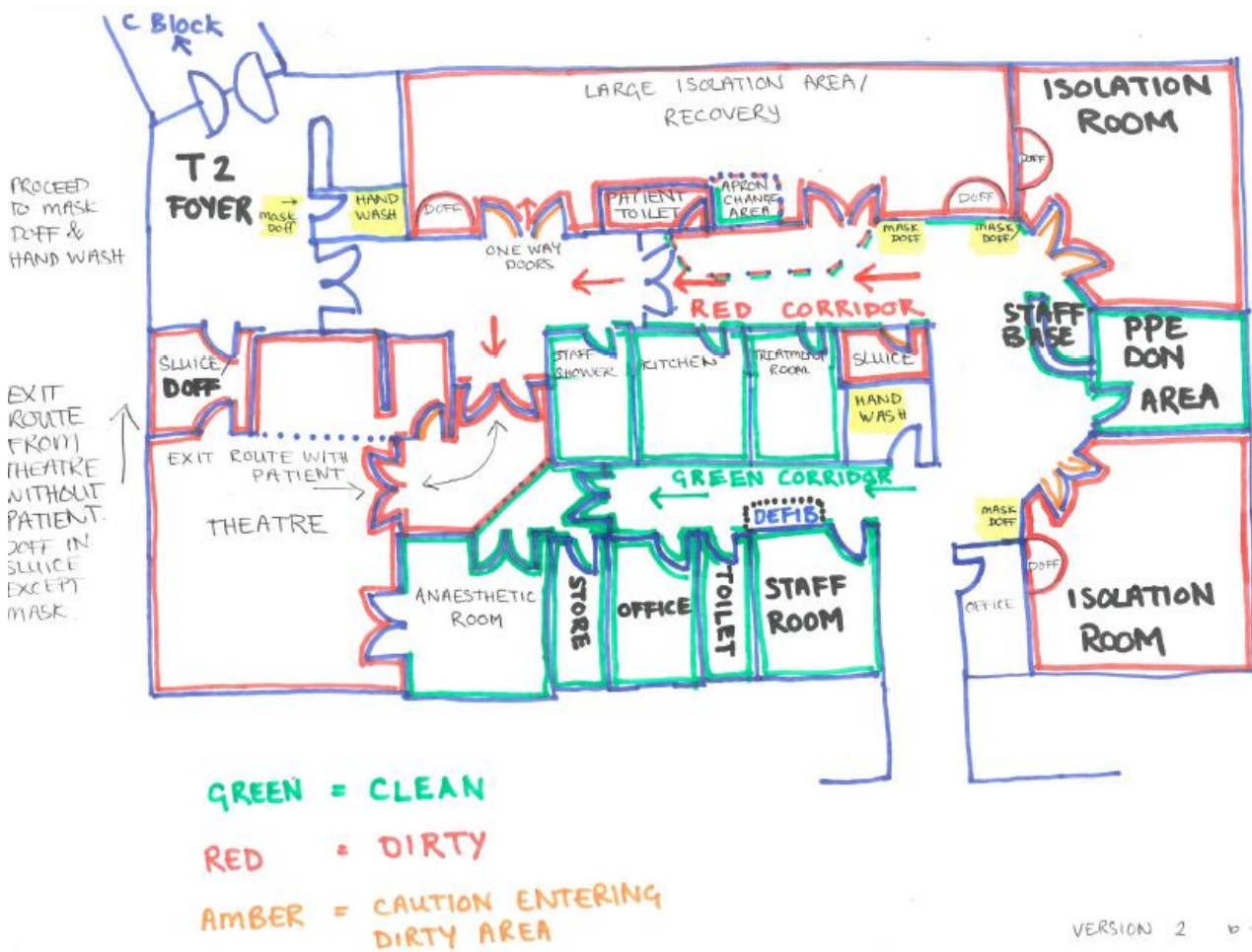


COVID-19 SOP for operative delivery in UHW

T2 is the designated COVID-19 maternity labour/operative delivery area



1. Decision for operative delivery

The midwife caring for the mother will contact the MuM to inform them of the decision for operative delivery. This information will then be cascaded to all theatre staff and the neonatal team to attend.

