

**OB Simulation Emergency Drill 2020:     Acute Respiratory Illness in Pregnancy: L&D to OR**

**Scenario Goals:**

1. Demonstrate proper use of PPE for Modified Droplet Precautions among all staff that enter room
2. Understand to minimize use of PPE
3. Identify that doors need to remain closed
4. Understand appropriate masking of patient for transfer for L&D to OR
5. Identify that epidural analgesia is encouraged to avoid potential general anesthesia
6. Identify that general anesthesia requires Airborne + Modified Droplet Precautions

**Number of participants: 4-12**

1. RN (2)
2. CNM/FM/OB (1-2)
3. Anesthesia (2)
4. Neo team (2-5)

**Patient Case Summary:**

Mrs. Monica S. is a 28 yo G3/P1 at 39 has been in labor for several with an epidural in a labor room but is having significant pain but is refusing epidural replacement. COVID-19 testing is pending. She spontaneously ruptures membranes and has fetal bradycardia.

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**Set up:**

1. "Patient in gown" with pelvis with baby in labor room on bed with IV
2. Appropriate precautions signage on door
3. Delivery set up
4. Metronome app with "FHR tones initially 150 then in 60's
5. Simulation "gowns and mask"

**Sequence of Events:**

1. Responder #1 (RN) identifies fetal bradycardia and calls OB team to assess.
2. Responder #2 (OB resident) assesses patient and reports that there is a cord prolapse and calls alpha CS.
3. Responder #3, 4 assist in transfer of patient. Patient is masked and taken to OR
4. Responder #5, 6 [anesthesia resident (or CRNA) & consultant] arrive in OR and declare that general anesthesia will be necessary and Airborne Precautions are required prior to intubation.
5. All members don airborne precautions prior to general anesthesia.
6. Glide scope is used for intubation and efforts made to minimize coughing or airway/ETT suctioning
7. Cesarean delivery under GA is performed.

8. Neonate is delivered and handed to Responder #7 (pediatric resident). Rest of neo team is in airborne precautions in neo room for potential neo resuscitation.
9. Upon completion of procedure, the team decides whether to extubate and recover in the delivery room or transfer to the ICU intubated depending upon stability of patient.
10. If extubation occurs in the OR, patient will remain in OR for 30 minutes until airborne precautions are no longer needed.
11. A mask is placed on the patient and she is rolled out of the OR.
12. Team removes PPE before they leave room

**Teaching points:**

1. General anesthesia requires Airborne + Modified Droplet Precautions
2. Delivery Room 3 allows for baby to transfer directly into neo room
3. Neo resuscitation requires Airborne + Modified Droplet Precautions
4. Extubation will occur in OR unless patient is not stable to remain on unit. Move patient to bed with help and then everyone except anesthesia should leave room for extubation.
5. Proper removal of PPE
6. Turnover of OR / anesthesia machine requires special process

**Debrief:**

**What went well? What could we have done better? What questions did we identify? How do you remove your PPE? What would you do differently next time?**



## **OB Simulation Emergency Drill 2020:     Acute Respiratory Illness in Pregnancy: Labor Room Delivery**

### **Scenario Goals:**

1. Demonstrate proper use of PPE for Modified Droplet Precautions during delivery among all staff that enter room
2. Demonstrate applicability of visitor policy for partners (can partner come?)
3. Understand to minimize use of PPE (minimize providers and movement in and out of room)
4. Identify that door needs to remain closed
5. Understand appropriate masking of patient throughout labor (?)
6. Identify that epidural analgesia is encouraged to avoid potential general anesthesia
7. Demonstrate appropriate conservation regarding baby disposition after delivery
8. Demonstrate appropriate use of PPE for NRP (Does suctioning baby mean that room requires Airborne + Modified Droplet Precautions?)

### **Number of participants : 4-12**

1. RN (2)
2. CNM/FM/OB (1-2)
3. Anesthesia (1-3)
4. Neo team (2-5)

### **Patient Case Summary:**

Mrs. Monica S. is a 28 yo G3/P1 at 39 weeks just admitted and roomed in labor room contracting frequently with cough and fever. COVID-19 testing is pending. She was checked in triage and was 5cm. She is calling her husband to come be with her. She is also asking if she can have an epidural.

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### **Sequence of Events:**

1. Responder #1 (RN) at bedside explains visitor policy regarding husband's presence as patient is requesting husband at bedside via phone
2. Responder #1 (RN) discusses baby disposition at delivery. Patient chooses separation.
3. Responder #1 (RN) calls anesthesia for epidural and alerts that patient is on Modified Droplet Precautions.
4. Responder #2 (anesthesia resident) arrives identifies that epidural is encouraged, places IV, and begins process of epidural. As patient sits up she states she needs to push.
5. Responder #3 (OB resident/provider) arrives to examine patient and calls consultant for delivery. Responder #4 (OB consultant) and #5 (second RN) arrive for delivery.
6. Team prepares for delivery. Baby is delivered and is limp. Team calls neo. Second RN begins resuscitation of baby.
7. Responder #6, 7, 8, 9 (neo team) arrive to resuscitate baby. Baby requires separation disposition. What is this?

