

**Care Map for Obstetrical and Newborn Patients Who Screen Positive for Respiratory/Febrile Illness
AND Have a Positive Travel History (or Travel Contact History)
OR Being tested for 2019nCOV OR Testing positive for 2019nCOV**

		Stable	Unwell	Unstable/Higher Level of Care
Antenatal Patient	Clinical Care	<ol style="list-style-type: none"> 1. Admit to negative pressure birthing suite (Room 120) and provide usual clinical care for Antepartum Patients. Admit to private room in L&D if negative pressure room is not available 2. Contact IPAC 3. Consult Infectious Disease 4. Consult Neonatology/Paediatrician 5. Clinician/Staff order to be entered into Cerner for Enhanced Droplet Contact Precautions. 6. Determine Collaborative Plan of Care <ul style="list-style-type: none"> • For patients between 23-29+6 weeks' gestation, administer β-methasone and consider transferring to higher level of care • For patients between 30-34+6 weeks gestation: administer β-methasone and discuss mode of delivery and type of anaesthesia • For patients 35-36+6 weeks gestation: offer β-methasone administration, and discuss obstetrical plan for delivery and type of anaesthesia 7. Consider use of intravenous antibiotics and/or anti-viral therapy, as clinically indicated 	<ol style="list-style-type: none"> 1. Admit to negative pressure birthing suite (Room 120) and provide usual clinical care for Antepartum Patients 2. Contact IPAC 3. Consult Infectious Disease 4. Clinician/Staff order to be entered into Cerner for Enhanced Droplet Contact Precautions 5. Consult additional supports as required (i.e., RRT, Anaesthesia, CCRT, Neonatologist/Paediatrician) 6. Determine Collaborative Plan of Care <ul style="list-style-type: none"> • For patients between 23-29+6 weeks' gestation, administer β-methasone and consider transfer to higher level of care • For patients between 30-34+6 weeks gestation: administer β-methasone and discuss mode of delivery and type of anaesthesia • For patients 35-36+6 weeks gestation: offer β-methasone administration, and discuss obstetrical plan for delivery and type of anaesthesia • Consider use of intravenous antibiotics and/or anti-viral therapy, as clinically indicated 7. For patients who are <37 weeks gestation with PPROM or TPTL refer to algorithm titled "Antimicrobial Management for GBS Prophylaxis and/or Labour Latency in Patients Presenting Before 37 weeks gestation (Guideline for Management of Preterm Premature Rupture of Membranes and/or Threatened Preterm Labour) 	<ol style="list-style-type: none"> 1. Admit to negative pressure birthing suite (Room 120). 2. Consult CCRT, Anaesthesia and Neonatologist/Paediatrician 3. Consult IPAC and Infectious Disease 4. Clinician/Staff order to be entered into Cerner for Enhanced Droplet Contact Precautions 5. Determine Collaborative Plan of Care <ul style="list-style-type: none"> • For patients between 23-29+6 weeks' gestation, administer β-methasone and consider transferring to higher level of care • For patients between 30-34+6 weeks gestation: administer β-methasone and discuss mode of delivery and type of anaesthesia & use of intravenous antibiotics • For patients 35-36+6 weeks gestation: offer β-methasone administration, and discuss obstetrical plan for delivery and type of anaesthesia • Consider use intravenous antibiotics and/or anti-viral therapy, as clinically indicated 6. For patients who are <37 weeks gestation with PPROM or TPTL refer to algorithm titled "Antimicrobial Management for GBS Prophylaxis and/or Labour Latency in Patients Presenting Before 37 weeks gestation (Guideline for Management of Preterm Premature Rupture of Membranes and/or Threatened Preterm Labour)

