

Registration and Triage Checklist +COVID/PUI, H2

Registration

- If known Covid 19 or PUI coming to L&D and not triaged in ED, bypass registration and head to Triage/L&D/Antepartum for remote registration via phone.

Triage for Covid 19 and PUI Patient – Pts Should be masked at all times as possible

- Covid 19 confirmed or PUI patients should be directed to room 2107 – 2110.
- All pts should have covid d/c instructions in EPIC- See tipsheet. Will soon be built into standardized .sumob smartphrase.
- Following disposition of patient initiate peroxide cleaning spray, keep door closed, note time, and leave room vacant for 1 hour.
- Following 1 hour vacancy post spray, it is critical that all horizontal surfaces are thoroughly wiped (e.g. exam bed, countertop, chair, equipment, etc.) with the approved disinfectant. The manufacturer's instructions must be followed (wet times) for disinfection to occur. Support Associate/EVS preferred for cleaning.
- Microscopy for ferning evaluation may be deferred to mitigate transport of the specimen across a unit, given the potential exposure risks. Wet Prep/Ferning only if it will change management.
- Prenatal ultrasonography should be used judiciously and reserved for situations when results would likely alter clinical management.
- Prolonged exposure to high-dose steroids has been associated with worsening SARS-CoV2 patient outcomes in the general population. Practices could consider adjusting protocols (eg, ANCS after 34 weeks, repeated courses of ANCS), balancing theoretical maternal risks against the magnitude of known fetal benefits in each clinical circumstance.
- See Staffing Considerations for cohorting and limiting staff exposures.

*Red font indicates changes made since HealthStream info uploaded 3/31/20. #Effective 4/13/20



L&D/Antepartum Considerations Checklist +COVID/PUI, H2

For all patients regardless of COVID /PUI or not

- Droplet Precautions PPE for providers during Second Stage/Epis placement. REMINDER: this should be standard for ALL LABOR PATIENTS, not just +COVID/PUI.
- High-flow, supplemental oxygenation for intrauterine resuscitation – DO NOT USE. Maternal O2 for low maternal O2 sats may be indicated if maternal sats < 93% per Akron Children’s MFM.
- All patients, including pregnant patients, should be encouraged to have an identified health care proxy and/or an advance directive on admission to the hospital.

For Covid 19 or PUI Patients- Pts should be masked at all times as possible

- Labor - Start of Shift Should ID Team Members: Maternal RN, Attending/Resident, Anesthesia, Baby RN (prn) for Covid 19 or PUI patients.
- Consult MFM in patient
- Covid 19 or PUI patient Huddle to Discuss Plan of Care Prior/On Patient Arrival
- Ideally 1:1 nursing care; Cohort staff and patient rooms as volume dictates
- Use of Negative pressure rooms (L&D 2305 and PNU 2206). If 2206 not ideal for delivery; to bring in portable warmer most optimal, if used for delivery. Have NICU bring isolette; or use another LDR with room door shut
- Magnesium for fetal neuroprotection should be weighed against potential risks of maternal respiratory depression. For seizure prophylaxis in women with increasing oxygen requirements, the risk-to-benefit ratio should be considered before using magnesium sulfate.
- To avoid pulmonary edema in the Covid 19 patient, use clinical judgment for IV fluid rates based on I/O’s. Consider Hep Locks on all of these patients, or IVs with maintenance KVO rates. *In general, Non-PUI/+ COVID Pts should follow routine IV fluid orders.
- Droplet Precautions throughout hospital course for Covid 19 or PUI patients.**
- Delayed cord clamping ok for Covid 19 or PUI patients per Akron Neonatology
- Placenta: change gloves before bagging placenta, double bagging and place + COVID or PUI sticker
- Given the potential for rapid deterioration in maternal respiratory status, anticipatory planning and counseling is prudent.
 - DISCUSS BENEFITS AND RISKS OF ROOMING IN AND PLAN FOR DYAD UPON DELIVERY. CDC RECOMMENDS SEPARATION. Shared Decision Making Must Occur: Neo/Pediatric consult (Remote via call/Facetime) RISKS: • Lack of data regarding transmission from mother to newborn • Separation results in disruption of breastfeeding (can pump as alternative) • Reduced protection against actively circulating LRTI • Disruption of bonding • Lack of practice with taking care of an infant while themselves infected BENEFITS: • Allow for optimal mother infant bonding including ability to breast feed while in the hospital
 - Consult MFM in patient Covid 19 or PUI patient.

