



For Pathway: Community Support of COVID Therapeutics including Monoclonal and Antiviral Infusion in Long Term Care

A) Overview and Goals:

To ensure site preparedness for the provision of COVID Monoclonal Antibody or Antiviral IV treatment to patients who meet the established criteria

B) Glossary of Terms and Acronyms:

mAbs	Monoclonal Antibiotic Treatment
CIVP	Community IV Program
CIVP (CA)	Clinic Assistant receiving referrals at CIVP and scheduling appointments
CIVP Nurse or PRRT Nurse	Nurse within the infusion site responsible for triaging incoming referrals to ensure eligibility
CIVP (NRC)	Community IV Program Nursing Resource Coordinator
PPE	Personal Protective Equipment
Prescribing Provider	Physician/Nurse Practitioner/Physician Assistant
Treatment Site	Designated clinic location for the IV treatment
Referral Sources	<ul style="list-style-type: none"> • Triage from Urgent Care (UC)/Emergency Department (ED) • LTC Facilities
EPIC Paramedic	Community Paramedic providing Infusion in Community
LTC Facility	Long Term Care Facility
LTC Pharmacist	Community Pharmacy Provider supporting LTC screening residents for suitability for Oral Antiviral treatment as a first option

C) About this SOP:

- 1) Not included in this SOP is the Community direction on screening eligibility for Monoclonal/Antiviral Infusions and Oral Antiviral medications. For more information please refer to **SOP: Community COVID Therapeutics including Monoclonal Infusion and Oral Antiviral Treatments**
- 2) SOP pertains to the IV infusion with Monoclonal Antibodies and Antivirals for the treatment of COVID-19 during the pandemic period.
- 3) Treatment space will be co-located within community infusion site or within the Long-Term Care Facility
- 4) Community partners commit provide staffing for treatment
- 5) This service includes review of referral, and treatment but not a full COVID Assessment
- 6) COVID mAbs IV and Antiviral Treatment services are accessed through the referral process only for patients who meet the defined criteria as outlined in the [COVID-19 IV Antiviral Outpatient & Personal Care Home Treatment Referral Form](#); in addition to specific criteria, eligible patients must:
 - a. Be 18 years of age or older
 - b. Have a positive COVID-19 test
 - c. Meet treatment criteria for outlined in [Treatment Recommendations Document](#)
 - i. Eligibility for 5-day course being- Symptom onset (no timeline restriction) and require new start of low-flow supplemental oxygen, intravenous fluids, or physiologic support; OR
 - ii. Eligibility for 3-day course being- Symptom onset within 7 days and have mild to moderate symptoms- Do not require supplemental oxygen (above their baseline), intravenous fluids, or physiologic support; hospital admission or referral to emergency department for COVID-19 evaluation for hospital admission NOT imminently required
- 7) PPE is to be worn at all times following IP&C direction - <https://sharedhealthmb.ca/covid19/providers/ppe-resources/>



For Pathway: Community Support of COVID Therapeutics including Monoclonal and Antiviral Infusion in Long Term Care

D) The Patient Assessment Process:

