

Workflow for COVID-19 Case - in the GI suite

Pre-procedure Huddle & Room preparation

Team members to be present for huddle & confirm roles:

- Designated team leader
- Anesthesia provider for the case
- Anesthesia runner
- GI attending and Fellow
- RN
- Interventional technician
- Outside door runner
- GI resource nurse
- **Designated safety officer to prevent entry without PPE**

Nursing to confirm the following:

- **PPE** cart & **PRECAUTIONS** posters outside procedure room
- Method of communication from inside to outside of OR

Anesthesia to confirm the following:

- Anesthesia machine and Omnicell are covered
- HMEF is on expiratory limb of anesthesia circuit
- Airway equipment is on a designated cart **inside** the room
- Anesthesia **drugs** on a **separate** cart **inside** the room
- Additional supplies/drugs kept **outside** the room
- Page anesthesia tech to help set up the procedure room

Procedure prep:

- Procedure staff physically verify & confirm the setup for case
- Confirm supplies & drugs required **inside** the room
- Confirm supplies & drugs which **may** be required **outside** the room

Pre-procedure consent, H&P:

- Confirm pre-procedure consents and H&P are completed
- RN completes pre-operative intake forms

All team members:

- **Don appropriate PPE**
- Leave all personal items including pagers and mobile phones outside of the procedure room or secured in specimen bags

Prepare for patient entry into the procedure room:

- Confirm direct transfer into procedure room, avoid holding or recovery areas
- Identify transfer/receiving team members
- Confirm route & ensure it is clear of all moveable obstacles

If transfer team required, members should include:

- Nursing staff
- Anesthesia attending
- Proceduralist attending or fellow
- Extra member to open doors

Transfer

- Transfer the patient directly into the procedure room
- Do NOT bring patient to holding/PACU areas
- Patient's surgical face mask should remain on during transfer and inside the procedure room

Final Check & Questions:

- Team leader to confirm that everyone is comfortable & safe with the plan

PPE

All staff **inside** the procedure room

- N95 respirator (or equivalent) + eye protection + gown + head covers + double gloves + boot covers

All staff **outside** the procedure room

- Surgical facemask + eye protection + gloves

On the transfer

- N95 respirator (or equivalent) + eye protection + gown + head covers + double gloves + boot covers
- **Patient:** surgical facemask

Doffing:

- Doff PPE after the case or after transport (unless your gown is visibly soiled)
- Ensure a buddy is present to observe doffing!!

Patient Entry into Room

Start of the Case

- Perform GI HARD STOP & Safety Checklist, as usual
- Procedure can be performed, as usual, with the patient on the bed or stretcher
- *If* the patient needs to be transferred from a bed to a procedure table
 - RN strip linens off bed inside room
 - RN pushes patient bed out of the room
 - Attendants decontaminate patient bed **immediately**

Anesthesia & Procedure

If induction of GA/intubation

- **Follow SOP for intubation**
- **Use enhanced infection control measures**
- Maximum 3 staff in attendance in room with patient (primary anesthesiologist, assisting anesthesia provider, circulating nurse)
- All other staff briefly exit the room during intubation, doffing not necessary
- Use anesthesia machine as usual, adjust settings through plastic covering

If prone positioning required

- Place bite block PRIOR to prone
- Preoxygenate for 3 minutes with 100% FiO2, turn OFF ventilator, clamp ETT, prone, reconnect ventilator after appropriate positioning, remove clamp, RESTART ventilator
- Use anesthesia machine as usual, adjust settings through plastic covering

Endoscopic Procedure:

- Perform time out, as usual

Handing supplies or drugs:

- Procedure team should not be moving in and out of the room during the case.
- Is supplies are required, outside to place onto designated cart immediately outside procedure room, inside RN opens door & collect supplies

Recovery & Exit

End of Case

- COVID team leader coordinates the return pathway, choosing **ONE** of the options below
- Confirm members and roles for subsequent care
- End of case sign out, as usual
- Call scope room ST4 7-5568, ST3 7-5484 to inform technician to prepare for incoming used scope

Extubation in OR/procedure room

- Page recovery nurse to be ready for post-op care
- Staff **not** involved with extubation may doff PPE & exit room
- Primary anesthesiologist performs **extubation per SOP**, assisted by at least 1 other staff member in the room
- **If recovery is required inside the procedure room:**
 - Recovery nurse dons PPE and enters room after extubation
 - Recovery nurse to identify 1 inside aide and 1 outside runner to assist with care
- **If transfer to a designated isolation room is required:**
 - Patient PPE must be maintained for the transfer
 - Place O2 mask over the surgical mask

Post-op care

If patient was extubated in the OR/procedure room

- Recovery nurse manages care until patient is ready for transfer back to non-ICU bed
- Anesthesia staff remains in room until nurse is comfortable with patient status
- When appropriate, anesthesia staff doffs and leave room

End of case decontamination:

- Refer to **Room Turnover** for COVID-19

End of case debrief

- Complete a post-procedure debrief with team

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