- Theoretical transmission from urine and stool- ensure performance perineal cleansing prior to delivery; may require more than once.
- NO skin-to-skin with +COVID or PUI
- Code Pink called for standard indications and if mother is moderately to severely ill from COVID-19 as Code Pink
- Infant considered PUI
- Bathe the infant immediately. Do not wait until 12 hours of age.
- NB Caregivers don PPE outside of delivery room prior to entering. PPE includes gown, gloves, eye protection, and surgical mask or N95.
- Code Pink Team providers that may intubate or assist with intubation
- Separate Mom and Baby- per CDC, Bon Secours Mercy, CMQCC Guidelines with input from providers and family after discussion
- Infant needs to be in a separate, private room under droplet precautions (preferably in isolation nsy H4, unless cohorting in H4 nsy is required; or an adjacent room to the mother), until the mother is known to be negative. Currently, we recommend avoiding admitting asymptomatic, otherwise healthy infants to the SCN/NICU due to concerns of transmission to fragile preterm neonates. **Babies born of +COVID/PUI Mothers who require a higher level of care will be admitted to Akron Children's main campus NICU.**
- Baby should be in isolette - at least 6 " from Mom (with curtain drawn if able) for all care. Newborn transport should occur in an isolette– even if going with mother to mother's room on H4; isolettes to be obtained from H4 MB Unit (or Neo if Neo involved).

*Green font indicates changes made since 4/5/2020 Checklist Release

#4/13/2020



Cesarean Section Considerations Checklist +COVID/PUI – H2

NonEmergent

- Clean headboard, footboard and siderails with purple sanitizing wipes
- Pt continues to wear mask. Clean sheet covers her for transport.
- Anesthesia/RN do not change PPE upon exiting room unless visibly soiled; wear full PPE for transport to the O.R. (They are transporting the bed unless another designated- should be one already involved with the pt care, to minimize number of staff exposed).
- Surgeon (or designated individual) proactively Doffs PPE upon leaving the LDR room, and they – or other non-contaminated staff member become the “clean person”- responsible for touching wall plates, door handles, etc with clean hands for transport to OR, DO NOT TOUCH PATIENT OR EQUIPMENT FROM PATIENT ROOM.
- Visitor must wait in LDR until escorted; Visitor must wash hands prior to leaving LDR and keep surgical mask on en route to the OR; dons normal OR visitor attire in the ante room. Escorting staff should maintain a 6 feet distance from visitor. Visitor can go directly into OR (so as not to contaminate OR Visitor waiting area).
- Appropriate signage posted on OR Door- Use OR 1 or 2 preferentially for Covid 19 or PUI patients

Arrival to OR

- Limit Caregivers. All staff to wear gowns, gloves, N95 masks; surgical masks to cover N95 and eye protection
- Carefully strip (rolling) linens from transporting bed in the OR after transferring pt to the OR table. Bag linens in blue then yellow bag.
- Move bed to the hallway, appropriate signage to be placed identifying Covid 19 or PUI bed – Support Assoc notified by nursing to wipe bed down in hallway according to protocol and then places mattress pad cover on bed, and the bed is used for recovery/pp and goes back to original room (transporting pt).
- After pt on OR Table, Anesthesia and RN doff gowns/gloves, wash hands and don new gowns/gloves- surgical mask to cover N95- OR- Follow Summa Infection Control p&p
- Surgeon(s) wash hands, don N95 mask and face shield, scrub and enter the OR for gowning and gloving
- Preferably, neonate to be stabilized in isolette- outside of O.R. to awaiting baby RN/Neo team. Alternatively, baby can be stabilized on warmer 6 ft from mother, then taken out of OR to awaiting isolette/H4 nurse who will assume care of baby. Baby nurse, H4 RN or Neo team to take baby in isolette to designated destination. [*If Possible, Surgeon to trf baby to warmer in **non COVID/PUI cases** to conserve gowns]. See videos in HS for further info.
- OR Equip handled per usual routine; trash to be double bagged; Any equipment used on Mom/baby to be wiped down with sanitizing wipes (ie: Stethoscope)
- See previous re: Delayed CC, Skin to Skin
- Clean O.R. per guidelines Fogged- if time allows (preferred but optional -based on census and need- per ID) and cleaned

