

## **L&D Workflow for PUI/COVID Patient - NSVD**

Admission/Pre-delivery	Labor/delivery	Post-delivery	
Primary RN			
<ul> <li>Prepare LDR         <ul> <li>Move KonBon to hallway</li> <li>Place table next to door (to pass equipment from outside)</li> <li>Place isolation cart in hallway</li> <li>Place sign on door</li> <li>Retrieve COVID Admission Pack</li> <li>Give support person PPE + 'Support Person Contract' to sign</li> <li>Give 'Pregnant Mother with COVID-19' information + contact neonatal hospitalist for consult</li> <li>Make baby bands + place in plastic bag by warmer, or give to COVID TL to bring in at delivery</li> <li>Cluster care (minimize entry/exits)</li> <li>All labs must have green COVID sticker + be run to the lab (DO NOT PLACE IN TUBE SYSTEM)</li> </ul> </li> </ul>	<ul> <li>Notify RSN + COVID TL when epidural being placed</li> <li>Set up for delivery (get COVID delivery pack)</li> <li>Sterile gowns + gloves (+ additional yellow gowns) on table next to door</li> <li>When impending delivery, notify</li> <li>RSN</li> <li>OB</li> <li>COVID TL</li> <li>NICU, during call inform re:         <ul> <li>LDR #</li> <li>Complex or standard</li> <li>Needed in/outside of LDR</li> <li>If needed inside, why (meconium)?</li> <li>If outside initially, but then needed inside; press call light or open the door</li> </ul> </li> <li>All phones (except Primary RN and OB attending) should be left outside LDR</li> </ul>	<ul> <li>Recover patient in LDR         <ul> <li>If co-location selected, infant can remain in LDR with NNLD + patient can breastfeed during recovery after getting cleaned up, performing hand hygiene + donning clean mask (RN to assist cleaning up patient + with breastfeeding)</li> </ul> </li> <li>Placenta management         <ul> <li>Double bag placenta + place in pathology bucket</li> <li>With clean gloves, wipe the bucket down with a sanitizing wipe + allow to dry for appropriate time</li> <li>Give to COVID Runner to place in pathology fridge</li> <li>Place green COVID sticker on bag (+ assure pathology order states patient is PUI or COVID)</li> <li>Instrument management</li> <li>Spray instruments + wipe bottle down</li> </ul> </li> </ul>	
Notify NICU - information to give     COVID patient in LDR #	with the COVID Runner	<ul> <li>Place instruments in bag + give to COVID         Runner in a clean bag     </li> <li>Normal cleaning procedures for trash + linens</li> </ul>	
<ul> <li>Or if PUI, result expected when?</li> <li>Gestational age</li> <li>Risk factors</li> <li>Notify</li> <li>Manager on call, Patient Placement</li> <li>Dr Aziz</li> <li>Anesthesia Attending</li> <li>Maternity</li> <li>Assign Door Opener/PPE Monitor for donning + doffing (RN or labor pool)</li> </ul>	When to change N95 mask? Staff do not need to change their N95 mask or eye protection when doffing PPE for transport to PP or the OR (if continuing care of the same patient), change gown + gloves only  Wipe down face shield while on the face/head prior to leaving LDR	<ul> <li>(per IPC)</li> <li>Transport management</li> <li>Ensure patient wearing mask + cover with new clean sheet</li> <li>Call PEMS to get PP bed</li> <li>Transport patient on PP bed</li> <li>COVID TL or OB Tech to assist with transport (use third person if possible)</li> <li>Change gown + gloves for transport (do not change N95)</li> </ul>	
<ul> <li>Ask OB Tech to check PPE cart</li> <li>Notify COVID TL + COVID Transporter to be available at all times</li> </ul>		<ul> <li>Ask PP for room #</li> <li>Notify NICU which PP room #</li> </ul>	

