

BEGINNING OF EACH SHIFT

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Yes/No	ROLE	TASK
	All Staff	Review procedures for donning and doffing IDEALLY simulate WITH A BUDDY
	All Staff	Check overall PPE stock on C5
	Charge Nurse	Assign COVID Nurse and Clean Runner Verbally review Playbook processes with staff
	All Staff	Don procedure mask and goggles Confirm one face shield and correct-fit N95 mask in possession or known location Tie hair back and/or don OR hat
	COVID Nurse	Check equipment in rooms (TR 11 and LDR5) <ul style="list-style-type: none">- O2 sat monitor, pen and charting materials- bed call button and Vocera in working order- donning and doffing stations supplied- hand wash pumps full- blue pad covering touch points on basinette and OR stretcher, both outside rooms
	Ward Clerk	Confirm second call roster + contact numbers
	Ward Clerk	Check stock of patient masks at desk + hand wash at entry door

KNOWN COVID POSITIVE PATIENT ASSESSMENT AND DISPOSITION

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Yes/No	ROLE	TASK
	Entry screener	Call C5 to alert arrival (this may not always happen)
	Patient +/- Support person	Phone C5 outside entry door
	Ward Clerk	Screen patient - she identifies as positive (RED) Confirm mask(s) on; if not, alert COVID Nurse to hand mask(s) at door
	Ward Clerk	Alert Charge Nurse, COVID Nurse, OB Resident and OB Staff MD, ACO Nurse (ext. 7021)
	Ward Clerk	Determine patient complaint (i.e., labour, bleeding, etc.)
	COVID Nurse (or MW in all next steps if applicable)	Don full contact/droplet PPE, wait in hallway at door
	Ward Clerk	Ensure washed hands and masks on patient and support person, open door remotely
	COVID Nurse	Meet patient in hallway, assess status - if query in labour: LDR 5 - if not in labour: TR 11 - if patient in respiratory distress, also call RACE Team
	Ward Clerk	Wash hands, don gloves, clean phone/door with wipes, remove gloves, wash hands
	COVID Nurse Patient +/- Support Person	Enter room
	COVID Nurse	Confirm door closed and instruct patient and support person that they cannot leave room and must keep masks on
	Connell 5 Staff	Don gloves, wipe surfaces with contact by patient outside room (wheelchair to be cleaned also)

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ASSESSMENT AND DISPOSITION

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Yes/No	ROLE	TASK
	COVID Nurse	Assess patient as per routine (O2 saturation and resp rate included) * FH strip and in-room charting as far from patient as possible (>2m away); ensure that all staff in room do not touch paper charting with gloves on PERFORM COVID SWAB if not done already
	COVID Nurse	Request MD assessment IF REQUIRED
	OB Care Provider	Review antenatal chart, discuss patient over room intercom/Vocera with nurse OR Don full PPE outside room, enter, assess patient, request OB Staff MD IF REQUIRED <i>If patient under Family OB or MW care, CONSULT OBSTETRICS and discuss care plan +/- transfer</i>
	COVID Nurse	Request equipment, notify Clean Runner by room intercom/Vocera
	Clean Runner	ITEMS IN Bring items requested by COVID nurse to door (batched as much as possible, including specimen labels), place on wipe or in basin on table at door or on anteroom counter
	COVID Nurse	ITEMS IN Remove gloves, wash hands, open door, collect items/basin, wash hands, don gloves
	COVID NURSE	Collect specimens, notify ward clerk by room intercom/Vocera
	COVID Nurse	ITEMS OUT Label specimen, clean with wipes, WAIT ONE MINUTE, remove gloves, wash hands, open door, place specimens on clean wipe or in basin on table or anteroom counter or in open biohazard bag held by Clean Runner, wash hands, don gloves
	Clean Runner	ITEMS OUT Don gloves, wait at door, collect specimens, doff gloves, wash hands, place in sealed biohazard bag, wash hands

* NOTE: If screen negative (GREEN) patient is febrile or arrival (**temp >37.8**) then patient status changes to:

- **YELLOW:** follow algorithm, consider contact/droplet PPE for staff and COVID testing
- **RED:** follow protocols as above

