

SURGICAL OPERATIONS COVID - 19 PATIENT

Known or suspected Covid-19 patient presenting to Operating Room or Procedural Suite

An interprofessional team should convene prior to making the decision to perform surgery or an invasive procedure on these patients. Team should include surgeon or proceduralist, anesthesia, nursing, and infection prevention to determine best course of treatment.

Upon the decision to perform the procedure:

Prior to transfer, contact the following leaders to ensure their awareness:

- Chairman Enterprise Surgical Operations (Will notify Hospital President)
- Associate Chief Nursing Officer, Surgical Services (will notify CNO)
- CNO notifies local Perioperative Nursing Director
- Hospital President notifies Chief of Surgery and Chair of Anesthesia
- Infection Prevention

Room preparation:

1. Identify an appropriate Operating Room or Procedural Suite. This location should be on the periphery of the suite or remote from the standard traffic pattern.
2. Once the location is identified, teams should begin preparing the room prior to patient arrival. In addition to usual preparation, any loose items on shelves or laminated signs on walls should be removed. All items needed from cabinets should be removed prior to patient arrival and cabinets remain closed.
3. Post the Specified Precautions sign on all the doors of the OR/procedural suite to inform and help minimize traffic and staff exposure. Refer to this Intranet link for proper signage: [Specified Precautions Signage](#)
4. Ensure a high quality HMEF (Heat and Moisture Exchanging Filter) rated to remove >99.97% of airborne particles >0.3 microns is used between ETT and reservoir bag during transfers to minimize contaminating the atmosphere.

Patient transport to procedural location:

5. Patient should not be brought to holding or PACU area. Patient should be transported directly to Operating Room or Procedural Suite.
6. For non-intubated patients, transport staff will apply a standard face mask to the patient. If patient unable to wear face mask, caregiver to wear a standard face mask for rule out patients or a N-95 for COVID-19 positive patients
7. For intubated patients, a dedicated transport ventilator will be utilized.
8. Upon arrival to procedural location: For exchanges from transport vent to in room ventilator, to avoid aerosolization of respiratory secretions, the gas flow will be turned off on the transport ventilator and endotracheal tube will be have a high quality HMEF in place prior to disconnection and transfer to the in room ventilator.

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Intraoperative Care:

9. Designate most experienced professionals to care for patient.
10. Staff the room with the minimum number of providers needed to care for patient with no or minimal exchange of staff for duration of the case.
11. In addition to the caregivers within the procedural location, at least one dedicated runner needs to be provided to deliver any additional items needed for the surgery and anesthesia team. This runner needs to have adequate knowledge of surgical supplies and workflow to obtain supplies, blood, etc. in an expedient manner but does not need to be a nurse.
12. Caregivers in the room need to wear proper PPE:
 - a. Respiratory protection – refer to this Intranet link for up-to-date recommendations: [Respiratory protection](#)
 - b. Goggles
 - c. Face mask
 - d. Beard covers
 - e. Gowns
 - f. Protective footwear/disposable shoe covers
 - g. Double glove technique
13. No visitors, trainees, or vendors to be present in the room
14. Specimen Handling:
 - a. Collect specimen per routine procedure (for blood samples or surgical specimens)
 - b. Anesthesia provider or nurse labels specimen appropriately
 - c. Specimen to be double bagged
 - d. Place requisition in outer pocket of outer bag
 - e. The OR personnel (provider or circulator) takes off “dirty gloves”, performs hand hygiene with foam. When ready for transport, drops double-bagged specimen into third bag, being held open by runner standing ready outside the OR door
 - f. Runner or appropriate delegate seals bag to take directly to lab or pneumatic tube (as appropriate for type of specimen):
 - COVID19+ or PUI respiratory specimens (nasopharyngeal or oropharyngeal swabs in transport media, bronchoalveolar lavage (BAL), sputum, endotracheal aspirates, and any related types) must be hand delivered to lab
 - Blood specimens, and other specimen types such as urine, CSF, or body fluids for general laboratory testing can be transported via pneumatic tube system
 - Surgical specimens are walked to appropriate lab

Post-Procedural Care:

15. Recovery post-procedure will occur in the procedural location if returning to medical surgical unit or the patient will be transferred to ICU immediately following procedure

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16. For intubated patients utilize to transfer from the in room ventilator to the transport ventilator with similar gas flow interruption and utilization of a humidification filter for all connections and disconnections.

Following the case and patient departure from procedural suite:

17. All unused products (medications, disposable anesthesia and disposable surgical equipment in the room) will be discarded if within 6 feet of patient in standard fashion.
18. There is no minimal amount of time the OR suite needs to remain unoccupied prior to cleaning and restocking for subsequent patients.
19. All staff to remove PPE in designated protective fashion to avoid self-contamination.
20. After removing PPE, remember to avoid touching face or hair before washing hands
 - a. Caregivers will doff PPE in the buddy system to ensure proper removal
 - b. All staff may shower and change scrub attire following case.
21. The room will be cleaned by SSS/EVS according to standards highlighted below:
 - a. Caregivers cleaning in the room need to wear proper PPE:
 - Standard Surgical Face Mask
 - Goggles
 - Beard covers
 - Gowns
 - Protective footwear/disposable shoe covers
 - Gloves
 - b. Terminally clean the room/OR with hospital approved disinfectant per normal protocol.