ADDRESSING COMMUNICATION DURING CESAREAN DELIVERIES ON LABOR AND DELIVERY DURING COVID-19 PANDEMIC AND DISSEMINATION OF INFORMATION AMONG STAFF

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Problem:

Similar to many if not all labor and delivery units, BIDMC has created a dedicated COVID-19 operating room for COVID-19 positive and PUI patients.

The operating room is "leaned" of all non-essential equipment and personnel

Issues around communication between the OR and the rest of unit arose, as well as limitations of rapid dissemination of new processes among staff

OUR SOLUTION







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

Workflow for a covid 15 ca.		
Preoperative huddle & OR prep	Transfer	
Designate team leader: Often anteroom RN	Route: Perform a direct transfer into the 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	Ventilator/Ambu bag:	
Anesthesia prep: ☐ Cover anesthesia machine & Omnicell	Start of the Case	
☐ Confirm contents of emergency cart ☐ General anesthesia: cover and prepare required	☐ Bring patient into OR with a surgical face mask	
equipment/drugs onto a designated cart <i>inside</i> the OR, adding: — Kelly Clamp	☐ Transfer patient to OR table	
☐ HME filter & Ambu bag ☐ Regional anesthesia: Prepare required equipment/pack onto a designated cart inside the OR ☐ Confirm which supplies/drugs may be required outside the OR ☐ Surgical prep:	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 immediate in ante-room	
☐ Surgical staff to physically verify and confirm the setup for case ☐ Confirm which supplies & drugs will be required <i>inside</i> the OR	Anesthesia	
☐ Confirm which supplies & drugs may be required <i>outside</i> the OR Ideptify <i>anteroom</i> staff	Perform anesthesia time-out, as usual	
They act as safety officers & prevent entry w/o appropriate PPE Nurse runner: Anesthesia runner:	Option 1: Regional anesthesia ☐ Anesthesiologist ☐ Primary RN	
Alert additional anesthesia personnel: GA: notify the designated Airway Team Member and RT to be present or "on standby", at the discretion of anesthesia	*Intubator (PAPR - on standby – anteroom) Option 2: General anesthesia	
Prepare for transfer: Prepare routine transport equipment Confirm transfer team members Nursing staff Anesthesia attending Extra member to open doors Confirm route & ensure it's clear of all moveable obstacles	□ Intubator □ Anesthesiologist □ RT □ Anesthesiologist: administers drugs □ Intubator: secures and confirms airway □ RT: connects to vent and ensures that the anesthesiologist has clear instructions on how to mo vent settings	
Contact EVS (Pg: 92746 East)	RT & Intubator doff and leave OR	
Ensure correct PPE is worn by all members*	If Emergent:	
Ensure all members leave all personal items including pagers and mobile phones <i>outside</i> the OR (to be given to OB back-up)	 An emergency CD will be performed without skippin any of the above safety steps Contingency team will not provide direct patient care 	
Scrub and circulator may leave OR after setup of room, while waiting for patient to arrive	however, can assist in anteroom to help don PPE for primary team	

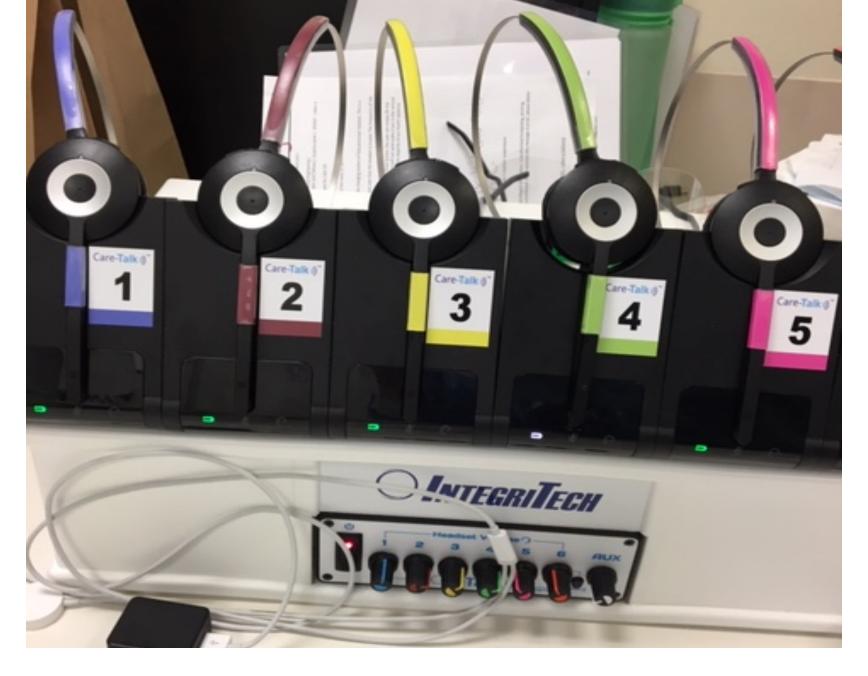
	Surgical Procedure
	Surgical and nursing team dons PPE and enters OR, if not already done
	Surgical time-out, as usual
ing patient if	Communication during case:
ot intubated)	☐ In OR team uses OR phone to contact outside support Communication towards the end of the case:
dication and/or	☐ If patient required a GA, page RT (PAPR) and *Airway Team Member (PAPR) for extubation and/or transfer
	End of Case
	COVID team leader coordinates the return pathway, choosing one of the
nask	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)
immediately	Patient is moved to LDR, with transfer team
	☐ Staff members not on transfer may doff PPE and exit OR
	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
n)	Option 3 (general anesthesia & plan for extubation in OR)
	☐ All staff doff PPE and leave OR <i>except</i> 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
how to modify	☐ Anesthesia staff remains in OR until nurse is comfortable with patient
	status
	☐ When appropriate, anesthesia staff doffs and leave room
out skipping	End of Case – decontamination
	OR to remain empty for 30min after patient leaves
oatient care,	OR attendants to clean, per protocol (plus, removal of plastic covers

