PROTOCOL FOR CESAREAN SECTION COVID SUPSPECT OR CONFIRMED AND ALL CESAREAN SECTIONS REQUIRING INTUBATION/EXTUBATION (SAFETY LEAD GUIDE)

The general guiding principle of this protocol is to reduce potential exposure to HCW where it relates to aerosol-generating procedures (AGMP) intubation/extubation with asymptomatic/suspect/positive cases of COVID-19 and where it relates to suspect/positive cases of COVID-19 for planned neuraxial anesthetic

- Note: asymptomatic patients undergoing cesarean section under neuraxial analgesia will follow our normal protocols
- Neuraxial anesthesia is preferred for cesarean section (C/S), even for urgent C/S. The final decision regarding neuraxial vs general anesthesia will be at the discretion of the attending anesthesiologist and attending obstetrician
- If general anesthesia is necessary RSI should be performed to avoid further aerosolization and intubation should be done with a glidescope. This procedure should occur with Airborne Precautions.
- For laboring patients, especially if suspect/positive cases of COVID-19, epidurals will ideally be placed early in labour and monitored for effective analgesia to minimize need for general anesthesia. Platelet count will need to be checked pre-neuraxial because of potential for thrombocytopenia in COVID-19 patients

TRIGGER:
Any Cesarean Section at high risk of requiring or requiring GA
Cesarean Section of a COVID suspected/positive patient
IDENTIFY SAFETY LEAD

NOTIFICATION:
Notify Anaesthesia staff and resident, NRT and pediatrician of urgency of C/S, identify potential need for GA and/or if patient is suspected or positive COVID-19

Neuraxial anesthetic unsuccessful or contraindicated – need for intubation/GA (asymptomatic/suspected/confirmed COVID)

- **OR One room of choice**
- Patient to be moved wearing surgical mask/ Tavish if available (if 02 required) if suspected/positive COVID 19

Prepare the OR

Airborne PPE (N95) for everyone in the OR

- Nursing to bring stat c/s PPE box from the med room to the OR
- HEPA Filter – opening nurse will move from recovery room to OR at head of bed and turn on
- Glidescope in the room
- Anaesthesia to get drugs
- Confirm baby monitor on
- Confirm baby warmer on and complete *Take 5 Check 5*

Planned neuraxial anesthetic in COVID suspected/positive

- **OR One room of choice**
- Patient to be moved wearing surgical mask/ Tavish if available (if 02 required)

Prepare the OR

Droplet contact PPE for everyone in the OR.

- HEPA Filter – opening nurse will move from recovery room to OR at head of bed and turn on
- Glidescope in the room
- Anaesthesia to get drugs
- Confirm baby monitor on
- Confirm baby warmer on and complete *Take 5 Check 5*

COVID suspected/positive – CLEAN SAFETY LEAD to monitor all donning and doffing, act as clean runner and open all doors

TRANSFER TO OR

(PCUC to contact EVS to clean bed wearing droplet contact PPE)

- Delivery room nurse with the patient (ie in Droplet contact PPE in the room) and a second person (in Droplet contact PPE) will transfer patient WITH mask to OR #1 (preferred OR)
- Partner MUST remain in the delivery room
- Scrub and circulate enter prior to patient

TEAM TO HUDDLE PRIOR TO ENTERING OR if time allows

Plan to be discussed, including roles and responsibilities, and equipment and medications required. All Team members to be present during this briefing. Anesthesiologist to lead briefing

ENTER OR THROUGH THE MAIN DOORS – MINMIZE ENTRIES AND EXITS AS POSITIVE PRESSURE ROOMS – DO NOT OPEN CUPBOARDS IN OR ONCE PATIENT IN OR

DONNING AIRBORNE PPE

- Fit-tested N95/ Face Shield/surgical cap (disposable) SCRUB (if surgical team) ENTER level 3/ 4 gown, surgical gloves and for anaesthesia blue nitrile gloves on top of surgical gloves and neck guards (nurse assist also needs neck guard)
- Safety Leader to assess for breaches prior to entering room.

