Effective 03/22/2020

VAN NESS CAMPUS (VNC) CHECKLIST FOR CARE OF NEONATES BORN TO MOTHER WITH SUSPECTED (PUI) or CONFIRMED COVID-19

Release Version 3/22/2020

Summary of Recent Changes

- Use of N95 Respirator for PUI deliveries.
- Precautions in moving infant from Labor & Delivery.
- Clarification of determination of infant’s location of care.
- Expansion of breast milk use and handling.
- Discontinuation of disease-transmission precautions and Discharge Considerations.

REMINDER things are changing rapidly – especially as relates to PPE use and testing availability. We will post official changes in the units with a date on them – those posted notices should supersede this document.

An infant born to a mother with suspected or confirmed COVID-19 is considered a Person Under Investigation (PUI). As such, he/she should be isolated according to the Infection Prevention and Control Guidance for PUIs.

Pre-Hospital
- Coming from home: Instruct patient to notify L&D prior to arrival.
- Arrival from outpatient office or clinic: Instruct healthcare provider (HCP) to notify L&D prior to arrival.
- Arrival by EMS: Request EMS driver to notify ED of their estimated time arrival.

Pre-Delivery
- Place regular procedure/surgical facemask on pregnant patient to lessen droplet spread.
- Place patient in a separate room with door closed.
  - Use in preferential order: LDR 5, then LDR 6, then LDR 4.
  - Mother should remain in this room until transferred to Postpartum. Minimize room transfers.
- Place isolation signs (Contact, Enhanced Droplet ± Airborne Precautions) on door and cart outside of room.
- ALL HCPs should wear appropriate PPE.
  - Enhanced Droplet Precautions: Gown, Gloves, Facemask, and Goggles.
  - Airborne Precautions: Gown, Gloves, N95 Respirator, and Goggles.
- Contact Hospital Command Center immediately at 415-600-9410 between 8:00-17:00 or the Nursing supervisor after hours (who will loop in Administrator On-Call as needed). Command Center will report case information to the San Francisco Department of Public Health (SFDPH) and notify Infection Control.
- Obstetrician/Midwife to contact On-Call Neonatologist as soon as possible to notify of maternal admission, discuss expected location of delivery and postpartum care, and coordinate infection control measures.
- Contact Infection Control at Pager 415-232-0587 for any questions not covered in this document.
- Request Pediatric Infectious Disease consultation— contact the next morning for any infant born after 10 pm.
- Make sure room is set up for managing infant following delivery.
  - If well newborn is anticipated:
    o Set up Panda warmer in the infant’s designated isolation room on the 8th Floor for postpartum care.
    o Bring postpartum Giraffe Incubator to mother’s delivery room when delivery is imminent (for transport to 8th Floor).
    o Try not to leave the transport incubator in the room for long periods of time to reduce it from being contaminated in the mother’s room.
  - If NICU admission is anticipated:
    o Bring NICU Giraffe OmniBed to mother’s delivery room when delivery is imminent.
    o Try not to leave the Giraffe in the room for long periods of time to reduce it from being contaminated in the mother’s room.

- If time permits, neonatal team should contact mother by telephone to discuss risks and benefits of temporary separation of the mother from her infant.
- If mother requires cesarean delivery, L&D nurse should notify ALL L&D staff to clear hallways by Vocera (“Broadcast L&D. [Wait for chime.] Please close patient room doors.”)

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At Delivery
☐ Limit HCPs to Essential Personnel.
☐ ALL HCPs should use appropriate PPE.
  • Neonatal team should wear N95 respirators for ALL PUI deliveries given potential that infant may require aerosol-generating procedures (e.g., open succioning of airways, PPV, CPAP, Intubation, CPR).

☐ If infant requires resuscitation:
  • Resuscitate infant in room ≥ 6 feet away from mother.
  • At the discretion of neonatal team, consider placing infant in open bassinet and moving immediately into separate room to perform resuscitation if additional space is needed for staff and equipment, etc.

Post Delivery
☐ Mother:
  • Mother must wear a facemask for ALL movements outside of her room.
  • Transfer mother to Postpartum Room 8168 (preferred) or Postpartum Room 8372. Both rooms are AIIRs (under “negative pressure”).
  • Mother should remain in this room until discharge. Minimize room transfers.
  • Restrict patient movement or transfer outside of room to medically essential purposes.
  • Whenever possible, perform procedures and tests in patient’s room.

