

# UCMC COVID SOP

While an evolving process, these considerations are now standard procedure related to patients with ILI +/- COVID

4.1.2020

# Universal Masking

- Per the Infection Control recommendation we have moved to universal masking. That means for all patient care a surgical mask should be worn under a re-usable face shield (these should now be available on the unit). An alternative is a surgical mask with attached eye shield. The mask should be used until it is soiled or must be removed. You should wear one mask for care of multiple patients.
- N-95 under a re-usable face shield should be worn for all aerosolizing procedures. You will get one from the charge nurse, whichever is your appropriately fitted one, if you are involved in a 2nd stage patient or delivery. If you begin the second stage with a patient and don your N95m, consider staying in the room if possible until after delivery.
- This includes 2<sup>nd</sup> stage labor, or during either stage if the patient is panting, spitting, or vomiting. All cesarean deliveries (high rate of vomiting).
- N-95 mask can be worn for an extended period as long as it is not soiled or touched. Please use a face shield to protect your masks from being soiled.

# N95 UV cleaning process

- A new process using UV light is being piloted for the medical center. Given our high acuity and need for N95 masks we have been chosen to pilot this process.
  - A collection hamper is located in the soiled utility
  - place your used, unsoiled N95 mask in a ziplock bag (if the seal of the mask is compromised please throw it away)
  - Complete an index card with: full name, employee ID# and unit
  - Masks will be collected at 6am and 6pm each day so please make sure to have all N95s you have used in the hamper by then
  - Each mask can be processed up to 3 times, allowing each mask to be used 4 times
  - You will receive your masks the following day when you come to work. If you do not reuse all your masks after cleaning them, please keep them in a safe location to use at your next shifts

# Dr. Stork

- Only the attending OB provider should descend into the ED for Dr. Storks, the gyn resident should be waiting in the vestibule on the 2nd floor outside the elevators in case extra assistance is needed
- The stork team will be limited to 1 OB provider and 1 OB nurse along with the NICU team

# Early OB discharges

- Please make every effort to send patients home as soon as they are meeting goals
- When discussing discharge with patients, please make sure to be clear that their discharge is dependent on their infant being cleared and ready for discharge as well (for infants not in the NICU)
- Call the pediatric residents after rounds and tell them all patients who are medically cleared to send home
- At the 10am discharge huddle on 3N peds will review which patients should be able to go home and which will not (for example there are no clinics to evaluate infants for bill levels, weight etc on Sundays and having them go to the ED seems counterproductive to decreasing their Covid risk)

# COVID + pregnant patient with no active pregnancy issues

- Patients who are known positive with no active pregnancy issues should be admitted to the COVID unit
- If multiple COVID+ pregnant patients are admitted to the CCD COVID unit they should be on the same floor so that supplies (stork tower, NST machine, provider visits) can be batched.
- A Dr. Stork tower with appropriate COVID PPE should be placed near the entrance to the unit
- Obstetric providers should evaluate the patient face to face only when absolutely necessary. When possible, they should contact the patient to discuss care via the phone
- Dependent on the gestational age of the patient, frequency of NSTs or heart tones will be determined by the MFM on service
- If NSTs are needed, a mobile machine should be stored in the COVID unit for use while the patient is admitted there.
- In the event the patient needs continuous monitoring or shows signs of labor, the patient should be moved back to labor and delivery following the COVID transport SOP
- The **COVID+ or PUI well patient SOP** should then be followed
- In the event the patient needs to undergo a cesarean section, whether planned or urgent, the patient should be transported to the Comer OR 1 and the **COVID + or PUI pregnant patients undergoing Cesarean section SOP** should be followed.
- If the patient is ill requiring ICU care and needs delivery, the patient should be transferred to Comer OR 1 and undergo cesarean section there.

# COVID + or PUI pregnant patients undergoing Cesarean section

- All cesarean sections of patients who are COVID positive or PUI should be performed in the Comer OR1. This room has a negative pressure ante room to protect those individuals outside of the room not in PPE.
- The Comer OR charge nurse should be notified that a COVID positive patient or PUI needs a cesarean section and confirm Comer OR 1 is available using the existing SOP to reserve/hold a Comer OR
- Prior to moving the patient to the Comer OR a huddle should be done outside the patient room ensuring social distancing is practiced or PPE has been donned. This should include the Ob attending and resident, DACC attending and resident, primary nurse, baby nurse and charge nurse.
- The charge nurse should alert the NICU that the cesarean section is happening in the Comer OR if NICU is necessary at delivery.
- The patient should be moved to the Comer OR following the transport of a COVID+ or PUI SOP
- Contact and Special Respiratory Precautions should be followed. The Charge RN or designee will post relevant isolation signs on the door. The OR should be labeled **HIGH RISK PATIENT COVID-19** by the Charge RN or designee.