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Yes/No	ROLE	TASK
	COVID Nurse	<p><u>SUPPLIES IN ROOM</u> Remove gloves, wash hands, open drawer, collect items, close drawer, wash hands, don gloves (supplies still in drawer are not contaminated)</p> <p><u>CHARTING</u> Remove gloves, wash hands, chart at location >2m from patient, don gloves, DO NOT TOUCH PEN OR PAPER OR FH STRIP WITH GLOVES ON (paper is therefore NOT contaminated)</p>
	Care Team	<p>Staff inside and outside room discuss patient (room intercom/Vocera/door way)</p> <p>DISCHARGE: Inform Ward Clerk, Charge Nurse, Staff OB MD in all cases</p> <p>ADMISSION: Inform Staff Anesthesia MD and NICU in addition to all above</p>
	Ward Clerk	Call ACO Nurse (ext. 7021) re disposition
	DISCHARGED	<p>Patient and support person masks must stay on (unless testing is negative), wash hands before leaving with possessions</p> <p>Door closed on departure, no staff entry unless in contact/droplet PPE</p> <p>EVERYTHING STAYS IN ROOM FOR CLEANING</p>
	ADMITTED	Patient must be in LDR5 if in labour OR to IMU/ICU if non-obstetric or respiratory distress
	Patient +/- Support person	<p>If patient is in TR11</p> <ul style="list-style-type: none"> - patient and support person mask, wash hands, patient dons a clean yellow gown - patient assisted to wheelchair or stretcher with personal items on lap
	COVID Nurse	Request Clean Runner assistance for transport, push patient to anteroom, Vocera to Clean Runner to open door, push patient to hall
	Clean Runner	Don PPE, open door when instructed, do NOT enter room, pull patient to hall
	COVID Nurse	Doff gloves, wash hands, doff gown, leave mask on, wash hands, leave anteroom, wash hands, don gown and gloves outside anteroom, assist Clean Runner to LDR5
	COVID Nurse + Clean Runner	<p>Both enter LDR5 in contact-droplet PPE already donned outside TR11, transfer patient to bed</p> <p>COVID Nurse: stay in room to continue patient care</p> <p>Clean Runner: wipe touch points on wheelchair/stretcher, WAIT ONE MINUTE, doff all PPE, grab clean touch points, open door, push stretcher/wheelchair through door</p>
	Clean Runner	Leave stretcher/wheelchair at door, COVER WITH COVID DRAPE for cleaning

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ADMISSION IN LABOUR

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Yes/No	ROLE	TASK
	COVID Nurse / MW	Instruct ward clerk to admit patient under obstetric care provider
	Ward Clerk	Alert Charge Nurse, OB Staff MD, ACO Nurse (ext. 7021), Anesthesia Staff and NICU
	OB Care Provider	Alert HELP: Second MW / Family MD / OB Staff MD Second Call (consider volume in rest of unit) <i>If patient under Family OB or MW care, CONSULT OBSTETRICS and discuss care plan +/- transfer</i>
	COVID Nurse	Care includes: - hourly vitals including SaO2 and resp rate, urine output (may need Foley catheter) * - continuous EFM or scalp clip - early epidural (need platelet count before epidural in all COVID patients)
	Clean Runner	Place epidural cart outside LDR5
	Anesthesia	Leave phone or pager outside room Collect and carry emergency drugs, don contact/droplet PPE, enter with drugs (not cart)
	Support person	Can remain in room for epidural, masked and seated in corner
	COVID Nurse	Request equipment, notify Clean Runner by Vocera
	Clean Runner	ITEMS IN Bring items requested by COVID nurse to door (batched as much as possible, including specimen labels), open door, place on wipe or in basin on table outside door (Consider bringing extra stools in room for additional staff who remain in room for extended periods)
	COVID Nurse	ITEMS IN Remove gloves, wash hands, open door, collect items/basin, wash hands, don gloves
	COVID NURSE	Collect specimens, notify ward clerk by Vocera

- * **NOTE:** If screen negative (GREEN) patient is febrile during admission (**temp >37.8**) then patient status changes to:
- **YELLOW:** follow algorithm, consider contact/droplet PPE for staff and COVID testing, inform Anesthesia +/- NICU
 - **RED:** follow protocols as above