☐ Infant:
  • Determine infant’s location of care.
  • Place infant in a CLOSED isolette.
    o Use postpartum Giraffe Incubator if transporting infant to the 8th Floor.
    o Use NICU Giraffe OmniBed if transporting infant to the NICU.
    o Do NOT use the AirBorne transport incubator. The two types of Giraffes can be disassembled for cleaning at the end of the in infant’s hospital stay.
  • If time permits, neonatal team to contact mother by telephone to discuss risks and benefits of temporary separation of the mother from her infant if not discussed prior to delivery.
  • Skin-to-Skin time with parents is NOT recommended due to exposure risk.
  • Use the COVID-19 TESTING LABS + ISOLATION ORDER PANEL to order appropriate isolation and testing. See TESTS/PROCEDURES section below.

DETERMINATION OF INFANT’S LOCATION OF CARE
☐ ALL Infants:
  • The infant should be treated as a PUI until further information is available.
  • CDC recommends the infant NOT be cared for in the same room with the mother in order to avoid exposure if at all possible.
  • Minimize room transfers unless unavoidable due to facility limitations.
  • Restrict transport and movement outside of his/her isolation room to medically-essential purposes.
  • Keep infant in a closed isolette when outside of his/her isolation room (e.g., during transport).
  • Infant should remain in isolation until the decision to discontinue transmission-based precautions or discharge home is made.

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Well Appearing Newborn in separate Isolation Room:
- The infant needs to have a healthy parent, designated caregiver (if no healthy parent), or staff member in the room with the infant at ALL times.
- Place infant in a CLOSED isolette.
- After exiting LDR:
  - Doff gown, gloves, and goggles. HCP may leave facemask in place. Clean goggles.
  - Donn new gloves. No additional PPE is required.
  - Please refer to PPE policy on Donning/Doffing.
- Transport immediately to his/her isolation room (Postpartum Room 8166 or Postpartum Room 8372).
- The infant should NEVER be taken to the Well Baby Nursery.
- Once in the room with the door closed, transfer infant out of the Giraffe Incubator and onto the Panda warmer.
- Leave the postpartum Giraffe Incubator in the room for use if infant needs to be transported out of his/her room.
- Once infant’s temperature is stable, bathe infant immediately to minimize droplet contamination from delivery room.
- All testing, procedures, or other interventions should be performed in the infant’s room.
  - For any testing, procedure, or intervention that may generate respiratory droplets, place infant back into Giraffe Incubator and minimize the number of open portholes.
  - See sections below for details on infant care such as use of expressed breast milk, breastfeeding, testing, and other procedures. If additional questions, please contact On-Call Neonatologist.

An infant may be in Colocation with his/her mother if:
- Mother chooses to “Room In” despite MD recommendation for temporary separation in separate isolation rooms.
  - Contact On-Call Neonatologist to request assistance in these discussions.
  - Physician MUST document in Epic (use .PXCOVIDCOLOCATION smartphrase) that a discussion has occurred with family about the risks to the infant of sharing a room with his/her mother.
- Unavoidable facility limitations.

If the infant is in Colocation (“Rooming In”) with mother in her AIIR on Postpartum (or designated isolation room if AIIR is unavailable), the following must be in place:
- Use physical barriers to designate infant’s isolation area within mother’s room:
  - A curtain or screen between the mother and infant.
  - Keep the infant ≥ 6 feet away from his/her ill mother.
- If no other healthy parent, designated adult caregiver, or staff is available to be present in the room to care for infant:
  - Mother MUST keep facemask in place during entire duration newborn is outside of his/her designated isolation area within mother’s room.
  - Mother should put perform hand hygiene before each feeding or contact with infant.
    - Hand washing with soap and water for at least 20 seconds is preferred.
If infant requires **Observation For Transitioning** or **Direct NICU Admission**:

