CODE C COVID-SCENARIO #1

Preparation:

- Mannequin
- Grab and Go PPE kit, gowns, gloves, airborne precautions sign
- PAPR CART
- Donning and Doffing signs laminated at the door in LDR
- Donning and Doffing signs laminated at the door on OR 1- will remain here
- BP cuff, SPO2, IV main line
- Minimal OR set up and instruments
- OR gowns and drapes

Scenario #1:

Patient initiates in room 3772, G3P1, EGA 38.6 weeks, COVID + patient in spontaneous labor.
No risk factors other than COVID +, tested for ILL that initiated 4 days ago
Patient has a fever in the last hour and a category 2 tracing with minimal variability and recurrent variable decelerations

AVOID A CODE C IF POSSIBLE-LOW THRESHOLD FOR CESAREAN SECTIONS

PRIMARY FOCUS OF THIS SIMULATION IS TO ENSURE THAT COMMUNICATION BETWEEN DISCIPLINES IS CLEAR REGARDING THE FOLLOWING ITEMS

- PPE DONNING AND DOFFING – FOCUSING ON MAKING SURE THAT YOU HAVE A SPOTTER FOR DOFFING
- TRANSPORT OF PATIENT- FROM LDR TO OPERATING ROOM- FOCUSING ON TRANSFER FROM PRIMARY RN TO SECONDARY RN. SECONDARY RN WILL CIRCULATE IN CASE
- ASSIGNING ROLES- CIRCULATOR (Secondary RN- RN2), RUNNER FOR THE CASE (Primary RN-RN1), AND ASSIGNING THE ROLE OF SOMEONE TO CLEAR THE PATH FOR TRANSPORT FROM THE LDR TO THE OPERATING ROOM (Charge RN)
- AEROSOLE GENERATING PROCEDURES(AGP) IN THE OR AND NEONATAL RESUSCITATION AREA-REMAINING IN THE OPERATING ROOM AFTER 20 MINUTES HAS ELAPSED AFTER AGP
<table>
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<tr>
<th>Time</th>
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<th>Desired Actions by team</th>
<th>Reactions by manikin/Simulationist</th>
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| 0:00   | Patient has been having recurrent variable decelerations, MD team discussing POC with charge RN in board room. | **RN 1** – Primary RN  
- airborne precautions in place in the room  
- anticipates that Cesarean Section may be called  
- Provides anticipatory guidance to charge RN who contacts, NICU team and Anesthesia team and Scrub RN  
- HUSC NOTIFIED TO VOCERA ‘Clear hallways for COVID transport’” all D3/T3 staff  
- RN1 wipes down all handles, and headboard and areas exposed on patient bead anticipating need to transfer out of room.  
- Secures mask on patient  
- Support staff can enter room if needed in airborne precautions to assist ONLY IF ABSOLUTELY NEEDED, MUST REMAIN IN ROOM WITH RN1 TO DOFF IN ROOM AFTER PATIENT L IS HANDED OFF | Initiates in patient room – LDR 3772 |
| 1:00   | C-30 is called                                                               | **RN 1** minimizes the amount of cables and supplies transported with patients  
- Transport only with Main IV line, FM Cable, BP cuff, PO2 sensor |                                    |
<p>| 1:00-2:00 | Scrub Nurse and Anesthesia Providers DON airborne precautions and head to Operating Room 1 to await patient |                                          |                                    |</p>
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| 2:00-5:00 | Patient Hand off occurs at the door of LDR                                   | **RN2** (Circulator), **Charge Nurse**, and MD team arrives at door of LDR to receive patient from **RN1** (Primary RN in room)  
- Charge nurse brings Grab and Go kit with PPE for all receiving providers  
- All receiving staff will have airborne PPE in place when receiving patient at the door  
- Hand off with SBAR of patient occurs at the door  
- **Charge Nurse** will lead the way to clear all hallways  
- **RN1** and any support staff that entered to assist will remain in room to doff PPE before proceeding to OR |                                |
| 5:00-7:00 | ASSIGN A DONNING AND DOFFING SPOTTER  
*DOFFING SPOTTER IS EXTREMELY IMPORTANT*  
Donning Order  
1) Hand Hygiene  
2) Respirator/ N95  
3) Faceshield  
4) Hand Hygiene  
5) Scrub for the case | **RN1** –  
- remains in LDR with anyone else that enters the room to assist after patient is passed off  
- must Doff PPE(gloves and Gown) in patient room prior to meeting the rest of team in OR.  
- Perform hand hygiene.  
- Proceed to OR  
- Donn airborne PPE in OR area |                                |
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<th>LDR Doffing Order</th>
<th>Operating Room Doffing Order</th>
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<td>1) Remove gown and gloves together inside room- perform hand hygiene-sanitizer</td>
<td>• Will become designated runner and remain outside OR for the case since this RN is now considered “clean”</td>
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<tr>
<td>2) Remove face shield</td>
<td>• RN2 – Will become circulating nurse</td>
</tr>
<tr>
<td>3) Hand hygiene-sanitizer</td>
<td>• Charge Nurse will assist in transporting patient into OR bed, will leave OR prior to intubation</td>
</tr>
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<td>4) Remove mask</td>
<td>• RN1 can enter OR to assist in case of emergency. Charge nurse must be notified so that she can find an additional nurse to be designated runner.</td>
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<td>5) Hand hygiene- soap and water</td>
<td>• Designated runner for the case. Will be available outside of Operating Room for labs and to acquire supplies as needed.</td>
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### Operating Room Doffing Order
- **In the OR:**
  1) Remove first set of gloves
  2) Remove Shoe covers
  3) Remove your gown with last set of gloves together
  4) Hand hygiene
  5) Put on nitrile gloves

