March 30, 2020

To: All MIC Staff and Providers

From: Edith Cheng, Jane Hitti, Gigi Jurich, Voni Simmons

Re: Universal COVID-19 screening on Labor and Delivery

This week, UW Medicine initiated preoperative COVID-19 screening prior to planned surgical procedures. In alignment with this policy, we plan to initiate universal screening of Labor and Delivery patients at the Montlake Campus effective Monday, 3/30/2020.

Please see the attached screening guideline and flow sheet for details.

Frequently asked questions are noted below, regarding COVID screening and other topics. Please let us know if you have other questions and we will do our best to address them in a timely fashion!

Thank you again for your strong engagement and outstanding patient care.

What does universal COVID-19 screening entail?

COVID-19 screening has 3 layers.

1. The first tier, ongoing, involves assessing patients on admission for concerning symptoms. This list is updated frequently and includes fever, cough, sore throat, shortness of breath, and possibly also sudden loss of smell/taste and red/puffy eyes (conjunctivitis).

   All patients with symptoms will be tested and managed as COVID PUI

   The COVID-ID Physician on call must be notified of any COVID test result (positive or negative) to help make informed decisions regarding precautions. Even if the test result is negative, a PUI with a negative test must be discussed with COVID MD prior to DC of special precautions.

2. The second tier involves outpatient testing of patients with planned admission for IOL, CS or other procedure. Testing occurs 48-72 hours prior to admission and is initiated by the outpatient provider. Please see flow diagram for further details.

3. The third tier involves screening asymptomatic patients admitted to L&D who have not had outpatient testing within 72 hours. COVID-19 screen will be sent on L&D admission.

   These patients will be referred to as COVID SCREEN PENDING – ASYMPTOMATIC (CSP-A)

COVID-19 screening of asymptomatic patients without a recent test result will start on Monday 3/30.
Patients with COVID-19 screening test >72 hours will need to be rescreened.

Patients who had a negative COVID-19 screen within 72 hrs but become symptomatic will be managed at COVID PUI until repeat test is completed.

**How do I order an outpatient COVID test for my patient who has a scheduled admission (IOL, CS, other procedure?)**

MICC will order testing the week of 3/30. The primary OB provider should order testing for admissions as of 4/6/2020. Please note whether testing has been ordered, and the result with date, on the L&D IOL/CS spreadsheet.

Testing should be completed 48-72 hrs prior to scheduled admission.

The process is:

- **Provider** (or MICC) orders COVID-19 test in EPIC
- RN or MA calls patient, to instruct them to call the NW Outpatient Drive-Through test site and schedule a testing appointment, 48-72 hours prior to scheduled admission. Telephone number is **206-520-8770**. Currently open weekdays
- **Patient** makes the call to schedule. Patient informs test site that testing is for a “planned admission”.
- **Provider** follows up on test result and enters on L&D spreadsheet to confirm that test has been completed.

**What PPE is required to care safely for patients?**

**Asymptomatic women with recent negative COVID-19 test (<72 hours) and no symptoms:** should have standard care according to UW Labor and Delivery protocols as long as they do not have any new symptoms; no additional PPE requirement

- **Antenatal:** standard precautions
- **Delivery:**
  - Vaginal delivery: droplet/contact precautions (due to delivery, not COVID status)
  - Cesarean delivery: droplet/contact precautions (due to delivery, not COVID status)
- Postpartum hemorrhage, other procedure requiring intubation: **same as Cesarean**
- **Post-delivery:** standard precautions
Women with a positive COVID-19 test, inconclusive test, or who are COVID-PUI should be under special droplet/contact precautions, unless there is potential for an aerosolizing procedure (e.g. cesarean because of the potential for intubation).

**Antenatal:** special droplet/contact precautions

**Delivery:**

- Vaginal delivery: special droplet/contact precautions*

- Cesarean delivery: airborne precautions (N95 or PAPR) + special droplet/contact* for all providers present in the OR participating in the cesarean delivery

**Postpartum hemorrhage, other procedure requiring intubation:** same as Cesarean*

**Post-delivery:** special droplet/contact precautions* 

**Asymptomatic women with COVID-19 screen pending (CSP-A), or no test ordered** should have standard care according to UWMC Labor and Delivery protocols; no additional PPE requirement unless there is potential for an aerosolizing procedure (e.g. cesarean). Because these women are asymptomatic, the likelihood of COVID-19 transmission prior to return of results is thought to be very low.

**Antenatal:** standard precautions if not in labor; in labor, labor RN only to wear surgical mask according to UWMC Labor and Delivery protocols

**Delivery:**

- Vaginal delivery: special droplet/contact precautions*

- Cesarean delivery: airborne precautions (N95 or PAPR) + special droplet/contact*

**Postpartum hemorrhage, other procedure requiring intubation:** same as Cesarean*

**Post-delivery:** standard precautions

What if an asymptomatic woman with COVID-19 screen pending (CSP-A), now has a positive COVID test?

We are currently continuing to refine our procedures. At this time these cares should be dealt with on a case-by-case basis and require communication with the COVID ID physician on call.

What PPE is required to collect COVID-19 swabs?
The test procedure of collecting deep nasopharyngeal swabs often induces patient coughing. Therefore, the tester must be in droplet/contact PPE. Airborne precautions (N95 or PAPR) are not required for the person performing a test.

**What is the turnaround time for COVID-19 testing at UWMC? Is there a rapid test?**

We are fortunate to have access to highly innovative laboratory facilities at UWMC. **Inpatient testing** typically takes 10-12 hours to return. **Outpatient testing** typically takes 24 hours to return. We may have access to a rapid COVID-19 screen in the near future. This test has an anticipated turnaround time of 2 hours. This test would be reserved for clinical scenarios in which rapid results could make a clinical difference. When this test comes online at UWMC, the order may require approval from the COVID MD on call.

**Should all providers and staff wear masks during routine patient care?**

No. Our colleagues in Infection Prevention do not recommend that providers and staff wear masks unless there is a patient-based indication for PPE. Please see UW Medicine policies and educational materials on this topic.

**Will there be changes to Labor and Delivery visitor policy due to COVID-19?**

We are currently continuing to refine our procedures regarding visitation, and anticipate a finalized protocol soon.

*special droplet/contact* includes trained observer for donning and doffing of PPE