

Surgical Services Plan for surgery/procedure for patient under investigation or positive for COVID-19

Operative procedures on patients suspected or known to have COVID-19 are delayed until the patient is no longer infectious. *Operating Room to be used should have adjacent negative airflow anteroom. Procedure Room to be used should be utilizing negative airflow mode. Bedside procedures are performed only in negative airflow rooms.*

Surgical checklist to be completed on COVID Unit.

PREPARATION:

The patient is taken directly to the operating room or procedure room from the COVID Unit wearing an isolation or surgical mask. The mask remains in place until the patient is intubated. (SY-OR-11)

Circulator to notify PACU of need to perform phase I recovery in the operating or procedure room.

INTRAOP:

Operating Room: All personnel present when performing intubation and operative procedures wear a surgical mask and a N95/CAPR, gown and gloves. Once patient is extubated and stable, the patient's surgical mask is reapplied.

Procedure Room: All personnel present when performing intubation and endoscopic procedures wear a N95/CAPR, gown and gloves. Once patient is awake and stable, the patient's surgical mask is reapplied.

Minimize electrocautery and energy devices to minimize aerosolization for ALL procedures
Use liberal suction and suction bovie for smoke on open cases

BEDSIDE PROCEDURES:

Procedures are performed only in negative airflow rooms. Circulator to confirm with house supervisor that patient is in a negative airflow room.

Equipment is cleaned following cleaning protocols in the ante room while wearing a N95/CAPR. Once cleaned, equipment may be returned to storage.

RECOVERY:

Phase I recovery of the patient occurs in operating room or procedure room.

When patient has been extubated (if applicable) and is stable, a surgical mask is applied for patient to wear during transportation to the COVID Unit post-operatively. (SY-OR-11)

CLEANING:

The Operating/Procedure Room is blocked off for 28 minutes after the patient leaves the room (based on 15-air exchanges/hour to allow for 99.9% removal of airborne contaminants). See CDC link below. Areas are cleaned by staff using droplet/contact precautions (mask, gown, gloves and eye protection) and cleaning protocols after 28 minutes.

REFERENCES:

<https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb1>

<https://sih-system.policystat.com/policy/7011110/latest/> SY-OR-11 Infection Control (Airborne Precautions)

OR negative airflow anteroom to be set up when first positive inpatient confirmed.