DONNING DROPLET CONTACT PPE

- Surgical mask/ Face Shield/surgical cap (disposable) SCRUB (if surgical team) ENTER level 3/ 4 gown and surgical gloves
- Safety Leader to assess for breaches prior to entering room.

PROTECTED PROCEDURES

INTUBATION

Surgical team to prep/drape/foley and move 2m/6ft from head of the bed prior to intubation

- Use Tavish or regular mask to Pre O2 patient
- RSI as per Anaes.
- Glidescope for intubation
- Anaesthesia to remove blue nitrile gloves post intubation

NEURAXIAL PROCEDURES

PLACE SPINAL OR TOP UP EPIDURAL

Surgical team to prep/drape/foley

NEWBORN CARE

If mom intubated, airborne PPE
If mom not intubated, Droplet contact PPE

IF NRT REQUIRED, ENTER WITH PORTABLE MONITOR AND *LOW*. PROGRESSIVE ENTRY OF SCN NURSE, RT AND PEDIATRICIAN FROM RESUS ROOM UNDER DIRECTION OF BIRTHING STAFF.

Well Newborn:

- Baby to remain in OR with mom

Newborn Requires NRT:

- Nurse and RT to enter first, notify pediatrician if needed
- Clean SCN or birthing nurse in resus room to manage needed supplies and arrange neo transfer if required
- Use equipment stored in the panda warmer in the OR
- Twins and anticipated or required prolonged resuscitations will occur in the resus room, not the OR

NEWBORN TRANSFER

If mom intubated transfer newborn prior to extubation

See doffing procedures for OR exit

Well Newborn + Well Mom

- Transfer newborn in isolette to maternal birthing room with mom

Well Newborn + Unwell Mom

- Transfer newborn in isolette to maternal birthing room if care provider available to receive; otherwise, transfer newborn in isolette to SCN COVID room if mom COVID suspected/positive

Unwell Newborn + Well or Unwell Mom

- Clean staff member goes to recovery room to retrieve shuttle and attach omnibed and bring to main OR door
- Birthing staff opens OR door and contaminated staff remove gloves then gown and place baby into omnibed
- Clean SCN nurse closes lid/side and wipes the outside with omnibed with disinfectant wipe
- 2 clean NRT staff transport baby to SCN COVID Room under Droplet contact precaution
- If newborn requires CPAP/ventilation en route to SCN COVID unit, then NRT to don new Droplet contact PPE for transfer
- Refer to SCN admission algorithm

EXTUBATION & MATERNAL TRANSFER

- Minimize personal in the room (Anaes. Nurse at head of bed and nurse to protect patient on bed)
- Extubate
- Wait in the OR for 20 minutes prior to transfer of patient back to original iso birthing room or location as determined by care needs (e.g. ICU)
- Transfer mom onto post-partum bed
- If mom asymptomatic, follow routine transfer to RR
- If mom suspected/positive COVID:
    - On transfer: surgical or Tavish mask (if O2 required) on patient
    - Doff gloves and gown and perform hand hygiene in the OR, and transporting nurses don clean gown and gloves for transport and leave on mask and shield
    - Ensure cardiac monitoring moved to original birthing room for recovery

MATERNAL TRANSFER

- Transfer mom onto post-partum bed
- Place surgical mask on mom
- Doff gloves and gown and perform hand hygiene in the OR, and transporting nurses don clean gown and gloves for transport
- Ensure cardiac monitoring moved to original iso birthing room for recovery

DOFFING PPE

IN OR:

- Remove gloves
- Remove gown
- Perform hand hygiene

OUTSIDE OR:

- Remove eye protection
- Perform hand hygiene
- Remove N95 respirator
- Perform hand hygiene

MONITOR MOM CLOSELY FOR SIGNS OF DETERIORATION VIA EARLY WARNING SIGNS