2. Minimum staff required for all theatre cases

In theatre

1. Midwife
2. Theatre scrub nurse and theatre runner
3. Obstetrician x2
4. Anaesthetist (x2 if GA)
5. ODP
6. Neonatologist

Outside theatre in green anaesthetic room

7. External clean runner

8. 2nd ODP if cases of PPH, GA or maternal compromise
9. Neonatal Team transporting baby to NNU

Outside theatre at staff base

9. External clean runner (only required in the event of an aerosol generating procedure in theatre - intubation, extubation or diathermy use, see 6.4)

3. Consent

Consent will be obtained by obstetric and anaesthetic staff prior to entry into theatre.

4. Pre-theatre checklist

The pre-theatre checklist (Appendix 1) should be completed in the Donning room (green on map) by the entire theatre team prior to transfer. Communication with staff in the isolation room with the patient should be achieved by having the phone on speaker.

5. PPE and sterility

All staff who will be entering theatre are required to wear FFP3 facemask, visor, hat, gloves, apron (if a sterile gown is required in theatre) or long-sleeved non-sterile gown (if not), as per Appendix 3. All clean external staff located in the green anaesthetic room will be required to wear fluid resistant surgical mask, eye protection (goggles), hat, gloves and apron, as per Appendix 3; **unless** the staff need to be in the green anaesthetic room within 20 minutes of an aerosol generating procedure (intubation, extubation or diathermy) in which case FFP3 facemask should be worn (see 6.4).

Because of difficulty identifying staff in PPE, all staff in theatre should have their role and name written on their visor.

6. Transfer into theatre

Transfer of the mother (and her asymptomatic birth partner) will be performed by staff who were looking after the patient in the isolation room. They will enter into the T2 obstetric theatre via the **RED CORRIDOR** through the **RED DOOR** (COVID contamination only). All staff present in theatre need to wear theatre hats.

6.1 Staff in contaminated PPE from the labour room

The staff in contaminated PPE who have transferred the mother into theatre should stay in the PPE that they were wearing in the labour room whilst stabilising the mother. They should then handover to staff in theatre wearing appropriate theatre PPE. The staff that transferred the patient will then need to doff their contaminated PPE (following protocol via the **THEATRE DOFF ROUTE**), exit theatre and then don theatre PPE (in the Donning room) to include an FFP3 mask hat, long sleeve gown, visor, and gloves. They should re-enter theatre down the **GREEN CORRIDOR** and the **AMBER SCRUB DOOR**.

6.2 Sterile staff i.e. Obstetrician, Anaesthetist (if new regional technique), Surgical scrub team and Midwife

Staff needing to be sterile should doff gloves and gown in theatre (as per protocol), a minimum of 2m away from the patient, keeping FFP3 facemask and visor on. **Do not remove FFP3 mask or visor**. Proceed to scrub area and don standard sterile gown and sterile gloves for relevant procedures (i.e. regional placement, surgery or taking the baby respectively). Double gloves are recommended for surgical operators and midwife.

6.3 Clean staff who do not need to be sterile in theatre.

PPE should be Donned in the Donning room (green area on map), including theatre hat, gloves, long sleeved gown, FFP3 mask and visor. They should enter theatre down the **GREEN CORRIDOR** and then via the **AMBER SCRUB DOOR**. This will include the neonatal team attending the birth.

6.4 Clean staff who do not need to enter theatre.

All clean staff who will stay outside the operating theatre, including the clean external runner and second ODP, will need to don appropriate facemask, visor, hat, long sleeved apron, gloves (non-sterile) and will enter the Anaesthetic Room via the **GREEN ANAESTHETIC ROOM DOOR**.

The appropriate facemask depends on whether the staff need to be in the green anaesthetic room within 20 minutes of an aerosol generating procedure (intubation, extubation or diathermy) being performed in the theatre. ONLY essential staff should be in the green anaesthetic room within 20 minutes of an aerosol generating procedure in theatre and an FFP3 mask to protect against aerosol must be worn during this period (other staff should wait at the staff base where they can be in telephone contact with the anaesthetic room and theatre, until the risk period for aerosol has passed, when they can enter the anaesthetic room in droplet PPE (i.e. fluid resistant surgical facemask, visor, hat, long sleeved apron and gloves)).

For all non-aerosol procedures in theatre fluid resistant surgical facemask can be worn in the anaesthetic room.

The transport incubator will be stored here, and if neonatal transfer is needed, the neonatal receiving team will be based here. Additional anaesthesia equipment and drugs will also be stored here.

7. Appropriate attire for mother and partner

The mother will wear a facemask at all times. If the multi-professional team agree that the partner should attend the birth, the partner will need to wear a fluid resistant facemask, non-sterile gown and hat.

