



Management of COVID-19 Cases in the OR

Updated: 5/26/2020

Control Desk		Manager/Charge RN/ORSC	OR Personnel (OR RN/Scrub/Tech)	Circulating Assistant (Runner)	Surgery Team	Anesthesiology Team	Anesthesia Tech
Pre-Prep		<div><div><b>Consider:</b><ul style="list-style-type: none"><li>- Time of day (last case)</li><li>- Emergency case</li><li>- Room without substerile (i.e. 5, 6, 9, 12, 14, 17, 22, 23, 26, 27, 30, 31)</li></ul></div><div><i><b>* Only essential personnel should be involved in the care of the patient (i.e. NO students, orientees, vendors, visitors/observers) *</b></i></div></div>					
Preparation Phase	<ul style="list-style-type: none"><li>• Complete booking</li><li>• If pt is suspected or confirmed COVID-19 pt, alert coordinator</li><li>• Notify additional teams as applicable</li></ul>	<ul style="list-style-type: none"><li>• For suspected or confirmed Covid-19 patients: Charge RN should <b>assign</b> a circulating assistant</li><li>• Activate negative airflow via:<ol style="list-style-type: none"><li>1. Place Sentact</li><li>2. Notify Facilities:<ul style="list-style-type: none"><li>▪ Control Room Phone: 6-9305</li><li>▪ ACE Pager #57719</li><li>▪ ACE Phone (312) 765-3673</li></ul></li></ol></li><li>• Facilities to confirm room is negative</li><li>• Label room with <b>Acute Respiratory Illness</b></li><li>• Notify Infection Prevention</li><li>• <b>For <i>Category 1A</i> cases, negative airflow initiation and facilities confirmation to occur as soon as possible</b></li></ul>	<ul style="list-style-type: none"><li>• Confirm negative airflow activation</li><li>• Place <b>Acute Respiratory Illness</b> signs on doors and close corridor doors</li><li>• Gather PPE cart</li><li>• Verify room is negative before bringing patient into OR</li><li>• Prepare for team huddle prior to initiating patient transport</li></ul>	<ul style="list-style-type: none"><li>• Assistant OR Personnel with room readiness</li><li>• Monitor PPE compliance and availability</li><li>• Remove unnecessary supplies and equipment from OR</li></ul>	<ul style="list-style-type: none"><li>• Discuss case with anesthesia service (see details in pre-prep phase)</li><li>• Ensure adequate respirator is available and functioning if indicated</li></ul>	<ul style="list-style-type: none"><li>• Discuss case with surgery team (see details in pre-preparation phase)</li><li>• Consider airway management in pre-transport phase</li><li>• Ensure adequate respirator is available and functioning if indicated</li><li>• Obtain required disposable and drugs</li><li>• Please refer to anesthesia guidelines for airway management</li></ul>	<ul style="list-style-type: none"><li>• Assist anesthesiology team with room preparedness</li><li>• Prepare for transport:<ul style="list-style-type: none"><li>▪ Resuscitation bag</li><li>▪ Monitor</li><li>▪ BV Retentive</li></ul></li></ul>
Transport to OR		<div><div><i><b>* Team huddle to confirm readiness *</b></i></div><div><ol style="list-style-type: none"><li>1. Once room is ready to receive patient, OR RN to initiate transport process</li><li>2. Surgical team, anesthesia team, and ICU/floor nurse to escort patient directly to the OR, bypassing pre-op holding</li><li>3. Engage security or appropriate personnel to clear least populated path, hold elevators and assist with transport</li><li>4. If direct patient contact during transport is anticipated, team members should follow appropriate PPE per CDC guidance</li><li>5. If patient is not intubated, patient dons procedural mask and clean covering for transport</li></ol></div></div>					
Intra-operative Phase		<ul style="list-style-type: none"><li>• Absolute restriction of OR traffic</li><li>• Remove bed linen in OR, push bed out of room</li><li>• Contact unit charge nurse re: where pt will be transported immediately post-op and state need for negative airflow room with airborne and contact precautions</li></ul> <div><i>Rad Tech Team: Wipe down lead used in room</i></div>	<ul style="list-style-type: none"><li>• Wipe patient’s cart</li><li>• Monitor absolute restriction of OR traffic</li><li>• Assist with ongoing needs throughout case</li><li>• Monitor PPE compliance</li><li>• Monitor lead + equipment usage</li></ul>		<ul style="list-style-type: none"><li>• Consider double gloves during intubation (Discarding the outer glove after intubation could minimize contamination)</li><li>• Contact unit charge nurse re: where pt will be transported immediately post-op and communicate need for negative airflow room with airborne and contact precautions</li></ul>	<div><div><ul style="list-style-type: none"><li>• If patient is to be extubated, recovery will take place in the OR and meet phase 1 discharge criteria before transfer to appropriate bed- bypassing PACU</li><li>• If patient is to remain intubated, direct transfer to ICU- bypassing PACU</li><li>• Contact the area where patient will be transported immediately post-op and communicate the need for negative airflow room with airborne and contact precautions</li></ul></div><div><i><b>* Unused consumables/medication should be disposed of as per NM policy *</b></i></div></div>	
			<i>If extubation occurs, document “Patient Out-Room” in EPIC at the end of the procedure prior to initiating Phase I Recovery in OR</i>			<i>If extubation occurs, document all Phase I/PACU Recovery times in EPIC</i>	
Transport out		<div><div><ol style="list-style-type: none"><li>1. Surgery, anesthesia teams, anesthesia tech to escort patient directly from OR, bypassing PACU</li><li>2. Engage security or appropriate personnel to clear least populated path, hold elevators and assist with transport</li><li>3. If direct contact during transport is anticipated, team members should follow appropriate PPE per CDC Covid-19 guidance</li><li>4. Surgical equipment accompanying patient, including bed, must be wiped down with approved cleaning solution when removed from OR suite</li><li>5. Patient should be covered with clean covering and if extubated, a procedure mask</li></ol></div></div>					
Post-Op		<div><div><p><b>After case is complete, the OR must remain on negative airflow with signs intact and unoccupied for at least 30 minutes</b></p><ul style="list-style-type: none"><li>• Anyone who needs to enter the OR during the initial 30 minutes must wear an N-95 mask</li><li>• EVS staff may clean the room during this time, but must wear an N-95 mask and MUST keep the OR doors CLOSED</li><li>• After the initial 30 minutes, contact Facilities and place Sentact to convert OR back to positive airflow before the next patient is brought into the room</li></ul></div><div><i>All specimens should be hand carried and double bagged</i></div></div>					
Follow-Up		<div><div><i>Instruct personnel to immediately change surgical attire post care/transport if scrubs become soiled</i></div></div>					