Transfer to Room in which she is going to Recover (Back to LDR Isolation Room)

- Anesthesia/Nursing transporters at foot and head of bed, do not change PPE upon exit of OR unless visibly soiled
- Clean gown, clean sheet over Mom, she is masked with surgical mask
- Surgeon Doffs all PPE except for N95 mask- is the 'clean person' for transport back to the room in which the pt will recover unless other designated person available

*Red font indicates changes made since HealthStream info uploaded 3/31/20. #Effective 4/13/20

O.R. RN Roles in +COVID/PUI Patient Cesarean

(Note: These Roles are flipped as compared to the Code C RN Roles in order to preserve PPE)- 4/13/2020

Primary Nurse

Dons

- Plastic gown over scrubs
- Mask and eye protection
- Gloves

In OR

- Assists positioning for spinal
- Performs vaginal scrub as indicated
- Inserts Foley
- Secures legs
- Performs abdominal scrub
- Takes hand off from table for bovie and suction
- Counts lap tapes and sponges
- QBL

Transfer patient to Room slated for Recovery

Second RN

Dons

- Plastic gown over scrubs
- Mask and eye protection
- Gloves

In OR

- Assists scrub nurse with pre-counts, gets supplies prn
- Charts actions of team during prep
- Prep warmer, notifies H4 RN to bring isolette to OR

When Receiving and Caring for Neonate

- Dons
- Sterile gown over plastic gown
- Receives baby from surgeon
- Performs NRP as indicated
- Stabilizes newborn, vital signs, bands baby
- Doffs in OR

- Sterile gown, gloves
- Hand hygiene, Don new gloves
- Hand off neonate to awaiting isolette/H4 Nurse

Return into OR

Chart actions of team after handoff

Assist with counts, pt trf to room for recovery



Immediate Post-Birth: Neonatal Considerations +COVID/PUI Checklist H2

Not Rooming In

- NB banded, mom verifies bands
- NB transferred to **to H4 Isolation nursery via isolette** or separate isolation room proximal to mother (**as avail**)
- Transporting team follows Summa infection control for transporting pts – baby in isolette
- Mother dons surgical mask, clean gown, covered with clean sheet
- Assigned 1:1 RN care (unless cohorting becomes required)
- Await NB COVID-19 testing until mother's test results (pending testing availability)

Rooming In: (Mom/family refuse separation recommendations)

- NB banded, mom verifies bands
- NB transferred with mother in isolette to postpartum
- Transporting team follows Summa infection control p&p for transporting pts
- Mother dons surgical mask, clean gown, covered with clean sheet
- Assigned 1:2 RN care for the dyad (one RN to one mother-baby dyad) unless cohorting becomes required.
- Await NB COVID-19 testing until mother's test results (pending testing availability) or positive for Flu/respiratory panel

***Red font indicates changes made since HealthStream info uploaded 3/31/20. #4/13/2020**



PP Care Considerations, +COVID/PUI Checklist, H4

Rooming In: Regular room with Door closed vs Negative Pressure Room (4127, 4110): Depends on maternal Aerosolization Treatments Expected:

- Healthy parent or other caregiver is instructed on good hand hygiene, wears surgical mask, gown and gloves when providing care to the newborn
- Healthy parent or other caregiver stay in room at all times with door closed
- Uses patient bathroom and food is brought in
- Mother breastfeeds using proper hand hygiene, while wearing a isolation mask
- The nurse is available for nursing care donning appropriate PPE per Summa Infection Control p&p
- Baby to remain in isolette, 6 feet from head of mother's bed
- Mother will practice proper hand hygiene while wearing surgical mask for baby care when nurse is unavailable to help.

Not Rooming in: Baby in Isolation Nursery- or H4 Nursery if cohorting- or in Adjacent Room to mother with Door Closed.

