Practice Guidelines for Surgical Services Personnel Caring for C-19 positive or Suspected COVID-19 Patient

These guidelines may be updated. We will distribute updates with any changes in red.

Please check document date for current communication.

PPE Considerations:

1. Follow SIH Infection Prevention recommendations for conservation of PPE during the COVID-19 outbreak:
   a. Do not dispose of mask, face shields, or other eye protection, unless soiled or damaged. Follow current SIH cleaning instructions for reuse.
   b. Prior to leaving the room, the team should discuss safe patient transport and develop a plan to minimize PPE changes/usage.
2. Follow standard doffing sequencing (SIH COVID-19: Clinician Portal-PPE: Donning and Doffing Quick Reference) when care of patient is completed.
3. N-95 usage:
   a. N-95 fit testing – employees may opt to perform a self-fit-test or if preferred, a standard fit test will be provided, upon request.
   b. Any employee who **must** be in the OR and has not had a fit test performed, should consult with the House Supervisor for the best selection of mask.
   c. CAPRs may be limited due to supply shortages.
4. Prior to the case and throughout the intra-operative process, the circulator assists the team with conservation strategies:
   a. Monitor gown and other PPE usage.
   b. Consider limiting breaks or staffing changes.
   c. Prior to opening gowns, gloves, hoods, etc., assess and confirm the items are essential for the case.
   d. Save any unused gowns/gloves etc. that may come in a pack or may otherwise be clean (not sterile). The unused supplies could potentially be used later for non-sterile procedures (ie endo procedure).

Pre-Procedure:

1. Operative/endoscopic procedures on patients confirmed or suspected to have COVID-19 are delayed, when possible, until the patient is no longer infectious.
2. Prior to transport of patient or opening the room for the case:
   a. **All members of the operative team** will communicate and review the surgical and anesthesia plans.
   b. Ensure the room is ready (negative pressure anteroom)
   c. All supplies, equipment, blood, and other materials are available in the OR and in working order.
   d. The team review will include, at a minimum, the physician, the anesthesiology provider, the circulator and scrub, any additional staff to be in the room, and appropriate OR leadership.
3. Droplet/Contact/Eye protection precautions are required when caring for patients with confirmed or suspected COVID-19. Refer to SIH COVID-19: Clinician Portal-PPE: PPE Required Chart Quick Reference. The appropriate precautions are implemented:
   a. Hand hygiene is expected before and after patient care.
   b. Donning and doffing sequencing guidelines are followed. Refer to SIH COVID-19: Clinician Portal-PPE: PPE CAPR combined Donning and Doffing and DLC Cleaning or PPE N-95 Donning, Doffing, and Reuse video.
4. Negative Airflow Pressure:

a. It is *required* to use COVID-19 prepared rooms with negative airflow anterooms for surgery.
b. Negative pressure anteroom is to be used when donning and doffing PPE during care of patients with confirmed or suspected COVID-19.
c. It is *required* to use COVID-19 prepared rooms with negative airflow for endoscopic procedures (i.e. aerosolizing generating procedure).
d. It is *required* to use negative airflow rooms with adjacent anterooms for bedside aerosolizing generating procedures.

5. Minimize OR/procedure traffic:
   a. After patient arrives to the room, keep the main entrance closed. Use signage or strap across the door to remind staff not enter.
   b. Personnel not directly involved in the procedure do not enter the room.
   c. All staff enter/exit through the negative airflow anteroom.
      i. In order to maintain the integrity of the negative airflow, the anteroom door and the OR door should not be open simultaneously
   d. Place a helper/runner outside the door to run for additional supplies/equipment.
6. A log will be placed on the exterior door to track all staff who enter the OR/endo room.
   a. All staff entering the room must be documented on the Healthcare Personnel and Visitor Monitoring Log found on the SIH COVID-19: Clinician Portal-PPE: Isolation Log In/Out

Transporting Patient with Confirmed or Suspected COVID-19:

1. COVID-19 and Rule out units sending patients to OR/endo contact the perioperative OR desk: MHC X65638; HH X35658 to confirm a hand-off. The circulator will contact the unit to complete a hand-off prior to sending for the patient.
2. PACU staff will be notified of the need to perform phase I recovery in the OR or procedure room.
3. Directly transport the patient from the confirmed or suspected COVID-19 unit or ED, to the operating room, bypassing the holding area.
4. PPE:
   a. Patient must wear an isolation or surgical mask during transport and remain in place until intubation. Refer to SY-IC-010.
   b. Transport personnel should wear PPE as referred to in SIH COVID-19: Clinician Portal-PPE: PPE Required Chart Quick Reference.

In the Operating Room:

1. Anesthesia and surgery orders for the patient are placed in EPIC prior to discharge from Phase 1 Recovery and before patient arrival to the inpatient COVID-19/rule out unit.
2. Minimize electrocautery and energy devices to reduce aerosolization for ALL procedures. Smoke evacuation systems are to be used on all cases.
   a. See guidelines for insufflator use on laparoscopic cases.
   b. If available, use appropriate smoke evacuation disposables.
   c. Use suction line to evacuate smoke via the Neptune system, available in all OR's.
3. If general anesthesia is **not** required, the patient will continue to wear the surgical mask throughout the procedure.
4. PPE the appropriate precautions are implemented for every patient:
   a. Perform hand hygiene before and after all patient contact.
   b. Donning and doffing sequencing guidelines are followed. Refer to SIH COVID-19: Clinician Portal-PPE: PPE CAPR combined Donning and Doffing and DLC Cleaning or PPE N-95 Donning, Doffing, and Reuse video.

