**Recovery**

*Anesthesia Provider & Nurse*

* If extubated, recover patient in OR
* Low flow oxygen
* Dispose of unused medications or wipe

vial with 70% alcohol\*\*

* OR documents placed in plastic sleeve
* Surgical/Oxygen mask on patient during transport
* Remove PPE after patient transferred

**WAIT ONE HOUR AFTER EXTUBATION TO CLEAN OPERATING ROOM**\*\*\*

**Specimen Handling**

* All specimens double bagged
* Porter wears gloves for transport

**Operating Room Disinfection**

* Clean all surfaces (OR table, anesthesia machine, equipment, stools) - 0.5% chlorine or 70% alcohol
* Clean floor with 0.5% chlorine

**Waste Management**

* All materials from OR double bagged in plastic bag for disposal
* Spray waste bags with viricidal
* Transport wears gloves

**AFTER PATIENT LEAVES OR**

**POSTOPERATIVE**

**INTRAOPERATIVE**

**PREOPERATIVE**

\*To be used in conjunction with WHO Surgical Safety Checklist. This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged.

\*\*Cleaning and reuse of disposables during COVID-19 pandemic is not recommended if resources are adequate; these recommendations are for critical resource limitations only.

\*\*\* This refers to standard unventilated room. Time may vary depending on OR ventilation system.

**At All Times**

* All staff in OR wearing N95/FFP mask

**Induction**

* Essential personnel only
* Minimize aerosol generation
* If no airway intervention, patient wears surgical mask throughout case

**During Operation**

* Runner remains outside OR
* Perform **WHO Surgical Safety Checklist**

**Time Out\*** before incision

* Surgeon to minimize duration and aerosolization

**End of Case**

* Perform **WHO Surgical Safety Checklist Sign Out\***
* If patient to remain intubated, notify ICU
* If extubation, ONLY essential personnel

remain inside OR

* Runner remain outside OR until patient transported

**Team Briefing**

*Surgeon, Nurse, Anesthesia Provider & OR Runner*

* Anesthesia & Surgical plan
* Plan for outside OR Runner to deliver supplies if needed
* Minimize traffic, keep patient chart & staff belongings outside OR
* Recovery plan

**Setup**

*Nurse*

* COVID notification sign on door
* PPE available
* Viricidal cleaning supplies available
* Remove non-essential equipment

*Anesthesia Provider*

* Prepare drugs & equipment
* Viral filter between patient & circuit
* Dedicated tray for contaminated items

**Patient Transport to OR**

*Nurse, Anesthesia Provider & OR Runner*

* Anesthesia Provider and Nurse don PPE for transport
* Surgical mask on patient during transport
* OR Runner to clean stretcher after patient transfer
* Perform **WHO Surgical Safety Checklist Sign In\***

**3. DECONTAMINATING, CLEANING & REUSING EQUIPMENT**

**ANESTHESIA EQUIPMENT DECONTAMINATION**

Do not reuse oxygen facemask or circuit between patients without decontamination\*\*

Reprocessing oxygen facemask, ETT, suction & circuit tubing\*\*

1. Brush under soap & water, clean internal and external portions thoroughly

2. Dip in 70% alcohol solution or 0.5% chlorine

3. Rinse with clean water

4. Dry completely before next use

• Patient trolley & all OR surfaces wiped with 0.5% chlorine or 70% alcohol solution

• Filters may be transferred with patient, but cannot be reprocessed or reused for a new patient

**WHEN N95/FFP SUPPLY LIMITED**

• Prioritize N95 for staff performing Aerosol Generating Procedures

• Consider alternative anesthesia (regional, sedation)

• Reprocess N95 for reuse (N95decon.org)\*\*

• Wear surgical mask over N95 mask to

minimize surface contamination

• Utilize protocols for extended use or reuse of

N95 (www.cdc.gov)

• Train staff on PPE use & conservation

1. **AEROSOL GENERATING PROCEDURES**

• Intubation & Extubation

• Positive pressure ventilation

• Manual Ventilation with Bag-Valve-Mask

• Open suctioning of respiratory tract

• High-flow oxygen administration

• Non-invasive ventilation

• Nebulized medications

• Venting CO2 in laparoscopy

• Smoke generated by cautery

• Use of high speed surgical devices

• Upper GI endoscopy, Bronchoscopy,

Tracheostomy, upper airway endoscopy

• Dental procedures

**TO MINIMIZE AEROSOL GENERATION**

Consider:

• Alternative anesthesia techniques depending

on patient condition and situation

If general anaesthesia required:

• Cover patient with clear plastic box or sheet

during aerosolizing procedures

• Preoxygenate, low flows, minimize manual

ventilation, use rapid sequence induction

• Cuffed ETT preferred, minimize leaks

• Inline suction if available

• Viral filter between patient & circuit elbow

• Essential airway personnel only. Others enter

only after intubation complete

• Leave viral filter on ETT when disconnecting

• Must be viral (HEPA, HMEF or equivalent)

filter to protect against COVID exposure (HME filter not protective)

**2. PPE FOR PERIOPERATIVE STAFF**

**DONNING PPE FOR COVID+ OR**

* **Coach should be present to observe**

1. Perform hand hygiene

2. Don head covering

3. Don N95 mask, place upper strap first,

perform seal check

4. Cover N95 mask with surgical mask

5. Don eye protection/face shield

6. Don gown

7. Don gloves

8. Confirm PPE properly placed with coach

**DOFFING PPE FOR COVID+ OR**

* **Coach should be present to observe**
* **Perform hand hygiene if contaminated at any step**
* **Hand hygiene can be performed over gloves to conserve supply**

1. Remove gown, pull to side & untie in front

2. Remove gloves

3. Remove eye protection/face shield

4. Remove surgical mask, untie lower ties first

5. Remove N95, remove lower strap first

6. Remove head covering

7. Perform hand hygiene, change scrubs

**WHY SHOULD STAFF IN OR WEAR N95?**

• High risk of aerosol generation, may take 1 hour or more for aerosols to clear

• Potential for ongoing aerosolization in OR during surgical procedure

• Potential lack of anesthesia scavenging system, or lack of viral filter on circuit

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