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	PPE Precautions	<ol style="list-style-type: none"> 1. Admit to negative pressure birthing suite (Room 120). Admit to private room in L&D if negative pressure room is not available 2. Staff/Physician/Midwife/Learner PPE (gown, N95 mask, eye protection, gloves) <ul style="list-style-type: none"> • L&D Nursing Staff providing primary care for patients testing positive for 2019nCOV should not care for other antepartum, laboring or post partum patients during that shift • All staff involved in providing care for patients testing positive for 2019nCOV should actively self-monitor for fever or other symptoms of 2019nCOV • Avoid assigning staff who are pregnant when possible 3. Visitor PPE (gown, surgical mask, gloves) <ul style="list-style-type: none"> • Limit the presence of visitors that appear unwell and/or screen positive for potential exposure to 2019nCOV 4. Patients requiring procedures in the OR should be transferred to OR # 1 in L&D and wear a surgical mask en route. 5. After the procedure in the OR is complete and the patient has been transferred out, the Air scrubber machine should be turned on and left to run for 30 minutes. After 30 minutes the machine can be turned off and the room cleaned in the usual fashion. 6. After the patient leaves OR #1 she should be transferred back to the negative pressure/private room she previously occupied and wear a surgical mask during transport. 7. Birthing suite should be double-cleaned (deep cleaned) after patient is discharged from room 	<ul style="list-style-type: none"> • Admit to negative pressure birthing suite (Room 120) • Staff/Physician/Midwife/Learner PPE (gown, N95 mask, eye protection, gloves) • L&D Nursing Staff providing primary care for patients testing positive for 2019nCOV should not care for other antepartum, laboring or post partum patients during that shift • All staff involved in providing care for patients testing positive for 2019nCOV should actively self-monitor for fever or other symptoms of 2019nCOV • Avoid assigning staff who are pregnant when possible <ol style="list-style-type: none"> 3. Visitor PPE (gown, surgical mask, gloves) <ul style="list-style-type: none"> • Limit the presence of visitors that appear unwell and/or screen positive for potential exposure to 2019nCOV 4. Patients requiring procedures in the OR should be transferred to OR # 1 in L&D and wear a surgical mask en route. 5. After the procedure in the OR is complete and the patient has been transferred out, the Air scrubber machine should be turned on and left to run for 30 minutes. After 30 minutes the machine can be turned off and the room cleaned in the usual fashion. 6. After the patient leaves OR #1 she should be transferred back to the negative pressure/private room she previously occupied and wear a surgical mask during transport. 7. Birthing suite should be double-cleaned (deep cleaned) after patient is discharged from room 	<ol style="list-style-type: none"> 1. Admit to negative pressure birthing suite (Room 120) 2. Staff/Physician/Midwife/Learner PPE (gown, N95 mask, eye protection, gloves) <ol style="list-style-type: none"> 4. L&D Nursing Staff providing primary care for patients testing positive for 2019nCOV should not care for other antepartum, laboring or post partum patients during that shift 5. All staff involved in providing care for patients testing positive for 2019nCOV should actively self-monitor for fever or other symptoms of 2019nCOV 6. Avoid assigning staff who are pregnant when possible 3. Visitor PPE (gown, surgical mask, gloves) <ul style="list-style-type: none"> • Limit the presence of visitors that appear unwell and/or screen positive for potential exposure to 2019nCOV 4. Patients requiring procedures in the OR should be transferred to OR # 1 in L&D and wear a surgical mask en route. 5. After the procedure in the OR is complete and the patient has been transferred out, the Air scrubber machine should be turned on and left to run for 30 minutes. After 30 minutes the machine can be turned off and the room cleaned in the usual fashion. 6. After the patient leaves OR #1 she should be transferred back to the negative pressure/private room she previously occupied and wear a surgical mask during transport. 7. Birthing suite should be double-cleaned (deep cleaned) after patient is discharged from room