5. PPE for airborne/contact/eye protection in the Operating Room referred to in SIH COVID-19: Clinician Portal-PPE: When and for how long do I wear my PPE:
    a. CAPR with surgical mask and gown/gloves donned in anteroom.
        Or
    b. N-95 with eye protection (goggles/shield) and gown/gloves donned in anteroom.
6. PPE is to be worn continuously until:
    a. Staff member leaves room (Refer to SIH COVID-19: Clinician Portal-PPE: PPE CAPR combined Donning and Doffing and DLC Cleaning or PPE N-95 Donning, Doffing, and Reuse video.)
    b. Turnover is complete.

PACU/Patient Recovery with Confirmed or Suspected COVID-19:

1. Patients are recovered in OR/Endo room.
2. COVID ICU may recover post-op patient, if staffing allows.
3. PPE the appropriate precautions are implemented for every patient:
    a. Perform hand hygiene before and after all patient contact.
    b. Donning and doffing sequencing guidelines are followed. Refer to SIH COVID-19: Clinician Portal-PPE: PPE CAPR combined Donning and Doffing and DLC Cleaning or PPE N-95 Donning, Doffing, and Reuse video.
    c. PPE for airborne/contact/eye protection in the Operating Room referred to in SIH COVID-19: Clinician Portal-PPE: When and for how long do I wear my PPE.:
    d. CAPR with surgical mask and gown/gloves donned in anteroom.
        Or
    e. N-95 with eye protection (goggles/shield) and gown/gloves donned in anteroom.
4. Anesthesia and surgery orders for the patient are placed in EPIC prior to discharge from Phase 1 Recovery and before patient arrival to the inpatient COVID-19/rule out unit.
5. OR circulator and PACU RN communicate hand-off to accepting unit prior to transport of patient.

Transporting Patient with Confirmed or Suspected COVID-19 post procedure:

1. Directly transport the patient from the OR/procedure area to the confirmed or suspected COVID-19 unit.
2. Hallways, elevator, path should be cleared of any patients/staff.
3. PPE:
    a. Staff that are transporting patient remain in PPE for airborne/contact/eye protection referred to in SIH COVID-19: Clinician Portal-PPE: Quick Reference (change any PPE that is visibly soiled):
    *CAPR with surgical mask and gown/gloves.
        Or
    *N-95 with eye protection (goggles/shield) and gown/gloves.
    b. Patient must wear an isolation or surgical mask during transport, unless intubated.

4. Transport patient via bed/cart along the facility pre-designated route.

After the case and patient has left room:

1. PPE:
    a. Staff that are cleaning the room and breaking down instruments, remain in PPE for airborne/contact/eye protection referred to in SIH COVID-19: Clinician Portal-PPE: Quick Reference:

*CAPR with surgical mask and gown/gloves.

Or

*N-95 with eye protection (goggles/shield) and gown/gloves.

2. Instruments are sprayed with enzymatic cleaner (if indicated) and placed in the case cart.
3. Once all instrumentation is contained in cart, the outside of cart should be wiped down prior to transporting to SPD.
4. Operative equipment that remains in room should have all gross contamination removed.
5. Doors to room should remain closed for **35 minutes prior** to EVS **terminally** cleaning the room.
    a. Place Room Closed Sign Refer to SIH COVID-19: Clinician Portal – Cleaning: Room Closed for Cleaning Sign
        i. OR air room exchange rate is 15 air exchanges per hour or higher. By keeping the room closed, particles in the air are cleared prior to EVS entering the room.
    b. EVS to wear PPE for airborne/contact/eye protection referred to in SIH COVID-19: Clinician Portal-PPE: Quick Reference (change any PPE that is visibly soiled):
    *CAPR with surgical mask and gown/gloves.

    Or

    *N-95 with eye protection (goggles/shield) and gown/gloves.
6. Doff any PPE in anteroom. Refer to Donning and doffing sequencing guidelines are followed. Refer to SIH COVID-19: Clinician Portal-PPE: PPE CAPR combined Donning and Doffing and DLC Cleaning or PPE N-95 Donning, Doffing, and Reuse video.

Bedside Procedures:

1. Decision to perform bedside procedure is a clinical decision made by performing physician and anesthesia based on patient clinical inability to be moved to the procedure room.
2. Bedside procedures are performed in negative airflow rooms**.**
3. PPE: the appropriate precautions are implemented for every patient:
    a. Perform hand hygiene before and after all patient contact.
    b. Donning and doffing sequencing guidelines are followed. Refer to SIH COVID-19: Clinician Portal-PPE: PPE CAPR combined Donning and Doffing and DLC Cleaning or PPE N-95 Donning, Doffing, and Reuse video.
4. PPE for airborne/contact/eye protection in the Operating Room referred to in SIH COVID-19: Clinician Portal-PPE: When and for how long do I wear my PPE:
    a. CAPR with surgical mask and gown/gloves donned in anteroom.

    Or

    b. N-95 with eye protection (goggles/shield) and gown/gloves donned in anteroom.
5. PPE is to be worn continuously until:
    a. Staff member leaves room (Refer to SIH COVID-19: Clinician Portal-PPE: PPE CAPR combined Donning and Doffing and DLC Cleaning or PPE N-95 Donning, Doffing, and Reuse video.)
6. Travel cart and equipment is moved to patient bedside by endoscopy team.
7. Phase ll recovery is performed by patient's unit nurse.
8. Equipment is cleaned as referred to in SIH COVID-19: Clinician Portal-Cleaning equipment from rooms of suspected or positive COVID.
9. Equipment is moved back to endoscopy storage after cleaning.