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ADMISSION IN LABOUR

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Yes/No	ROLE	TASK
	COVID Nurse	ITEMS OUT Label specimens, clean with wipes, WAIT ONE MINUTE, remove gloves, wash hands, open door, place specimens on wipe/basin on table outside door or in biohazard bag, wash hands, don gloves
	Clean Runner	ITEMS OUT Don gloves, collect specimens, doff gloves, wash hands, place in sealed biohazard bag, wash hands
	COVID Nurse	Call for delivery, NICU NOT NEEDED
	OB Care Provider	Deliver babe (undertake successful forceps only, anticipate shoulder dystocia or PPH EARLY) Skin to skin if possible, patient and support person must wear masks (breastfeeding also OK with mask) Send cord gas in all cases
	COVID Nurse	Call for delivery, NICU NEEDED (alert NICU of COVID status)
	NICU Team	Don contact/droplet PPE on arrival to ward Decide where resuscitation will occur (i.e., in room or in outside Resuscitation Room)
	OB Care Provider	Deliver babe Place babe in basinette in room, touch only blue towel on rail to keep basinette "clean"
	NICU TEAM IN ROOM	Enter, take babe from basinette, care in Resuscitation Corner of LDR5 ALL EQUIPMENT MUST STAY IN ROOM <u>If babe requires transport to NICU:</u> <ul style="list-style-type: none"> - notify Clean Runner or NICU Staff (opens door) - place babe back in basinette - push basinette to door, blue towel on rail to protect touch points, remove towel as basinette is pushed through door to Clean Runner/NICU staff - NICU Team in room in doffs PPE WITH BUDDIES, exits room
	NICU OUTSIDE ROOM	Ask OB resident to push basinette to door and to touch only blue towel on rail to keep basinette "clean" and points on blue and remove towel as basinette is pushed through door to NICU staff Babe can be returned to room in same basinette when stable only if no NICU admission required (sent in by same process as equipment entry)

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ADMISSION IN LABOUR

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Yes/No	ROLE	TASK
	OB Care Provider	Place placenta in histopathology bucket, label it, send to Pathology (sent out with same process as specimen "exit") Stay in room until patient stable (to minimize re-entry and use of PPE)
	COVID Nurse / MW	Phone report to receiving Kidd 5 Nurse Assemble in room charting (exit as specimen), assist patient to don clean gown and wash hands, assist with wheelchair transport at door Doff PPE WITH A BUDDY ... breathe!! Don mask and gloves outside LDR5, accompany porter to Kidd 5 > 2 meters away, carry chart binder
	Hospital Porter	Arrive with wheelchair Don contact/droplet PPE, open door, assist with transport patient to designated room on Kidd 5
	Kidd 5 Nurse	Place appropriate Contact Precaution sign outside patient door before arrival Don contact/droplet PPE when notified of patient transported to ward Await patient inside room, assist with transfer to bed (support person may be able to help) Arrange cleaning of dirty wheelchair used for transport Usual postpartum care with vitals to include temp, O2 sat and resp rate * <u>NOTE:</u> Patient + Support person + Babe (triad) are treated as COVID POSITIVE

- * **NOTE:** If screen negative (GREEN) patient is febrile during postpartum stay (**temp >37.8**) then patient status changes to:
- **YELLOW:** follow algorithm, consider contact/droplet PPE for staff and COVID testing, inform NICU
 - **RED:** follow protocols as above

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URGENT/EMERGENT C-SECTION ON CONNELL 5

