

NICU/Newborn COVID+/PUI Working Guidelines

Nebraska Medicine

Updated: March 27, 2021

COVID PPE FOR ALL STAFF ATTENDING RESUSCITATIONS – N95 mask, eye protection (face shield or goggles), gown and gloves. Person performing the intubation should double glove.

A Full NICU team will respond to all resuscitation calls per OB Alpha pages. For mothers who are COVID PUI and Positive the team should wear COVID PPE Any asymptomatic patient that has a pending procedural screen does not warrant COVID precautions in OR, DR, or NICU.

Neonatal response

1. For a delivery on 4 East (negative air flow unit) or 4 West (negative airflow rooms 4422 or 4424) - NICU team will enter the area (4 East) or room (4West) in full COVID PPE
2. For a COVID C/S delivery on Labor and Delivery - NICU team enter the resuscitation room in full COVID PPE, no NICU personnel needed to scrub for OR
3. NICU Resuscitation cart to remain outside the room and recommend a staff to remain outside to hand supplies into all resuscitation areas to minimize waste

B. Transportation

1. If mother delivers on 4 East Labor and Delivery:
 - a. One NICU team member in COVID PPE will stand outside mother's room and receive the infant
 - b. Blue towel will be placed over the infant including head and face
 - c. Infant will be walked directly to resuscitation room where additional 2 NICU team members await in COVID PPE
2. Preferred method: Infant will be resuscitated on a warmer and transported to NICU in the transport incubator **OR (second preference)** infant will be resuscitated on an open OMNI bed and transported to NICU in the closed OMNI Bed
3. Transport Incubator will be left in the hall and the baby will be taken to the door of the mother's room.
4. Remaining resuscitation team will then follow doffing procedures saving N95 masks for reuse and UV sterilization at the end of the shift (Doff gown and gloves and continue to wear N95 for extended period with sterilization at end of shift per protocol.)
5. If the infant is to be a PUI in isolation in Newborn / Post-Partum and is not rooming in with mother one member of the resuscitation team will pass the infant to a donned N95 protected person in the hall and the infant will be covered with a blue towel and walked to the isolation room
6. All team member to follow PPE doffing and PPE conservation protocols per Nebraska Medicine current practice.

C. ED Delivery –

1. Please take equipment that we typically take to the ED deliveries utilizing appropriate team members following our normal process.
2. NICU team should Don Full COVID PPE N95 Eye protection, gown and gloves for all ED deliveries
3. Additional team members should be available to don COVID PPE if needed for additional resuscitation
4. Transport the infant as per transport guidelines above

D. Respiratory Equipment Use in Resuscitation for infants who are born to COVID-19 positive or PUI mothers

1. For Infants for our primary resuscitation method we will use the Neo-Tee (similar to NEOPUFF) (No filter available – everyone will be in COVID PPE with N95)
2. On admission to NICU we will use whichever form of ventilation we would have for the infant regardless of COVID. With the exception of RAM. Infant should be in a negative air flow room and if on CPAP, SIPAP, HFNC - N95 required to enter room (N95 also required for nebulizer treatments and intubation)
3. Oral and inline suctioning are considered aerosolizing procedures and COVID PPE should be worn for all present until infant has a documented COVID negative test.

Newborn Admission and Discharge

A. Admission to Normal Newborn

1. Same indications for admission as non-PUI and non-COVID-19 infants
2. Negative Airflow rooms/areas will be utilized
3. See Labor and Delivery guidance for recommendations for rooming in with a COVID positive mother.
4. If infant is not rooming in, cohort multiple infants in one room a minimum of six feet apart
5. One nurse will cohort with these PUI infants
6. One provider (Pediatrician/Family Practice Provider) will enter the room
7. Back up of one NNP (EAST side NNP) will be identified to enter in an emergency

B. Bath

1. Should not be delayed to 24 hours, but should be performed after infant's temperature has stabilized shortly after delivery

C. Initial COVID-19 testing should be ordered at birth, if negative PUI status can be discontinued.

D. Circumcision can be considered prior to discharge if initial test is negative.

E. If infant is rooming in with mother circumcision can be considered at the discretion of the provider.

F. Hearing Screening should be performed after COVID testing results are negative.

G. If infant is ready for discharge before mother has completed her isolation period another adult should be identified by the family for discharge. Teaching will be done for this adult in person and the family by phone or video. If no adult can be identified teaching will be done by phone and video for the family and they will be met at the hospital drive up entrance for discharge. Nursing will check ID and wear COVID PPE during the discharge process in this instance.

