

## Midwifery CLINIC Management and Infection Control during Covid

CLINIC APPOINTMENTS ... until 17May (to be extended prn)

- Phone appts 1-2days before clinic appt, 5 minute clinic appts on NICE schedule
- Only two midwives doing clinic at a time, clients staggered by 15mins so there is no overlap in the lobby
- Come alone or with one support person
- No Paps/IUDs
  - Tentative approval from CMBC to do Pap Day for clients recently out of care
- Any suspected covid19 illness or exposure NOT to enter the clinic until swabbed and results known (clients, staff & midwives)
- Advising clients to defer testing/procedures not immediately necessary
- Home visits for all PP clients

### CLINIC

- Eliminated:
  - Water/tea cups
  - Toys
  - Books & rack cards
  - “Free Store” i.e. exchange corner
  - Cushions & pillows
  - Fabric couches & chairs, except leather/vinyl that can be Caviwiped
- Waiting room chairs 2m apart, but goal is to have clients into clinic room so quickly that they don't sit down. If so, then Caviwipe the chair.
- Sanitizer directly in front of the door as clients walk in
- Two Hepafilters running in the lobby 24/7
- Light switches taped in the ON position from morning to end of clinic day
- Only paper towels in bathrooms/kitchens: no tea towels, hand towels
- Paper rolls on exam table (still using for S&S), no pillow
- Paper tapes for SFH measurements
- Only wipe-able surfaces on the baby change table: no receiving blankets, etc.

- Stash of masks & gloves for any client with query illness (even if known covid-neg)
- Cleaners come in every morning M-F before anyone else, to do the usual clean, plus:
  - Caviwipe high-touch surfaces
  - Wash of floor w. bleach solution
- MWOAs work from home
  - Fax online
  - Server, separate from Oscar server, to access office computer docs, fax, etc, from a distance
  - Email/fax of most paper: lab reqs, ROR, handouts
  - For paperwork needing client signature: emailed to client who prints, signs and scans, then emails back [Scan Genius app for phones]
  - Prescriptions called to pharmacy, or where appropriate, electronic signature used before faxing
  - To promote self-isolation: recommend to clients that supplements be ordered online (e.g. Ferapro from Amazon)

#### CLINIC MIDWIVES

- Clients to do temperature before coming to clinic; adult thermometers in clinic for assessments where necessary
- Minimizing lunch room hangouts, no food sharing, minimizing dishes by bringing reusable mugs/containers
- No hand or wrist accessories: rings/bracelets/Fitbits/watches > surgical hand wash on arrival in the morning
- Caviwipe equipment, hand wash/sanitize between every client
- Considering using lowest-risk RMs in clinic (smallest family/circle of potential exposure = least likely to get sick and be off work & least likely to be exposed and in-turn expose others)
- Pregnant midwives to be off front-line work by 3T
- Equipment used in clinic: not to have been used outside of clinic for 24hrs

#### ONCALL MIDWIVES

- Anyone with suspected or known infection: No attendance at home in labor, or for PP visits, of (including family members who are sick)
- Decontamination zone at front door of home: laundry & hand sanitizer, iPhone cleaning supplies, shower (leave all bags in the car x12-24hrs)

- DIY PPE
- Three teams: one oncall to do all hospital discharge, assessments, etc
- NO visiting of both BCWH & BH on the same day
- Try to do community visits before doing hospital visits
- Nothing from any client home allowed into clinic until 24hrs has past from client contact, e.g. homebirth records, newborn screen, unused homebirth kits, loaner scales
- Avoid clinic hours for dropoff/pickup of supplies/paperwork/etc, to minimize potential contacts with clients & other RMs
- Iphones: Saran wrap/Ziploc/waterproof containers that can be Caviwiped, cleaning w. isopropyl alcohol
- Visits done mostly by phone, including temperature & screening questions before entering homes - 5min clinical assessment of weight, BP & NB HR
  - Wt calculations and f/u plans created by phone right after RM leaves
  - If needs BF assistance then mask & gloves for RM? For client?
- Repackaging of home visit & homebirth gear to make everything more cleanable/disposable: Ziplocs, plastic tubs, etc

#### LABOR SUPPORT AT HOME/PLANNED HOME BIRTH/HOME VISIT

- Client to provide extra supplies: paper towels, liquid soap, thermometer
- Heating pad supplied by client or only use vinyl heating pad i.e. wipeable

#### HOSPITAL BIRTH

- All clients to be notified:
  - Partner (& doula if relevant) in labor; one adult only for postpartum support
  - No N2O2
  - PPE for delivery
  - OB & EFM if suspected/current illness
  - If birth in the OR – no midwife or partner
  - In the postpartum, clients likely to see a non-team midwife

#### EXPOSURE/INFECTION TRACKING & REPORTING

- All midwives will track ALL close contacts\* in the past 14days. This way, if the midwife is exposed or gets ill, then we will be able to quickly contact the clients/midwives/hospital in their circle of contacts.

- Include date, time of contact, length of contact
- Exposed/ill midwives to notify both their team and the clinic owners STAT. Yes, even if this is 3am, because there will be extensive amount of work of tracking and notification to stop the spread. *The exception being if they have not had any contact with Pom clients/midwives in the infectious period, then office hours is okay.*
  - Plan call coverage, clinic coverage until test results in (for next 48hrs)
  - Make contingency coverage for call & clinic, in case test is positive
  - Notification calls to be made as outlined below.
- Notify clinic owners and team STAT of any clients with exposure or query infection AND who have been in the clinic or seen by a team midwife within the infectious period
- Midwife OR client exposure/infection:
  - plan with team to notify exposed clients within 3-6hours (designate calls & follow-up)
  - plan with team to notify exposed midwives within 1-2hours, expectation they will get tested within 24hrs
  - report to MPP if any potential for spread to other clients
  - report to DOM (urgently if hospital visit during infectious period)
  - if has been in clinic in past 24hours = all clinic appointments cancelled until clinic gets sanitized (priority to do clinic rooms & client bathroom first, so that clinic can possibly resume same-day)
- Term clients/client in early labor with exposure/infection:
  - immediate transfer to hospital even if early, OB & ID consults
  - team to decide which midwife will attend: try to be only one midwife even if client labors over shift change time (consider having emergency overtime payment? consider tx of care to OB team)

\* BCCDC definition of high-risk close contact (edited to be specific to midwives):

- Direct contact with bodily fluids, or was coughed or sneezed on **\*unless wearing PPE\***
- Close, prolonged contact <2m, >15mins **\*unless wearing PPE\***

NOTE: severity of illness increases chance of infection

\*NZCDC definition

- someone who has been face to face <2m and >15mins, or been in the same closed space for at least 2 hours