Plan for Maternity Unit if Covid 19 Patient Presents in Labor to M3, at CMMC, Lewiston Campus

**Triage Calls:**

- Conduct maternal phone triage as usual if patient calls the unit directly.
- Conduct Covid-19 screening questions and follow current ACOG algorithm.
- If positive screen- instruct patient to don mask immediately upon entering hospital. Must remain masked if at all possible throughout patient stay if PUI Covid -19 positive.
- One support person is allowed with patient and must don mask upon entering hospital.

**Visitation:**

- Maternity patients are allow ONE designated support person throughout her inpatient stay. No exceptions. This is in accordance with CMMC Visitors Restriction Guidelines effective March 13, 2020 at 9pm.

**NEGATIVE Pressure room to Receive Covid -19 positive, or PUI patient:**

Room 389 will be used to provide obstetric care for pregnant patients with confirmed coronavirus disease (COVID-19) or pregnant persons under investigation (PUI) in inpatient obstetric healthcare settings including obstetrical triage, labor and delivery, recovery and inpatient postpartum.

**Room M389** will be set up for isolation and bypassed until needed to receive Covid-19 positive patient. 389 will be designated as the Covid-19 Isolation room. NEGATIVE pressure filters and containment is in place to receive patient. All non-essential equipment will be removed from 389 and isolation specific equipment put in place. Example disposable stethoscopes, thermometers and blood pressure cuffs.

- Remove all extra supplies from Fetal monitor. And place on top shelf of labor cart. Push labor cart into hallway out side patient room so extra supplies are readily accessible.
- Mark labor cart as reserve for room 389.
- Remove extra chairs from room.
- Gather linens, pink basin and water mug and leave in room 389.
- Once patient is in active labor, pull delivery meds, syringes and needles and place in baggie. Lock baggie with meds in fetal monitor cart.
- Once the patient is in active labor, Move infant warmer bed into room and set up in corner of room as usual.
- Remove emergency tray from top drawer of warmer bed before moving warmer bed into isolation room. Place emergency tray on top of labor cart outside room for access. Remove red infant stethoscope and replace with disposable stethoscope.
- Set up warmer bed per NRP guidelines.
- Add extra baby blankets to warmer bed

Negative pressure will be set up by Plant Operations using HEPA filter, a containment door with zipper and will be monitored daily by IP once the patient the Covid-19 Positive is admitted to room. **In case of emergency CSSection, or emergency need to transfer baby via warmer bed to NICU, tear down containment door.**
M3 Staff must TURN FILTER ON PRIOR TO patient arrival to unit and is admitted to room.

Once filter is turned on, levels will need to be monitored and documented each shift on the log sheet provided. If levels are out of range contact Plant Ops IMMEDIATELY ext 2770 option #3 or 2785 and leave a message on pager for STAT response.

Notify IP at ext 2892 during regular business hours or 851-8612 after business hours of Covid-19 or PUI patient arrival to unit and at initiation of negative pressure equipment.

Call Plant operations at 2770 option #3 or 2785 and leave message on pager and request STAT set up of NEXT negative pressure room to receive next Covid-19 positive patient (390).

Once Covid-19 positive patient is admitted to 389, set up 390 as isolation room for her infant and support person OR in preparation to receive another Covid-19 positive patient. Use rooms 389,390, 391 consecutively. Follow guideline above and call Plant Ops to facilitate set up of negative pressure room.

Once room 389 is used for Covid-19 positive or PUI patient, follow same process as above to commence with room 390, if infant is going to cohort with mother or alternately room 391.

*Holding room in main OR is a negative pressure room. If M3 is exhausted of filtration set ups to create negative pressure rooms to accommodate patients this option may need to be executed.