- Place infant in a closed Giraffe OmniBed.
- After exiting LDR:
  - Infant in Giraffe OmniBed with portholes CLOSED:
    - Doff gown, gloves, and goggles. HCP may leave facemask in place.
    - Clean goggles.
    - Don new gloves. No additional PPE is required.
  - Infant in Giraffe OmniBed with 1+ porthole(s) OPEN:
    - Doff gown, gloves, and goggles. HCP may leave facemask or N95 respirator in place.
    - Clean goggles.
    - Don appropriate PPE (gloves, gown, and goggles).
  - Supplies are located in the anteroom of AIIR.
  - Please refer to PPE policy and video on Donning/Doffing.
- Transfer immediately to the NICU.
- The infant should NEVER be taken to the Well Baby Nursery!
- Upon arrival to NICU, NICU nurse to notify ALL NICU staff to clear hallways by Vocera.
  - “Broadcast NICU. [Wait for chime.] Please close patient room doors.”
- Place infant in **NICU Room 5529** or **NICU Room 5530**.
  - Both rooms are AIIRs (under "negative pressure").
  - **Use NICU Room 5530 if the infant is on ANY respiratory support or critically ill.**
- At a minimum, order Contact and Enhanced Droplet Precautions.
  - ADD Airborne Precautions if infant requires aerosol-generating procedures.
- Keep infant in the AIIR while he/she remains a PUI.
- Once in the AIIR, the infant does not need to remain in a closed isolette if not medically needed.
- All testing, procedures, or other interventions should be performed in the infant’s room if possible.
  - Place infant back into isolette and minimize the number of open portholes while performing any testing, procedure, or intervention that may generate droplets.
  - See sections below for details on infant care such as use of expressed breast milk, breastfeeding, testing, and other procedures. If additional questions, please contact On-Call Neonatologist.

If NICU Room 5529 or NICU Room 5530 are already in use AND AIIR is NOT indicated:

- **Use NICU Room 5515 (preferred) or NICU Room 5514.**
- **NICU Room 5521** should be use for twin infants who are PUI.

If AIIR is indicated BUT NOT available in NICU:

- Place infant in a separate room with the door closed. Keep infant in closed Giraffe OmniBed.
- Contact On-Call Neonatologist to determine location of infant’s care.
- Consider placement in Pediatrics (1 AIIR) or PICU (1 AIIR).
EXPRESSED BREAST MILK (EBM) USE

During the recommended temporary separation, the mothers who intend to breastfeed should be encouraged to express their breast milk to establish and maintain milk supply. Early cases of disease in newborns have been reported. However, current limited evidence has shown NO virus particles in the milk.

- Contact On-Call Neonatologist to request assistance in these discussions as needed.
- Provide mother with a dedicated breast pump.
- Instruct mother to wear facemask for entire duration of pumping session, including pump and EBM handling.
- Wipe pump before and after each use with disinfectant wipes according to product label instructions.
- Before each pumping session:
  - Instruct mother to perform hand hygiene. Hand washing with soap and water for 20+ seconds is preferred, if possible.
  - Perform skin preparation:
    - Wash skin with soap and warm water, using gentle friction (preferred).
    - Alternatively, use Sage body wipes to clean skin and then rinse with water.
  - Perform hand hygiene again.
- Mother should cap bottles immediately after pumping.
- After each pumping session:
  - ALL parts that come into contact with breast milk should be thoroughly washed with soap and water following use. The entire pump should be disinfected per the manufacturer's instructions.
  - Keep cleaned parts in mother’s room. Parts CANNOT be taken outside of room to sanitize in microwave.
  - Parts should be discarded and replaced EVERY 7 days until transmission-based precautions are discontinued or upon patient discharge, whichever occurs first.
- EBM Handling:
  - HCPs should wear appropriate PPE when handling breast milk from a PUI/Confirmed COVID-19 mother.
  - Postpartum Nurse Responsibilities:
    - Bring capped bottles of breast milk to the anteroom.
    - Clean the exterior of bottles with Hydrogen Peroxide wipes per product label instructions. Food grade wipes are NOT listed on the EPA website as effective against coronaviruses.
    - Remove gloves. Perform hand hygiene. Put on new gloves.
    - Label milk with date and time of pumping.
    - Place bottle in a plastic zip-seal bag.
    - Hand sealed bag to infant’s nurse who is waiting outside the room.
  - Infant Nurse Responsibilities:
    - Place breast milk immediately into refrigerator located INSIDE infant’s isolation room.
    - Prior to use, clean exterior of bottle with PDI No-rinse Multi surface Wipes (red top) approved for food contact surfaces following manufacturer’s instructions. The solution should then be wiped off with individual paper towels.
    - If fortification has been ordered, follow “Bedside Fortification for Infants who are PUI or Confirmed COVID-19” instructions.
  - NNP/MD Responsibilities:
    - Place DIET Order for expressed breast milk for IN-ROOM storage ONLY.
      - In Diet Comments section: Insert .PXCOVIDEBM smartphrase.
    - Place separate order for donor breast milk OR formula from NICU Milk Room.
- Expressed breast milk may be fed to the newborn by a healthy caregiver.
- Breast milk that is not immediately fed to infant MUST be kept in refrigerator WITHIN the infant’s room.
- Do NOT place breast milk in the postpartum refrigerator or NICU Milk Room.
- Holding Time:
  - Freshly expressed breast milk from a PUI/Confirmed COVID-19 mother may be stored refrigerated (1–4°C; 35-39°F) for 48 hours.
  - Thawed breast milk (frozen mother’s milk from home freezer) may be kept refrigerated (1-4°C; 35-39°F) for 24 hours.
  - Fortified breast milk may be kept refrigerated (1-4°C; 35-39°F) for 24 hours.
- If there is a surplus of pumped breast milk exceeding the IN-ROOM refrigerator capacity OR not anticipated to be consumed within 48 hours, the mother will need to arrange for the designated adult caregiver (hospital-approved visitor) to take milk home for storage or the milk should be discarded.
BREASTFEEDING

