

Please remember to maintain Social Distancing at all times

Pre- 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.

Intra-Operative Phase

Post-Operative Phase

ALL N95 Masks need to go through the UV light reprocessing

All personnel MUST change scrubs after case.

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

Surgeon, Anesthesia lead, OR charge nurse and PACU charge nurse to huddle when patient is scheduled. Determine risks, benefits for surgery and plan for pre op and post op care must occur



Charge RN	Anesthesia Techs	Scrub Tech/RNs	OR Circulating RN	Anesthesia Provider	Surgeon
<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Confirm Anesthesia cart is fully stocked Be on standby for needed assistance Ensure that a Neptune is in the rooms for anesthesia use 	<ul style="list-style-type: none"> Confirm all needed surgical supplies are in the room so no running in and out. 	<ul style="list-style-type: none"> Remove all non essential equipment and supplies not in a closed drawer or cabinet Confirm all needed surgical supplies are in the room, so no running in and out. Keep bed in the OR, clean the bed and then push bed into hallway. If room big enough, keep in room. 	<ul style="list-style-type: none"> Confirm all needed anesthesia supplies are in the room so no running in and out Full PPE including impermeable gown, gloves, shoe covers, eye protection, hair cover, N95 and hood or PAPR mask 	<ul style="list-style-type: none"> Notify Medical Director of OR and charge nurse of COVID-19 Patient and huddle to establish plan
<ul style="list-style-type: none"> Place requested items in the non-sterile hallway (patient transport hallway) 	<ul style="list-style-type: none"> Place requested items in the non-sterile hallway (patient transport hallway) 	<ul style="list-style-type: none"> 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 safely possible 		<ul style="list-style-type: none"> Limit the number of fellows, residents, assistants and students in surgical procedure. 	
	Specimen Handling: <ul style="list-style-type: none"> 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) PPE = droplet mask 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 wear same PPE as other OR staff	
	<ul style="list-style-type: none"> Appropriate disinfectant measures that follow Airborne/TB Guidelines per local Infection Control Policy (See EVS/PAs) 	<ul style="list-style-type: none"> Point of Use Cleaning of Instruments completed Instruments transported in closed case cart immediately to decontamination area in SPD for immediately decontamination 	Patient will be transported by Anesthesia / OR RN to ICU or negative pressure room for extubation and recovery. Recovery location will be identified at initial huddle. Follow intubation surgical team guidance above for extubation		
			<ul style="list-style-type: none"> Keep existing PPE on during transportation of patient to designated recovery area. 	<ul style="list-style-type: none"> Keep existing PPE on during transportation of patient to designated recovery area. 	
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:
Give 45 min notice prior to transport from ICU or Floor to OR. All Patients will go direct to OR.

Follow: UCHealth Transfer of COVID-19 Patients To and From OR on page 2

EVS/PAs

Plan for who will be cleaning room and be ready as soon as patient exits room.

- Full PPE including: gown, gloves, shoe covers, eye protection, N95 or PAPR mask, and hat and begin as soon as patient leaves room
- Terminal Clean room with all Doors Closed
- All items disposed of in regular bags
- Wait 60 minutes after patient exits room prior to entering the room without PPE
- Reset room after the 60 minutes

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Ambulatory Surgery Centers are CLOSED.

The Anschutz Eye Center will transfer suspected or known patients to UCHA – AIP/AOP ORs

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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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