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Intrapartum Patient (Admission for labour or transition from Antepartum)	Clinical Care	<ol style="list-style-type: none"> 1. Admit to negative pressure birthing suite (Room 120), or private room if negative pressure room is not available. Provide usual clinical care for Intrapartum Patients. 2. Contact IPAC 3. Consult Infectious Disease 4. Consult Neonatology/Paediatrics 5. Clinician/Staff order to be entered into Cerner for Enhanced Droplet Contact Precautions 6. Determine Collaborative Plan of Care <ul style="list-style-type: none"> • For patients between 23-29+6 weeks' gestation, consider administering β-methasone and transferring to higher level of care • For patients between 30-34+6 weeks gestation: consider administering β-methasone and discuss mode of delivery and type of anaesthesia • For patients 35-36+6 weeks gestation: consider offering β-methasone administration, and discuss obstetrical plan for delivery and type of anaesthesia • For patients > 30 weeks' gestation, consider early clamping of the umbilical cord and early cleansing to remove maternal blood and amniotic fluid 7. All neonates born to mothers with suspected or confirmed illness should be separated from the mother and admitted to a designated negative pressure isolation room, or private room if a negative pressure room is not available. 8. Negative pressure rooms are available on the Inpatient Paediatric Unit, or 1 is available in the NICU, if infant requires NICU. 	<ol style="list-style-type: none"> 1. Admit to negative pressure birthing suite (Room 120) or private room if negative pressure room is not available. Provide usual clinical care for Intepartum Patients 2. Contact IPAC 3. Consult Infectious Disease 4. Consult additional supports as required (i.e., RRT, Anaesthesia, CCRT) 5. Clinician/Staff order to be entered into Cerner for Enhanced Droplet Contact Precautions 6. Determine Collaborative Plan of Care <ul style="list-style-type: none"> • For patients between 23-29+6 weeks' gestation, consider administering β-methasone and transferring to higher level of care • For patients between 30-34+6 weeks gestation: consider administering β-methasone and discuss mode of delivery and type of anaesthesia • For patients 35-36+6 weeks gestation: consider offering β-methasone administration, and discuss obstetrical plan for delivery and type of anaesthesia • For patients > 30 weeks' gestation, consider early clamping of the umbilical cord and early cleansing to remove maternal blood and amniotic fluid 7. All neonates born to mothers with suspected or confirmed illness should be separated from the mother and admitted to a designated negative pressure isolation room, or private room if a negative pressure room is not available. 8. Negative pressure rooms are available on the Inpatient Paediatric Unit, or 1 is available in the NICU, if infant requires NICU. 	<ol style="list-style-type: none"> 1. Admit to negative pressure birthing suite (Room 120). 2. Consult CCRT, Anaesthesia, RRT 3. Consult Paediatrician/Neonatologist 4. Consult IPAC and Infectious Disease 5. Clinician/Staff order to be entered into Cerner for Enhanced Droplet Contact Precautions 6. Determine Collaborative Plan of Care <ul style="list-style-type: none"> • For patients between 23-29+6 weeks' gestation, consider administering β-methasone and transferring to higher level of care • For patients between 30-34+6 weeks gestation: consider administering β-methasone and discuss mode of delivery and type of anaesthesia • For patients 35-36+6 weeks gestation: consider offering β-methasone administration, and discuss obstetrical plan for delivery and type of anaesthesia • For patients > 30 weeks' gestation, consider early clamping of the umbilical cord and early cleansing to remove maternal blood and amniotic fluid 7. All neonates born to mothers with suspected or confirmed illness should be separated from the mother and admitted to a designated negative pressure isolation room, or private room if a negative pressure room is not available. 8. Negative pressure rooms are available on the Inpatient Paediatric Unit, or 1 is available in the NICU, if infant requires NICU. 9. Transfer mother to CrCU negative pressure room post-delivery, as necessary.

