Workflow for a COVID-19 Case - FOR THE LABOR & DELIVERY PATIENT

Preoperative huddle & OR prep	Transfer	Surgical Procedure	*PPE for staff involved with care	
Designate team leader: Often anteroom RN	Route:	Surgical and nursing team dons PPE and enters OR, if not already done	In the OR	
Designate an OR Print and 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 Anesthesia prep: Cover anesthesia machine & Omnicell Confirm contents of emergency cart General anesthesia: cover and prepare required equipment/drugs onto a designated cart inside the OR, adding: Kelly Clamp HME filter & Ambu bag Regional anesthesia: Prepare required equipment/pack onto a designated cart inside the OR	Perform a direct transfer into the OR Ventilator/Ambu bag: Ventilator should be in room prior to moving patient if planning intubation Not required for transfer <i>into</i> the OR (if not intubated) Medications: Continue current infusions, per clinical indication and/or provider preference Start of the Case	Surgical time-out, as usual	Anesthesia	N95 respirator + eye protection + gown + head covers + double gloves + boot covers
		Communication during case: In OR team uses OR phone to contact outside support Communication towards the end of the case: If patient required a GA, page RT (PAPR) and *Airway Team Member (PAPR) for extubation and/or transfer End of Case	Surgery OB/Scrub tech	N95 respirator + eye protection + gown + head covers + double gloves + boot covers
			Intubator	PAPR or N95 respirator + eye protection + gow + head covers + double gloves + boot covers N95 respirator + eye protection + gown + head
			KI	covers + double gloves + boot covers
		COVID team leader coordinates the return pathway, choosing one of the options below. Confirm members and roles for subsequent care Case cart take down, as usual Move patient from OR table onto bed Option 1 (regional anesthesia & stable; returns to LDR)	Nursing	N95 respirator + eye protection + gown + head covers + double gloves + boot covers
	☐ Bring patient into OR with a surgical face mask			N95 respirator + eye protection + gown + head covers + double gloves + boot covers
	Patient's bed OR team strip linens off bed inside OR		Out of the OR	
			Anteroom nurse	Surgical mask + eye protection + gloves
Confirm which supplies/drugs may be required <i>outside</i> the OR	OR team pushes patient bed out of the OR OR attendants decontaminate patient bed immediately	Patient is moved to LDR, with transfer team Staff members not on transfer may doff PPE and exit OR	Anteroom runner	Surgical mask + eye protection + gloves
Surgical prep: Surgical staff to physically verify and confirm the setup for case Confirm which supplies & drugs will be required <i>inside</i> the OR Confirm which supplies & drugs may be required <i>outside</i> the OR	will be required inside the OR nay be required outside the OR Perform anesthesia time-out, as usual Option 1: Regional anesthesia Anesthesiologist Primary RN Team Member and RT to be ATTESTICS Perform anesthesia time-out, as usual Option 1: Regional anesthesia Anesthesiologist Primary RN Intubator (PAPR - on standby – anteroom)	Option 2 (transfers to ICU) RT and *Airway Team Member don PPE and enter OR (if intubated) Patient is moved to ICU, with transfer team (anesthesia and surgical team) 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 Airway Team Member, RT, 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 RT and Airway Team Member doff PPE and leave room Patient remains in OR until stable for transport by anesthesiologist	On the Transfer	
			Anesthesia	N95 respirator + eye protection + gown + head cover + double gloves + boot covers
Identify anteroom staff They act as safety officers & prevent entry w/o appropriate PPE			Surgery OB/Scrub Tech	N95 respirator + eye protection + gown + head cover + double gloves + boot covers
☐ Nurse runner: ☐ Anesthesia runner: Alert additional anesthesia personnel:			Anteroom RN/usher	Surgical mask + eye protection
☐ GA: notify the designated Airway Team Member and RT to be present or "on standby", at the discretion of anesthesia			Patient	Surgical facemask
Prepare for transfer: Prepare routine transport equipment	☐ Intubator ☐ Anesthesiologist		Doffing	
☐ Confirm transfer team members ☐ Nursing staff ☐ Anesthesia attending ☐ Extra member to open doors	□ RT □ Anesthesiologist: administers drugs □ Intubator: secures and confirms airway □ RT: connects to vent and ensures that the		☐ Ensure a buddy is present to observe doffing!!	
☐ Confirm route & ensure it's clear of all moveable obstacles	anesthesiologist has clear instructions on how to modify	☐ Anesthesia staff remains in OR until nurse is comfortable with patient		

☐ Anesthesia staff remains in OR until nurse is comfortable with patient

☐ OR attendants to clean, per protocol (plus, removal of plastic covers

☐ When appropriate, anesthesia staff doffs and leave room

End of Case - decontamination

☐ EVS to decontaminate, per protocol

OR to remain empty for 30min after patient leaves

over anesthesia equipment and wipe down)

Contact EVS (Pg: 92746 East)

waiting for patient to arrive

Ensure correct PPE is worn by all members*

mobile phones outside the OR (to be given to OB back-up)

Scrub and circulator may leave OR after setup of room, while

Ensure all members leave all personal items including pagers and

vent settings

If Emergent:

☐ RT & Intubator doff and leave OR

any of the above safety steps

☐ An emergency CD will be performed without skipping

Contingency team will not provide direct patient care,

however, can assist in anteroom to help don PPE for