

ANMC OB/GYN COVID-19 Universal Testing Guidelines

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 **2 days** of scheduled 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 or those women who are in need of an urgent or emergent gynecologic surgical procedure.

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 with a COVID-19 Rapid test and managed as a **COVID-19 PUI**.
 - **Even if the test result is negative, a person under investigation (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 and a repeat COVID-19 test should be performed at 24 to 48 hours.**
 - **Do not use Nitrous Oxide for a PUI or COVID-19 + patient.**
2. The second involves outpatient testing of patients with planned direct admission for induction of labor, scheduled procedures on labor and delivery, or scheduled gynecologic procedures in the operating room. COVID-19 PCR is ordered 2 days prior to scheduled procedure. The patient should tell the testing site that they are receiving a test for a planned procedure so that the test can be expedited in time for their admission or procedure. Please see Universal Testing flow diagram for further details.
3. The third involves testing asymptomatic patients admitted to labor and delivery or to gynecology who have not had **testing in the past 2 days**. A COVID-19 Rapid test should be ordered on admission to labor and delivery or on patients admitted for urgent gynecologic surgical procedures. The rapid turn-around time test is the preferred test to evaluate suspected COVID-19 in patients being admitted to labor and delivery, and used for screening of other hospital admissions. If testing supply is reduced, then the COVID-19 PCR order will be used for routine screening of patients admitted to the hospital that are not suspected to have COVID-19. The COVID-19 PCR order is currently the preferred test for other indications, including pre-operative screening, pre-travel testing, asymptomatic screening, and outpatient symptomatic testing. Any of 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. The OB team should use a rapid test for active labor, fetal heart decelerations, any

potential for urgent surgical intervention, or any admissions to labor and delivery who have not had a COVID test within 2 days of admission. If women have had a prior test within 2 days of admission, they do not need a new test unless they are symptomatic or have concerning exposures.

4. What PPE is required to care safely for patients?

Asymptomatic women with a negative COVID-19 test (either Rapid or PCR) within 2 days and no symptoms: should have standard care as long as they do not have any new symptoms or exposures and require no additional PPE requirement other than standard precautions which currently includes a surgical face mask and eye protection.

Antenatal: **standard precautions including surgical face mask and eye protection.**

Delivery:

Vaginal delivery: **droplet/contact precautions (due to delivery, not COVID status). Eye Protection including face shield is required.**

Cesarean delivery: **droplet/contact precautions (due to delivery, not COVID status). Eye Protection including face shield is required.**

Postpartum hemorrhage, other gynecologic procedures requiring intubation or at risk of intubation: **same as Cesarean**

Post-delivery: **standard precautions**

Women with: a positive COVID-19 test, inconclusive test, a COVID-PUI or Women who are Asymptomatic women with a COVID-19 test pending (CTP-A), no COVID test ordered should be under droplet/contact precautions unless there is potential for an aerosolizing procedure (e.g. vaginal delivery or cesarean because of the potential for intubation.

Antenatal: **droplet/contact precautions with surgical mask, eye protection, full face shield, gown and gloves. Patient and birth partner should both wear procedure masks. Use a Labor room 4 under negative pressure if available.**

Delivery:

Vaginal delivery: **Airborne (N95 or PAPR), eye protection, full face shield, and gown for all staff in room. Use labor room 4 under negative pressure if available.**

Cesarean delivery: **Airborne (N95 or PAPR), eye protection, full face shield, gown, and gloves 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, eye protection, full face shield, gown, and gloves.**

Asymptomatic women with COVID-19 test pending (CTP-A), or no test ordered: As a precaution, do not use Nitrous until you receive a negative COVID test result in these asymptomatic patients.

5. **Outpatient and Inpatient Procedures Testing Nuances:**

Per Infection control for Asymptomatic women

Order **COVID-19 PCR** 2 days before scheduled admissions to labor and delivery or for gynecologic surgery.

- If test is negative perform procedure under standard isolation precautions.
- If test is positive reconsider need for procedure and if necessary, perform using airborne, contact, and eye-protection precautions.
- If the COVID-19 PCR test is pending at time of surgery and COVID-19 (In House) Rapid test is performed and negative, then health care workers should wear a respirator mask or PAPR during aerosolizing procedures.
- ANMC Drive through testing site preferred location for testing to limit PPE use.

6. What PPE is required to collect COVID-19 swabs?

The test procedure of collecting nasal swabs often induces patient coughing. Therefore, the tester must be in enhanced droplet/contact PPE with surgical mask, eye protection, face shield, gown and gloves. 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.

12/2/20 STT
8/27/20 STT
7/12/20 STT
6/16/20 STT
5/3/20 STT
4/18/20 STT