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	PPE Precautions	<ol style="list-style-type: none"> 1. Admit to negative pressure birthing suite (Room 120). Admit to private room in L&D if negative pressure room is not available 2. Staff/Physician/Midwife/Learners PPE (gown, N95 mask, eye protection, gloves) 3. L&D Nursing Staff providing primary care for patients testing positive for 2019nCOV should not care for other antepartum, laboring or post partum patients during that shift 4. All staff involved in providing care for patients testing positive for 2019nCOV should actively self-monitor for fever or other symptoms of 2019nCOV 7. Avoid assigning staff who are pregnant when possible 5. Visitor PPE (gown, surgical mask, gloves) <ul style="list-style-type: none"> • Limit the presence of visitors that appear unwell and/or screen positive for potential exposure to 2019nCOV 4. Patients requiring procedures in the OR should be transferred to OR # 1 in L&D and wear a surgical mask en route. 5. After the procedure in the OR is complete and the patient has been transferred out, the Air scrubber machine should be turned on and left to run for 30 minutes. After 30 minutes the machine can be turned off and the room cleaned in the usual fashion. 6. After the patient leaves OR #1 she should be transferred back to the negative pressure/private room she previously occupied and wear a surgical mask during transport. 7. Birthing suite should be double-cleaned (deep cleaned) after patient is discharged from room 	<ol style="list-style-type: none"> 1. Admit to negative pressure birthing suite (Room 120). Admit to private room in L&D if negative pressure room is not available 2. Staff/Physician/Midwife/Learners PPE (gown, N95 mask, eye protection, gloves) 3. L&D Nursing Staff providing primary care for patients testing positive for 2019nCOV should not care for other antepartum, laboring or post partum patients during that shift 4. All staff involved in providing care for patients testing positive for 2019nCOV should actively self-monitor for fever or other symptoms of 2019nCOV 5. Avoid assigning staff who are pregnant when possible 6. Visitor PPE (gown, surgical mask, gloves) <ul style="list-style-type: none"> • Limit the presence of visitors that appear unwell and/or screen positive for potential exposure to 2019nCOV 4. Patients requiring procedures in the OR should be transferred to OR # 1 in L&D and wear a surgical mask en route. 5. After the procedure in the OR is complete and the patient has been transferred out, the Air scrubber machine should be turned on and left to run for 30 minutes. After 30 minutes the machine can be turned off and the room cleaned in the usual fashion. 6. After the patient leaves OR #1 she should be transferred back to the negative pressure/private room she previously occupied and wear a surgical mask during transport. 7. Birthing suite should be double-cleaned (deep cleaned) after patient is discharged from room 	<ol style="list-style-type: none"> 1. Admit to negative pressure birthing suite (Room 120). Admit to private room in L&D if negative pressure room is not available 2. Staff/Physician/Midwife/Learners PPE (gown, N95 mask, eye protection, gloves) 3. L&D Nursing Staff providing primary care for patients testing positive for 2019nCOV should not care for other antepartum, laboring or post partum patients during that shift 4. All staff involved in providing care for patients testing positive for 2019nCOV should actively self-monitor for fever or other symptoms of 2019nCOV 5. Avoid assigning staff who are pregnant when possible 6. Visitor PPE (gown, surgical, mask, gloves) <ul style="list-style-type: none"> • Limit the presence of visitors that appear unwell and/or screen positive for potential exposure to 2019nCOV 4. Patients requiring procedures in the OR should be transferred to OR # 1 in L&D and wear a surgical mask en route. 5. After the procedure in the OR is complete and the patient has been transferred out, the Air scrubber machine should be turned on and left to run for 30 minutes. After 30 minutes the machine can be turned off and the room cleaned in the usual fashion. 6. After the patient leaves OR #1 she should be transferred back to the negative pressure room she previously occupied and wear a surgical mask during transport. 7. Birthing suite should be double-cleaned (deep cleaned) after patient is discharged from room