A mother may choose to breastfeed despite MD recommendation that mothers express breast milk with a manual or electric pump.

☐ Contact On-Call Neonatologist to request assistance in these discussions as needed.

☐ Physician MUST document in Epic (use .PXCOVIDBREASTFEED smartphrase) that a discussion has occurred with family about the risk of disease transmission with breastfeeding.

☐ If mother chooses to breastfeed AND infant is in isolation on the Postpartum Floor:
  • Mother must leave facemask in place for the entire duration while infant is in the room.
  • Transfer infant in a closed isolette into mother’s AIIR.
  • Mother may NOT leave her room for the purpose of breastfeeding.
  • Before breastfeeding:
    o Instruct mother to perform hand hygiene. Hand washing with soap and water for at least 20 seconds is preferred, if possible.
    o Perform skin preparation:
      ▪ Wash skin with soap and warm water, using gentle friction (preferred).
      ▪ Alternatively, use Sage body wipes to clean skin and then rinse with water.
  • After breastfeeding:
    o Place infant in closed postpartum Giraffe Incubator and move back to his/her room.

☐ If mother chooses to breastfeed AND infant is in Colocation (“Rooming In”) with mother:
  • Infant’s designated isolation area within mother’s AIIR MUST be ≥ 6 feet away from the mother.
  • Mother must leave facemask in place until infant is moved back to his/her designated area.
  • Bring infant to his/her mother. Mother may NOT enter infant’s designated isolation area.
  • Before breastfeeding:
    o Instruct mother to put on facemask.
    o Instruct mother to perform hand hygiene. Hand washing with soap and water for at least 20 seconds is the preferred hand hygiene, if possible.
    o Perform skin preparation:
      ▪ Wash skin with soap and warm water, using gentle friction (preferred).
      ▪ Alternatively, use Sage body wipes to clean skin and then rinse with water / use water wipe.
  • After breastfeeding:
    o Move infant immediately back into his/her designated isolation area.

TESTS AND PROCEDURES

☐ Diagnostic Respiratory Specimen Collection:
  • Obtain specimens while infant is WITHIN the isolette (to reduce chance of droplets spreading).
  • Limit individuals in the room during the procedure--ideally to infant and HCP obtaining specimen.
  • ALL HCPs should wear appropriate PPE.
    o Enhanced Droplet Precautions: Gown, Gloves, Facemask, and Goggles.
    o Airborne Precautions: Gown, Gloves, N95 Respirator, and Goggles.
  • Use the COVID-19 TESTING LABS + ISOLATION ORDER PANEL to order appropriate testing.
    o Obtain specimen for COVID-19 testing:
      ▪ Select “Public Health Testing” option for inpatients. Please note, order panel continues to change as new, quicker tests become available.
      ▪ Timing:
        ⇒ Perform testing at 24 hours of age (to avoid detection of transient viral colonization and to facilitate detection of viral replication).
        ⇒ Repeat testing at 48 hours of age if expect NICU hospitalization to exceed 72 hours.
      ▪ Use Universal Viral Transport Media (Red Top) kit.
      ▪ **Collect NP and OP specimens. Place both swabs in same viral transport media tube.**
        ⇒ Nasopharyngeal (NP) swab: Insert a swab into nostril parallel to the palate. Leave swab in place for a few seconds to absorb secretions. Slowly remove swab while rotating it.
        ⇒ Oropharyngeal (OP) swab (e.g., throat swab): Swab posterior pharynx, avoiding tongue.
        ⇒ May obtain additional swabs from MRSA or Respiratory Pathogen Panel kit as needed.
Consider additional tests if high risk case or infant admitted from home:
- Obtain a separate nasopharyngeal swab for Respiratory Pathogen Panel testing.
- Obtain specimen for RSV NAAT and Influenza A&B NAAT.
- Obtain lower respiratory tract specimen by bronchoalveolar lavage, tracheal aspirate.
  ⇒ Collect 2-3 mL into sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.

