

OR Workflow for COVID-19

Preoperative Huddle

Team members to be present for huddle & confirm roles

- Designated Team leader
- Anesthesia providers assigned for case
- Anesthesia tech
- Surgical attending
- Circulator, scrub and PACU nurse
- Outside door runners (anesthesia and nursing)
- Nominate safety officer: prevent entry w/o appropriate PPE

Nursing to confirm the following:

- Signage displayed outside all doors to designated ORs (**STOP** and **PPE** posters)
- PPE cart available
- Method of communication from inside to outside of OR
- Pagers, phones, ID's should be placed in specimen bags

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** OR
- Anesthesia drugs on a *separate* cart **inside** OR
- Additional supplies/drugs desired for **outside** the OR

Surgical staff to confirm the following:

- Equipment setup for entire duration of case
- Supplies & drugs required **inside** the OR
- Supplies & drugs which **may** be required **outside** the OR
- Confirm preoperative consents and H&P are all complete

Prepare for patient entry into the OR:

- Confirm direct transfer into OR, avoid holding or PACU areas
- **Don appropriate PPE**
- Identify transfer/receiving team members
- Confirm route & ensure it is clear of all moveable obstacles

Patient Transfer & Entry into OR

If transporting from ICU: perform a pre-transfer huddle inside patient room with transfer team

- Continue current infusions, per clinical indication
- Transport monitor (use ICU monitoring brick)

If arriving from Med-Surg Floor/ED:
Front desk calls for patient when OR staff is ready and only **after** the huddle has taken place

On entry into the OR

- Perform **sign-in** inside OR, as usual
- **If space permits, keep bed inside OR.** If not, OR team strip linens off bed **before** pushing patient bed out of the OR

Transfer of the Intubated Patient

Confirm transfer team members & roles

- Team leader (will call/hold elevators/wipe down)
- Anesthesiologist (head of bed)
- Surgical attending or resident (end of bed)
- *Extra member (ICU nurse or circulating nurse, depending extra equipment and staffing levels)*
- *If RT required, please see addendum*

Move to transport ventilation (perform planned circuit disconnection)

- RT to turn OFF ICU ventilator
- Clamp ETT using Kelly clamp
- Disconnect ETT from ICU circuit
- Connect Ambu bag + HME filter + PEEP valve onto ETT
- Remove clamp
- Confirm ventilation as per usual

Before transfer, confirm the following:

- Transport equipment including: HMEF, Ambu bag, PEEP valve & Kelly clamp
- Transport monitor (can use ICU monitoring brick from patient room)
- Infusions continued, per clinical indication
- Emergency and intubation drugs, per clinical indication
- Sedation has been optimized to prevent awareness
- Deep muscle relaxation recommended

On entry into the OR

Connect patient to anesthesia ventilator (planned circuit disconnect as above)

Anesthesia & Surgery

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

Surgical Procedure:

Perform time out, as usual

- During the case:
- Handing in supplies or drugs: place onto designated cart immediately outside the OR door, inside circulator opens OR door and collects supplies or drugs

Recovery & Exit

Extubation in OR/procedure room

- Page PACU nurse to be ready for post-op care
- Staff **not** involved with extubation may doff PPE & exit OR
- Primary anesthesiologist performs **extubation per SOP**, assisted by at least 1 other staff member in the OR
- **If recovery is required inside the OR:**
 - PACU nurse dons PPE and enters room after extubation
 - PACU nurse to identify 1 inside aide and 1 outside runner to assist with care
- **If transfer to a designated COVID 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**
- Anesthesia staff to remain with PACU nurse until RN is comfortable with patient status
 - PACU nurse manages care until patient is ready for transfer back to non-ICU bed

Patient remains intubated

- Patient is moved to ICU with transfer team
- Follow transfer protocol for intubated patient
- Staff members not on transfer may doff PPE and exit procedure room

End of case decontamination:

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