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Post-Partum Patient	Clinical Care	<p>1. Provide routine maternal post-partum care in negative pressure birthing suite (Room 120)</p> <p>2. To minimize neonatal transmission risk, mothers should be isolated from the neonate until they are deemed to be non-infectious (Confirmed negative NP and throat swabs).</p> <p>3. Neonates should be admitted to a designated negative pressure room on Inpatient Paediatrics or in NICU (if more care is required) for observation, and should be considered potentially infectious until the mother has been deemed non-infectious or until 14-days post-delivery</p> <ul style="list-style-type: none"> Preliminary testing for 2019nCOV should be performed (per Ontario Public Health Lab advice), including blood tests if required <p>3. Asymptomatic mothers with a history of potential 2019nCOV exposure should be monitored closely for signs and symptoms of illness (e.g., temperature measured 2-4 times daily)</p> <p>4. Asymptomatic mothers should not breastfeed until they have been deemed to be non-infectious (as confirmed by negative NP and throat swabs)</p> <ul style="list-style-type: none"> Breast pumping (and dumping or appropriately storing) is recommended so that breastfeeding may begin once isolation has been discontinued <p>5. In preparation for discharge, liaise with IPAC (and Toronto Public Health) to ensure discharge instructions and plans are clear related to follow up and precautions at home.</p> <p>6. Mother and infant should be discharged once they fully meet criteria for discharge.</p>	<p>1. Provide routine maternal post-partum care in negative pressure birthing suite (Room 120)</p> <p>2. Unwell mothers should be isolated from the neonate until they are deemed to be non-infectious (Confirmed negative NP and throat swab)</p> <p>3. Neonates should be admitted to designated negative pressure room on inpatient paediatrics or in NICU (if more care is required) for observation and should be considered potentially infectious until the mother has been deemed non-infectious or until 14-days post-delivery</p> <ul style="list-style-type: none"> Preliminary testing for 2019nCOV should be performed (per Ontario Public Health Lab advice), including blood tests if required <p>3. Unwell mothers should not breastfeed until they have been deemed to be non-infectious (as confirmed by negative NP and throat swabs)</p> <ul style="list-style-type: none"> When feasible, breast pumping (and dumping or appropriately storing) is recommended, so that breastfeeding may begin once isolation has been discontinued <p>4. In preparation for discharge, liaise with IPAC (and Toronto Public Health) to ensure discharge instructions and plans are clear related to follow up and precautions at home.</p> <p>5. Mother and infant should be discharged once they fully meet criteria for discharge.</p>	<p>1. Transfer mother to CrCU negative pressure room</p> <p>2. Unstable mothers should be isolated from the neonate until they are deemed to be non-infectious (Confirmed negative NP and throat swab)</p> <p>3. Neonates should be admitted to a designated negative pressure room on inpatient paediatrics unit or in NICU (if more care is required), for observation and should be considered potentially infectious until the mother has been deemed non-infectious or until 14-days post-delivery</p> <ul style="list-style-type: none"> Preliminary testing for 2019nCOV should be performed (per Ontario Public Health Lab advice), including blood tests if required <p>3. Unstable mothers should not breastfeed until they have been deemed to be non-infectious (as confirmed by negative NP and throat swabs)</p> <ul style="list-style-type: none"> When feasible, breast pumping (and dumping or appropriately storing) is recommended so that breastfeeding may begin once isolation has been discontinued <p>4. In preparation for discharge, liaise with IPAC (and Toronto Public Health) to ensure discharge instructions and plans are clear related to follow up and precautions at home.</p> <p>5. Mother and infant should be discharged once they fully meet criteria for discharge.</p>

