Anesthesia Team Management of ASYMPTOMATIC COVID UNKNOWN or ASYMPTOMATIC QUARANTINED* (Covid Negative or Unknown)

During Covid-19Pandemic
(Updated August 25, 2022)

A. Infection Precautions: frequent hand hygiene and proper donning and doffing of PPE is essential.

1. Hand hygiene after every contact with patient.
2. Routine patient care- Surgical mask or N95, eye protection (face shield and/or goggles) and gloves.
3. Aerosolizing procedures (e.g., intubation, extubation)- N95, face shield (to protect N95), gown and double gloves.

B. Type of Anesthesia

1. Regional/MAC
    a. Minimize sedation to decrease need of airway manipulation.
    b. Patient must wear surgical mask.
    c. Supplemental oxygen at lowest level under mask to maintain adequate oxygenation.
2. GA- see below.
3. OB- see OB covid-19 guideline separate from this.

C. OR Planning and Setup

1. Discuss with OR leadership to determine which rooms to prepare:
    a. If an airway case (e.g., tracheal tumor, bronchoscopy, etc.) discuss possibility of negative pressure OR with Matt Miller.
    b. If not an airway case, expect to use regular positive pressure OR.
2. Designated OR setup
    a. Precaution signs on the door of the OR- Contact and Airborne.
    b. Viral filter between the elbow of the breathing circuit and the patient's mask. For smaller pediatric patients that don't tolerate the extra dead space or weight from the viral filter, place it on the circuit's expiratory limb.

D. Donning of PPE (prior to aerosolizing procedure)

1. Ask someone to observe you for best practice.
2. Find a “clean” location.
3. Hair completely covered by surgical cap, tie back hair.
4. N95 mask. Apply hand-sanitizer (no jewelry or watches).
5. Put on inner gloves.
6. Put on gown, place thumbs through holes and tie to back.
7. Place N95, face shield over n95 with or without goggles, or CAPR/PAPR
8. Put on a second layer of gloves.

E. Transport patient to OR.

1. If patient coming from ICU
    a. Transport to OR by OR anesthesia team.
    b. Before going upstairs, gather emergency transport meds/equipment as usual.
    c. Directly outside of patient’s room, don PPE as in D above.
    d. If patient not intubated prior to transport, place regular surgical mask on patient and go directly to designated OR. Oxygen may be placed by nasal cannula beneath the patient’s mask or by an oxygen mask over the patient’s mask.
    e. If patient intubated prior to transport, ensure viral filter between the patient’s ETT and Ambu bag or ventilator. Go directly to designated OR.
2. If patient coming from non-ICU location
    a. Transportation takes patient to partial isolation rooms in pre-an (B 13-14 or C 20-21).
    b. Directly outside of patient’s room, don PPE as in D above.
    c. The anesthesia team should transport the patient directly to designated OR.

F. Management in Operating Room

1. The primary OR Anesthesia team continues with donned PPE used for transport.
2. Intraoperative hand hygiene required at the following times:
    a. Before and after removing outside pair of gloves (sanitizer).
    b. After contact with soiled or contaminated areas (sanitizer, glove removal, sanitizer, new gloves). If gloves are bloody or otherwise heavily soiled, discard.
    c. Before touching the anesthesia machine, pyxis or their contents (sanitizer over gloves).

d. After EVERY contact with the patient (sanitizer over gloves).

3. All disposable supplies placed in the mouth (e.g., airway, stylet) or nose (e.g., nasogastric tube) must be immediately placed in red bags when removed from patient.

4. Viral filter must stay attached to ETT to prevent dispersion of virus if circuit disconnected.

G. Intubation (if needed) in OR

1. Minimize staff in OR.

2. Anesthesia team + all staff with appropriate PPE during intubation: N95/PAPR, eye protection (face shield and/or goggles), gown and gloves (double for intubator).

3. Pre-oxygenate patient to ETO2 over 80%.

4. Consider video laryngoscopy (goal is whatever method portends best first pass success).

5. Minimize mask ventilation – use low tidal volume and low pressure.

6. Confirm endotracheal intubation.

7. Blades:

    a. Reusable blades- place in outer glove, then place into Ziploc/biohazard bag, then use hand sanitizer on top of inner glove (now exposed). If video-laryngoscope blade, place in bin at base of system.

    b. Disposable video-laryngoscope blades- place in red trash bag.

8. Confirm appropriate cuff pressure to minimize risk of aerosolization.

H. Case End/Emergence:

1. If intubated patient is going directly to ICU

    a. Transport the patient intubated with the viral filter between ETT and Ambu directly to ICU.

2. If patient going to PACU

    a. Call PACU charge nurse (732-5443) to alert staff to be ready with appropriate PPE for recovery in partial isolation rooms in PACU (2-3, 22-23, or 24-25).

    b. Place surgical mask on patient with supplemental oxygen under mask by nasal cannula. Use oxygen mask over surgical mask if needed.

I. Doffing of PPE, as applicable

1. Drop all items into garbage.
2. Hand Hygiene to outer gloves.
3. Remove gown.
4. Remove outer gloves.
5. Bend forward to remove face shield and clean with CaviWipe, and can replace. May use alcohol to remove residue.
6. Sanitizer to inner gloves.
7. Inner gloves off into trash
8. In secluded area, sanitize hands, remove and dispose of N95, sanitize hands. Replace with surgical mask.

J. OR Cleanup

1. EVS and anesthesia techs wearing appropriate PPE (including N95 masks) may enter the OR Immediately after the patient leaves the OR. They should perform cleaning with OR doors closed.
2. Anesthesia techs use cleaning protocol.
3. Discard all medications that were out.
4. The water trap at the end of the gas sampling line may contain virus and should be discarded in a red biohazard bag or sharps bucket.
5. OR nurse will remove precaution signs on the door of the OR only after EVS and anesthesia techs have performed their roles.
6. The next patient may enter the OR 30 minutes after the prior patient has left.

K. Ectopic locations

1. Same precautions as above.

*A patient exposed to covid may need to be quarantined up to 14 days due to risk of turning covid positive despite a negative prior test.

References

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