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COVID TL				
<ul> <li>Notified by Primary RN of COVID patient + location</li> <li>Assist making baby bands + place in plastic bag to put in LDR</li> <li>Assist Primary RN as needed</li> </ul>	<ul> <li>Available during epidural placement + delivery</li> <li>Place PPH kit on KonBon (if risk for PPH)</li> <li>Don PPE + act as second RN for delivery</li> <li>Bring baby bands + sheet of patient labels in plastic bag + place near warmer</li> <li>Assess baby (from birth until 5 min Apgar score)</li> <li>Band baby + patient/support person</li> <li>Transfer of care to NICU         <ul> <li>Change gown + gloves</li> <li>Place baby in isolette</li> </ul> </li> </ul>	<ul> <li>Complete newborn orders</li> <li>Leave LDR if patient stable + baby with NICU</li> <li>Doff PPE (with PPE Monitor)</li> <li>Assist Primary RN during recovery as needed</li> </ul>		
COVID Transporter/Runner				
<ul> <li>Be aware of COVID patient</li> <li>Act as PPE Monitor</li> </ul>	Stay outside LDR to retrieve supplies from KonBon + place on table just inside the room     Act as PPE Monitor     Have clean tape available to secure back of yellow gowns	<ul> <li>Receive dirty instruments + take to DU room</li> <li>Place placenta in pathology fridge (check for green sticker on bag + pathology order states patient is PUI or COVID)</li> <li>Dispose of instruments in clean bag</li> <li>Assist with removal of PPE for support person, (they then don clean procedure mask only)</li> <li>Transport patient to PP</li> <li>Door Opener/PPE Monitor</li> <li>Monitor donning + doffing throughout process</li> <li>Open doors during transport to PP</li> <li>Room is left empty for 60 min, then cleaned</li> </ul>		
OB				
Don PPE when enter LDR (with <b>PPE Monitor</b> )	<ul> <li>Don PPE (with PPE Monitor)</li> <li>Perform DCC with holding the infant between the patient's legs, or placed on a clean towel on the patient's abdomen</li> <li>No immediate skin-to-skin at time of delivery</li> </ul>	Complete pathology order for placenta + designate PUI/COVID Status     Doff PPE (with <b>PPE Monitor</b> )		
Anesthesiology Attending				
Consult via phone or in-person (with PPE)	<ul> <li>Don PPE (with PPE Monitor)</li> <li>Leave block cart outside, take supplies only</li> <li>Remind Primary RN to notify RSN of epidural placement</li> <li>Doff PPE (with PPE Monitor)</li> </ul>			

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NICU			
<ul> <li>When notified by L&amp;D RSN of PUI/COVID patient, NICU TL to send text message to NEO DELIVERY TEAM so all NICU + ICN parties are aware</li> <li>Coordinate with NNLD + hospitalist if baby is anticipated to be admitted to WBN, or NICU RSN + NICU fellow if baby is anticipated to be admitted to NICU</li> <li>Check in with L&amp;D RSN to find out the PP room # to take baby to after delivery</li> </ul>	<ul> <li>When patient is close to delivery, NICU TL to bring ATOM isolette or Giraffe/shuttle to L&amp;D + keep in alcove next to elevator across from LDR 4</li> <li>Have Neonatal Resuscitation cart nearby</li> <li>When called for delivery, NICU team don appropriate PPE         <ul> <li>For Standard team deliveries with no risk factors: NICU TL, hospitalist + RT wait outside LDR + wait for call light to come on (to indicate if needed inside LDR)</li> <li>For Standard team deliveries with low risk factors (e.g. meconium, vacuum, chorio): NICU TL + hospitalist to enter LDR RT to wait outside LDR + only go in if CPAP, PPV or intubation are indicated</li> <li>For Complex team deliveries: Minimum number of providers to enter LDR initially, with back up waiting outside LDR</li> </ul> </li> </ul>	<ul> <li>For WBN babies:         <ul> <li>NICU TL to move ATOM isolette outside door (with side door down) for transfer of baby</li> <li>After transfer by L&amp;D COVID TL, NICU TL to close side door + transport baby to appropriate room</li> <li>Alternatively, if co-location selected, infant can remain in LDR with NNLD + patient can breastfeed during recovery after getting cleaned up, performing hand hygiene + donning clean mask (Primary RN to assist cleaning up patient + with breastfeeding)</li></ul></li></ul>	