☐ Aerosol-Generating Procedures:
- Newborns do not generate aerosols as effectively as adults and often do not cough during procedures.
- Includes the following respiratory support and procedures:
  - PPV, High Flow Nasal Cannula, CPAP, non-invasive ventilation
  - Intubation (PAPR preferred, if available)
  - Extubation
  - Nebulized treatments
  - Open airway suctioning
  - Chest PT
  - Cardiopulmonary resuscitation
- Limit the number of HCP present during the procedure to only those essential for patient care.
- Personnel should use appropriate PPE, including N95 respirator or PAPR, and eye protection.
- Contact Respiratory Therapist to obtain PAPR and undergo training for its use.
- Clean and disinfect procedure room surfaces and any reusable equipment promptly.

☐ Routine Newborn Testing:
- Hearing screening:
  - Test should be performed in infant’s room as the hearing screener’s last test of the day.
  - Bring only necessary items needed for the test into the room.
  - After use, clean equipment with disinfectant wipes per label instructions.
- CCHD screening:
  - Test should be performed in the infant’s room.
  - For infants isolated on Postpartum Floor, use saturation monitor designated as the ISOLATION machine which will reside in Room 8166.
- Circumcisions:
  - Perform procedure in infant’s room on Panda or Giraffe OmniBed INSIDE the room.

**DURATION OF ISOLATION PRECAUTIONS FOR PUIs AND CONFIRMED COVID-19 PATIENTS**

☐ The decision to discontinue temporary separation of the mother from her baby AND/OR discharge home should be made on a case-by-case basis in consultation with infant’s medical team, Pediatric Infectious Disease specialist, Infection Control, and SFDPH. The decision should take into account disease severity, illness signs and symptoms, and results of laboratory testing.

☐ If the infant is uninfected but requires prolonged hospital care for any reason, the mother with Confirmed COVID-19 will not be allowed to visit her infant until she meets the CDC recommendations for discontinuing precautions (Please refer to **Interim Considerations for Disposition of Hospitalized Patients with COVID-19**):
  - Resolution of fever, without use of antipyretic medication
  - Improvement in illness signs and symptoms
  - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least 2 consecutive sets of paired nasopharyngeal and throat swabs specimens collected ≥ 24 hours apart (total of 4 negative specimens—two nasopharyngeal and two throat) for hospitalized patients.

☐ If the hospitalized infant has tested POSITIVE for COVID-19 and requires prolonged hospital care for any reason, he/she will remain on disease-transmission precautions until:
  - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least 2 consecutive sets of paired nasopharyngeal and throat swabs specimens collected ≥ 24 hours apart (total of 4 negative specimens—two nasopharyngeal and two throat) for hospitalized patients.

☐ Asymptomatic infants determined to be infected but who have otherwise met discharge criteria may be considered for discharge home with appropriate precautions and plans for outpatient follow-up on a case-by-case basis. Contact infant’s pediatrician prior to discharge to discuss care and confirm that outpatient visit has been scheduled.

☐ Well infants determined to be negative for infection may be considered for discharge home to a healthy parent or caregiver who is NOT under observation for COVID-19 risk. If such a caregiver is not available, manage on a case-by-case basis.

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CHECKLIST TO MINIMIZE POTENTIAL FOR EXPOSURE

PERSONNEL
☐ Sign login sheet prior to entry into the room once per shift.
☐ Minimize number of HCPs entering the room to only essential personnel.
  • 1:1 NICU nursing.
    o Time care so primary assigned nurse does most of the care.
    o Designate second NICU nurse as relief/extra help with goal to minimize need for second person to be in room if possible. To reserve resources until supply stock is robust.
  • Postpartum staffing – mom and infant may be cared for as the same couplet.
  • Assign other staff per shift (as staffing permits) to minimize HCP entering patient room.
☐ HCPs should use appropriate PPE based on patient's isolation precautions.
☐ Hand Hygiene:
  • HCP should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE.
  • Use alcohol-based hand sanitizer or handwash with soap and water for at least 20 seconds.
  • If hands are visibly soiled, use soap and water before returning to alcohol-based hand sanitizer.
☐ Environmental cleaning and disinfection procedures:
  ☐ Bedside nurse should perform routine cleaning and disinfection procedures using hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times per label instructions.
☐ Contact EVS by Vocera ("Call EVS lead") to coordinate laundry and waste removal.
  ☐ Bedside nurse will meet EVS outside the isolation room (or anteroom if in an AIIR) and place laundry and/or waste directly into the EVS cart. NO red bags are needed.

