

Yale New Haven Hospital  
COVID-19 Screening Guidelines 04.10.2020

## Inpatient OB Triage Evaluation

MD/CNM to triage patient over telephone prior to arrival

### Screen for COVID-19

In past 30 days, contact with **anyone** confirmed or suspected to have COVID-19?

**OR**, do you have any of the following: Fever  $\geq 100^{\circ}\text{F}$  ( $37.8^{\circ}\text{C}$ ), new cough, new shortness of breath, new sore throat, new chills, travel in the last 14 days?

**OR**, have you been advised to stay home by a medical professional due to illness that might be COVID-19?

### Positive Screen

- NON-ACUTE OB ISSUES or NON-OB ISSUES are managed as outpatient or in ED.
- **ACUTE OB ISSUES continue to follow algorithm.**

### Negative Screen

Invite patient to OB triage for routine pregnancy related evaluation. PPE per current YNH COVID-19 precautions.

### Visitation Guidelines (SCREEN at point of entry)

- L&B/Triage/PACU- 1 person, per patient, no switches
- On a limited and case by case basis, we may allow a switch (e.g. a long term MSCU patient)
- No visitors under 18 years of age

THIS POLICY IS SUBJECT TO CHANGE PLEASE REFER TO MOST RECENT YNH VISITATION POLICY

- OB staff (wearing N95 respirator or equivalent) meets patient at their car in YSC Children's Hospital circle and places mask on patient and support person.
- Patient comes to negative pressure room on L&B. If negative pressure room unavailable, neutral pressure L&B rooms can be used with guidelines below.
  - **Follow YNH COVID-19 precautions**
- *Negative pressure* rooms guidelines (**West Pavilion 4<sup>th</sup> Floor negative pressure rooms: WP 471 and WP 426**)
  - **Ensure door remains closed at all times.**
  - **Confirm negative pressure alarm is on.**
  - Patient remains masked as tolerated. Visitor/Support person should remain masked.
  - Staff use PPE per current COVID-19 precautions
- *Neutral Pressure* rooms guidelines
  - **Ensure door remains closed at all times**
  - BOTH patient and visitor remain masked for entire time in room.
  - Staff use PPE per current COVID-19 precautions
- Face-to-face care provided on L&B to be ideally limited to 1 RN and 1 provider, as clinical presentation allows.
- Utilize telehealth to limit face to face exposure. Keep system plugged in. Password with Charge RN.
- If patient is admitted to L&B, follow ***Inpatient antepartum algorithm and guidelines.***
- If patient discharged home, provide follow-up plan.
- **LBA/Environmental cleaning of rooms for positive COVID-19 patients:**
  - **OR and neutral-pressure rooms** - remain empty for 60 minutes to allow for appropriate air exchanges prior to any entry into room without respiratory protection.
  - **Negative-pressure rooms** - remain empty for 30 minutes to allow for appropriate air exchanges prior to any entry into room without respiratory protection.

**Inpatient antepartum or intrapartum patients who are PUI or COVID-19 positive**

- RNs obtain patient room number from charge RN for incoming shift. Telehealth (if available) to be utilized for RN-to-RN handoff. Bedside report should be minimized, unless necessary.
- Care provided on L&B is preferably limited to 1 RN and 1 provider as the clinical situation warrants.
- Place patient in negative pressure room if available. Otherwise, neutral pressure rooms with guidelines below.
  - **Follow COVID-19 precautions**
- *Negative pressure* rooms guidelines (**West Pavilion 4<sup>th</sup> Floor negative pressure rooms: WP 471 and WP 426**)
  - **Ensure door remains closed at all times.**
  - **Confirm negative pressure alarm is on.**
  - Patient remains masked as tolerated. Visitor/Support person should remain masked.
  - Staff use PPE per current COVID-19 precautions
- *Neutral Pressure* rooms guidelines
  - **Ensure door remains closed at all times**
  - BOTH patient and visitor remain masked for entire time in room.
  - Staff use PPE per current COVID-19 precautions
- Utilize telehealth to limit face to face exposure. Keep system plugged in. Password with Charge RN.
  - If COVID-19 swab needs to be completed for testing, only the **PROVIDER** should be in room for collection. Please refer to the COVID-19 testing algorithm for obstetric patients). RN is outside of room to ensure properly labeled specimen. **HAND DELIVER SPECIMEN to Virology lab (RN, PCA/LBA)**