H. Document risks of COVID-19 transmission from family to infant in the discharge summary regarding mitigation of risks after discharge.

NICU Admissions and Discharge of infants born to COVID-19 / PUI Mothers

A. Admission to NICU

- Same indications for admission as non-PUI and non-COVID-19 infants
- Negative Airflow rooms will be utilized (285, 286)
- One nurse will cohort with these PUI infants if possible

B. On admission we will use whichever form of ventilation we would have for the infant regardless of COVID. N95 required to enter room until a negative COVID test is documented.

C. Bath

- Should not be delayed to 24 hours, but should be performed after infant's temperature has stabilized shortly after delivery

D. All infants born to COVID-19 mothers are a PUI until cleared by ID or infection control, order SARS CoV-2 / COVID-19 test for infant on admission

E. Mother's expressed breastmilk is the recommended nutrition for newborn infants in this situation

F. Infants born to mothers with COVID-19 should be tested for SARS-CoV-2 at birth.

G. Discontinue COVID isolation at return of the test if the initial test is negative.

H. If infant is ready for discharge before mother has completed her isolation period another adult should be identified by the family for discharge. Teaching will be done for this adult in person and the family by phone or video. If no adult can be identified teaching will be done by phone and video for the family and they will be met at the hospital drive up entrance for discharge. Nursing will check ID and wear COVID PPE during the discharge process in this instance.

I. A newborn who has a documented SARS-CoV-2 infection (or who remains at risk for postnatal acquisition of COVID-19 due to inability to test the infant) requires frequent outpatient follow-up via telephone, telemedicine, or in-person assessments through 14 days after discharge.

J. After hospital discharge, a mother with COVID-19 is advised to maintain a distance of at least 6 feet from the newborn, and when in closer proximity use a mask and hand-hygiene for newborn care until (a) she is afebrile for 72 hours without use of antipyretics, *and* (b) at least 7 days have passed since symptoms first appeared.

K. A mother with COVID-19 whose newborn requires ongoing hospital care should maintain separation until she meets Nebraska Medicine criteria for exiting isolation. These recommendations are based on current CDC recommendations for discontinuing transmission-based precautions for patients with COVID-19 in the hospital setting and are more stringent than the requirements for mothers and well newborns after hospital discharge.

L. Breastfeeding recommendations after discharge should follow AAP guidelines

<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/breastfeeding-guidance-post-hospital-discharge/>

Visitation in NICU:

A. Aligning with the current visitation policy for Nebraska Medicine. Anyone that has had a close contact with someone with COVID-19 (i.e. partner or household inhabitant of COVID-19 positive mother) in the last 14 days in not allowed access to the hospital. The family will need to identify a caregiver (other than mother who live outside the household and is asymptomatic) to visit and help care for the infant when in NICU. This individual will be banded as a special visitor. This caregiver may not live in the same household as mother/partner and must not have had contact with any COVID + persons in the last 14 days or no symptoms for 10 days with a negative test on day 10.

After mother/partner are released and are allowed to visit the special visitor band will be revoked, again to align with Nebraska Medicine policy of allowing only two primary adults to visit.

References:

1. **AAP Report on Initial Guidance: Management of Infants Born to Mothers with COVID-19**
2. <https://perinatalcovid19.org/neoclear/>
3. <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/breastfeeding-guidance-post-hospital-discharge/>

Respiratory Care Equipment Management for Infants with Suspected/Positive COVID-19

UPDATED 4/8/20

Resuscitation/L&D Rooms:

- ❖ PPE: Gown, Gloves, N95 + Face Shield or Goggles
- ❖ Utilize the Neo-Tee® for CPAP or positive pressure ventilation.



For Transport:

- ❖ PPE: N95 + Face Shield or Goggles
- ❖ Obtain resuscitation bag with viral filter attached (for emergent manual ventilation).



- ❖ Place viral filter on exhalation valve if utilizing mechanical ventilator.



Replacements:

- ❖ Viral filters are located in the NICU respiratory supply room.
- ❖ Resuscitation bag connectors can be obtained by the NICU respiratory therapist.
- ❖ NOTE: HEPA filters are not required per CDC guidelines.