PERSONAL PROTECTIVE EQUIPMENT (PPE) for NICU (see hospital wide requirements for other areas)
HCPs must receive training on PPE use to prevent self-contamination. Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses.
Please refer to CPMC NICU PPE poster (adapted from the CDC) and video.
☐ Please secure hair if needed.
☐ Remove personal items except your Vocera. You do NOT need your hospital badge inside the patient room.
☐ Remember to keep hands AWAY from face.
☐ REMEMBER to perform hand hygiene between each step. Refer to PPE policy for Donning/Doffing.
☐ If still wearing original facemask or N95 respirator, avoid self-contamination when donning the remainder of the recommended PPE.
☐ Limit surfaces touched prior to entering patient room.

Donning/Doffing in Regular Patient Isolation Room:
☐ Don PPE outside of patient's isolation.
☐ Doff gown and gloves inside the patient room prior to exit.
☐ Remember ALWAYS to close room door.
☐ Doff goggles and facemask, N95 respirator, or PAPR outside patient room.
☐ Clean reusable PPE.

Donning/Doffing in AIIR:
☐ In NICU: The anteroom has been divided into a donning area on the right (same side as NICU Room 5530) and a Doffing area on the left (same side as NICU Room 5529).
☐ Don PPE in anteroom.
  • In NICU: Donning area is located on the right side of the anteroom (same side as NICU Room 5530).
  • Doff gown and gloves inside the patient room prior to exit.
  • Remember ALWAYS to close room door.
  • Doff goggles and facemask, N95 respirator, or PAPR in the anteroom.
  • In NICU: Doffing area is located on the left side of the anteroom (same side as NICU Room 5529).
☐ Clean reusable PPE.
  • Postpartum: Leave cleaned goggles in basin located in anteroom.
  • NICU: After Doffing has been completed, bring cleaned goggles back to the Doffing area for reuse.

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Patient Transport (Within Hospital):
- Wear appropriate PPE as described above.
- Place infant into a CLOSED postpartum Giraffe Incubator or NICU Giraffe OmniBed.
- After exiting room:
  - Doff PPE as described above in PPE policy and video.
  - May ONLY leave facemask or N95 respirator in place.
  - Clean googles.
  - Don new PPE:
    - Put on clean gloves if Giraffe will remain closed during transport.
    - Put on clean gown, gloves, and goggles and if Giraffe doors are open for procedures (e.g., CPAP, PPV) during transport.

AEROSOL-GENERATING PROCEDURES
- Please see section under “Tests and Procedures” for details.

EQUIPMENT CLEANING
- Use dedicated or disposable noncritical patient-care equipment (e.g., blood pressure cuffs).
- Clean and disinfect all non-dedicated, non-disposable medical equipment before use on another patient.
  - Clean according to manufacturer's instructions and facility's policies.
- Use closed suctioning systems in intubated patients.

ENVIRONMENT CLEANING
It is unclear how long COVID-19 remains infectious in the air but it is reasonable to apply standard practice for pathogens spread by airborne route to restrict unprotected individuals until sufficient time has elapsed for enough air changes to remove potentially infectious airborne pathogens.
- Terminal Cleaning of patient room:
  - Contact and Enhanced Droplet Precautions: Room cleaning may be performed immediately.
  - Contact, Enhanced Droplet, AND Airborne Precautions: Room should remain closed for 60 minutes prior to any cleaning.
VISITATION POLICY FOR PUI or CONFIRMED COVID-19 PATIENTS

☐ Well Infant who is a PUI AND in Isolation on Postpartum floor:
  • Healthy parent or designated adult caregiver (1 alternative adult caregiver can be designated to care for baby if partner or other parent has been restricted from visiting due to illness).
    o Should stay in room with infant but may go to mother's room to visit with mother
    o Must wear PPE including gown, gloves, and facemask while in mother's or infant's room.