If baby housed in an isolette or open crib in the H4 nursery (isolation room or cohorted in the nursery proper), if a single baby in the isolation room in the nursery, the healthy parent or single other caregiver could visit, using appropriate PPE; If +COVID/PUI babies are cohorted in the nursery on H4, no visitors will be allowed and each baby will housed in an isolette or open crib, at least 6 feet apart from each other.

- If baby is housed in a private room adjacent to the mother, the healthy parent/caregiver stays in room at all times with door closed, donning PPE when handling the baby. Uses patient bathroom and food is brought in
- Healthy parent or other caregiver is instructed on good hand hygiene, wears surgical mask, gown and gloves when providing care to the newborn.
- The nurse is available for nursing care donning appropriate PPE per Summa Infection control p&p
- Separate nurse assigned to mother and NB
- Infant fed mother's expressed breastmilk if choosing to breastfeed
- Mother pumps breast milk with proper hand hygiene
- Breast pump and tubing are cleaned after each use according to manufacturer's recommendations

All +COVID/PUI

- Mother completes video/ppt education regarding breast feeding
- Lactation consult completed via telemedicine
- Mother reviews latch, breastfeeding and newborn care prior to discharge
- Circumcision: Provider dependent. Not stopping routinely at this time. **Should NOT be performed on +COVID/PUI Neonate.** If H4 nursery becomes +/PUI Cohorting Nursery, decisions will be made by Mgt/Neore: Ceasing/relocating circumcisions
- Expedited Discharge if Possible Depending on Stability: 24 hours SVD, 48 hours C/D.
- **All pts should have covid d/c instructions in EPIC- See tipsheet. Will soon be built into standardized .sumob smartphrase.**

- Infant Discharge: Infant shall be discharged when otherwise deemed medically ready. Moms and babies to be D/C'd together. A healthy individual designated to care for the infant shall be identified when possible. Both infant and mother shall remain in droplet isolation while leaving the building: Mother shall don a surgical mask, gown, and gloves in the hallway; Infant shall be transported to the D/C area in the isolette, and healthy parent can place baby into car seat; or baby can be transported in a car seat covered with a blanket, and the blanket is removed once the car seat is placed in the vehicle. Direct physician to physician communication prior to discharge. *There is some discussion about keeping +COVID/PUI Neonates for a full 14 days in the event of a single mother who is ill and has no identified support. This recommendation comes from Akron Neonatology but has not achieved consensus or operationalized steps for achievements (where, who, how, etc)- as of 4/7/2020* Neo/Peds discussion and collaboration with Summa/WH Services mgt/LSW will be necessary in these cases.
- A healthy caregiver should be identified to care for the baby at home. Mothers with confirmed or suspected COVID-19 infection at the time of discharge shall continue to take appropriate droplet precautions once home until she is free of symptoms, including strict hand hygiene and cough etiquette, maintaining a minimum distance of 6 feet from the infant and/or individuals at home whenever possible, and practicing appropriate hand hygiene/PPE if required to care for the infant. The woman should be plan with her provider about cessation of isolation procedures based on CDC guidelines; Symptom free, no fever, without antipyretics is a reasonable guide.

*Red font indicates changes made since HealthStream info uploaded 3/31/20.

*Green font indicates changes made since 4/5/2020

#Effective 4/13/20



Staffing Considerations for +COVID/PUI, WH Services

- Start of Shift Should ID Team Members: Maternal RN, Attending/Resident, Anesthesia, Baby RN (prn)
- Huddle to Discuss Plan of Care Prior/On Patient Arrival
- Review isolation protocol and use of PPE- follow Summa p&ps
- Limit caregivers
- 1:1 nursing care (nurse not assigned to a second patient or assigned to “assist” with other deliveries or patient care)- cohort care on Women’s Services Units if multiple COVID patients; ensure 2nd/backup staff identified for assistance/relief
- WH Services staff does not float outside unit- just as last resort
- When entering room of COVID patient, staff to remove jewelry, leave cell phone outside of the room. Follow Summa COVID tap/dual sign outside of the room.
- High-level resident only or attending in room- minimize number of staff with contact with Covid 19 or PUI patient
- Staff tracer sheet to track all staff in contact with patient
- Pregnant staff should not look after Covid 19 or PUI to minimize risk of being COVID positive in labor
- NICU consult by video or phone to counsel the neonatal separation decision

#4/13/2020