COVID-19 SCREENING AND MANAGEMENT OF SUSPECTED & POSITIVE ARRIVAL TO ADMISSION THROUGH VAGINAL BIRTHING (SAFETY LEAD GUIDE)

TRIGGER

- Patient and partner arrive at birthing and fail COVID-19 screening questions. Note: both need to be screened.
- If patient fails screening questions, ask them to wait at the door and they will be greeted with a mask(s)
- If partner fails screening questions, deny entry of partner
- Support person that passes screening may enter

MEETING AT THE DOOR & MOVING TO ISOLATION ROOM

- Nurse will don a surgical mask face shield and gloves (located on counter)
- Nurse will obtain a disinfectant wipe (located on the counter) and 2 masks
- Nurse will greet woman and partner at the door upon entry and WIPE DOWN phone, door handle and anything else woman/partner may have touched
- Nurse will give each of them a surgical mask and ensure they practice HH
- Nurse will take them to the **isolation room in 226** (if in labour) (or 245 if assessment needed) and have them go in, explain they will be in shortly
- Ask patient to use the call bell and provide their HCN and name to allow registration
- Instruct partner/patient not to leave the room under any circumstance
- Call IPAC and ensure OB resident /staff is aware of arrival of suspected/confirmed case and TOC to obstetrics if MRP is not OB

ONCE IN ISOLATION ROOM PLACE UNDER DROPLET CONTACT PRECAUTIONS

- Patient and partner can remove masks once door is closed
- BEFORE entering the isolation, room Birthing Nurse will:
  - Nurse will don full droplet PPE from the isolation cart just outside iso room, Don, surgical face mask with shield gown and gloves Diagram for correct donning is on the cart and door
  - Obtain the admission bag with supplies, any IV tubing, fluid from OUTSIDE the supply server before entering
  - OB resident/staff must obtain sterile gloves, lube, amnio hook OUTSIDE the supply server before entering
  - Any other supplies such as fetal scalp electrode, leg plate etc must be requested by call out and a "clean" staff member will hand it in the room with a gloved hand.
- DO NOT OPEN SUPPLY SERVER IN THE ROOM
- SUPPLY CUPBOARD STOCK FOR ONLY ONE DELIVERY SO WHEN DOORS OPENED WILL NOT WASTE SUPPLIES

NOT IN LABOUR

- Complete assessment including NPS swab
- If discharged, provide education for self-isolation and inform Public Health
- If admitted, keep on birthing unit until swab resulted, then transfer to MBU using IPAC precautions

ADMIT THE PATIENT FOR DELIVERY

- Notify NRT, pediatrician and anaesthesia
- Initiate continuous fetal monitoring
- Start IV and complete CBC, group and screen and NPS swab STAT
- A "clean" staff member will don gloves and wait outside the room with a biohazard bag with the top rolled outwards and receive the sample and seal the bag
- Place in specimen bin on the desk
- PCUC to notify porter to pick up

ANAESTHESIA CONSIDERATIONS

In an effort to avoid the need for intubation if mom requires urgent cesarean section:

- Early anaesthesia consultation
- Consider early epidural and if epidural not working well, call anaesthesia
- Wait CBC result prior to epidural insertion due to potential COVID induced thrombocytopenia
- DO NOT BRING EPIDURAL CART INTO THE ROOM

WHEN DELIVEY IS IMMINENT

- All staff in the room must DON droplet contact PPE
- The Obstetrical staff delivering the baby must don blue surgical gown (level 2/3) due to body fluid contact exposure.
- During active pushing, delivery and immediate postpartum mom and partner to wear a mask
- Turn warmer on check CPAP and suction, Take 5 Check 5
- Wash Mom's neck, chest and abdomen and have Mom perform hand hygiene
- **Well baby, well Mom**: delayed cord clamping, skin to skin

IF NRT IS REQUIRED FOR DELIVERY

- Birthing nurse to notify NRT and pediatrician of upcoming delivery. Call pediatrician via cell
- The NRT and Pediatrician will wait outside of room and enter progressively only if required
- NRT and pediatrician will don droplet contact PPE prior to entering the room if required
- RT and SCN Nurse to enter room and complete newborn assessment while pediatrician remains in hallway
- If resuscitation/assistance is required than NRT nurse to signal RT and/or pediatrician to enter room
- If baby and Mom are well then delay cord clamping, skin to skin and baby is to remain with mom in room -
- If baby is unwell then resuscitation to proceed in room (do not move baby from room)
- If baby needs SCN care then refer to SCN admission algorithm

IF C/S required: follow CS during COVID Pandemic Detailed Workflow Document