

## PREOPERATIVE

### Team Briefing

*Surgeon, Nurse, Anesthesia Provider & OR Runner*

- Anesthesia & Surgical plan
- Plan for outside OR Runner to deliver supplies if needed
- Minimize traffic, keep patient chart & staff belongings outside OR
- Recovery plan

### Setup

*Nurse*

- COVID notification sign on door
- PPE available
- Viricidal cleaning supplies available
- Remove non-essential equipment

*Anesthesia Provider*

- Prepare drugs & equipment
- Viral filter between patient & circuit
- Dedicated tray for contaminated items

### Patient Transport to OR

*Nurse, Anesthesia Provider & OR Runner*

- Anesthesia Provider and Nurse don PPE for transport
- Surgical mask on patient during transport
- OR Runner to clean stretcher after patient transfer
- Perform **WHO Surgical Safety Checklist Sign In\***

## INTRAOPERATIVE

### At All Times

- All staff in OR wearing N95/FFP mask

### Induction

- Essential personnel only
- Minimize aerosol generation
- If no airway intervention, patient wears surgical mask throughout case

### During Operation

- Runner remains outside OR
- Perform **WHO Surgical Safety Checklist Time Out\*** before incision
- Surgeon to minimize duration and aerosolization

### End of Case

- Perform **WHO Surgical Safety Checklist Sign Out\***
- If patient to remain intubated, notify ICU
- If extubation, ONLY essential personnel remain inside OR
- Runner remain outside OR until patient transported

## POSTOPERATIVE

### Recovery

*Anesthesia Provider & Nurse*

- If extubated, recover patient in OR
- Low flow oxygen
- Dispose of unused medications or wipe vial with 70% alcohol\*\*
- OR documents placed in plastic sleeve
- Surgical/Oxygen mask on patient during transport
- Remove PPE after patient transferred

**WAIT ONE HOUR AFTER EXTUBATION TO CLEAN OPERATING ROOM\*\*\***

## AFTER PATIENT LEAVES OR

### Specimen Handling

- All specimens double bagged
- Porter wears gloves for transport

### Operating Room Disinfection

- Clean all surfaces (OR table, anesthesia machine, equipment, stools) - 0.5% chlorine or 70% alcohol
- Clean floor with 0.5% chlorine

### Waste Management

- All materials from OR double bagged in plastic bag for disposal
- Spray waste bags with viricidal
- Transport wears gloves

\*To be used in conjunction with WHO Surgical Safety Checklist. This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged.

\*\*Cleaning and reuse of disposables during COVID-19 pandemic is not recommended if resources are adequate; these recommendations are for critical resource limitations only.

\*\*\* This refers to standard unventilated room. Time may vary depending on OR ventilation system.

## 1. AEROSOL GENERATING PROCEDURES

- Intubation & Extubation
- Positive pressure ventilation
- Manual Ventilation with Bag-Valve-Mask
- Open suctioning of respiratory tract
- High-flow oxygen administration
- Non-invasive ventilation
- Nebulized medications
  
- Venting CO<sub>2</sub> in laparoscopy
- Smoke generated by cautery
- Use of high speed surgical devices
- Upper GI endoscopy, Bronchoscopy, Tracheostomy, upper airway endoscopy
- Dental procedures

### TO MINIMIZE AEROSOL GENERATION

Consider:

- Alternative anesthesia techniques depending on patient condition and situation

If general anaesthesia required:

- Cover patient with clear plastic box or sheet during aerosolizing procedures
- Preoxygenate, low flows, minimize manual ventilation, use rapid sequence induction
- Cuffed ETT preferred, minimize leaks
- Inline suction if available
- Viral filter between patient & circuit elbow
- Essential airway personnel only. Others enter only after intubation complete
- Leave viral filter on ETT when disconnecting
- Must be viral (HEPA, HMEF or equivalent) filter to protect against COVID exposure (HME filter not protective)

## 2. PPE FOR PERIOPERATIVE STAFF

### DONNING PPE FOR COVID+ OR

– **Coach should be present to observe**

1. Perform hand hygiene
2. Don head covering
3. Don N95 mask, place upper strap first, perform seal check
4. Cover N95 mask with surgical mask
5. Don eye protection/face shield
6. Don gown
7. Don gloves
8. Confirm PPE properly placed with coach

### DOFFING PPE FOR COVID+ OR

- **Coach should be present to observe**
- **Perform hand hygiene if contaminated at any step**
- **Hand hygiene can be performed over gloves to conserve supply**

1. Remove gown, pull to side & untie in front
2. Remove gloves
3. Remove eye protection/face shield
4. Remove surgical mask, untie lower ties first
5. Remove N95, remove lower strap first
6. Remove head covering
7. Perform hand hygiene, change scrubs

### WHY SHOULD STAFF IN OR WEAR N95?

- High risk of aerosol generation, may take 1 hour or more for aerosols to clear
- Potential for ongoing aerosolization in OR during surgical procedure
- Potential lack of anesthesia scavenging system, or lack of viral filter on circuit

## 3. DECONTAMINATING, CLEANING & REUSING EQUIPMENT

### ANESTHESIA EQUIPMENT DECONTAMINATION

Do not reuse oxygen facemask or circuit between patients without decontamination\*\*

Reprocessing oxygen facemask, ETT, suction & circuit tubing\*\*

1. Brush under soap & water, clean internal and external portions thoroughly
2. Dip in 70% alcohol solution or 0.5% chlorine
3. Rinse with clean water
4. Dry completely before next use

- Patient trolley & all OR surfaces wiped with 0.5% chlorine or 70% alcohol solution
- Filters may be transferred with patient, but cannot be reprocessed or reused for a new patient

### WHEN N95/FFP SUPPLY LIMITED

- Prioritize N95 for staff performing Aerosol Generating Procedures
- Consider alternative anesthesia (regional, sedation)
- Reprocess N95 for reuse (N95decon.org)\*\*
- Wear surgical mask over N95 mask to minimize surface contamination
- Utilize protocols for extended use or reuse of N95 (www.cdc.gov)
- Train staff on PPE use & conservation

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