☐ Infant who is PUI/Confirmed COVID-19 AND in Isolation in NICU:
  • Healthy parent is the ONLY allowed visitor.
    o Must wear PPE including gown, gloves, and facemask while in mother's or infant's room.
  • Request parent to call NICU in advance of their arrival to NICU.
  • When parent arrives at the NICU
    o NICU clerk or charge nurse should notify ALL NICU staff to clear hallways by Vocera.
      ▪ “Broadcast NICU. [Wait for chime.] Please close patient room doors.”
    o NICU clerk or charge nurse should then accompany visitor directly to the AIIR.

☐ Responsibilities of NICU Nurse:
  • At each visit, screen healthy parent for symptoms of respiratory illness or possible COVID-19 infection.
  • Visitors are NOT allowed to visit if:
    o Answer “Yes” to any of the screen questions.
    o During aerosol-generating procedures.
  • Request healthy parent to sign login sheet.
  • Instruct healthy parent on:
    o PPE use, hand hygiene, limiting surfaces touched, and exiting hospital immediately after visit.
  • Instruct exposed healthy parent (e.g., contact with COVID-19 patient prior to admission) to report any signs and symptoms of acute illness to their HCP for a period of at least 14 days after last known exposure to sick patient and refrain from visiting until cleared by their HCP.

VISITATION POLICY FOR WELL PATIENTS OR MOTHERS WITH POSSIBLE EXPOSURE TO PUI

This grid is for area specific visitors for Well Mothers / infants (not for a PUI or Confirmed COVID19 patient).
Check current requirements for security and command center notification

<table>
<thead>
<tr>
<th>Unit</th>
<th>Who may be with patient</th>
<th>Where can they be within the building</th>
<th>Can they go in and out of the building</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antepartum patient (not in labor)</td>
<td>1 partner can be identified who meets all screening questions – they are the designated person for the entire stay unless special arrangement made</td>
<td>Only in the patient room</td>
<td>Limiting times in and out is advised to reduce risk.</td>
</tr>
<tr>
<td>Mom in L&amp;D in labor or having cesarean section</td>
<td>1 partner can be identified who meets all screening questions – they are the designated person for the entire stay</td>
<td>Partner must be in the patient room at all times once they arrive on the unit. They may not be in public areas of hospital including walking in L&amp;D hallway with laboring mom. If mom is up walking as part of her labor a HCP needs to accompany her.</td>
<td>It is preferred they do not leave the hospital due to exposure risks.</td>
</tr>
<tr>
<td>Postpartum</td>
<td>1 partner can be identified who meets all screening questions – they are the designated person for the entire stay</td>
<td>Partner must be in the patient room at all times once they arrive on the unit. They may not be in public areas of hospital including not going to nourishment area or the well-baby nursery with the baby. They may go to NICU if Baby is in NICU.</td>
<td>It is preferred they do not leave the hospital due to exposure risks but can leave to get needed items for discharge (like car seat)</td>
</tr>
<tr>
<td>NICU</td>
<td>Both parents may be on the visitor list. Only 1 parent at a time at the bedside</td>
<td>In the NICU area. If driving restrictions are in place and both parents need to come at the same time 1 parent must be outside of the hospital (may be in the garage)</td>
<td>Parents should limit daily entries &amp; exits to going back and forth to home (sheltering in place) or to needed MD appointments</td>
</tr>
</tbody>
</table>

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Special Cases of Well Infant on Postpartum and NO Known COVID-19 Exposure:

- Infant in Well Baby Nursery for Procedures or Respite Care AND Mother is still Inpatient:
  - No visitors allowed in Well Baby Nursery.
  - Nurse will bring infant from mother’s room to the nursery.

- Infant in Well Baby Nursery for Treatment (e.g., phototherapy) AFTER Mother is Discharged:
  - If Rooming-In room is available:
    - Infant should be brought to mother’s room for feeds.
    - Support person for mother may stay in the room under the usual postpartum rules on grid above.
  - If Rooming-In room is NOT available:
    - Mother may feed infant in the lactation room off the nursery.
    - Mother must be screened with health questions (are you feeling well, any exposures since last visit, etc.) before allowing her to visit.
    - The other parent / support person may not be in the nursery or the lactation room. Due to high risk of the hospital this person may be asked to leave the building until discharge.