**RESERVE M3 OR for Covid Positive Patient:**

- Notify M3 Scrub tech to set up M3 OR to receive Covid-19 positive patient if necessary. M3 OR is to remain reserved SOLEY for the Covid-19 positive patient from time she is admitted in labor until she delivers. All non-essential equipment and supplies will be removed from the M3 OR and placed in the clean ante room as part of the set up process for the Covid-19 positive patient.
- Notify main OR at ext 2660 to reserve a room for all other scheduled and unscheduled CSections until the Covid-19 positive patient is delivered. Set up Main OR room designated for CSections with warmer bed etc.
- Notify OB provider, anesthesia and pediatrician of room number in Main OR and plan.
- All healthcare providers in the M3 OR during CSections are required to wear full PPE’s including N95 masks in addition to their sterile gowns, gloves, face protection, eye shields and head covers.
- M3 OR WILL BE RESTRICTED TO ESSENTIAL PERSONNEL ONLY DURING THE CSECTION OF A Covid-19 positive mother.
- Once surgery is complete, doff all surgical attire prior to leaving the M3 OR and don PPE’s appropriate to care for patient with COVID-19 just outside the OR doors.
- Patient will be transported from M3 OR back to room 389 for post anesthesia recovery. Approval required from Anesthesia Provider to recover in room per policy. Patient will remain on isolation during recovery from anesthesia. All staff entering room to care for the patient during post anesthesia care are required to wear full PPE’s including N95 masks and eye protection.
**PPE’s and Staffing precautions:**

- Isolation cart complete with N95 masks will be positioned outside room 389. Staff will don full PPE’s including N95 masks, gowns, gloves, face shields and/or eye protection when caring for the patient.
- Labor nurse or provider in direct contact with patient during delivery of infant should wear face shield.
- Patient and support person will wear surgical face mask at all times while inpatient.
- Refresher training for all healthcare personnel including providers on M3 to include correct adherence to infection control practices and personal protective equipment (PPE) use and handling. Review and signature of staff obtained.
- All healthcare personnel who will be involved in the patient’s care will be informed of infection control expectations before the patient’s arrival.
- Covid-19 positive patient will have dedicated nurse per shift. Patient will be designated a 1:1 while in labor. Process may include a separate area for nurse to complete charting while on shift. Will reevaluate.

**Postpartum:**

Covid-19 Positive labor patients will be admitted to room 389 and remain here until discharged from CMMC. Patient and support person will remain on isolation. Cohort with baby and support person may be necessary.

**Breastfeeding or Expressing Breastmilk:**

Use Dedicated breastpump and equipment. Equipment to be cleaned per manufacturer instructions after each use.

Expressed Breastmilk can be given to infant via bottle and nipple or finger fed by caregiver.

If mom wishes to put baby to breast she must perform hand hygiene and don a clean mask. This should only be done if baby is cohorting with mom. Baby should not be transported between rooms.

**M3 Census and Flow:**

Use all other rooms on M3 to receive healthy maternity patients and healthy post-partum patients including PACU if necessary.

IF census spikes, create a post partum bump list to have healthy post partum couplets transferred to M4 should room availability become an issue. Contact Nursing Supervisor and NL or ANL on M4 to make them aware that transfers of well couplets may need to occur in order to keep Covid-19 isolation room(s) open and available.

**Infant Isolation/ Separation:**

- Once infant is delivered, infant is considered a PUI and ideally the infant should be isolated from mother. Infant will be moved into room 390 with support person to care for the baby. Baby will be placed on isolation precautions. The caregiver will use PPE’s to care for the infant.
- If census dictates that there are no rooms available to accommodate the mother baby separation or if mother refuses to separate from her baby, baby may remain with mother (cohort) in room 389 and follow CDC guidelines. Measures implemented to reduce exposure to infant include physical barriers set up between mother and baby. Curtain and plastic privacy curtain taken from NICU and used as physical barrier. Infant should be a min of 6 feet from mother is at all possible. Mother will wash hands and don surgical mask prior to contact with baby. Surgical Mask will remain in place while mother is in contact with baby.

**Transport of Patient:**

Patient to don clean surgical mask

Cover patient with clean sheet.

Siderails of bed and/or wheelchair should be wiped with disinfectant.

All transport personnel should don PPE’s including N95 mask.