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Yes/No	ROLE	TASK
	COVID Nurse	Ensure in-room assistance for patient transport to OR (from OB resident)
	OB Staff MD	Call Anesthesia Staff, discuss plan and timing for delivery of babe Call NICU, discuss plan and timing of delivery Proceed immediately to OR 2 to perform Checklist with Anesthesia Team IF EMERGENCY C-SECTION: Consider calling "PROTECTED CODE 99" overhead
	Charge Nurse	Request OR Scrub Nurse from Main OR (may not be available)
	Ward Clerk	Alert ACO Nurse (ext. 7021) Alert Kidd 5 of post-op admission of mother to ward; of support person quarantine in ward room Arrange escort of masked support person/possessions to Kidd 5 private room (>2 m distance); escort must wear contact/droplet PPE
	Anesthesia Team: Anesthesia Staff MD Anesthesia Resident AA or RT	Call AA or RT for assistance Consider alerting second call Anesthesia Staff MD Arrive on Connell 5, review chart and patient outside care room, collect drugs and other supplies needed and not in room (may be in carry pack), CALL FOR 2 UNITS PRBC in room, prepare OR 2 Don PPE WITH N95 MASKS AND VISORS, wait in OR 2
	Scrub Nurse	Don N95 MASK AND VISOR, scrub, enter OR 2, don surgical gown and sterile gloves
	Anesthesia Team	Alert OB Team when OR 2 is ready to accept patient
	Clean Runner	Don contact/droplet PPE to assist with patient transport to OR 2
	COVID Nurse + MD in room	Assemble in-room charting, exit out room as with specimens OB team in room move patient to door on dirty labour bed in dirty PPE
	Clean Runner	Wait outside TR 11 or LDR5 Collect materials and chart and bring to OR 2 (as with other specimens) Lead transfer to OR 2 (open doorways, etc.) Enter OR 2 to hold door open for patient entry Remain OR, open door for exit of dirty stretcher Move dirty stretcher from OR hallway back into TR11 or LDR5 Doff dirty PPE Ensure that there is a clean stretcher (with clean touch points) outside OR 2 for postpartum transfer

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URGENT/EMERGENT C-SECTION ON CONNELL 5

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Yes/No	ROLE	TASK
	COVID Nurse	Remain in dirty PPE: Assist transport to OR 2, enter OR 2 with patient, assist with patient transfer to OR table and stretcher exit Doff dirty PPE in room, wash hands, exit room, don PPE (with hat + N95 MASK AND VISOR for OR), Enter or, assume role as OR Circulating Nurse, check FH with Doptone if needed Ensure blood available in room before intubation
	OB Staff MD	Doff dirty PPE if present inside patient care room Don clean non-sterile gown and gloves, N95 MASK AND VISOR for OR Enter OR 2 , complete Surgical Checklist with Anesthesia Team Prep skin +/- vagina, +/- insert urethral catheter Doff gown and gloves, exit OR 2 (leave N95 mask and visor on) Scrub, enter OR 2, don sterile gown and gloves (assisted by Scrub Nurse)
	OB Resident	Doff dirty PPE after patient transfer to OR bed, exit room Don N95 MASK AND VISOR Scrub, enter OR 2, don sterile gown and gloves (assisted by Scrub Nurse)
	Anesthesia Team	Establish route of anesthesia for procedure Instruct OB Team to move to corner of room until anaesthesia established +/- airway secure IF GENERAL ANESTHESIA and NO AA AVAILABLE: Request RT
	OB Team Anesthesia Team	Complete Surgical Brief, perform procedure as per usual, complete Surgical Debrief
	Circulating (COVID) Nurse	Ensure doors to OR are ONLY OPENED for exit of babe Alert NICU when delivery is imminent (Alert NICU of COVID status) Exit babe in basinette to NICU Team - push basinette to door, blue towel on rail to protect touch points, remove towel as basinette is pushed through door to Clean Runner/NICU staff (RT may exit with babe to help with NICU resuscitation if AA arrives) Send cord gases to lab. Send placenta to histopathology. Exit specimens via Clean Runner.
	NICU TEAM	Don contact/droplet PPE, open OR 2 when instructed, pull basinette from OR 2 (basinette to remain in Resuscitation Room for cleaning, no transfer to hallway) Neonatal resuscitation in Resuscitation Room, doors to remain closed Babe is treated with contact/droplet precautions Babe to go to NICU <u>OR</u> Kidd 5 (in room) while patient remains in OR for early post op recovery

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POST C-SECTION MANAGEMENT ON CONNELL 5