# COVID + or PUI pregnant patients undergoing Cesarean section

- Contact and Special Respiratory Precautions should be followed. The Charge RN or designee will post relevant isolation signs on the door. The OR should be labeled **HIGH RISK PATIENT COVID-19** by the Charge RN or designee.
- Entry to the OR suite should be from the back doors to the Comer Operating Rooms. Please plan the most direct route between the patient's bed and the OR.
- Ensure all necessary equipment is available prior to the patient entering the OR.
- Only necessary personnel who are directly involved in the care of the patient should be present. The number of persons should be minimized to prevent exposure and possible spread of infection. All non-essential items such as phones and pagers should be placed outside of the room.
- Ensure as much as possible to close one door of COR 1 to pressurize the anteroom before opening the other door. Space may be limited. The goal is to minimize airflow out to the OR hallway.
- Donning and doffing PPE may occur in the anteroom. **Please ensure any personnel in the anteroom are in appropriate PPE gear before opening the OR door once the patient is inside.**
- All personnel involved in direct care of the patient while in the OR will wear hat, gown, gloves, shoe covers, N-95 mask, eye protection.

# COVID + or PUI pregnant patients undergoing Cesarean section

- Recovery location will be determined based on the unit the patient is being admitted to post-surgery
  - If the patient is COVID + pr PUI but well and is being admitted to the FBC they can be moved to their room, Ante 0-4 ideally, to recover.
  - If the patient is unwell and will be admitted to CCD COVID unit, the patient should recover in the OR. After they have recovered from the effects of anesthesia and have met postpartum postoperative goals they can be transferred to the CCD COVID unit.

# COVID+ or PUI Pregnant Patient

- **Pregnant patients in active labor or being induced with mild/moderate or no symptoms**
  - Patient should be placed in Ante 0-4, if not available should be placed in LDR 9. COVID+ patients or PUIs should not leave the room to walk in the halls. They should remain in their room unless the clinical course requires them to be moved to another location.
  - One support person is allowed in the room during the patient's admission. They are to stay with the patient at all times and may not leave the room and return. This support person will not be allowed if he/she has any ILI symptoms.
  - Designated providers and nurses should be determined. Care should be batched when appropriate and the number of providers and nurses going in and out of the patient room should be limited. The nurse should be 1:1 with a Covid+ or PUI when possible. This will allow the nurse to remain at the bedside for extended periods of time to limit the number of times they are going in and out of the room. \*\*If available extension tubing can be run and pumps placed on the outside of the patient room to allow the nurse more time away from the bedside.
  - Appropriate PPE including gown, gloves, and surgical face mask with shield should be used every time the patient room is entered

# COVID+ or PUI Pregnant Patient

- **Pregnant patients in active labor or being induced with mild/moderate or no symptoms**
  - If there is a deceleration or another need for emergency notification the least number of people to appropriately tend to the given emergency should respond.
    - Supplemental oxygen should not be given to the patient for decelerations.
    - Appropriate PPE should be donned before entering the room even in emergency situations!
  - When the 2<sup>nd</sup> stage of labor is entered and the patient begins pushing, the primary nurse and obstetric provider should don N95 masks. These masks should remain on throughout the entire 2<sup>nd</sup> stage and delivery making sure the mask is not touched. The unit should be alerted of delivery via the staff terminal. The attending obstetrician and baby nurse should don appropriate PPE and an N95 prior to entering the room.
    - \*\*\*once an N95 masks is put on it can be left on for the remainder of the day, even after the patient room has been left as long as it is not soiled and is not touched or removed for any reason. This holds true for standard surgical masks as well.

# COVID+ or PUI Pregnant Patient

- **Pregnant patients in active labor or being induced with mild/moderate or no symptoms**
  - After delivery the patient should remain in the delivery room for recovery and the remainder of the stay
  - If at any time during the labor process it is deemed that the most appropriate mode of delivery is a cesarean section the patient should be moved to the Comer OR 1 for delivery. This OR has a negative pressure ante room to offer protection for those outside the room.
    - The **COVID + or PUI pregnant patients undergoing Cesarean section SOP** should be followed
    - Transport of the patient should include proper PPE as outlined on the transport SOP for COVID + patients and PUI
    - Emergency cesareans (and other procedures) should proceed as expeditiously as possible in a way that does not increase risk to providers.
  - The infant may room in with the patient and support person as long as the patient is clinically well
  - If the patient's health deteriorates after delivery or they are anticipated to stay in the hospital longer due to non-pregnancy related COVID issues, they should be transferred to the COVID inpatient unit.
    - If transferred to the COVID unit and the infant is not yet ready for discharge, the infant will be admitted to Comer