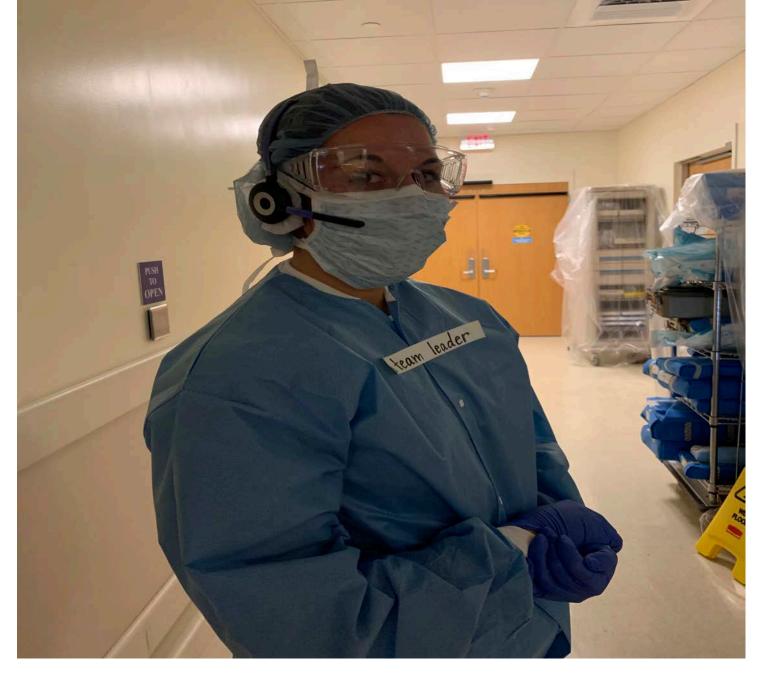
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End of Case		
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Option 3 (general anesthesia & plan for extubation in OR) All staff doff PPE and leave OR except Airway Team Member, RT, Anesthesiologist, Primary Surgeon, and Primary RN Primary Surgeon 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		
 Anesthesia staff remains in OR until nurse is comfortable with patient status When appropriate, anesthesia staff doffs and leave room 		
End of Case – decontamination		

over anesthesia equipment and wipe down)

☐ EVS to decontaminate, per protocol

*PPE for staff involved with care			
In the OR			
Anesthesia	N95 respirator + eye protection + gown + head covers + double gloves + boot covers		
Surgery OB/Scrub tech	N95 respirator + eye protection + gown + head covers + double gloves + boot covers		
Intubator	PAPR or N95 respirator + eye protection + gown + head covers + double gloves + boot covers		
RT	N95 respirator + eye protection + gown + head covers + double gloves + boot covers		
Nursing	N95 respirator + eye protection + gown + head covers + double gloves + boot covers		
NICU	N95 respirator + eye protection + gown + head covers + double gloves + boot covers		
Out of the OR			
Anteroom nurse	Surgical mask + eye protection + gloves		
Anteroom runner	Surgical mask + eye protection + gloves		
On the Transfer			
Anesthesia	N95 respirator + eye protection + gown + head cover + double gloves + boot covers		
Surgery OB/Scrub Tech	N95 respirator + eye protection + gown + head cover + double gloves + boot covers		
Anteroom RN/usher	Surgical mask + eye protection		
Patient	Surgical facemask		
Doffing	Doffing		
☐ Ensure a buddy is present to observe doffing!!			







[video]

Thank you

Comments / Questions

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