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	PPE Precautions	<ol style="list-style-type: none"> 1. Admit to negative pressure birthing suite (Room 120) 2. Staff/Physician/Midwife/Learners PPE (gown, N95 mask, eye protection, gloves) 3. Nursing Staff providing primary care for patients testing positive for 2019nCOV should not care for other antepartum, laboring or post partum patients during that shift 4. All staff involved in providing care for patients testing positive for 2019nCOV should actively self-monitor for fever or other symptoms of 2019nCOV 5. Visitor PPE (gown, surgical mask, gloves) <ul style="list-style-type: none"> • Limit the presence of visitors that appear unwell and/or screen positive for potential exposure to 2019nCOV 6. Room should be double-cleaned (deep cleaned) after patient is discharged from room 	<ol style="list-style-type: none"> 1. Admit to negative pressure birthing suite (Room 120) 2. Staff/Physician/Midwife/Learners PPE (gown, N95 mask, eye protection, gloves) 3. Nursing Staff providing primary care for patients testing positive for 2019nCOV should not care for other antepartum, laboring or post partum patients during that shift 4. All staff involved in providing care for patients testing positive for 2019nCOV should actively self-monitor for fever or other symptoms of 2019nCOV 5. Visitor PPE (gown, surgical mask, gloves) <ul style="list-style-type: none"> • Limit the presence of visitors that appear unwell and/or screen positive for potential exposure to 2019nCOV 6. Room should be double-cleaned (deep cleaned) after patient is discharged from room 	<ol style="list-style-type: none"> 1. Admit to negative pressure birthing suite (Room 120) 2. Staff/Physician/Midwife/Learners PPE (gown, N95 mask, eye protection, gloves) 3. Nursing Staff providing primary care for patients testing positive for 2019nCOV should not care for other antepartum, laboring or post partum patients during that shift 4. All staff involved in providing care for patients testing positive for 2019nCOV should actively self-monitor for fever or other symptoms of 2019nCOV 5. Visitor PPE (gown, surgical mask, gloves) <ul style="list-style-type: none"> • Limit the presence of visitors that appear unwell and/or screen positive for potential exposure to 2019nCOV 6. Room should be double-cleaned (deep cleaned) after patient is discharged from room
Post-Partum Re-Admission	Clinical Care	<ol style="list-style-type: none"> 1. Admit to negative pressure isolation room on in-patient surgical unit 2. Contact IPAC 3. Consult Infectious Disease 4. Clinician/Staff order to be entered into Cerner for Enhanced Droplet Contact Precautions 5. Liaise with OB team to coordinate care related to obstetrical concerns 6. Consult with Paediatrician 7. Mothers should not breastfeed until they have been deemed to be non-infectious (per IPAC or Negative NP and throat swabs) <ul style="list-style-type: none"> • Breast pumping (and dumping or appropriately storing) is recommended so that breastfeeding may recommence once isolation has been discontinued 8. Liaise with patient to coordinate preliminary testing for newborn to rule out 2019nCOV (can be co-ordinated through PSSU) <ul style="list-style-type: none"> • If mother tests positive for 2019nCOV prior to newborn testing, consider re-admission of infant for observation (based on clinical 	<ol style="list-style-type: none"> 1. Admit to negative pressure isolation room on in-patient surgical unit 2. Contact IPAC 3. Consult Infectious Disease 4. Clinician/Staff order to be entered into Cerner for Enhanced Droplet Contact Precautions 5. Liaise with OB team to coordinate care related to obstetrical concerns 6. Consult with Paediatrician 7. Unwell mothers should not breastfeed until they have been deemed to be non-infectious (per IPAC or Negative NP and throat swabs) <ul style="list-style-type: none"> • Breast pumping (and dumping or appropriately storing) is recommended (as feasible) so that breastfeeding may recommence once isolation has been discontinued 8. Liaise with patient to coordinate preliminary testing for newborn to rule out 2019nCOV (can be co-ordinated through PSSU) <ul style="list-style-type: none"> • If mother tests positive for 2019nCOV prior to newborn testing, consider re-admission of infant for observation (based on clinical 	<ol style="list-style-type: none"> 1. Admit to negative pressure isolation room on in-patient surgical unit OR on CrCU (as necessary) <ul style="list-style-type: none"> • Consider transfer to a higher level of care, as necessary 2. Contact IPAC 3. Consult Infectious Disease 4. Clinician/Staff order to be entered into Cerner for Enhanced Droplet Contact Precautions 5. Liaise with OB team to coordinate care related to obstetrical concerns 6. Consult with Paediatrician 7. Unstable mothers should not breastfeed until they have been deemed to be non-infectious (per IPAC or Negative NP and throat swabs) <ul style="list-style-type: none"> • Breast pumping (and dumping or appropriately storing) is recommended (as feasible) so that breastfeeding may recommence once isolation has been discontinued 8. Liaise with patient to coordinate preliminary testing for newborn to rule out 2019nCOV (can be co-ordinated through PSSU)

