DELIVERY LOGISTICS AND INFANT CARE Covid-19 in NICU  4/7/2020

Population: Infants born to a mother who is known to be COVID-19 positive or under investigation for COVID-19 and is expected to be admitted to the neonatal intensive care unit (4SA).

NICU Charge RN

Plan for potential Covid-19 situation—at the beginning of each shift identify team roles (particularly nursing) and assure all necessary equipment is ready (see checklist). Note: *This is time and resource intensive*

- Nurses
  - Need 1-2 RNs for Resuscitation—resource RN will be 1
  - Need 1 runner/PPE Partner
  - Need admit nurse (also transport RN)
- Nurses and provider numbers are dependent on gestational age and other clinical circumstances
  - Recommendation for 2 of each when < 26 weeks and or concern for acuity
  - Clinical judgement/team preference will influence—need skilled providers; need to consider conservation of PPE
- 2 RCS (respiratory therapist)
  - 1 RCS for resuscitation
  - 1 RCS for NICU room set up
  - Backup RCS is likely to be transport and initial admission steps
  - RCS from resuscitation will take over admission

### NICU CHARGE RN CHECKLIST:
OPERATING ROOM DELIVERY OF COVID +/PUI

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<thead>
<tr>
<th></th>
<th>TEAM MANAGEMENT</th>
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<tbody>
<tr>
<td></td>
<td>Attend Perinatal Huddle</td>
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<td>Notify on-call attending, request to come in as indicated</td>
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<td></td>
<td>Facilitate and attend NICU Resuscitation/Stabilization Team Huddle</td>
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<td>Verify N95 mask types &amp; sizes for team members</td>
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<td></td>
<td>Determine number of RN’s, RT’s and providers needed at delivery</td>
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<td></td>
<td>3-4 RN’s</td>
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<td>2-3 RCS’s</td>
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<td>1-2 Providers</td>
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<td>Assign team roles and pass out role cards accordingly</td>
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<td>Call PPE Deployment 7-3926</td>
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<td>Submit NICU staff request for PPE at delivery location and in NICU</td>
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<td>Coordinate with PPE Deployment and L&amp;D Charge for available PPE Partners</td>
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<td>Assign Spectralink phone to Resuscitation RN # 1</td>
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<td>Assign Spectralink phone to Admission RN</td>
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<td>Assign NICU room set-up</td>
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<td>MAIN OR:</td>
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|   | Coordinate with OR staff to facilitate equipment set-up prior to mother’s arrival in

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<table>
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<tr>
<th><strong>OR</strong></th>
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<tr>
<td><strong>L&amp;D OR 2</strong></td>
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<tr>
<td>Coordinate with L&amp;D Charge to facilitate equipment set-up prior to mother’s arrival in OR</td>
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<tr>
<td>Direct <strong>Resuscitation RN(s)</strong> and <strong>Resuscitation RCS</strong> to set-up OR ASAP</td>
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<tr>
<td>Coordinate with L&amp;D Charge to anticipate mother’s arrival in OR – keep NICU Team aware</td>
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### PRE-DELIVERY UNIT PREP

- Assign patient room(s)
  - Any respiratory support = **Airborne Precautions**
  - Negative pressure room 67 (phone 8-9254)
  - Negative pressure room 69 (phone 8-9178)
  - No respiratory support, future needs very unlikely = **Droplet Precautions**
  - Regular room

### OUTSIDE NICU ROOM SET-UP PRECAUTIONS

- Refer to UWMC Covid Web Page**
- Obtain signage for the door: No Visitors, Airborne or Droplet precautions
- Appropriate masks (multiple sizes) for precautions
- N95 + face-shield masks or goggles for Airborne
- PAPR cart (if available)
- Disposable gowns
- Gloves (multiple sizes)
- Hand hygiene gel
- Disinfecting wipes
- Tape on floor to designate doffing area
- 1 appropriate trash bin at doffing area**
- Lab specimen container
- Documents Kept Outside The Room:
  - PPE donning/doffing procedure checklists taped to wall/door (in protective sleeves)**

### INSIDE ROOM SET-UP

- Assign NICU room set-up, assist as needed
  - **NICU RCS** to prepare any anticipated respiratory equipment (refer to role card)

### INSIDE ROOM SET-UP PRECAUTIONS

- Refer to UWMC Covid web page**
- Hand hygiene gel
- 1 each: appropriate trash and linen bins**
- Disinfecting wipe
- Documents Kept Inside The **Airborne/Droplet Room**:
  - PPE donning/doffing procedure checklists taped to wall/door (in protective sleeves)**
  - **Admission RN** EID for POCT (photocopy, written on paper, etc)