- **Outside of the OR**
  6) Remove your face shield
  7) Hand hygiene
  8) Remove your respirator
  9) Remove Cap
  10) Hand Hygiene

• **Will become designated runner and remain outside OR for the case since this RN is now considered “clean”**

• **RN2 – Will become circulating nurse**

• **Charge Nurse will assist in transporting patient into OR bed, will leave OR prior to intubation**

• **RN1 can enter OR to assist in case of emergency. Charge nurse must be notified so that she can find an additional nurse to be designated runner.**

• **Designated runner for the case. Will be available outside of Operating Room for labs and to acquire supplies as needed.**
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| 7:00-15:00 | Intubation- Start of case   | • Ensure all members of team are donned in Airborne precautions prior to intubating patient.  
• If in OR2, ensure HEPA filter is turned on Prior to intubation  
• **RN2** will note time with intubation and communicate with **RN 1** |                                   |
| 15:00-20:00| **Delivery of infant**      | • NICU RN will enter OR with airborne PPE in place. NICU team will arrive with their own PPE kit/PAPR cart. Once baby is delivered and NICU RN is handed baby, they exit OR to the resuscitation area.  
• **RN 1** will ensure that signs are placed outside of OR and that there is limited traffic into the resuscitation area. If aerosolizing procedure occurs for infant, consider remaining in area for 20 minutes after procedure to allow for airexchanges. |                                   |
| 20:00-25:00| Cesarean Section continues  | **RN2**- will notify **RN1** of extubation time  
• If patient is intubated and subsequently extubated it is important to remain in the Operating for 20 minutes after extubation  
• It may be necessary to initiate PP recovery in the Operating Room until the 20 minute time frame passes after aerosolizing procedure. |                                   |
### Code C COVID-Scenario #1

**If cesarean occurs in OR 2, turn on portable HEPA filter with intubation and allow filter to run for the remainder of the case and through out the 20 minutes after extubation.**

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<td>25:00-30:00</td>
<td>Cesarean Section is completed.Initiated transfer out of operating room.</td>
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**Once time has elapsed:** Charge Nurse will be asked to return to Operating room area with Airborne PPE in place.

- **Charge nurse** will observe all of those exiting to ensure that correct doffing is done. If charge nurse is unable to, she will assign someone to perform this task.
- **RN-2,** Anesthesia #2 and circulator and MD team will hand off patient to **RN1,** all will doff gown and gloves in OR-then hand hygiene and doff face mask and shield outside of OR for proper disposal
- Anesthesia provider #1 will perform hand hygiene and don clean gown and gloves and assist with transfer – Only touching the gurney/bed in the transfer

**RN1-** will receive the patient outside of OR and proceed to the LDR to continue the PP recovery with assistance from Anesthesia provider #1

**AN ABUNDANCE OF CAUTION IS NEEDED WHEN DOFFING TO AVOID SELF INOCULATION**