UCHealth Management of Rule Out or Positive COVID-19 Cases in the OR

Pre-Operative Phase

- Prepare designated OR in order to handle Enhanced Precaution
- Notify facilities as necessary
- Place Enhanced Precautions Signs on all OR Doors.
- Have isolation cart and N-95 Masks available

Intra-Operative Phase

- Surgical team members leave the room during intubation and for 15 minutes following intubation if it is safe for the patient
- Remain in visual contact of Anesthesia providers. If team members remain in the OR, stay as far away from patient as possible

Post-Operative Phase

- All patient types – ALL staff in the OR must wear N95 or PAPR mask, gloves, eye protection and hair cover. Staff helping with intubation and extubations should also wear a gown for all patients. For COVID-19 positive or R/O ALL staff wear a gown and shoe covers.

Specimen Handling:

- Specimen to be bagged in OR
- OR RN to drop specimen into additional bag being held by Transporter in the non-sterile hallway (patient transport hallway)
- Transporter to walk specimen down to lab immediately

Contact OR Charge RN / Runner / Anesthesia Tech if you require any other items. Retrieve requested items from Non Sterile Hallway

Limit Vendors in the OR – If entering the OR they should be in and out. If team guidance above for extubation assistants and students

Unused supplies from sterile field can be disposed of as any regular OR case.

Removal of PPE disposal in regular trash, reprocess N95 mask and remove PAPR Hood, and face shield and wipe them down

For Patients from Floor or ICU to OR:

- All Patients will go direct to OR.
- Give 45 min notice prior to transport from ICU or Floor to OR.
- All Patients will go direct to OR.

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For COVID-19 Patients To and From OR

- All personnel MUST change scrubs after case.
## UCHealth Transfer of Rule Out or Positive COVID-19 Patients To and From OR

### Preparation Phase
- Transportation Team will be identified by OR Charge RN and Anesthesia Charge.
- Transportation Team will consist of OR Circulator, Anesthesia APP, and a “runner.” One additional Anesthesia provider to be considered for ventilation management.
- If patient to be transported with ETT in place, HEPA filter on end of ETT and anesthesia provider will ambubag-ventilate patient until patient is in the OR.
- Anesthesia Provider and OR Circulator will wear clean OR PPE designated for COVID-19 Patients.
- Runner will not have patient contact or patient bed contact. Will wear N95 mask.
- Patient will wear mask for transport. Mask will cover nasal cannula if O2 is indicated.
- Clean sheet will be placed to cover patient’s neck to toes for transport and all bed linen.

### Transportation to OR Phase
- Anesthesia Provider with full PPE can enter room for report and hand off of patient care.
- OR Circulator will wait outside of Patient room and will receive patient in hall.
- Runner’s responsibility is to open doors, call elevator, and clear halls of staff and visitors.
- Only Patient Transport designated elevators will be used. Only runner to operate elevator. No other passengers allowed on elevator during transport.
- Patient will bypass PreOp and go directly to the designated OR Suite.

### Post Anesthesia/Recovery Phase
- Identification of where patient will be extubated and recovered will occur at pre op huddle.
- Patients should be extubated in a negative airflow room and recovered in the same room if available.
- Call receiving unit 45 minutes prior to transportation.
- ICU patients should be transported per UCHealth policy back to the ICU unit of origin for extubation.
- If patient to be transported with ETT in place, HEPA filter on end of ETT and anesthesia provider will ambubag-ventilate patient until ready for extubation.
- Non-ICU level of care should be transported per UCHealth policy to the identified negative airflow room for extubation. Location of room to be determined at pre op huddle while taking into account geographical location and staffing resources.

### Post Operative Transportation Phase
- Transportation Team will consist of OR Circulator, Anesthesia APP, and a “runner.” One additional Anesthesia provider to be considered for ventilation management.
- Patient will wear same mask as they came down with unless contaminated for transport. Mask will cover nasal cannula if O2 is indicated.
- If patient is recovered in PACU, PACU RN x 2 with PPE will transport patient to inpatient floor following above guidelines.
- Clean sheet will be placed to cover patient’s neck to toes for transport and all bed linen.

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**ALL N95 Masks need to go through the UV light reprocessing.**