		<p>assessment of infant and availability of a designated care provider for the infant while mother is admitted)</p> <ul style="list-style-type: none"> ○ If re-admitted, infant should be placed in designated negative pressure isolation room on inpatient paediatrics or in NICU (if higher level of care is required) 	<p>assessment of infant and availability of a designated care provider for the infant while mother is admitted)</p> <ul style="list-style-type: none"> ○ If re-admitted, infant should be placed in designated negative pressure isolation room on inpatient paediatrics or in NICU (if higher level of care is required) 	<ul style="list-style-type: none"> ● If mother tests positive for 2019nCOV prior to newborn testing, consider re-admission of infant for observation (based on clinical assessment of infant and availability of a designated care provider for the infant while mother is admitted) <ul style="list-style-type: none"> ○ If re-admitted, infant should be placed in designated negative pressure isolation room on inpatient paediatrics or in NICU (if higher level of care is required)
		Stable	Unwell	Unstable/Higher Level of Care
	PPE Precautions	<ol style="list-style-type: none"> 1. Admit to negative pressure room 2. Staff/Physician/Midwives/Learners PPE (gown, N95 mask, eye protection, gloves) <ul style="list-style-type: none"> ● Nursing Staff providing primary care for patients testing positive for 2019nCOV should not care for other antepartum, laboring or post partum patients during that shift ● All staff involved in providing care for patients testing positive for 2019nCOV should actively self-monitor for fever or other symptoms of 2019nCOV 3. Visitor PPE (gown, surgical mask, gloves) <ul style="list-style-type: none"> ● Limit the presence of visitors that appear unwell and/or screen positive for potential exposure to 2019nCOV 4. Room should be double-cleaned (deep cleaned) after patient is discharged from room 	<ol style="list-style-type: none"> 1. Admit to negative pressure room 2. Staff/Physician/Midwives/Learners PPE (gown, N95 mask, eye protection, gloves) <ul style="list-style-type: none"> ● Nursing Staff providing primary care for patients testing positive for 2019nCOV should not care for other antepartum, laboring or post partum patients during that shift ● All staff involved in providing care for patients testing positive for 2019nCOV should actively self-monitor for fever or other symptoms of 2019nCOV 3. Visitor PPE (gown, surgical mask, gloves) <ul style="list-style-type: none"> ● Limit the presence of visitors that appear unwell and/or screen positive for potential exposure to 2019nCOV 4. Room should be double-cleaned (deep cleaned) after patient is discharged from room 	<ol style="list-style-type: none"> 1. Admit to negative pressure room 2. Staff/Physician/Midwives/Learners PPE (gown, N95 mask, eye protection, gloves) <ul style="list-style-type: none"> ● Nursing Staff providing primary care for patients testing positive for 2019nCOV should not care for other antepartum, laboring or post partum patients during that shift ● All staff involved in providing care for patients testing positive for 2019nCOV should actively self-monitor for fever or other symptoms of 2019nCOV 3. Visitor PPE (gown, surgical mask, gloves) <ul style="list-style-type: none"> ● Limit the presence of visitors that appear unwell and/or screen positive for potential exposure to 2019nCOV 4. Room should be double-cleaned (deep cleaned) after patient is discharged from room
Newborn Re-Admission (with Respiratory/ Infectious type symptoms)	Clinical Care	<ol style="list-style-type: none"> 1. Admit to negative pressure isolation room on inpatient Paediatric Unit 2. Contact IPAC. Follow up to determine if 2019nCOV testing was done on Newborn (result) 3. Consult Infectious Disease (Paediatrics ID) 4. Clinician/Staff order to be entered into Cerner for Enhanced Droplet Contact Precautions 5. Liaise with Paediatric team to coordinate care 6. To minimize neonatal transmission risk, mothers should be isolated from the neonate, until they are 	<ol style="list-style-type: none"> 1. Admit to negative pressure isolation room on inpatient Paediatric Unit. 2. Contact IPAC. Follow up to determine if 2019nCOV testing was done on Newborn (result) 3. Consult Infectious Disease (Paediatric ID) 4. Clinician/Staff order to be entered into Cerner for Enhanced Droplet Contact Precautions 5. Liaise with Paediatric team to coordinate care 6. To minimize neonatal transmission risk, asymptomatic/unwell mothers should be isolated from 	<ol style="list-style-type: none"> 1. Admit to negative pressure isolation room on inpatient paediatric unit OR in Negative Pressure Isolation Room in NICU (if higher level of care is required) <ul style="list-style-type: none"> ● Consider CritiCall consultation and/or transfer to a higher level of care, as necessary 2. Contact IPAC. Follow up to determine if 2019nCOV testing was done on Newborn (result) 3. Consult Infectious Disease (Paediatric ID)

