COVID-19+/PUI Pediatric Surgical Safety Checklist

**PRE-OPERATIVE**

**Anesthesia/Surgery**  
Circulating Nurse/Surgical Tech

COVID-19+/PUI Checklist is to be used with the standard Surgical Safety Checklist

Use for COVID-19+, PUI, emergent/trauma untested patients

**CASE PREPARATION**
- Confirm COVID-19+/PUI status of patient  
- Determine team members; huddle to discuss case  
  - Confirm anesthesia and OR runners  
- Determine which OR to perform case  
- Confirm transport team  
- Parent Consent via phone if parent COVID-19+  
- No parent allowed for transport  
- Team dons appropriate PPE before patient to the OR  
- All surgical equipment possibly needed is ready  
  - Neptune for all high-risk cases  
  - Airseal for high-risk laparoscopy  
  - All equipment within 6 ft to be covered, if possible  
- All anesthesia medications, supplies and backup is ready  
  - Medications are removed from the Pyxis  
  - Pyxis is covered with plastic  
  - Pyxis will not be accessed while patient in the room  
- All anesthesia supplies within 6 ft of the patient is covered with plastic  
- Confirm appropriate anesthesia filters are on the anesthesia machine. HEPA filter replaced every 3-4 hours  
- Confirm OR is cleaned and prepared for COVID-19+/PUI case before transport of patient unless emergency

**INTRA-OPERATIVE**

**Anesthesia/Surgery**  
Circulating Nurse/Surgical Tech

**OPERATING ROOM**
- Team stays in the room for entirety of case once the patient enters the room  
  - Anesthesia, surgery, nursing, techs, Stryker  
- No breaks/relief unless an extreme staff emergency arises  
- Ensure anesthesia and OR runners are present  
- Additional supplies, equipment or blood needed during the surgical case will be passed into the room  
- Runner to put up red barrier

**INDUCTION AND INTUBATION**
- Anesthesia team follows intubation mitigation protocol  
- Other OR personnel (scrub nurse, surgeon) > 6 ft from patient  
- As all OR team is in PPE, the 30 minutes rule is not needed even if active aerosolization occurs (e.g. coughing while intubating)

**PROCEDURE**
- Minimize staff for procedure  
- External circulator for surgery and anesthesia is available for equipment/medication requests  
- Minimize traffic to emergency situations.  
- Doors to remain closed at all times, unless additional supply is needed.

**EXTUBATION**
- Anesthesia team follows extubation mitigation protocol  
  - A layer of wet gauze over the patient’s nose and mouth to minimize exposure to patient’s secretion  
- Extubated patient should be transported with surgical mask  
  - If oxygen is needed, nasal cannula can be placed under the surgical mask.

**POST-OPERATIVE**

**Anesthesia/Surgery**  
Circulating Nurse/Surgical Tech

**PATIENT POSTOPERATIVE LOCATION**
- Inpatient COVID-19+/PUI patients direct to patient’s room or Pediatric Intensive Care Unit (PICU)  
- Patient to recover in the OR with the anesthesia team and the circulating nurse until ready for transport  
- Transport team to doff PPE in the OR under the supervision of a spotter to prevent self-contamination  
- Transport team to don clean PPE for transport.  
- Before initiating transport, call to floor nurse to ensure patient’s room is ready to receive the patient.  
- Remind floor nurse to inform parent to wear mask when team enters the room.

**TRANSPORTATION**
- Attending anesthesiologist and circulating nurse will transport patient from OR to appropriate location  
- Hallways cleared by a runner before exiting OR  
- Elevator held for a COVID+/PUI patient transport

**OR CLEANING**
- Cleaning per protocol for COVID-19+/PUI  
- Filters and CO2 absorber replaced between patients  
- Door closed for 30 minutes post procedure to allow for appropriate air exchanges  
- Cleaning to start after the 30 minutes air exchange time  
- Room cleaning will be done wearing appropriate isolation PPE including N95 mask

PPE = personal protective equipment,  
PUI = patient under investigation  
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