**Teaching points:**

1. Visitor policy
2. Baby separation process
3. Maintenance of PPE is paramount
4. Call IPAC with questions

**Debrief:**

**What went well? What could we have done better? What questions did we identify? What would you do differently next time?**

**OB Simulation Emergency Drill 2020:      Acute Respiratory Illness in Pregnancy: Triage to Labor Room**

**Scenario Goals:**

1. Identify patient requiring COVID-19 testing
2. Appropriately mask and room patient
3. Current visitor restrictions and screening communicated and implemented
4. Appropriate Modified Droplet Precautions implemented
5. Evaluators use PPE appropriately
6. Patient moves to labor room appropriately
7. Understand who to call for answers to questions (IPAC number)

**Number of participants: 4-12**

1. RN (1)
2. CNM/FM/OB (1-2)
3. Anesthesia (1)
4. Patient(1)
5. Accompanying family(3)

**Patient Case Summary:**

Mrs. Monica S. is a 28 yo G3P1 @ 32 weeks presents with her spouse and sisters to triage complaining of contractions along with cough and fever and difficulty catching her breath. Patient also reports some contractions.

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**Set up:**

1. Simulation masks and gowns
2. O2 Saturation card ( Index card) 90%
3. Metronome App for FHR tracing
4. Computer with link to IPA instruction on correct removal of PPE

**Sequence of Events:**

1. Responder #1 (HUC) screens patient and informs patient and family of visitor policy
2. Responder #1 (HUC) rooms patient in appropriate triage room and ensures patient is wearing a mask
3. Responder #2 (RN) Evaluates patient in the triage room using the correct PPE and patient may remove mask.
4. Responder #2 (RN) gives SBAR to OB provider and request evaluation of the patient.
5. Responder #3 (OB) presents to evaluate patient and uses correct PPE.
  - a. O2 Sat 90%
  - b. Pules 110
  - c. RR 25

- d. BP 95/55
- 6. Responder #3(OB) orders appropriate Labs and instructs on collection
- 7. Patient is found to be 3 cm and decision made to admit patient.
- 8. Responder #4 (RN) comes from L&D and takes patient wearing mask to Labor room 11.
- 9. Responder #4 (RN) arranges for the transport of the PPE cart to outside room 11 until second cart arrives.
- 10. Responder #5 (anesthesia) presents to evaluate patient.

**Teaching points:**

- 1. Screening of patient and applying of mask.
- 2. Discuss and implement current visitor guidelines
- 3. Proper use and removal of PPE equipment: <http://intranet.mayo.edu/charlie/infection-prevention-control/files/2020/02/Inpatient-PPE-ModifiedDropletAirborne.pdf>
- 4. Review guidelines of appropriate Labs and collection methods.
- 5. Once patient is in her isolated room and door is closed with PPE equipment available, she no longer has to wear the mask
- 6. Proper method of transferring patient from triage to Labor and delivery with appropriate PPE.
- 7. Appropriate SBAR between providers.

**Debrief:**

**What went well? What could we have done better? What questions did we identify? How do you remove your PPE? What would you do differently next time?**

## **OB Simulation Emergency Drills: Acute Respiratory Illness in Pregnancy**

### **Patient/Family:**

Mrs. Monica S. is a 28 y.o. G3P1 @ 32 weeks presents to triage for evaluation of contractions, cough and fever. Antenatal course was essentially uncomplicated. The cough began 2 days ago and fevers today. During evaluation symptoms become more acute.

B+/RI/Hep-/ GBS unknown, previous SAB

Allergies: NKDA

Meds: Prenatal Vitamins, Colace

### **CNM/FM/OB provider**

Mrs. Monica S. is a 28 y.o. G3P1 presents to triage for evaluation of contractions, cough and fever. Antenatal course was essentially uncomplicated.

B+/RI/Hep-/ GBS unknown, previous SAB

Allergies: NKDA

Meds: Prenatal Vitamins, Colace

### **RN#1**

Mrs. Monica S. is a 28 y.o. G3P1 presents to triage for evaluation of contractions, cough and fever. Antenatal course was essentially uncomplicated.

B+/RI/Hep-/ GBS unknown, previous SAB

Allergies: NKDA

Meds: Prenatal Vitamins, Colace



**RN #2**

Mrs. Monica S. is a 28 y.o. G3P1 presents to triage for evaluation of contractions, cough and fever. Antenatal course was essentially uncomplicated.

B+/RI/Hep-/ GBS unknown, previous SAB

Allergies: NKDA

Meds: Prenatal Vitamins, Colace

**RN #3**

Mrs. Monica S. is a 28 y.o. G3P1 presents to triage for evaluation of contractions, cough and fever. Antenatal course was essentially uncomplicated.

B+/RI/Hep-/ GBS unknown, previous SAB

Allergies: NKDA

Meds: Prenatal Vitamins, Colace

**Neo team/RN/Peds/NNP**

Mrs. Monica S. is a 28 y.o. G3P1 presents to triage for evaluation of contractions, cough and fever. Antenatal course was essentially uncomplicated.

B+/RI/Hep-/ GBS unknown, previous SAB

Allergies: NKDA

Meds: Prenatal Vitamins, Colace

**Anesthesia/CRNA/resident**

Mrs. Monica S. is a 28 y.o. G3P1 presents to triage for evaluation of contractions, cough and fever. Antenatal course was essentially uncomplicated.

B+/RI/Hep-/ GBS unknown, previous SAB

Allergies: NKDA

Meds: Prenatal Vitamins, Colace