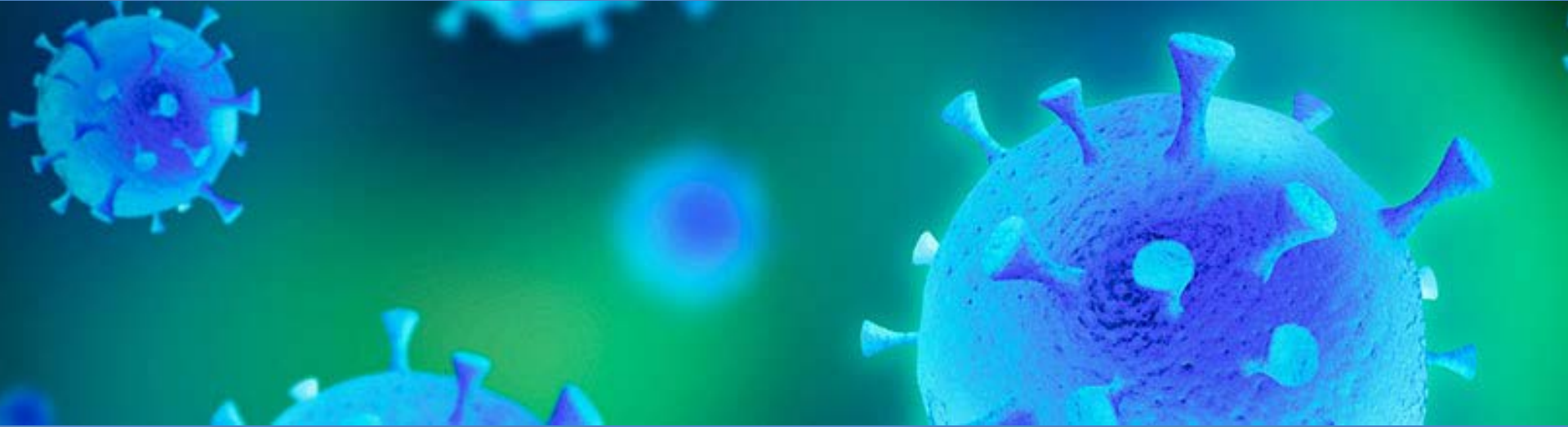


VCHIP / CHAMP / VDH COVID-19 UPDATES



Wendy Davis, MD FAAP - Vermont Child Health Improvement Program, UVM

Breena Holmes, MD FAAP – Director of Maternal & Child Health, Vermont Department of Health

March 27, 2020



Vermont Chapter

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American Academy of Pediatrics
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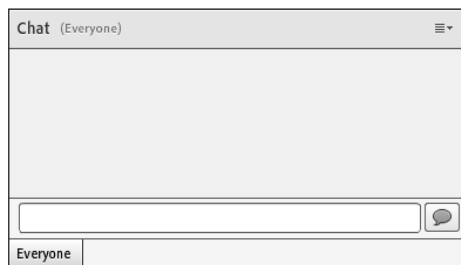
Technology Notes

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
- Sharing practice strategies: UVM Children's Hosp.
 - ▣ 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]

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

<https://www.healthvermont.gov/response/infectious-disease/2019-novel-coronavirus>

- 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 svcs.
- 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



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

Practice Implementation Strategies

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 UVMMMC

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

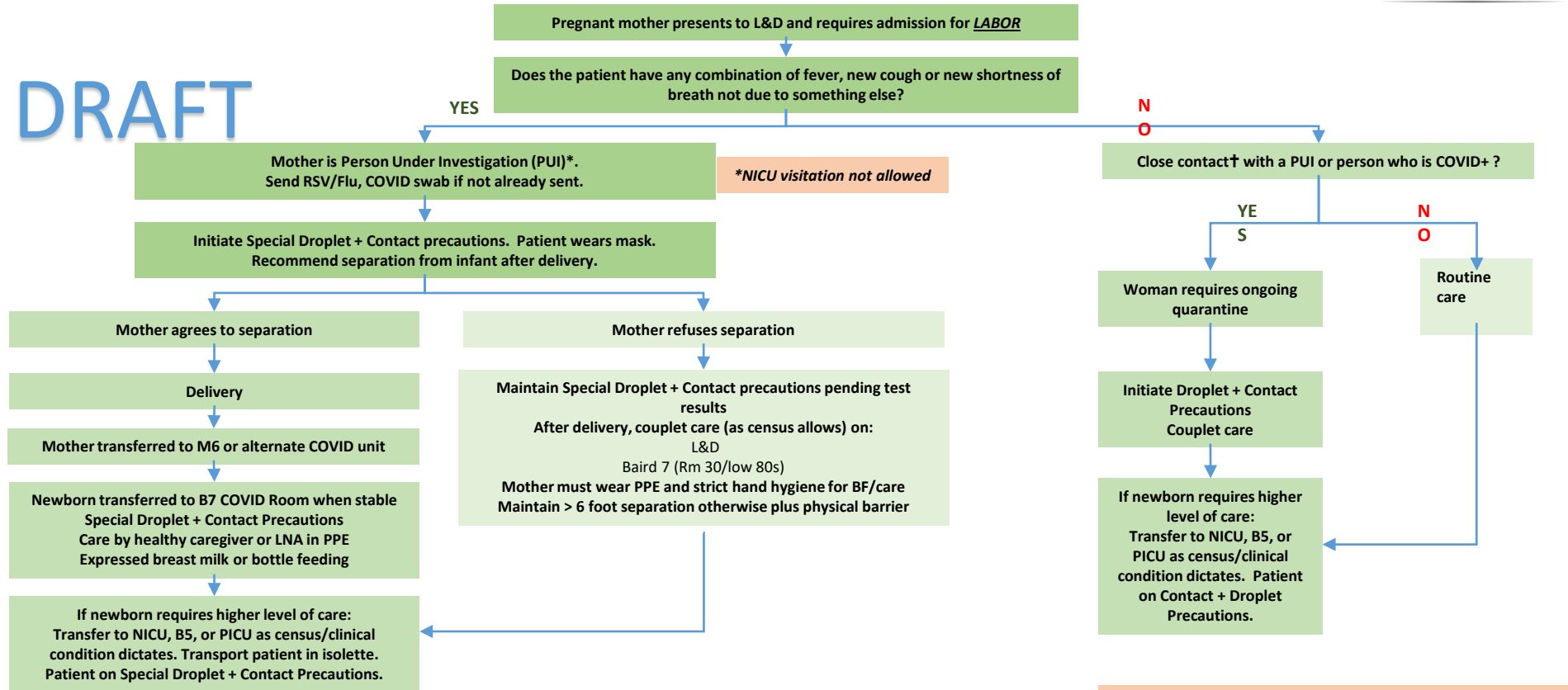
Process

- ▶ 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

LABOR & DELIVERY / MOTHER BABY COVID ADMISSION RUBRIC

Reviewed 3/20/20 by Karin Gray, Chuck Mercier, Marjorie Meyer, Shelley Robinson, Sandra Sperry, Leslie Young

DRAFT



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

† 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:
https://www.med.uvm.edu/vchip/projects/vchip_champ_vdh_covid-19_updates
- 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