

Universal COVID-19 Testing on ANMC Labor and Delivery

ANMC has initiated universal COVID-19 testing for any OBGYN patient at risk for a surgical procedure and possible intubation, which is a known high-risk procedure for aerosolization of the virus. This includes preoperative COVID-19 testing within **48 hours** of scheduled urgent gynecologic surgeries, scheduled inpatient admissions for cesareans, direct admissions for induction of labor, and external cephalic versions. It also includes COVID-19 rapid testing on admission to labor and delivery for active labor.

What does universal COVID-19 testing entail for surgical procedures and hospital admissions?

COVID-19 testing in 3 specific areas:

1. The first involves assessing patients on admission for concerning symptoms or concerning exposures at the time of planning a procedure or at time of hospital admission. This list is updated frequently and includes fever, cough, symptoms of common cold, shortness of breath, and possibly also sudden loss of smell/taste, or diarrhea. Exposures include: travel outside of Alaska in the past 14 days, close contact with somebody with COVID-19, or a recent test within the past 14 days for COVID-19.
 - All patients with symptoms will be tested and managed as a **COVID PUI**.
 - **Even if the test result is negative, a PUI with a negative test must be discussed with the OBGYN physician and increased precautions may continue if there is still concern about COVID-19.**
2. The second involves outpatient testing of patients with planned direct admission for induction of labor, scheduled procedures on labor and delivery, or scheduled urgent gynecologic procedures in the operating room. COVID-19 (In House) Within 24 Hour Turn Around Time is ordered by the outpatient provider 48 hours prior to scheduled procedure. Please see Universal Testing flow diagram for further details.
3. The third involves testing asymptomatic patients admitted to L&D and the hospital including gynecologic patients who have not had **testing in the past 48 hours**. COVID-19 (In House) Rapid or COVID-19 (In House) 24 hour turn around time should be ordered on admission to labor and delivery or on patients admitted for urgent gynecologic surgical procedures or gynecologic indications. These patients will be referred to as **COVID TEST PENDING – ASYMPTOMATIC (CTP-A)** while their inpatient test is still pending or when you do not have results or a test. Please use the Rapid test only when absolutely necessary as there are more 24 hour turn around time tests available and the 24 hour turn around test has a higher sensitivity for the virus in asymptomatic patients.

What PPE is required to care safely for patients?

Asymptomatic women with recent negative COVID-19 test and no symptoms: should have standard care as long as they do not have any new symptoms and require no additional PPE requirement other than standard precautions.

Antenatal: **standard precautions**

Delivery:

Vaginal delivery: **droplet/contact precautions (due to delivery, not COVID status)**

Cesarean delivery: **droplet/contact precautions (due to delivery, not COVID status)**

Postpartum hemorrhage, other procedure requiring intubation: **same as Cesarean**

Post-delivery: **standard precautions**

Women with a positive COVID-19 test, inconclusive test, or who are COVID-PUI should be under droplet/contact precautions (surgical mask, full face shield, gown), unless there is potential for an aerosolizing procedure (e.g. cesarean because of the potential for intubation).

Antenatal: **droplet/contact precautions with surgical mask, full face shield, and gown. Patient and birth partner should both wear procedure masks. Use a negative pressure room or call maintenance make room negative pressure.**

Delivery:

Vaginal delivery: **Airborne (N95 or PAPR), full face shield, and gown for all staff in room.**

Cesarean delivery: **Airborne (N95 or PAPR), full face shield, and gown for all staff present in the OR. Use Cesarean room A and HEPA filter.**

Postpartum hemorrhage, other procedure requiring intubation: **same as Cesarean**

Post-delivery: **Droplet/contact precautions with surgical mask, full face shield, and gown.**

Asymptomatic women with COVID-19 test pending (CTP-A), or no test ordered no additional PPE requirement unless there is potential for an aerosolizing procedure (e.g. cesarean). Because these women are asymptomatic, the likelihood of COVID-19 transmission prior to return of results is thought to be very low. As a precaution, do not use Nitrous until you receive a negative COVID test result in these asymptomatic patients.

Antenatal: **standard precautions if not in labor**

Delivery:

Vaginal delivery: **Droplet/contact precautions with surgical mask, full face shield, and gown.**

Cesarean delivery: **Airborne (N95 or PAPR), full face shield, surgical mask and gown for all staff present in OR. Use Cesarean Room A and HEPA filter.**

Postpartum hemorrhage, other procedure requiring intubation: **same as Cesarean**

Post-delivery: **standard precautions**

What PPE is required to collect COVID-19 swabs

The test procedure of collecting deep nasopharyngeal swabs often induces patient coughing. Therefore, the tester must be in enhanced droplet/contact PPE. Airborne precautions (N95 or PAPR) are not required for the person performing a test. When testing asymptomatic patients, efforts to conserve masks and face shields should be made as safely as possible. You may continue routine care with standard precautions on asymptomatic CTP-A patients while test is pending in order to conserve PPE. See ANMC Hub guidelines around safe reuse of PPE.