Person Responsible	Task
LTC Prescriber	<p>Identifies residents eligible for treatment of COVID infection</p> <ol style="list-style-type: none"> 1) Determines treatment options based on Recommendations for COVID-19 Treatment <ol style="list-style-type: none"> a. Paxlovid- review eligibility with LTC Pharmacist b. Remdesivir- option for 3- or 5-day course in LTC supported by Provincial Medical Lead Dr. Perry Grey <ol style="list-style-type: none"> i. Eligible for 5-day course if Resident requires additional physiologic support (including new start of supplemental oxygen or IV Fluids) <ol style="list-style-type: none"> 1. No time limit to initiate therapy ii. Eligible for 3-day course if Paxlovid is contraindicated, no additional physiologic supports required and meets criteria on COVID-19 IV Antiviral Outpatient & Personal Care Home Treatment Referral Form <ol style="list-style-type: none"> 1. Treatment must be initiated within 7 days of symptom onset despite testing date c. Other therapeutics to be determined and managed on a case by case basis 2) Prescribes appropriate therapeutics <ol style="list-style-type: none"> a. Paxlovid- via established prescribing practices b. Remdesivir- Long Term Care Remdesivir for Management of COVID-19 in Adults Prescriber's Order Sheet (Form # W-00893) <p>Consider location for treatment based on resident's appropriateness for transport to treatment site considering mobility, transfer assistance, cognition/behaviour, and current status (e.g. bed bound?)</p> <p>Obtains consent from the resident or substitute decision maker (including Public Guardian and Trustee) for COVID therapeutic</p>
LTC Pharmacist	<p>Reviews all LTC orders for Oral Antiviral (as first option)</p> <ol style="list-style-type: none"> 1) If the resident has a contraindications to the oral antiviral, advises LTC Prescriber and LTC facility to assess eligibility for infusion
LTC Facility	<p>Confirm consent has been obtained from the resident or substitute decision maker (including Public Guardian and Trustee) for COVID therapeutic</p> <p>Where infusion is required, fax completed COVID-19 IV Antiviral Outpatient & Personal Care Home Treatment Referral Form, Long-Term Care Remdesivir for Management of COVID-19 in Adults Prescriber's Order Sheet (form # W-00893) and all applicable supporting documentation to the WRHA fax number on Referral form .</p> <p>Contact WRHA phone number on referral form for confirmation of receipt.</p>
CIVP CA	<p>Follows up on receipt of Referral and phone call from Referral Source through established internal workflows</p> <ol style="list-style-type: none"> 1) <u>Home Care- SOP: Community COVID Therapeutics including Monoclonal Infusion and Antiviral Infusion Treatments</u>



For Pathway: Community Support of COVID Therapeutics including Monoclonal and Antiviral Infusion in Long Term Care

<p>CIVP Nurse or PRRT Nurse (or designate)</p>	<p>Receive notification of referral and screens for eligibility as per <u>Home Care – SOP: Community COVID Therapeutics including Monoclonal Infusion and Antiviral Infusion Treatments</u> and contacts LTC Facility to ensure</p> <ol style="list-style-type: none"> 1) Consent for treatment (either mAb or Antiviral infusion) has been obtained by the site 2) Confirms resident mobility <ol style="list-style-type: none"> a. Where mobility or ability transfer to Treatment Site is in question, ensure all options for support to transfer have been exhausted. <p>If eligible for infusion treatment and:</p> <ol style="list-style-type: none"> 1) Unable to transfer to Infusion Treatment site, consult with EPIC team for infusion in LTC facility <ol style="list-style-type: none"> a. Email EPIC at fps-epic-paramedic@winnipeg.ca with patient initials, EMR Number, PHIN, DOB, confirmation of consent and below information <ol style="list-style-type: none"> i. Include Dr Rob Grierson- RGrierson@winnipeg.ca and Dr Erin Weldon eweldon@sharedhealthmb.ca b. Follow-up phone call to EPIC at 204-918-2758 c. COVID Monoclonal Treatment- Confirm start date for infusion with EPIC and update description on Referral Form <ol style="list-style-type: none"> i. Mark referral as reviewed d. COVID Antiviral Infusion Treatment- Confirm start date for infusion with EPIC and <ol style="list-style-type: none"> i. Send task to CIVP CA to book patient for remaining treatment doses in LTC Facility as per <u>Home Care- SOP: Community COVID Therapeutics including Monoclonal Infusion and Oral Antiviral Treatments</u> <ol style="list-style-type: none"> 1. Indicate to CA via task whether need to book 3- or 5-day course of treatment ii. Mark referral as reviewed iii. Inform LTC Facility of the appointment including the following information: <ol style="list-style-type: none"> 1. Date and time of appointment 2. Name of LPN/RN attending LTC Facility to perform infusion 2) Able to transfer to Infusion Treatment site, <ol style="list-style-type: none"> a. Send task to CIVP CA to book patient for remaining doses at Treatment Site as per <u>Home Care- SOP: Community COVID Therapeutics including Monoclonal Infusion and Oral Antiviral Treatments</u>
<p>EPIC Paramedic</p>	<p>Follows up with LTC Facility to arrange initial Infusion through established processes where patient is unable to transfer to Infusion Site,</p> <p>Prepares for Infusion</p> <ol style="list-style-type: none"> 1) Confirms Long Term Care Remdesivir for Management of COVID-19 in Adults Prescriber's Order Sheet (form # W-00893) from LTC Prescriber on file in Accuro <p>Administers infusion as per EPIC protocols</p> <p>Advises LTC Facility nurse when the infusion has been completed and any monitoring parameters.</p> <p>Document above as Encounter note in Accuro</p>
<p>CIVP Nurse or PRRT Nurse</p>	<p>Reviews schedule at morning huddle to identify any LTC infusions. Infusion Nurses to equitably determine staff to attend LTC facility</p> <p>Prepares for Infusion</p>



