

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 PREPERATION

- 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

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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

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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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