

**Transporting Patient to OR for C/S from L&D Covid-19 Positive or PUI**

- Clear and constant communication should occur at all times between OB, anesthesia, and nursing
  - Consider earlier surgical intervention and early notification in an effort to avoid STAT cesarean delivery
  - OR nurses, Surgical Techs and Anesthesia should move to the OR once notification for a C/S is called and don mask, face shield, gown and gloves prior to patient entering the room.
  - **PATIENTS NEEDING A C/S WITH GENERAL ANESTHESIA IN L&D:  
\*\*\*We have 30 minutes to perform a STAT C/S per guidelines. Please make all decisions and movements intentionally to provide the safest care and reduce risk of contamination.**
- Due to the nature of L&D, there is no designated COVID-19 operating room; however, OR 3 will be used if available
  - The supply cart outside of the patient's labor room will be moved with the patient
- Neuraxial anesthesia is preferred for any patient, including COVID-19 patients
  - Labor epidural activation to surgical block or spinal anesthesia
  - Providers should not don PPE to enter labor room for a level check. Level check to be completed once the patient is in the OR.
- PPE for transport
  - If patient requires assistance from the bed to the wheelchair or stretcher, transporting staff should wear all recommended PPE (gloves, gown, surgical mask, eye protection (goggles or face shield))
  - A surgical mask and clean sheet should be placed on the patient for transport.
  - If the nurse has time, all high touch surfaces of the bed should be wiped down with a sani-wipe.
  - Yellow Gowns and gloves (NOT face shield and mask) should be removed before leaving the room by providers, perform hand hygiene and new gloves donned to transport patient.
  - Only ONE person should touch the bed for transport.
  - The SL/ANM should close the doors in the hall, remove anyone from the hallway and badge through or push all doors for the transporter.
  - The SL/ANM will also take the PPE cart to the OR for use as needed. Extra gown and gloves will be in OR's also
  - *\*\*put on a clean gown if there is anticipation to provide care during transport (i.e. bagging a patient)*
- Receiving OR

- OR nurses, Surgical Techs and Anesthesia should move to the OR once notification for a C/S is called
- Don proper PPE with observer verifying

- Impervious Gown for airway team (yellow isolation gown or higher)
- Long cuffed gloves
- Second set disposable gloves
- N95 mask
- Bouffant hat
- Eye shield

- Normal glove use should be performed for OR RN's.
- There should be a printed copy of the PPE donning and doffing process placed on the OR door.
- There should be a copy also placed on the WPACU isolation room door.
- Do not depend on someone's memory to get all the details!
- Once patient enters the room, have the patient perform hand hygiene, remove the sheet and provide a clean blanket.
- Transporter should give report to the OR RN, change gloves, perform hand hygiene, don new gloves, sani-wipe the bed, return the bed to the room and return to the OR.
- The Transporter will become the Runner for the OR and should remain outside of the OR throughout the case.

- **For the Anesthesia Team-Refer to Cesarean Section OR Management**

- FOR PEDS and NBN:

- The provider catching the baby in the OR should enter the room only after the patient has been intubated then quickly gown and glove (**mask**)
- The infant should be resuscitated in the OR hallway.
- There should be a limited number of care providers in the OR hallway for resuscitation, all should be wearing recommended PPE.
- The DCT RN should not go through the occupied OR to receive the baby.
- The DCT RN should follow protocols for transporting a PUI infant to the Isolation nursery and bring the crib to the OR hallway for hand off

- **Post-op Transport**

- When patient is ready to be transported to WPACU, notify WPACU team, allow for Runner to clear hallways and press all buttons.
- Anesthesia transporter should remove gloves, perform hand hygiene and don clean gloves to transport.

- WPACU 1 should be used for these patients.
- Runner should Roll PPE cart to outside of WPACU room 1.
- Patient should be transported from the OR table to the stretcher and remain intubated if general-**Filter in place at all times.**
- These patients should be transported to WPACU while remaining intubated and should be extubated with two Anesthesia providers in the WPACU 1 room.
- Extubation is a High Risk portion-High Risk PPE needed- **Refer to Cesarean Section OR Management**
- 1 WPACU RN should be assigned to this patient with the 2<sup>nd</sup> WPACU RN as the relief.
- All PPE including a surgical mask, face shield, gown and gloves should be donned to care for these patients.

- Post WPACU room 1 transport to MBU

- If patient requires assistance from the bed to the wheelchair or stretcher, transporting staff should wear all recommended PPE (gloves, gown, surgical mask, eye protection (goggles or face shield))
- A surgical mask and clean sheet should be placed on the patient for transport.
- If the nurse has time, all high touch surfaces of the bed should be wiped down with a sani-wipe.
- Yellow Gowns and gloves (NOT face shield and mask) should be removed before leaving the room by providers, perform hand hygiene and new gloves donned to transport patient.
- Only ONE person should touch the bed for transport.
- The second WPACU RN should close the doors in the hall, remove anyone from the hallway and badge through or push all doors for the transporter.
- Once patient enters the room, have the patient perform hand hygiene, remove the sheet and provide a clean blanket.

The foregoing information is meant for educational purposes only and is derived from the limited sources of evolving evidence and experience available at the time of production during the COVID-19 pandemic. This information is not meant to control individual treatment decisions which are based on an individual patient's specific circumstances, nor is it meant to override the clinical judgment of providers within the doctor-patient relationship. This information is relayed as part of UAB's Emergency Operating Plan.