For Pathway: Community Support of COVID Therapeutics including Monoclonal and Antiviral Infusion in Long Term Care

	<ol style="list-style-type: none"> 1) Confirms Long Term Care Remdesivir for Management of COVID-19 in Adults Prescriber's Order Sheet (form # W-00893) from LTC Prescriber on file in Accuro 2) Prepares all required equipment and medication to take to LTC Facility 3) Prepares infusion as per appropriate Monograph and any Dose Preparation Procedure Document 4) Travels to LTC Facility <p>Administers Infusion as parenteral drug monograph</p> <ol style="list-style-type: none"> a. Where IV access is no longer available contact CIVP for support: <ol style="list-style-type: none"> i. Business hours: 0730-1545 Monday- Friday <ol style="list-style-type: none"> 1. Call NRC to request infusion support 204-794-2180. ii. Weekend and Stat holidays <ol style="list-style-type: none"> 1. Call CIVP Clinic Assistant to request infusion support- 204-789-7100 <p>Advise LTC Facility nurse when the infusion has been completed and any monitoring parameters.</p> <p>Document above as Encounter note in Accuro</p> <p>Repeat as required for all follow up doses as scheduled</p>
<p>CIVP NRC/or designate</p>	<p>Where support is required to re-start IV</p> <ol style="list-style-type: none"> 1) Infusion RN/LPN will call for support <ol style="list-style-type: none"> b. Assign to nurse for administration within work day as per established processes <p>CIVP Nurse attends LTC Facility for IV start and infusion</p> <ol style="list-style-type: none"> 1) Documents in CIVP EMR 2) Confirm with that any subsequent doses are booked for Infusion Nurse

Reference Material:

- **Remdesivir Patient Information Sheet** [covid-19-remdesivir-patient-info.pdf \(sharedhealthmb.ca\)](https://sharedhealthmb.ca/covid-19-remdesivir-patient-info.pdf)
 - **French** [covid-19-remdesivir-patient-info-fr.pdf \(sharedhealthmb.ca\)](https://sharedhealthmb.ca/covid-19-remdesivir-patient-info-fr.pdf)
- **COVID-19 IV Antiviral Outpatient & Personal Care Home Treatment Referral Form** [covid-19-treatment-referral-form.pdf \(sharedhealthmb.ca\)](https://sharedhealthmb.ca/covid-19-treatment-referral-form.pdf)
- **Paxlovid and Remdesivir Quick Notes** [covid-19-treatment-quick-notes.pdf \(sharedhealthmb.ca\)](https://sharedhealthmb.ca/covid-19-treatment-quick-notes.pdf)
- **Remdesivir Parenteral Drug Monograph** <https://hschome.hsc.mb.ca/download/345/q-r/6401/remdesivir.pdf>
- **Memo – Paxlovid Oral Antiviral Treatment** <https://sharedhealthmb.ca/files/covid-19-paxlovid-memo.pdf>
- **Paxlovid Information for Health-Care Providers** <https://sharedhealthmb.ca/files/covid-19-paxlovid-provider-info.pdf>
- **Paxlovid Referral Form** <https://sharedhealthmb.ca/files/mab-referral-form.pdf>
- **Paxlovid Patient Information Sheet** <https://sharedhealthmb.ca/files/covid-19-paxlovid-patient-info.pdf>
 - **French Patient Information Sheet** <https://sharedhealthmb.ca/files/covid-19-paxlovid-patient-info-fr.pdf>
- **Paxlovid Drug Interactions Sheet** <https://sharedhealthmb.ca/files/covid-19-paxlovid-drug-interactions.pdf>