### NOTIFICATION OF BIRTH AND INFANT STATUS

- Admit RN will call with infant information:
  - Confirm appropriate room type (negative airflow or regular)
  - Notify **NICU RCS** of respiratory needs

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Delivery Logistics for the Main OR, of premature or ill infant (from call for delivery to NICU admission)

Roles In the Main OR—

NICU Resuscitation Nurse #1 and #2 (if two are needed)

Attend NICU Team Huddle
Verify N95 size/type with NICU Charge
When OR is ready move essential equipment:
- Atom incubator for Covid
- Covid Cart
- Blanket warmer
- Portable ISR (remains outside the OR room)
Don regular OR PPE for set-up (prior to mother’s arrival)
Leave badges/phone in bin outside OR
Place Nurse #1 Spectralink in a zip-lock bag for use in speaker mode;
Secure admit RN phone # inside zip-lock
Move in and set up all resuscitation equipment
Increase the OR room temperature (on wall) to at least 75 degrees
You now either:
(a) Don full airborne PPE and remain in OR
(b) Doff regular PPE and return to NICU until notified that patient is transporting to OR
Resus Team arrives and begins donning process, leave phones/badges in bin
Reminder: communication is via RN #1 Spectralink in speaker mode/paper & sharpie
At stabilization, prepare for infant transport:
Notify Admit RN, specify respiratory support
Close Atom for transport
Remove 2nd glove layer then wash /gel thoroughly
Don new 2nd layer
Wipe outside of Atom and secured equipment with disinfecting wipes
Wipe Spectralink zip-lock with disinfecting wipes and place on top of Atom
Move Atom toward door
Outside team is donned and opens door to receive incubator
Outside team wipes Atom & Spectralink bag with disinfecting wipes
Atom is covered with large plastic bag
Spectralink bag placed in phone bin to dry
Once outside team is ≥ 6 feet away from door:

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Resus. team begins doffing process by removing gown & gloves
Perform hand hygiene
PPE partner will open door, NICU team will exit
Outside PPE Partner hands new gloves to team, team removes N95’s
Team doffs gloves, performs hand hygiene, takes badges & phones, returns to unit

Resuscitation RCS
Attend NICU team huddle
Verify N95 size/type with NICU Charge
When OR is ready move essential equipment:
  Atom incubator for Covid
  Covid Cart
  Blanket warmer
  Portable ISR (remains outside the OR room)
Don regular OR PPE for set-up (prior to mother’s arrival)
  Leave badges/phone in bin outside OR
Move in and set up all resuscitation equipment
Increase the OR room temperature (on wall) to at least 75 degrees
You now either:
  (a) Don full airborne PPE and remain in OR through resuscitation and stabilization
  (b) Doff regular PPE and return to NICU until notified that patient is transporting to OR
    Resus Team arrives and begins donning process, leave phones/badges in bin
    Reminder: communication is via RN #1 Spectralink in speaker mode/paper & sharpie
At stabilization, prepare for infant transport:
  Notify outside team, specify respiratory support
  Close Atom for transport
  Remove 2nd glove layer then wash /gel thoroughly
  Don new 2nd layer
  Wipe outside of Atom and secured equipment with disinfecting wipes
  Wipe Spectralink zip-lock with disinfecting wipes and place on top of Atom
  Move Atom toward door
  Outside team is donned and opens door to receive incubator
  Outside team wipes Atom & phone bag with disinfecting wipes
    Atom is covered with large plastic bag
    Spectralink bag placed in phone bin to dry
Once outside team is > 6 feet away from door:
  Resus. team begins doffing process with PPE Partner by removing gown & gloves
  Perform hand hygiene
  PPE partner will open door, NICU team will exit
  Outside PPE Partner hands new gloves to team, team removes N95’s
  Team doffs gloves, performs hand hygiene, takes badges & phones, returns to unit
Provider #1 and #2 (if using 2 providers)
Attend Perinatal huddle
Facilitate NICU Team huddle
Verify N95 size/type with NICU Charge
OB notifies NICU that patient is transporting to OR
Coordinate group donning of PPE with PPE Partner outside OR once patient is inside OR
Don N95 mask and face shield
Enter OR, resuscitate/stabilize infant
Be prepared to assist the NICU resus team with any necessary tasks
Once Atom is wiped and passed through the door begin doffing process
with PPE Partner: remove gown & gloves then sanitize hands
Do not leave OR until: Atom has been wiped again by outside team
and outside team is > 6 feet away from OR door
OB PPE partner will open OR door allowing you to exit OR
Outside PPE Partner hands resus team new gloves, gloves are donned and face masks removed
Perform hand hygiene and return to NICU