- Infant Discharged from Well Baby Nursery BUT Mother remains Inpatient:
  - Family should be counseled by the MD/NNP about the risks of the infant staying in the hospital during this pandemic. They may choose to have baby remain in room with a partner/caregiver.

Special Cases of Well (Asymptomatic) Mother with Known COVID-19 Exposure:

These are particularly hard situations as there are presumed asymptomatic shedders of the virus. In these instances, the infant is not a PUI as the mother herself is not a PUI.

These cases may need to be discussed with medical team, Pediatric Infectious Disease specialist, and Infection Control staff on an individual basis as we need to balance the low risk of disease in the baby with the use of scarce resources. These guidelines will likely change as U.S. cases increase and more information is available.

- If mother has been in contact with a person with Confirmed COVID-19 infection, she is herself a PUI and you should follow this entire checklist.

- Well Appearing Infant born to an Asymptomatic Mother with History of Exposure to PUI:
  - Place mother and infant on Contact and Enhanced Droplet precautions.
  - Follow colocation procedures as described in the Determination of Infant’s Location of Care and Breastfeeding sections above.
  - Ask Infection Control if COVID-19 testing of mother is allowed.
  - Do NOT bring infant into Well Baby Nursery.
  - Move infant to NICU as “possible PUI” if respiratory symptoms develop.

- Infant requiring NICU care born to an Asymptomatic Mother with History of Exposure to PUI:
  - Infant is considered a PUI pending risk evaluation and assessment by Infection Control staff.
  - Place infant on Contact and Enhanced Droplet precautions.
  - Limit visitation by mother until cleared by Infection Control.
  - If other parent does not have same PUI exposure, he/she may be allowed to visit.
The decision to discharge your infant home will be made in consultation with his/her clinical care team and local/state public health departments. This decision will be based on an assessment of your home’s suitability, your family’s ability to adhere to home isolation recommendations, and the potential risk of secondary transmission to other members of your household who may be at increased risk of complications from COVID-19 infection (e.g., people over 65 years old, young children, pregnant women, and those with immunocompromised conditions).

You will need to continue home isolation recommendations until everyone in your household has obtained clearance from their physicians to discontinue isolation precautions.

The following steps are suggestions to reduce the risk of transmission within the home:

- Make sure that shared spaces in the home have good air flow, (e.g., air conditioner or an opened window, weather permitting).
- Affected household members should stay separated from the baby and the healthy parent or caregiver as much as possible, ideally in a separate bedroom and bathroom without any shared immediate space.
- Do not allow visitors unless they have an essential need to be in the home.
- Pets:  
  - Do not handle pets or other animals while sick.
  - Other household members should care for any pets in the home.
- Perform hand hygiene frequently. Wash your hands often with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer that contains 60 to 95% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Use soap and water if hands are visibly dirty.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Facemasks:  
  - Wear a facemask if you are in the same room as your infant.
  - Ask you baby’s doctor if you need to wear gloves when in contact with blood, stool, or body fluids, such as saliva, sputum, nasal mucus, vomit, or urine.
  - If possible use disposable masks and gloves and throw out after use.
- Personal Protective Equipment (PPE):  
  - When removing PPE, first remove and dispose your gloves. Then, immediately clean your hands with soap and water or alcohol-based hand sanitizer. Next, remove and dispose of facemask, and immediately clean your hands again with soap and water or alcohol-based hand sanitizer.
- Avoid sharing household items. Do NOT share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items. Wash items thoroughly.
- Clean all “high-touch” surfaces daily (e.g., counter tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables). Also, clean any surfaces that may have blood, stool, or body fluids on them.
  - Use a household cleaning spray or wipe, according to the label instructions. Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product.
- Wash laundry thoroughly.  
  - Immediately remove and wash clothes or bedding that have blood, stool, or body fluids on them.
  - Wear disposable gloves while handling soiled items and keep soiled items away from your body. Clean your hands (with soap and water or an alcohol-based hand sanitizer) immediately after removing your gloves.
  - Read and follow directions on labels of laundry or clothing items and detergent. In general, using a normal laundry detergent according to washing machine instructions and dry thoroughly using the warmest temperatures recommended on the clothing label.
- Place ALL used disposable gloves, facemasks, and other contaminated items in a lined container before disposing them with other household waste. Clean your hands (with soap and water or an alcohol-based hand sanitizer) immediately after handling these items. Soap and water should be used preferentially if hands are visibly dirty.
- Discuss any additional questions with your state or local health department or healthcare provider.

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