have to work that out with the pediatrician when picking up the immunizations
- Summary: MCH nurses are definitely willing to partner with pediatricians and do what needs to happen in the home

March 27, 2020
New VDH Information/Resources

- **Testing expansion** – new guidance emerging today
- **VTHelplink**: call center for drug/alcohol treatment & recovery services
  - Web site: VTHelplink.org
  - Phone: **802-565-LINK (5465)**: open 8 am to 10 pm weekdays, and 8 am to 6 pm weekends/holidays, 365 days/year (complements 2-1-1)
- **Other updates**: Planned Parenthood
UVM Children’s Hospital
Pediatric Inpatient Admissions – Karen Leonard, MD FAAP
Labor & Delivery/Mother-Baby COVID Admission Rubric – Karin Gray, MD FAAP
Pediatric Inpatient Admissions at UVMMC

Karen Leonard, MD
Pediatric Hospitalist
Medical Director of Inpatient Pediatrics
Goals

- Avoid unnecessary visits to ER for both patients and providers
- Identify patients who can be admitted directly to the inpatient floor
Patient potentially needing admission identified by Provider at outpatient clinic, telemedicine visit, or emergency room visit

- Call Regional Transfer Center 1-866-648-4886
- Ask for pediatric hospitalist on call
- We will discuss case with you and together determine safest disposition for the patient
- We may bring intensivist or subspecialists onto the call
- Consider calling us for patients “on the fence” before sending the patient to ER for evaluation: we may be able to help avoid the ER by admitting directly or by offering telephone consult
Pregnant mother presents to L&D and requires admission for LABOR

Does the patient have any combination of fever, new cough or new shortness of breath not due to something else?

Yes:

Mother is Person Under Investigation (PUI)*. Send RSV/Flu, COVID swab if not already sent.

*NICU visitation not allowed

Initiate Special Droplet + Contact precautions. Patient wears mask. Recommend separation from infant after delivery.

Mother agrees to separation

Mother transferred to M6 or alternate COVID unit

Newborn transferred to B7 COVID Room when stable Special Droplet + Contact Precautions Care by healthy caregiver or LNA in PPE Expressed breast milk or bottle feeding

If newborn requires higher level of care: Transfer to NICU, B5, or PICU as census/clinical condition dictates. Transport patient in isolette. Patient on Special Droplet + Contact Precautions.

If mother delivers precipitously or PUI determination cannot be determined until after birth for any reason, initiate Special Droplet + Contact Precautions, send RSV/Flu and COVID swab, but continue couplet care as above

No:

Close contact† with a PUI or person who is COVID+?

Yes:

Woman requires ongoing quarantine

Initiate Droplet + Contact Precautions Couplet care

If newborn requires higher level of care: Transfer to NICU, B5, or PICU as census/clinical condition dictates. Patient on Contact + Droplet Precautions.

If newborn requires higher level of care: Transfer to NICU, B5, or PICU as census/clinical condition dictates. Patient on Contact + Droplet Precautions.

No:

Routine care

†Defined by CDC as: being within approximately 6 feet (2 meters) of a COVID-19 case (or PUI) for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room – or – having direct contact with infectious secretions of a COVID-19 case or PUI (e.g., being coughed on)
**LABOR & DELIVERY / MOTHER BABY COVID ADMISSION RUBRIC**
Reviewed 3/20/20 by Karin Gray, Chuck Mercier, Marjorie Meyer, Shelley Robinson, Sandra Sperry, Leslie Young

**Discharge instructions if separated:**
- **For COVID +**: Continue separation until 7 days from symptom onset AND 72 hours after resolution of symptoms
- **For COVID test pending at discharge**: Separation as above until results known, if negative, discontinue isolation

**Discharge instructions if not separated:**
- **For COVID+**: Self-isolate together, monitor for symptoms in infant
- **For COVID test pending at discharge**: Monitor for symptoms until results known
- **Asymptomatic but exposed to known positive**: Continue self-quarantine together and isolation from contact
Questions/Discussion

- Q & A Goal: monitor/respond in real time – record/ disseminate later as needed (and/or revisit next day).

- For additional questions, please e-mail:
  - vchip.champ@med.uvm.edu

- VCHIP CHAMP VDH COVID-19 website:

- Next call: **Monday, March 30, 12:15-12:45** (same webinar/call information – invitation to follow)

- **What do you need** – how can we be helpful (specific guidance)?

- Please tune in to VMS call with Commissioner Levine:
  - **Tuesday, March 31, 12:15-12:45**
    - Phone: 1-802-552-8456
    - Conference ID: 993815551