OR CASES IN ASYMPTOMATIC PATIENTS WITH NEGATIVE COVID-19 TEST

PATIENT SELECTION (see figure, below):

- During red conditions, only time sensitive and urgent/emergent cases should be performed.
- During orange conditions, ambulatory elective cases may be performed when the patient meets the following guidelines:
  - ASA PS Classification 1 and 2 only
  - Avoid surgery in patients older than 65 years, those with pulmonary disease, diabetes, cardiovascular disease, and immunocompromise, and those with ASA PS Classification 3 or greater.
  - Please contact ambulatory site director in the event of inappropriate cases being scheduled
    - Moran - Dr. Bakke, ACC - Dr. Warrier, UUOC - Dr. Swenson, NORA - Dr. Chang

PPE:

- PPE, including eye protection and mask, must be worn during all patient contact.
- Patients must also wear a surgical mask at all times, except during preoxygenation, while intubated, and immediately after extubation.
- In patients having an elective or time-sensitive procedure who have had a negative COVID test within 48-72 hours of surgery or (for patients coming from a long distance) within 7 days and the patient has remained asymptomatic and self-isolated* since the test, routine PPE (eye protection, surgical mask, gloves, frequent hand hygiene) may be used.
  - Clinicians may wear N95, EHMR P100, or PAPR respirators at their discretion.
  - If a patient has developed lower respiratory tract symptoms since a negative test they should be managed as having suspected COVID.
- In patients having aerodigestive or respiratory tract surgery or who have confirmed or suspected COVID, airborne PPE should be used and COVID+ guidelines should be followed: https://pulse.utah.edu/site/anesthesiology/Documents/COVID-19/PPE/Anesthesia%20-%20OR%20Precautions%20Infographic.pdf.
- If wearing a new N95, label with first name, last two digits of UNID, ANES, and date, using a fine point Sharpie, prior to donning (see figure, below). Label only on the seams; masks with writing on the filter portion will be discarded during reprocessing.
- Wear eye protection at all times, and especially during intubation, extubation, and procedures such as IV and NG placement.
- Wear gloves at all times; change or clean gloves often.

*To self-isolate means:

- Stay home
- Necessary medical appointments, such as dialysis, are accepted
- Do not go to grocery stores or other public places
- Maintain social distancing
- If you cannot self-isolate after your COVID test, we will need to postpone your surgery. We rely on your compliance to keep you and our health care workers safe.

ROOM SETUP:
- Minimize equipment that is out. Try to get everything out that you will need for a basic case to minimize possible contamination of supplies.
- Only have essentials of what you may need near field/on vent table; keep any potential equipment needed (oral airways, LMAs, extra DL blade, tape, etc) back on Omnicell to avoid aerosol contamination.
- Check that there is a HEPA filter on the expiratory limb of the circuit. Check that there is an HME filter (the one that comes with the circuit) attached to the elbow of the circuit.
- Check that closed suction is set up (if available).
- Have an upper body warmer on patient for later use.
- Keep the glide and other equipment 6 ft away from intubating field if not being used to avoid aerosol contamination.
- Have a designated plan for your dirty airway equipment (placing in ETT packing, double glove, placing on blue towel) vs placing dirty blades on bed, patient, or back on anesthesia machine.
- Have clear roles of personnel assisting, prior to intubation
- Maintain separated clean and dirty spaces
- Place filter between mask and elbow prior to case
- Consider having all eye tape already dispensed and tape allotted for ETT securing needs so as to not touch rolls of tape that are being re-used for other patient care
- Wear gloves throughout patient care and change/or sanitize (up to 20 times) when contaminated.

