

Newborn Critical Care Center (NCCC) Clinical Guidelines

Management of Neonates Exposed to COVID-19

Cohorting patients who have been born to COVID positive mothers in one open pod increases the risk of further exposure if a patient develops COVID infection. Therefore, all other options should be considered to place patients born to a COVID positive mother in a private isolation room prior to cohorting in an open pod.

Considerations prior to cohorting Special Airborne Contact patients in an isolation pod:

1. Prioritize keeping isolation rooms open - only use for patients requiring isolation.
 - a. For example, one patient currently not on isolation is too unstable to move resulting in loss of isolation room.
2. If isolation rooms are needed for Airborne or Droplet, consider cohorting patients on Contact isolation only (i.e. MRSA + patients) outside of isolation rooms in one area.
3. Consider admitting incoming patients needing Special Airborne Contact to PICU.
4. Consider if any patients currently on isolation come off isolation.
5. Consider transferring any patients currently on isolation to a NPCC private room.
6. Consider transferring any patients currently on isolation to Children's Hospital (acute care, etc.)
7. Consider back transferring any patients currently on isolation to outside facilities.

If all other options have been considered, a Special Airborne Contact isolation pod may be implemented. Nursing leadership and medical provider leadership must be notified prior to implementation. Infection Prevention should be notified on the next business day or if questions arise, the Infection Prevention Nurse on call can be contacted.

1. Providers must weigh the risk to each patient if a single patient in the pod develops COVID-19.
2. Pod set up:
 - a. All patients must be > 6ft from next patient.
 - b. All patients will have curtains pulled to separate from next patient.
 - c. PPE cart will be available just outside the entrance to the pod containing gowns, gloves, N95 respirators, facemasks, eye protection, hand sanitizer and an EPA-registered disinfectant wipe (i.e. SaniCloths).
 - d. PPE cart will be available in center of pod containing gowns, gloves, and hand sanitizer.
 - e. Two HEPA filters will run at all times in the pod - one next to pod door, and one in the middle of the pod. An additional HEPA filter may be added if needed, based on the layout of the pod.

4. PPE:
 - a. Prior to entering isolation pod, staff must don an N95 respirator and eye protection or CAPR. These must be worn at all times in the pod.
 - b. Staff must perform hand hygiene and don gown and gloves prior to entering a patient's bubble.
 - c. Upon finishing patient care or exiting the patient bubble, staff will doff gown and gloves and perform hand hygiene.
 - d. When leaving the pod, staff will doff N95 respirator and eye protection or CAPR outside pod and perform hand hygiene.
5. Visitors:
 - a. Visitors will don an N95 respirator (proper fit must be assured with a user seal check) or surgical mask, eye protection, gown and gloves prior to entering pod.
 - b. Visitors will change gown and gloves and perform hand hygiene if visiting second patient in the pod.
 - c. Visitors will doff gown and gloves prior to exiting pod, then doff mask and eye protection outside pod and perform hand hygiene.
6. Disinfection:
 - a. Clean/disinfect all shared equipment between each use with an EPA registered disinfectant (i.e. SaniCloth).
 - b. Wipe common areas of the pod every shift with EPA registered disinfectant (i.e. SaniCloth).