		<p>deemed to be non-infectious (as per IPAC or confirmed by negative NP and Throat Swabs)</p> <ul style="list-style-type: none"> If they are present and providing care, they must wear gloves, gown and mask when within 2 meters of the infant <p>7. Mother should not breastfeed until they have been deemed to be non-infectious (per IPAC or confirmed by negative NP or throat swab)</p> <ul style="list-style-type: none"> Breast pumping (and dumping or storing) is recommended so that breastfeeding may recommence once isolation has been discontinued 	<p>the neonate until they are deemed to be non-infectious (as per IPAC or confirmed by negative NP and throat swab)</p> <ul style="list-style-type: none"> If they are present and providing care, they must wear gloves, gown and mask when within 2 meters of the infant <p>7. Asymptomatic or Unwell mothers should not breastfeed until they have been deemed to be non-infectious (per IPAC or confirmed by negative NP and throat swab)</p> <ul style="list-style-type: none"> Breast pumping (and dumping or storing) is recommended (as feasible) so that breastfeeding may recommence once isolation has been discontinued 	<p>4. Clinician/Staff order to be entered into Cerner for Enhanced Droplet Contact Precautions</p> <p>5. Liaise with Paediatric/NICU/CritiCall team to coordinate care</p> <p>6. To minimize neonatal transmission risk, asymptomatic/unwell mothers should be isolated from the neonate until they are deemed to be non-infectious (as per IPAC or confirmed negative by NP and throat swab)</p> <ul style="list-style-type: none"> If they are present and providing care, they must wear gloves, gown and mask when within 2 meters of the infant <p>7. Asymptomatic, Unwell or Unstable mothers should not breastfeed until they have been deemed to be non-infectious (per IPAC or confirmed negative NP and throat swab)</p> <ul style="list-style-type: none"> Breast pumping (dumping or storing) is recommended (as feasible) so that breastfeeding may recommence once isolation has been discontinued
		Stable	Unwell	Unstable/Higher Level of Care
	PPE Precautions	<p>1. Admit to negative pressure room</p> <p>2. Staff/Physician/Midwives/Learner PPE (gown, N95 mask, eye protection, gloves)</p> <ul style="list-style-type: none"> Nursing staff providing primary for patients testing positive for 2019nCOV should not care for other patients during that shift All staff members involved in providing care for patients testing positive for 2019nCOV should be actively monitored for fever or other symptoms of 2019nCOV <p>3. Visitor PPE (gown, surgical mask, gloves)</p> <ul style="list-style-type: none"> Limit the presence of visitors that appear unwell and/or screen positive for potential exposure to 2019nCOV 	<p>1. Admit to negative pressure room</p> <p>2. Staff/Physician/Midwives/Learner PPE (gown, N95 mask, eye protection, gloves)</p> <ul style="list-style-type: none"> Nursing Staff providing primary care for patients testing positive for 2019nCOV should not care for other patients during that shift All staff involved in providing care for patients testing positive for 2019nCOV should actively self-monitor for fever or other symptoms of 2019nCOV <p>3. Visitor PPE (gown, surgical mask, gloves)</p> <ul style="list-style-type: none"> Limit the presence of visitors that appear unwell and/or screen positive for potential exposure to 2019nCOV 	<p>1. Admit to negative pressure room</p> <p>2. Staff/Physician/Midwives/Learners PPE (gown, N95 mask, eye protection, gloves)</p> <p>3. Nursing Staff providing primary care for patients testing positive for 2019nCOV should not care for other patients during that shift</p> <p>4. All staff involved in providing care for patients testing positive for 2019nCOV should actively self-monitor for fever or other symptoms of 2019nCOV</p> <p>3. Visitor PPE (gown, surgical mask, gloves)</p> <ul style="list-style-type: none"> Limit the presence of visitors that appear unwell and/or screen positive for potential exposure to 2019nCOV

High Risk Procedures and Personal Protective Equipment

If a patient is in distress and requires additional respiratory support:

- Avoid BIPAP, CPAP
- Avoid high flow/humidified oxygen therapy
- Avoid nebulized medication therapy
- Use non-rebreather oxygen mask or non-aerosolized face mask

If the patient requires endotracheal intubation, the following enhanced precautions should be used for all team members/learners present:

- Fit-tested N95 respirator (mask)
- Bouffant cap
- Visor
- Fluid-resistant long-sleeved gown
- Gloves

In addition, endotracheal intubation should be done:

- Performed under controlled circumstances (if possible)
- Performed by the most experienced provider
- Pre-brief prior to entering room: establish roles, equipment/medications and procedure
- With the fewest number of providers in the room: 1 person outside of the room donned with PPE to assist with obtaining supplies, as needed.
- Use passive preoxygenation with 100% O₂ mask in place of manual bag/mask ventilation, where possible
- Use modified or rapid sequence induction, including paralytic
- Use video laryngoscope preferred instead of direct laryngoscope