INTUBATION:
- All personnel in the room for intubation and extubation must wear PPE, including mask and eye protection. Do not wear a blue plastic gown unless it is a high risk case (aerodigestive surgery, ENT, or thoracic procedure).
- Have only essential people around bed during intubation; other personnel should remain outside the room. Those who remain in the room must don mask and eye protection and must stand at least 6 ft away from the head of the bed.
  - Personnel who remain outside the room may enter the room immediately after intubation is complete.
- Ensure a tight seal of the anesthesia mask during preoxygenation.
- After induction, consider using “plastic drape” method, unfolding plastic drape of upper body warmer as a see-through barrier between airway and anesthesia provider.
- Minimize suctioning and positive pressure ventilation by mask; perform RSI when feasible.
- If masking is required, consider two-handed mask with a tight seal.
• Use muscle relaxant for intubation.
• Check twitches prior to intubating.
• Connect filter and circuit as soon as intubation complete; inflate cuff and then give breaths; do not give breaths without cuff up.
  o Filter should be between the ETT and the elbow, on the patient side of the gas analyzer tubing.
  o Minimize disconnection of circuit; leave filter on ETT and turn off gas flows when it is required.
• Make sure airway helpers change gloves after assisting with intubation.
• Consider video laryngoscopy to maintain greater distance from patient’s face.

POST INTUBATION:
• Change gloves after managing airway and prior to touching any equipment (including vent); or double glove and remove top layer after intubating; keep garbage immediately available to dispose of gloves.
• Wipe down equipment after intubating (ventilator, bag, anesthesia machine table, pop-off valve, knobs, blade handle) to clean any contamination that may have occurred.

EXTUBATION:
• All personnel in the OR must be in PPE, including mask and eye protection.
• Minimize personnel within 6 ft of bed during extubation.
• At extubation make sure filter is on ETT at all times if circuit is disconnected and pull ETT with filter on; place garbage can close, easily accessible, and away from other equipment to dispose of ETT tube with minimal transport and contamination involved.
• Have someone available to either place face mask or nasal canula O2 on immediately after extubation or to replace circuit mask with filter over mouth (do not throw away filter at extubation).
• Immediately cover the O2 mask or NC with a surgical face mask and leave in place during transport and on arrival in PACU.
• Be aware of where your gloves have been and what you are touching with them (Omniceil, supply drawers, gauze stacks, syringes, Omnicell screen); wipe down anything that may have been touched or contaminated
• Change or clean gloves and perform hand- or glove-hygiene after extubation.

CLEANING:
• After doffing, surgical masks should be placed in the appropriate blue bin for reprocessing.
• After doffing, N95 masks should be carefully placed in a paper bag labeled with your first name, last 2 digits of UNID, ANES, and the date, with the outside face down. Up to three masks can be placed in each paper bag. Place the bag in the appropriate bin.
• After doffing, PAPRs and EHMR P100s should be cleaned with a grey-top saniwipe, starting with the inside.
• Techs must be diligent and methodical about cleaning between cases:
- Omnicell: drawers and pulls, outside of storage bins, touch screen, waste drawer handle
- Ventilator: screen, arm where bag goes, pop-off valve, inhalational agent vaporizers, gas flow knobs, monitors
- Infusion pumps
- IV poles
- EPIC charting computers and mouse

- If there is a HEPA filter on the expiratory limb, it may be re-used during the day; it should not routinely be replaced during cleaning.

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**Aerodigestive or Respiratory Tract Operation or COVID+/PUI** or Urgent/Emergent without prior COVID test

- **Yes**: All use airborne PPE throughout the case, doors remain closed 14 min after intubation and extubation, use HEPA filter if available.
- **No**: Routine precautions. There is no requirement for 14 minute wait times after intubation or extubation.

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*Person under investigation, **Airborne PPE = eye protection, N95/PAPR, gloves
***Routine precautions = eye protection, surgical mask, gloves
****Development of new lower respiratory tract infection signs/symptoms after a COVID negative test => PUI
Note: COVID neg test should be within 48-72 hours of surgery, 7 days if patient remains asymptomatic and self isolated*
Labeling Your N95 Masks

You should only use reprocessed masks that have been worn by you. So we need you to label your masks with the following information:

- Always use an ultrafine permanent black marker.
- To prevent damage to the filter, write only on the seams.
- We are planning to reprocess masks 5 times.

Write your name here. Your reprocessed masks will be returned to this unit.

Write the date you received your mask when it was brand new.

Write just your first name on the front seam followed by the last two digits of your Unit. We'll try to return masks alphabetically by first name, so reprocessed masks are easy to locate.