

# Workflow for COVID-19 Case - for the Labor & Delivery Patient

## Preoperative Huddle & OR prep

- Designate team leader: often anteroom RN
- Designate an OR
- Display signage outside OR and outside ante-room (**STOP** and **PPE** posters)

### Perform L&D pre-operative team briefing, as usual, including:

- NICU team member
- Identify surgical back-up (OB attending) if needed
- Inform Unit Coordinator & notify EVS (pg. 92746)

### Anesthesia prep:

- Cover anesthesia machine and taped Omnicell drawers
- Confirm contents of airway emergency cart
- **Regional anesthesia:** prepare required equipment/pack onto a designated cart **inside** the OR
- **General anesthesia:** (**SKIP** if not planned) cover and prepare the required equipment/drugs onto a designated cart inside the OR, adding:
  - Kelly clamp + HME filter + Ambu bag + PEEP valve
  - Ensure HME filters are between the ETT & circuit and between the circuit & anesthesia machine
  - Notify East call attending to be present or "on stand-by"
- Confirm which supplies/drugs may be required **outside** the OR

### Surgical prep:

- Surgical staff to physically verify and confirm the setup for case
- Confirm which supplies & drugs required **inside** the OR
- Confirm which supplies & drugs which **may** be required **outside** the OR

### NICU prep:

- NICU consult performed
- Identify the location of neonatal resuscitation
- Decision for neonatal isolation or room-in

### Identify anteroom staff:

- They act as safety officers & prevent entry w/o appropriate PPE
- They can facilitate communication & transfer of the patient
  - Nurse runner:
  - Anesthesia runner:

### Prepare for transfer:

- Confirm transfer team members:
  - Nursing staff
  - Anesthesia attending
  - Extra member to open doors
- Confirm route & ensure it's clear of all moveable obstacles

### Ensure correct PPE is worn by all members

- Ensure all members leave all personal items including pagers and mobile phones outside the OR (to be given to OB back-up or kept secure in specimen bags)

## PPE

### All staff **inside** the OR

- N95 respirator+ eye protection + gown + head covers + double gloves + boot covers

### All staff **outside** the OR

- Surgical facemask + eye protection + gloves

### On the transfer

- **Anesthesia & Surgery:** N95 respirator+ eye protection + gown + head covers + double gloves + boot covers
- **Anteroom nurse:** surgical facemask + eye protection
- **Patient:** surgical facemask

### Doffing:

- Doff PPE after the case OR after transport (unless your gown is visibly soiled)
- Ensure a buddy is present to observe doffing!!

## Patient Transfer & Entry into OR

### Transfer

- Transfer the patient directly into the OR
- Continue current infusions, per clinical indication and/or provider preference

### Start of the Case

- Bring patient into OR with a surgical face mask
- Transfer patient to OR table
- Patient's bed:
  - OR team strip linens off bed inside OR
  - OR team pushes patient bed out of the OR
  - OR attendants decontaminate patient bed **immediately** in ante-room

## Anesthesia & Surgery

### Perform anesthesia time-out, as usual

- If RA: place spinal/epidural/CSE
- If GA: limit the number of people in the room to 3
- **Follow SOP for intubation**
- **Use enhanced infection control measures**

### If Emergent

- An emergency CD will be performed without skipping any of the above safety steps
- Contingency team will not provide direct patient care, however, can assist in anteroom to help don PEE for primary team

### Surgical Procedure:

- Perform surgical time out, as usual

### Communication during the case:

- In OR team uses OR phone to contact outside support

## Recovery & Exit

### End of Case

- COVID team leader coordinates the return pathway, choosing **ONE** of the options below (**SKIP** unrelated options).
- Confirm members and roles for subsequent care
- Case cart take down, as usual

### Option 1 (regional anesthesia & stable; returns to LDR)

- Patient is moved to LDR, with transfer team
- Staff members not on transfer may doff PPE and exit OR

### Option 2 (transfer to ICU)

- Transfer team (anesthesia & surgical team)
- Ventilation during transfer: Ambu bag + PEEP valve + HMEF
- Anteroom nursing to hold elevator and doors
- Staff members not on transfer may doff PPE and exit OR

### Option 3 (general anesthesia & plan for extubation in OR)

- All staff doff PPE and leave OR **except** Anesthesiologist, Primary Surgeon, and Primary RN
- Primary Surgeon and RN stand away from patient on stand-by to assist
- Perform extubation, per SOP COVID-19 airway management
- Discard airway supplies and seal equipment, per SOP
- Patient remains in OR until stable for transport by anesthesiologist

- Anesthesia staff remains in OR/LDR/recovery room until nurse is comfortable with patient status
- When appropriate, anesthesia staff doffs and leave room

### End of case decontamination:

- Refer to **Room Turnover** for COVID-19
- OR to remain empty for **15min** after patient leaves
- OR attendants to clean, per protocol (plus, removal of plastic covers over anesthesia equipment and wipe down)
- EVS to decontaminate, per protocol

## OR Workflow v11\_6/12/2020

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