**Plan for Newborn Care with Covid-19 Positive Mother**

To reduce the risk of transmission of the virus that causes COVID-19 from the mother to the newborn, M3 will consider temporarily separating the mother who has confirmed COVID-19 or is a PUI from her baby until the mother’s transmission-based precautions are discontinued per CDC guidelines.

Infant born to Covid 19- positive mother or PUI will be considered PUI and placed under isolation precautions.

Infant will be moved to room 390 and placed on contact isolation. Baby will require a healthy caregiver to feed, diaper and care for the infant. Caregiver to don appropriate PPE’s while providing care for the infant. Appropriate PPE includes gown, gloves, face mask, and eye protection.

Isolation cart with appropriate PPEs including N95 mask and eye protection will be placed outside infant’s room (390).

The decision to discontinue temporary separation of the mother from her baby should be made on a case-by-case basis in consultation with clinicians, infection prevention as outlined by CDC recommendation.

If census dictates that there are no rooms available to accommodate the mother baby separation or if mother refuses to separate from her baby, baby may remain with mother (cohort) in room 389 and follow CDC guidelines. Measures implemented to reduce exposure to infant include physical barriers set up between mother and baby. Curtain and plastic privacy curtain taken from NICU and used as physical barrier. Infant should remain 6ft from mother is at all possible. Mother will wash hands and don mask prior to contact with baby. Mask will remain in place while mother is in contact.

See Attached ACOG Algorithm

See Attached CDC Guideline
**Plan and Process for Certified Surgical Scrub Tech to Clean the M3 OR if Covid-19 positive or PUI patient Presents in Labor to M3**

M3 OR will be set up by the M3 CST with isolation equipment and supplies once a Covid-19 positive patient is admitted to the maternity unit at CMMC.

All non-essential equipment will be removed and extra supplies removed to eliminate risk of contamination or waste. Supplies and equipment will be stored in clean supplies ante room of M3 OR.

Approved PPE’s will be available for all healthcare providers entering the M3OR including N95 masks.

Appropriate PPE’s will be donned by all healthcare providers prior to entering the M3 OR for C Section including N95 masks.

Appropriate surgical PPE’s will be donned over personal PPE’s to maintain sterile field during the surgery.

After CSection and when the healthcare providers leave the M3 OR, surgical attire and PPE’s will be doffed in the ante room as they exit the M3 OR suite.

Approved PPE’s will be donned if healthcare providers remain with the Covid-19 positive patient. Prior to transporting patient to room.

Patient will wear surgical face mask during procedure.

During transport back to her room for PACU, patient will continue to wear her mask and will be covered with a clean sheet. Siderails of stretcher or bed will be wiped with approved disinfectant.

Door to M3 OR will be closed by CST after everyone has left the room.

The doors will remain closed for no less than 1hr.

M3 CST will don appropriate PPE including N95 mask and eye shield after 1 hr room rest and clean OR and equipment using the same hospital approved disinfectant as after any other case.

The M3 OR will be reset with appropriate supplies necessary for C Sections unless a second Covid-19 positive patient is on the maternity unit.
**CMMC procedure for handling a NICU baby who is born to a mother with COVID-19/ PUI**

Isolate baby from the mother and transfer to back left corner, negative pressure room in the NICU.

Perform flutter test on room prior to receiving baby.

Log flutter test on log sheet provided once per shift while room is occupied by baby.

All personnel entering negative pressure room should log in on log sheet provided.

Isolation cart to be placed outside door of neg pressure room in NICU.

Nursing staff and providers must don PPE’s prior to entering room including N95 mask.

If mother desires, pumped breast milk may be provided to infant.

Follow manufacture instructions for proper cleaning procedure of pump parts after each pumping session.

Healthy parent/care provider will be allowed in NICU with baby but must don surgical mask and perform proper hand hygiene before entering NICU

-Timing of testing and isolation period to be counseled by MMC NICU

-Open NICU bay is positive pressure and could manage other NICU babies born to mothers without concern for COVID-19 risk safely.

-CMMC NICU should continue accepting (when staffing allows) appropriate Level 2 babies from around the region to decrease overflow volume to MMC NICU