**Antepartum admission**

- Plan of care as ordered with isolation precautions as specified

**Intended/Anticipated vaginal delivery**

- Notify pediatrician (private or hospitalist) and NICU team prior to delivery as per standard policy.
- Isolation precautions.
- Delivery in room, transition to post-delivery algorithm/guidelines
- **Nitrous oxide contraindicated**

**Planned or emergent cesarean delivery**

- **Coordinate with OB Anesthesia, OB and IP for transfer to EP06 OR for delivery**
- Notify pediatrician (private or hospitalist) and NICU team prior to delivery as per standard policy
- Plan of care as ordered and isolation precautions
- Transition to post-delivery algorithm/guidelines

**LBA/Environmental cleaning of rooms for positive COVID-19 patients:**

**OR and non-negative pressure (neutral) rooms** - remain empty for 60 minutes to allow for appropriate air exchanges prior to any entry into room without respiratory protection.

**Negative Pressure rooms** - remain empty for 30 minutes to allow for appropriate air exchanges prior to any entry into room without respiratory protection.

### ACOG/SMFM Clinical and Social Risks

#### Maternal Co-morbidities

- Immunocompromised/suppressed
  - Transplant
  - Inflammatory bowel disease or Rheumatologic Disease
  - Active treatment with biologics
  - Prednisone >20mg/d
- Class III Obesity
- Insulin dependent or poorly controlled diabetes
- Maternal cardiac disease
- Hypertension disease in pregnancy requiring medical therapy
- Renal insufficiency
- Moderate/sever respiratory disease (i.e. asthma requiring treatment; CF)
- Neurologic disease (Parkinson's, ALS, spinal cord injury, seizure, CVA)
- Active cancer

#### Obstetric Issues (e.g. preterm labor)

#### Inability to care for self

### ACOG/SMFM Illness Severity Assessment for Triage

#### Influenza like Illness (ILI) and/or COVID-19 Symptoms

##### Mild/Moderate symptoms

- Breathing okay
- Feels poorly
- Coughing a lot

##### Severe symptoms

- Unable to get out of bed
- Tachycardia
- Dyspneic (RR>25 breaths/minute)
- Chest pain
- Difficulty completing a sentence
- Confused

**YNHH COVID-19 Hotline: 203-688-1700 (7 days per week, 7am – 7pm)**

**Infection Prevention: 203-444-6579 (7 days per week, 7pm-7am)**

**YSC L&B 203-688-2309; YSC ED 203-688-6786; SRC ED 203-789-3464**

## Postpartum patients who are PUI or COVID-19 positive

Notify the pediatrician immediately that a mother is a PUI/or confirmed for COVID-19



### Labor and Birth

- Staff using PPE per current COVID-19 precautions
- **Upon delivery**, place newborn on warmer, **no skin to skin contact**
- **Upon newborn stabilization**, newborn should be preferably placed in an isolette. An open crib is acceptable if no isolette available
- **Newborn should be placed on COVID-19 Precautions**
  - Preferentially newborn should be placed in a private negative pressure room
  - If negative pressure is not available, a private neutral pressure can be used with door closed.

Follow guidelines for transport of Suspected or Confirmed COVID-19 patients for transfer to Postpartum

#### **Option 1 (Recommended)**

Mom and Baby placed in separate, private negative pressure rooms

#### **Option 2 (if option 1 unavailable)**

Mom and Baby placed in separate, private neutral pressure rooms

#### **Option 3 (If parent refuses separation)**

Mom and Baby placed in negative pressure room with 6 feet of spatial separation (neutral room with door closed if no negative rooms available)

**Notify leadership team  
NICU team, pediatric attending, and unit leadership to counsel the patient of potential risks to the newborn.**

### Breastfeeding

Encourage the mother to start pumping or hand expressing within four hours of delivery

- Mother to perform hand hygiene prior to expressing milk and don surgical mask.
- All parts that come into contact with breast milk should be appropriately disinfected per manufacturer's instructions
- All pumped or expressed milk containers should be cleaned with Hospital approved disinfectant wipes prior to removal from the patients room
- All pumped or expressed breastmilk should be labeled per policy after cleaning
- Place all pumped or expressed breastmilk in the appropriate breastmilk refrigerator
- A healthy caregiver should feed breastmilk to the newborn.