8. Theatre checks

8.1 Standard WHO sign in will occur **before** arrival into theatre.

8.2 Standard WHO time out to be undertaken prior to GA or after regional anaesthetic. Additional checks:

8.2.1 Confirm external clean runner either located in the GREEN ANAESTHETIC ROOM if there is no aerosolization OR in the event of aerosol generation in theatre (intubation, extubation or diathermy use) a 2nd ODP will be in the anaesthetic room and an additional staff member should be at the staff base. This runner will be required to transfer samples or equipment to/from the ODP located in the green anaesthetic room.

In the event of aerosol risk any staff required to be in the clean green anaesthetic room within 20 minutes of this risk will be required to wear FFP3 mask. The runner at the staff base can wear fluid resistant facemask and should not enter the anaesthetic room during the aerosol period. Exchange should occur via the green anaesthetic room door into the green corridor.

8.2.2 Additional equipment or blood samples should be transferred between theatre and the clean ODP/runner in the green anaesthetic room via the **AMBER THEATRE DOOR** into the **GREEN ANAESTHETIC ROOM**. The protocol for transfer of blood samples (laboratory and point of care tests) from the contaminated area is detailed in the Maternity SOP.

8.2.3 Confirm MuM aware of case

- 8.2.4** Confirm plans regarding mother/baby contact and need for escalation of maternal care to HDU/ICU post operatively.
WHO sign out to occur at the end of surgery with confirmation of patient destination, observation frequency, escalation plan for respiratory and or obstetric complications.
- 8.3** Any case involving aerosol generation (extubation or diathermy) will require the patient to be kept in theatre for 20 minutes after cessation of the aerosol generating procedure to reduce transmission risk.
- 8.4** No maternity staff will exit theatre until the sign out is complete.

9. Theatre exit

- 9.1 Staff in contaminated PPE who are transferring the mother and partner.** The mother and her partner will have facemasks on at all times. Transferring staff will remain in full PPE. The transferring staff will exit the theatre via the **RED DOOR** via the **RED CORRIDOR** back to isolation room (or recovery when caseload demands). After handover once the patient is stable doffing is to take place in the isolation or recovery room, apart from FFP3 mask (as per protocol). Mask doffing will occur at the station at the end of the dirty corridor by the staff base (yellow on map), followed by hand washing in the designated room (yellow on map).
- 9.2 Staff in contaminated PPE who are NOT transferring the mother.** Staff will doff gowns, gloves, hat and visors in the theatre doffing area (sluice) and shoe covers if appropriate. Staff in contaminated PPE (not accompanying the patient) must not leave the theatre by any other route.
- 9.2.1** If exiting T2 mask doffing will take place at the station outside theatre, followed by handwashing in the designated room (yellow) as per protocol.
- 9.2.2** If re-entering T2 LEAVE MASK IN PLACE wash hands). Doff facemask at the T2 mask doffing stations and wash hands as per protocol. Staff should then don appropriate PPE if remaining on T2 or exit to delivery suite.

10. Cleaning theatre

- 10.1** Theatre nurse, theatre runner and ODP will wipe down the theatre surfaces prior to exiting theatre. Once complete they will alert the MuM via the telephone that the area is ready for the cleaners. Staff will doff gowns, gloves, hat and visors in the theatre doffing area (sluice) section 10. **Staff in contaminated PPE (not accompanying the patient) must not leave the theatre by any other route.**
- 10.2** The cleaning team will then clean the theatre in preparation for the next case.
- 10.2.1** For all theatre cases utilising regional anaesthesia with no diathermy (i.e. no aerosol generation), cleaning staff can enter as soon as the theatre staff have finished the wipe down. Cleaning staff should don apron, fluid resistant surgical facemask and gloves in the Donning room prior to entering theatre.
- 10.2.2** For any cases that have required general anaesthesia and or diathermy (i.e. aerosol generating) the cleaning staff will need to wait 20 minutes after extubation or cessation of diathermy before starting to clean (due to air contamination). This situation should be communicated to the MuM to allow midwifery, obstetric and anaesthetic staff to manage the T2 workload accordingly. Cleaning staff should don apron, fluid resistant surgical facemask and gloves in the Donning room prior to entering theatre once the 20 minutes has passed.
- 10.3** Appendix 1 – Pre-theatre Checklist
- 10.4** Appendix 3 – PPE guidance