Roles outside the OR
Transport and Admit RN
Attend NICU Team huddle
Verify N95 size/type with NICU Charge
Assist with NICU room set-up, OR set-up as needed
Copy ID badge barcode for admit room scanning
Go to the OR with Admit RCS
Place badges/phones in bin
Place Admit RN phone in zip-lock bag to use in speaker mode
secure RN #1 phone number inside bag with phone
Don Droplet PPE
Remain outside the OR
Be prepared to open the Portable ISR and pass supplies through door
At stabilization, resus team will notify of respiratory support & readiness
to transfer outside (switch to Airborne PPE if infant on resp. support)
Following inside team wipe-down of Atom & RN #1 Spectralink bag,
open the OR door and pull Atom out of OR
Assure infant stability
Wipe down Atom and RN #1 Spectralink bag with disinfecting wipes
Place RN #1 Spectralink bag in phone bin to dry
Remove gloves, sanitize hands, re-glove
Cover Atom in plastic bag
PPE Partner will place Admit RN phone bag on top of Atom
Phone NICU Charge with infant information, verify NICU admit room
Transport to NICU with Admit RCS

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Transport and Admit RCS
Attend NICU Team huddle
Verify N95 size/type with NICU Charge
Go to OR with Admit RN
Don all PPE except for mask
When notified of infant respiratory support needs, don appropriate mask
(Droplet or Airborne)
After inside team wipe-down of Atom & RN #1 phone bag,
open the OR door and pull Atom out of OR
Assure infant stability
Wipe down Atom and RN #1 Spectralink bag with disinfecting wipes
Place RN #1 Spectralink bag in phone bin to dry
Remove gloves, sanitize hands, re-glove
Cover Atom in plastic bag
PPE Partner will place Admit RN Spectralink bag on top of Atom
Admit RN phones NICU Charge with information, verifies NICU admit room
Transport to NICU with Admit RN

On Unit Activity

Room set up— Negative Air Flow is indicated when infant is intubated or requires CPAP, NIV-NAVA or High Flow for respiratory support. Otherwise, use regular rooms and place in droplet precautions. See Covid + PUI Room Set Up Checklist—NICU Charge RN completes or delegates

NICU RCS
Attend NICU Team huddle
Verify N95 size/type with NICU Charge
Anticipate what the infant might need for respiratory support
Have equipment available near the admit room
NICU Charge will call with infant status prior to transport:
Set up appropriate airway support in admit room
Consider donning PPE if set-up prolonged
Plan on monitoring NICU babies while Resus & Admit RT’s are off unit

Delivery Logistics for Premature or Late Preterm PCN, Known NICU Admission—Variations from the OR

OB Charge RN notifies NICU Charge RN of Covid + PUI patient in preterm labor

NICU Charge RN
Refer to Charge RN Checklist

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**NICU Resuscitation Team**

- Nurse 1 & 2 (if 2 RNs)
- Provider 1 & 2 (if 2 RNs)
- RCS 1

All team members go to L&D together when notified by OB team (accounting for enough time to prepare equipment)

**Transport Team**

- NICU RN Admit Nurse
- Backup RCS

Team members go to L&D, don appropriate PPE dependent on infant respiratory support

Receive incubator, Spectralink bag, wipe down with bleach; cover incubator with plastic, and transport to NICU

**On Unit activity—no variations**

**INFANT CARE VARIATIONS:**

Negative Air Pressure Room (if in no respiratory distress and NOT likely to require respiratory support may place in a regular NICU room)

PPE Requirements dependent on infant respiratory support needs:

- N95 required for all infants with ventilator support, CPAP, High Flow or NAVA
- Droplet precautions for all infants with no respiratory support

Nasal-pharyngeal Swab test for COVID-19 at 24 and 48 hours of age, then every 2-3 days until 2 consecutive negative tests. Discontinue isolation and go to universal precautions after 2 consecutive negative tests.

Consult with Pediatric Infectious Disease and UW Medicine Infection control regarding management of all exposed infants

- If a mother who was under investigation for COVID-19 is shown to be negative discontinue isolation and no testing is required
- If asymptomatic and COVID-19 test is negative may discontinue isolation

in the case of an unstable infant who was born to a mother with a pending COVID-19 test and was admitted to a standard NICU room AND mother’s Covid test comes back positive

- Consult with Infection Control to request placement of a HEPPA tower in the room