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Yes/No	ROLE	TASK
	Entire Care Team	<p><u>IF REGIONAL ANESTHESIA:</u></p> <ul style="list-style-type: none"> - OB Resident / Staff MD DOFF PPE WITH A BUDDY in room, exit together to limit door opening - Anesthesia staff or resident to remain for early recovery (first 30 min) - Circulating (COVID) nurse to remain for PP recovery until transfer to ward <p><u>IF GENERAL ANESTHESIA:</u></p> <ul style="list-style-type: none"> - ALL Care team members remain in room until 30 minutes after extubation (door remains CLOSED); staff to exit only at discretion of Anesthesia Staff MD - After 30 min, OB Staff MD/Resident and Anesthesia Team DOFF PPE WITH A BUDDY in room, exit room - Ongoing recovery care by COVID Nurse <p>PATIENT TO REMAIN IN OR 2 FOR PP RECOVERY until transfer to ward</p>
	Circulating (COVID) Nurse	Prepare patient for transfer to ward (no sooner than 30 minutes after extubation)
	COVID Nurse	<p>Phone report to receiving Kidd 5 Nurse, request hospital porter</p> <p>Assemble chart binder, exit as specimen from OR 2</p> <p>DOFF PPE WITH A BUDDY ... breathe! Exit room.</p> <p>Don new contact/droplet PPE, assist with patient transfer to stretcher, accompany porter to Kidd 5</p> <p>REMAIN ON KIDD 5 FOR ONGOING POSTPARTUM CARE (until Aldrete Score of 9)</p>
	Hospital Porter	<p>Don contact/droplet PPE, Enter stretcher into OR 2, assist with patient transfer to stretcher</p> <p>Transport patient to designated room on Kidd 5, assist with transfer to Kidd 5 room bed</p>
	Kidd 5 Nurse	<p>Place appropriate signage outside patient door before arrival</p> <p>Don contact/droplet PPE, await patient in room, assist with transfer to bed</p> <p>Assist Connell 5 COVID Nurse (until Aldrete Score of 9)</p> <p>Usual post C-section care with vitals to include O2 sat and resp rate *</p> <p>Patient + Support person + Babe (triad) are treated as COVID POSITIVE, TRIAD CANNOT LEAVE ROOM DURING HOSPITAL STAY</p>
	Ward Clerk	Call to request extra support for cleaning staff for deep cleaning of OR 2

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ELECTIVE C-SECTION

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Yes/No	ROLE	TASK
	C5 Ward Clerk	DAY BEFORE PROCEDURE Alert Main Entrance that COVID positive patient will present for planned C/S next day
	Entry screener	DAY OF PROCEDURE Call C5 to alert arrival (this may not always happen)
	COVID Nurse	Don PPE on Connell 5 (consider donning N95 MASK AND VISOR in preparation for OR) Go to entrance to meet patient and support person, ensure both don masks Proceed with patient and support person to Connell 5, maintain distance from others
	C5 Ward Clerk	Register patient
	COVID Nurse	Take patient and support person to TR-11, wheelchair can remain in room for transport to OR 2 Assess and prepare patient for surgery as per usual, bloodwork collected and exited from room as with other specimens and sent by "clean" Connell 5 staff Patient to don clean gown, wash hands
	Connell 5 Staff	Don gloves, wipe surfaces with contact by patient outside room
	OB Resident OB Staff MD Anesthesia Team	Don N95 MASK AND VISOR (ideally do not enter room to preserve gown and glove PPE) Assess chart, pre-op review through open door without entry into TR-11 Proceed to OR 2 for Surgical Checklist, scrub and surgery
	COVID Nurse	Doff gown and gloves for transfer to OR (LEAVE N95 MASK AND VISOR on for OR) Don clean PPE (with N95 MASK AND VISOR), proceed to OR 2 with patient in wheelchair when Anesthesia confirms that OR 2 is ready Support person to be escorted to and quarantined in Kidd 5 room by available Connell 5 staff in contact/droplet PPE
	Clean Runner	Wait outside TR 11 Collect materials and chart and bring to and be entered into OR (as with other specimens) Lead transfer to OR 2 (open doorways, etc.), enter OR 2 to hold door open for patient entry Remain in OR, open door for exit of dirty wheelchair Move dirty wheelchair from OR hallway back into TR11 Doff dirty PPE Ensure that there is a clean stretcher (with clean touchpoints) outside OR 2 for postpartum transfer
		REMAINDER OF PROCEDURE AS PER THAT WITH URGENT C/S

