

H1-1: HBC Anaesthetic handover checklist during the COVID-19 pandemic

Objective: To be used during anaesthetic shift handovers to plan for the care of mothers on the HBC. All mothers are to be treated as suspected COVID cases.

Please complete and tick boxes

1 Identify Anaesthetic Team who will attend in an emergency/ theatre case:

- ↳ Anaesthetic team leader: _____
- ↳ 2nd anaesthetist: _____
- ↳ ODP: _____
- ↳ Runner: _____
- ↳ If necessary, inform the MERIT team via the CRT registrar

2 Identify obstetric team members:

- ↳ Emergency obstetric consultant: _____
- ↳ Obstetric trainee: _____

3 Confirm obstetric team will inform neonatal team re COVID cases

4 Check anaesthetic, obstetric, and neonatal equipment

↳ See *Equipment*

5 Check patients

↳ See *Patients*

Equipment

- PPE trolley:** adequately stocked in anaesthetic room 2 & all labour rooms
- COVID GA trolley:** in anaesthetic room 2 adequately stocked
- FFP3 masks:** location and accessibility
- PPE requirements:** confirmed with all team members

Patients

- SBAR handover** of all patients
- IV access** in all patients
- Early epidurals** discussion taken place?
- Patients informed of **potential for delay** if urgent delivery is required?
- Check **platelets** and **valid G+S status** incl. **antibody status**

Useful Contacts

Infectious Diseases Teams

- HCID Consultant: 0963
- HCID Registrar: 0962
- CRT Registrar: 0610
- ID Registrar: 07827 841972

Theatres

- Anaesthetic Consultant: via switchboard or CLWRota
- General Anaesthetic Registrar/ intubation (MERIT) team: 0153
- NW Theatre Co-ordinator: 0191

H2-1: HBC epidurals for all parturients during the COVID-19 pandemic

Objective: Perform labour epidural in HBC for a patient with confirmed or suspected COVID-19 whilst minimising risk to the patient, staff, and the hospital environment, and maintaining the sterility of the procedure

1 Minimise contact time with the patient

- ↳ Consent via telephone from Trust phone to patient mobile
- ↳ If it is necessary to enter the labour room don PPE as per Trust guidelines prior to entry
- ↳ Epidural information cards should be single use, and destroyed in the labour room
- ↳ Plan with midwife re gaining access into the room in a sterile manner after donning, patient positioning prior to room entry and assisting with preparation of patient back for procedure
- ↳ Confirm working IV cannula
- ↳ Perform pre-procedure actions (see *Pre-procedure actions*)

2 Prepare Equipment

- ↳ PPE, metal trolley and epidural trolley are stationed in the corridor outside the room. epidural grab bags are available in the epidural room if the trolley is not available.
- ↳ Prepare epidural equipment prior to donning PPE, ensure Mefix® dressing is pre-cut. Use metal tray for epidural equipment if available

3 Don sterile PPE outside labour room per Trust guidelines (see T2-1: Donning PPE for a COVID-19 patient in theatre).

4 Perform Epidural

5 Doff PPE (see T2-2: Doffing PPE for a COVID-19 patient in theatre)

- ↳ Stage 1 doffing in the mothers room room
- ↳ Stage 2 doffing immediately outside the mothers room

6 Clean metal trolley and ensure epidural trolley restocked

- ↳ Perform post-procedure actions (see *Post-procedure actions*)

General Principles

- All usual contraindications to neuraxial block apply
- **Epidural analgesia should be strongly recommended** to minimise the need for GA if urgent delivery is required, and because there is uncertainty regarding Entonox® use and aerosolisation and viral spread.
- DO NOT take stethoscopes, mobile phones, computers, pens, paper, or other equipment into the patient room

Pre-procedure Actions

- Check FBC. Thrombocytopenia has been associated with some cases
- Check group and save and cross-match availability. Laboratory processing time may be prolonged in COVID-19 cases
- Minimise entries and exits from the room; prepare equipment in advance where possible, outside of the patient room

Post-procedure Actions

- Consider checking platelet count before removal of epidural if it has been ≥ 12 hours since last platelet check. Thrombocytopenia has been associated with some cases
- Record epidural details on BadgerNet only. If writing in patient notes, do not remove from room. Ensure pen is thrown away in the room after use.

H3-1: Anaesthesia for HBC theatre interventions during the COVID-19 pandemic

Objective: Safe theatre care of a suspected/confirmed COVID-19 mother requiring theatre interventions in the HBC (including caesarean section) **To be used in conjunction with HBC LSCS SOP**

- 1 Assemble team members**
 - ↳ Brief all team members on PPE requirements and case details
- 2 Transfer patient to theatre via main corridor**
 - ↳ Theatre 2 preferred; if occupied use theatre 1
 - ↳ If both theatres are occupied NW theatres will be used; liaise with NW theatre coordinator
 - ↳ Do NOT remove the notes from the patient room or transfer to theatre
- 3 Prepare theatre**
 - ↳ Check blood transfusion availability
 - ↳ Check FBC (with particular attention to platelet count)
 - ↳ Don PPE appropriate to procedure in anaesthetic room
 - ↳ Double glove for all cases. Remove/ change outer pair once ETT is secured if intubating
- 4 Prepare staff**
 - ↳ A runner should be allocated and situated in the anaesthetic room in PPE with a second runner in the corridor who does not require PPE
 - ↳ The anaesthetic chart will be completed in theatre with a disposable pen
- 5 If a GA is required:**
 - ↳ Collect Action Cards **T3-1** and **T3-2**
 - ↳ CMAC video laryngoscope is preferable on the HBC
 - ↳ Minimise the number of staff in theatre at the time of extubation and for 20 minutes after
 - ↳ Staff remaining in theatres may doff PPE after 20 minutes
 - ↳ The chart must be scanned in theatres onto BadgerNet. Dispose of the pen and chart in theatre
- 6 Doff PPE (see T2-2: Doffing PPE for a COVID-19 patient in theatre)**
 - ↳ Doff in theatre sluice or immediately outside labour room room depending on when the anaesthetist leaves the patient

General Principles

- In addition to usual shift handover, a verbal run-through of plans including allocation of tasks/ roles to staff specifically for COVID-19 cases
- Minimise entries and exits from the labour rooms and theatre; prepare all equipment in advance
- Limit the number of staff present to only those essential to the procedure
- If intubation is anticipated/ needed and additional anaesthetic staff are required please alert 0153 and the MERIT team
- **Epidural analgesia should be strongly recommended for labour to minimise the need for GA if urgent delivery required**
- All staff in theatre will require appropriate PPE
 - Procedures under regional anaesthesia are not generally aerosol-generating
 - Procedures under GA are aerosol generating
- DO NOT take stethoscopes, mobile phones, computers, pens, paper, or other equipment into the patient room or theatres

Post-theatre

- Liaise with theatre team re cleaning arrangements
- Consider checking platelet count before removal of epidural if it has been ≥ 12 hours since last platelet check. Thrombocytopenia has been associated with some cases

Useful Contacts

- NW Theatre Coordinator: 0191
- Anaesthetic Registrar: 0153
- HCID Registrar: 0962