If mother chooses to breastfeed while rooming in, hand hygiene and breast cleansing should be performed prior to latching. Do not place soap directly on nipple. Mother will need to don surgical mask during breastfeeding.

### Postpartum Unit Admission with Rooming In

- Newborn kept in isolette in mother's room separated by 6 feet
- COVID-19 precautions followed (staff and healthy caregiver to wear PPE in the room)
  - If newborn is out of the isolette, mom should don surgical mask
  - If neutral pressure room is used, mom should wear surgical mask if possible.
- A healthy caregiver at least 18 years old must be present to care for the newborn. (Caregiver will be issued one face mask for duration of hospitalization. Eye protection, if provided will be reused for duration of hospitalization. If not provided, caregiver should move to bathroom or 6 feet away with back turned for any splash-generating procedures.)

### ***Elective Circumcisions for newborns born to a suspected/Confirmed COVID-19 mother***

- *If newborn is cleared by IP and no COVID-19 PPE is required, OB can do circumcision*
- *If newborn is **NOT** cleared by IP or PPE is needed, circumcision will be deferred to be done outpatient*

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## For all Women's departments

### Workflow Adjustments

In an effort to decrease the spread of COVID-19, practice social distancing and perform good hand hygiene. The health of our staff is extremely important to us because without you we will not be able to care for our moms and their babies. There is no right or wrong. It is important to be patient and kind to all of our YNHH team members. We are all learning and doing the best we can in uncharted waters...

### 12:30 Afternoon Safety Huddle

- All participants will call in from their respective areas/offices
- Conference Line- 9-1-563-999-2090, Access 897191#

### For all Women's departments (INPATIENT)

#### N95's

- Mask must be covered with face shield in order to re-use. N95's are for staff use only.
- Follow current reuse and/or extended use protocol for PPE
- Face shields are to be re-used, wash with Sani-Wipe (purple or gray)

#### The Newborn

- **Our recommendation, per IP, is that Mom and newborn are separated at the time of delivery. Management outlined above.**
- If family needs further counseling contact their pediatrician during daytime hours. They may utilize Telehealth
- During off shift or weekends call NNICU Fellow for consult.

### For York Street L&B/MSCU specific additional info

#### WP471, 426 are Negative Pressure Rooms

- Confirm room monitor/alarm is switched to Negative Pressure on touch pad (Directions attached)
- Leave open if possible for potential Covid-19 patients

#### Flexing 468 and 469

- Place patient in appropriate bed L&B or MSCU bed
- Call bell switch tips and tricks at each front desk
- Monitor interface with appropriate bed
- MSCU – book into WP468 & WP469 **last**, keep open when possible, we will flex for delivery rooms in order to keep WP471 open as much as possible. Book 426 on MSCU last.

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## L&B Shift Report & Bedside Hand-off

- Assignments to be made prior to Change of Shift
- RN's will obtain Patient and Room number from Charge RN outside of Charge office for incoming shift
  - **COVID negative or asymptomatic with COVID test pending - RN to RN Bedside Hand-off**
  - **COVID positive or symptomatic PUI - RN to RN bedside report to be minimized, unless necessary**
- Charge to Charge report in Charge Office
- Charge RN group text a picture on MHB of Charge Board to staff for situational awareness
- Charge Office is limited to 2 people. **No congregating in Charge Office**
- All updates to Charge via MHB when possible

## MSCU Report

- Charge RN assigns on sticky note per usual practice
- RN to RN Bedside Hand-off
- Practice social distancing

## MSCU Huddle- 10:15am daily

- MSCU Charge, Social Work and Care Coordinator meet in MFR to review patients
  - MSCU Charge will review entire board
  - Individual RN's not to attend
- Every MSCU RN updates Charge by 10:15a
  - Identifies issues
  - Need for orders, consult, VNA, discharge needs...
- Leader Rounding with patients will occur by phone as needed. Please notify Leadership of any concerns or issues to be addressed.

## Huddle 4 Safety- Virtual Huddle

- Blast for virtual huddle with phone number and access code
- Conference line 9-1-563-2090, Access 897191#
- Charge, Resource and YOCA and/or Chief meet in MFR for huddle
  - Charge RN runs the board
  - YOCA or Chief updates the board (if unable to attend- Charge RN)
  - Resource RN opens and reviews Obix, checks Pitocin, and other inquiries
- Open phone line for RN call-ins
- Leadership and **RN's are expected** to use lounge, chart room to separate and call in