

COVID Care Reminders

Oct. 16, 2020

Procedural Process (Only includes procedures with an aerosol generating procedure AGP procedure list):

General: No masks with valves are allowed. PAPRs are allowed, if there are no other options.

1. Positive/PUI Cases/Unknown Status -
 - a. Use a dedicated room with a runner to help with supplies
 - b. All participants wear complete PPE, including face shield, respirator, gown, and gloves
 - c. Case should be end of the day (if possible)
 - d. Tape main doors to the OR shut during procedure.
 - e. Find a way to have an ante-room. (sub-sterile room with second OR is an option)
 - f. Let room sit for 20 minutes before cleaning, after procedure/extubation.
 - g. Intubation and extubation would ideally be performed in a negative pressure room
 - h. Recycle N95 after COVID positive or PUI cases.
2. Negative Cases -
 - a. Standard surgical PPE is appropriate, if not intubating. If intubation is occurring, see Intubation/Extubation section of this document.

Intubation/Extubation

General: As of 9-22-20, due to the increased activity in Wisconsin, all intubations and extubations are high risk, regardless of COVID status. This requirement may change when activity decreases.

1. Positive/PUI Cases/Unknown Status -
 - a. Everybody in room requires full COVID PPE.
2. Negative Cases -
 - a. Only the intubator and others in the room assisting with intubation/extubation would require N95 and face shield.
 - b. Limit the number of people in the room during intubation/extubation to only essential people.
 - c. No need to keep the room empty after intubation/extubation, since there is a very low risk of spreading COVID.
 - d. If doing multiple intubations (e.g., anesthesia) on COVID **negative** patients, people using N95s should cover their N95 with a surgical mask. At the end of the procedure, throw away the surgical mask and perform hand hygiene.
 - i. The N95 may be re-used for the next COVID negative case. At the end of the day, recycle N95s.

Negative Pressure Room Priorities:

General: All attempts should be made to keep aerosol generating procedures (AGPs) in a negative pressure room. If negative pressure rooms are not available, high risk AGPs should be assigned to those rooms first.

1. Highest risk AGPs - BIPAP, CPAP, high flow oxygen (more than 20 liters), CPR, bronchoscopy, intubation, extubation.
2. Lower risk AGPs - nebulizers

Tiers of COVID isolation:

Tier 1: Any COVID positive, PUI, or suspected patient without an active APG occurring. Eg., mechanically ventilated patient in the ICU, patient on 2 liters of oxygen.

Signs: Purple and yellow isolation sign (airborne + contact + eye protection), Number 1 sign can also be used.

PPE: Respirator (one N95, per Tier 1 patient, per associate, per shift), face shield, gown, gloves

Tier 3: Any COVID positive, PUI, or suspected patient with a continuous AGP occurring. Eg., patient on high flow oxygen.

Signs: Purple and yellow isolation sign (airborne + contact + eye protection), Number 3 sign can also be used.

PPE: Respirator (N95 must be recycled upon leaving room), face shield, gown gloves.

Intermittent Tier 3: Any COVID patient, PUI, or suspect patient with an AGP that is occurring on an intermittent basis. Eg., patient receiving scheduled or PRN nebulizers, patient receiving intermittent bipap, as needed.

Signs: Purple and yellow isolation sign (airborne + contact + eye protection), AGP sign with time written on sign for when the intermittent AGP was completed. Sign must remain on door for and directions adhered to for 20 minutes after end of AGP, if patient in negative pressure room. Sign must remain on door for 60 minutes after the end of the procedure, if patient in a normal room.

PPE: Respirator, face shield, gown, gloves.

If you must enter the room during the AGP time, N95 must be recycled.

Otherwise, you can re-use the same N95 per patient per shift.

Pre-op Testing:

1. Patients having procedures that have an AGP component require a COVID test performed 48-72 hours prior to the scheduled procedure. The result must be reported prior to the procedure.
2. Patients should isolate at home from the time of the test (specimen collection) until the time of the procedure.

3. If the patient tests positive and stays asymptomatic from test date until 10 days after the test, the procedure may occur without any further testing. If the patient is immune compromised, the wait time is extended to 20 days. If the patient becomes symptomatic, the wait time restarts on the day the symptoms begin.
4. If the patient has had a previous positive test result during the 90 days before procedure, a re-test is not required.

Elastomeric Masks:

1. Must be worn with a disposable mask placed over the exhalation valve.
2. Disposable masks must be tossed after leaving each patient room.
3. Outside of elastomeric mask should be disinfected after leaving the patient room.
4. No facial hair allowed with elastomeric masks (same for all respirators ie N95).