

PLAN FOR COVID -19 POSITIVE OR SUSPECTED POSITIVE PATIENT

C-Section

Pre-alert NICU

Do in L&D COVID OR

Remove anesthesia, neuraxial, nursing supply and pink neonatal resuscitation carts to the appropriate area.

Pull all COVID L&D Bundles and bring into the OR.

Entire essential surgical and anesthesia team, (to minimize exposure) to wear airborne / droplet / contact precautions.

Put a surgical mask on the patient.

Do a spinal anesthetic if at all possible.

Planned Sections: Consider delaying if possible. Prep the patient in a private room on 1C to minimize “dirtying” several rooms. Consider same room for recovery period.

Print Cord Gas labels prior to the beginning of surgery and have in the OR to minimize handling.

General Anesthetic

Ensure all people are present in the room at the time of intubation and are wearing airborne/droplet/contact precautions. Stand ≥ 2 meters away from patient at the time of intubation.

The doors to the OR cannot be opened for 21 mins after intubation so it is vital that all personnel and equipment is in the room prior to intubation.

After the operation, ensure patient is moved onto transport stretcher prior to doffing. Everyone except necessary personnel must exit the OR prior to extubation. The OR doors are not to open for 21 minutes after extubation.

Newborn Responsibilities

Ensure all personnel and equipment is in the antechamber between the NICU and the OR. When the glass doors to the antechamber are closed and the OR door opened, the antechamber is considered an extension of the OR.

One NICU nurse and a RT will be present to accept the baby and transfer the baby to the antechamber warmer immediately after delivery. The “retriever” must doff & re-don before assisting in any resuscitation using airborne / droplet / contact precautions.

Prior to transferring baby to NICU, a visit with mom must be facilitated as best as possible. Reason for inability for a visit must be documented (e.g. Mom and/or baby is medically unstable).

If baby is critically ill, consideration must be made to use NICU’s bed #15 to facilitate visit with mother and/or designated ECP. Leadership to be included in planning.

Postpartum

The patient is to be recovered in the OR or the previous room so as not to “dirty” another room. Reunite mom and baby as soon as possible and follow post partum care guidelines.

NICU nurse to transfer baby in isolette to/from Maternal Newborn unit and NICU. Isolette is to be left outside of mother’s room during visit.

Maternal Newborn nurse is to be available to bring baby to mother in room, using a bassinette, and to remain in room as appropriate.