**Clinical Process Sotrovimab**

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ISC LRRCN COMMUNITY PROCESS FOR SOTROVIMAB THERAPY

# ISC LRRCN community Process for Sotrovimab therapy

## **objectives**

* To provide a guideline for the administration of monoclonal antibody Sotrovimab in Little Red River Cree Nation (LRRCN) communities of John D’Or Prairie, Garden River and Fox Lake
* To provide support for the management of patients receiving Sotrovimab treatment in the nursing stations including John D’Or Prairie, Garden River and Fox Lake
* To provide a guidance for referral of patients to the AHS provincial Sotrovimab Clinics within the Northwest Health Centre

## APPLICABILITY

* Indigenous Services Canada (ISC) health care professionals (HCP), contract paramedics and contract nurses will remain in compliance with this document, while respecting the individual rights, dignity, autonomy, and consent of the patient.

## **Elements**

1. Points of Emphasis
   1. For the purposes of this document, Nurse Practitioner (NP) refers to a First Nations Inuit Health Branch (FNIHB) NP who has completed the required Sotrovimab prescribing education.
   2. For the purposes of this document, Health Care Professional (HCP) refers to a Registered Nurse (RN) and/or Advanced Care Paramedic (ACP) who has completed the Education Module for the Administration of Sotrovimab Infusion in FNIHB Nursing Stations and passed the exam and is current in all of their mandatory education.
   3. Patients shall be assessed for eligibility through the Nurse in Charge (NIC) and HCP in consultation with an NP.
   4. Sotrovimab can be administered in the nursing station if all of the following conditions have been met:
      1. Availability of the drug in the nursing station formulary.
      2. Availability of an isolation room with dedicated emergency equipment (including airway management and anaphylaxis kit).
      3. Adequate staffing levels with the availability of a dedicated HCP for the sole purpose of administering the sotrovimab infusion according to the approved process.
   5. All COVID positive patients approved for the administration of Sotrovimab in the nursing station shall be escorted through the nursing station and shall not move from one area to another unless escorted (for infection control purposes)
   6. A designated support person will be permitted to enter the nursing station as long as they are a current household contact. This person must remain in the isolation room with the patient and wear appropriate PPE.
2. Testing and Determination of Eligibility for Sotrovimab Therapy
   1. Any patient receiving a COVID PCR (GenXpert Rapid Test) will have a screening questionnaire completed by the HCP administering the test.
   2. All questionnaires will be readily available to the HCP responsible for the receiving and notification of positive tests.
   3. After a positive COVID PCR test result is received, the HCP will notify the NIC and they will identify those patients that may be eligible for Sotrovimab therapy.
   4. The NIC will contact the NP to inform them that a patient may be eligible for Sotrovimab therapy. The NP and the NIC will confirm the eligibility of the patient for Sotrovimab therapy.
   5. The NP will contact the patient and re-confirm that the patient is eligible and is agreeable to Sotrovimab therapy. If the patient is not eligible or is not agreeable, they will be provided health teaching and isolation information. If the NP is concerned about the clinical status of the patient, they will advise the patient to call the nursing station to arrange for an in-person clinical assessment.
   6. The NP will discuss the options with the patient as to where they will receive the Sotrovimab Therapy. At present there are two options:
      1. Referral to the Northwest Health Centre Sotrovimab Interim Clinic
      * If unable to administer the Sotrovimab therapy in the nursing station, the HCP is to call 811 (with the patient present) on behalf of the patient for next steps (as per AHS recommendation). Do not send the patient to the emergency department (Sotrovimab is not being administered in the emergency department).
      1. Admission of the patient to the Nursing Station
      * When the patient (and designated support person if applicable) arrive at the nursing station for Sotrovimab therapy, they will change their mask, perform hand hygiene and don the appropriate PPE for a COVID positive patient (includes eye protection, medical mask/respirator, gloves and gown). The HCP will accompany them (maintaining appropriate physical distancing measures from others in the nursing station) to the isolation room and do the clinical assessment and vital signs.
      * The HCP will contact the NP with the patient’s clinical assessment including vital signs. If the patient is assessed to be ina declining state of health then the patient will be referred to hospital as appropriate and the Sotrovimab infusion will not be administered.
      * The NP on call will obtain consent from the patient over the phone while the patient is in the clinic and provide a written prescription for Sotrovimab (see Appendix L). Both the patient and the NP will sign the consent and this will be placed on the patients chart. The NP on call will fax the prescription to the nursing station.
3. Administration of Sotrovimab Therapy in the Nursing Station
   1. Should a patient refuse consent at the time of administration, the refusal shall be documented in the patient chart and the patient escorted to the exit.
   2. Only HCPs who have completed the ISC Sotrovimab module with a successful passing grade are authorized to administer and monitor the infusion.
   3. The HCP shall obtain a baseline assessment and vital signs prior to the initiation of treatment. Any patients who are found to be in a declining state of health and requiring acute care shall not go ahead with the infusion. The ordering provider will be notified and the infusion HCP shall document the inability to provide the medication. Documentation will occur on the patients chart and in the ISC Sotrovimab Patient Care Notes (Appendix I).
   4. Sotrovimab will be kept in the Nursing Station immunization fridge (in all three LRRCN facilities) and be reconstituted according to the parenteral monograph (Appendix A or refer to the RxVigilence monograph).
   5. Please ensure an email is sent to the FNIHB Pharmacist (jacqueline.ming@sac-isc.gc.ca) if a vial of the Sotrovimab is administered in the nursing station.
   6. Please ensure a fax is sent to the Fort Vermillion pharmacy for the dose to be uploaded into the patient’s profile on Netcare.
4. Monitoring During and Post Administration
   1. Vital signs (temperature, pulse, respiration rate, blood pressure, Glasgow Coma Scale (GCS)) must be completed just prior to the start of infusion and every 15 minutes. In addition, adverse reactions will be assessed for every 15 minutes.
   2. Documentation will be charted on the Sotrovimab Patient Care Notes (Appendix I).
   3. Patient follow-up and discharge instructions shall be provided to the patient following the administration of the medication (Appendix F and Appendix G). The HCP will inform the patient that the NP will be calling with follow-up questions and to ensure the contact number is current.
   4. Patients will be monitored for 60 minutes post infusion of Sotrovimab. Vital signs (temperature, pulse, respiration rate, blood pressure, GCS and any adverse reactions) will be done every 15 minutes and charted on the Patient Care Notes.
   5. Upon discharge, patients and designated support person will be escorted from the nursing station wearing appropriate PPE and maintaining physical distancing and infection control procedures.
   6. Ensure the administration of the medication is entered into Netcare following existing and/or new processes.
5. Adverse Events
   1. Dedicated emergency equipment, including airway management and anaphylaxis kit shall be available during the infusion and monitoring period.
   2. Should an adverse event occur, the HCP shall initiate emergency interventions.
   3. The HCP will consult either the NP or physician via RAAPID.
   4. The HCP will complete an incident report and report the adverse event to the NP and the Medical Officer of Health (MOH) on call.