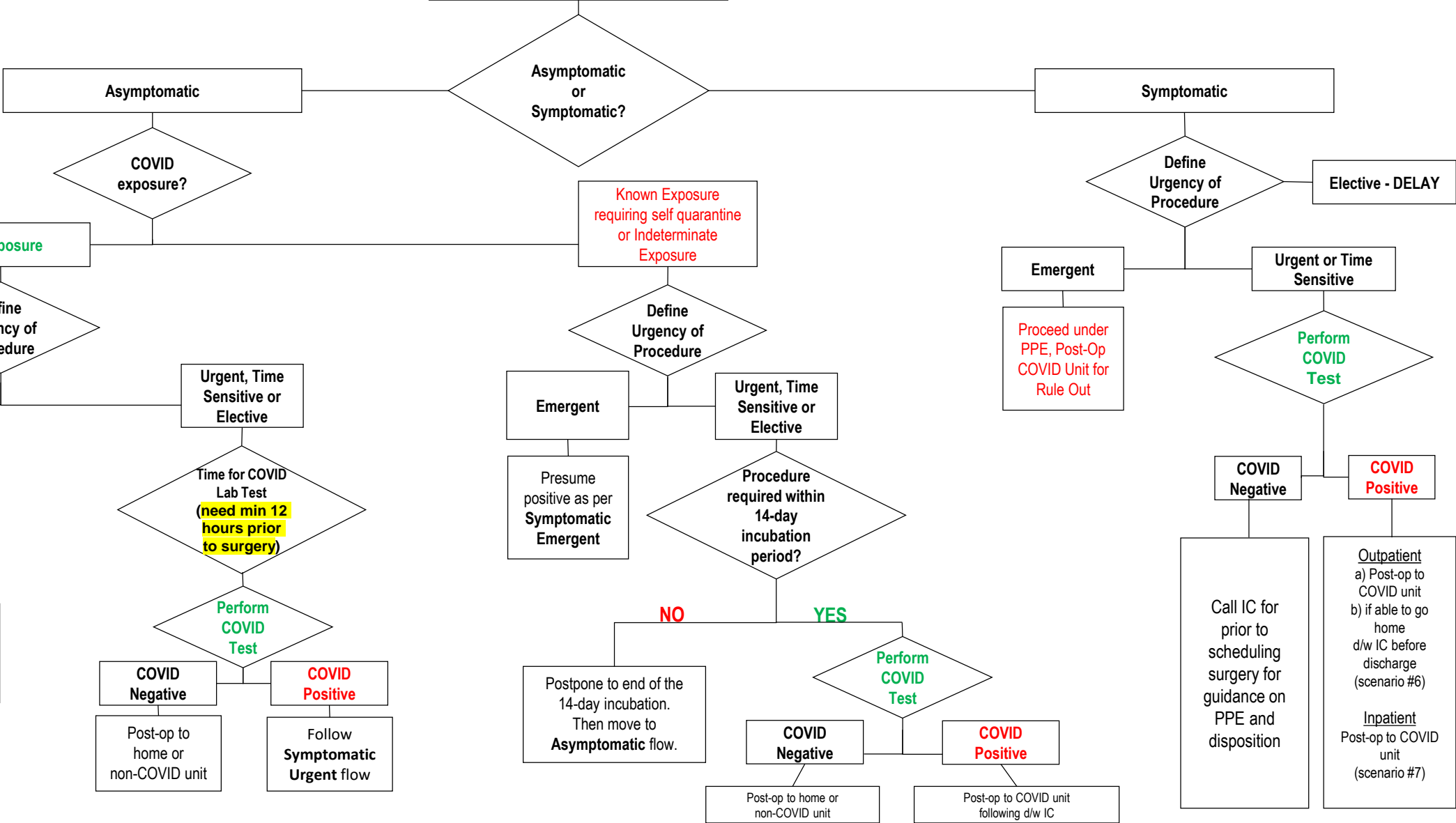


THESE GUIDELINES ASSUME RESOURCES FOR UNIVERSAL COVID TESTING OF ALL PATENTS

Patient with unknown COVID status need procedure, COVID exposure assess and COVID system screen performed



Operational Principles: These guidelines provide decision support for the perioperative management of patients requiring anesthesia and surgical services. They are fluid and reflect the changing prevalence of COVID-19 and knowledge thereof. They are prioritized in the context of PPE availability, PPE reuse capability, and testing capacity.

- All perioperative patients will be clinically screened for symptoms of COVID-19 (new cough, shortness of breath, fever in the last 7 days; known exposure to COVID-19 positive person).
- Patients will be categorized as asymptomatic, asymptomatic with exposure risk, or symptomatic
- Pre-symptomatic patients may shed SARS-CoV-2 from the nasopharynx and oropharynx
- Pre-symptomatic patients require appropriate considerations and PPE for Aerosol Generating Procedures (AGP) including intubation.
- All patients undergoing urgent, time sensitive, and elective procedures will undergo laboratory testing for COVID-19 (this is true regardless of need for anesthesia services).
- All COVID laboratory testing must be performed within 72 hours pre-procedure (no exceptions).
- Time allowing, all medically necessary time-sensitive cases and elective cases (Class C1, C2, D, and E) will be asked to socially distance for 2 weeks prior to COVID testing and self quarantine from time of testing until day of their surgical procedure.
- It is recognized that emergency cases and some urgent cases may be time prohibited with respect to testing and social distancing; appropriate PPE and workflow will be required
- The number of providers in any operating room will be minimized

Definitions:

Standard COVID PPE: team members don full contact, droplet, and airborne PPE. Minimum PPE includes N95 respirator with face shield / goggles, gown and double gloves.

Augmented COVID PPE: team members don full contact, droplet, and airborne PPE. This includes PAPR/CAPR plus gown and double gloves.

High-Risk Surgeries: These procedures require all team members to use of *Standard* COVID PPE unless patient is known COVID test negative then SOP for OR

- All thoracic surgery requiring lung isolation or tracheal / pulmonary resection
- Flexible Bronchoscopy of lower airways through ETT – Diagnostic (DLT and blocker placement), BAL, brushing, biopsy, transbronchial biopsy or similar.
- GI Endoscopy, TEE, ECT, cardioversion
- Scheduled cesarean section or other planned regional anesthetic with high likelihood of requiring conversion GA (mask or intubation)

Ultra-High-Risk Surgeries: These procedures require all team members to use of *Augmented* COVID PPE unless patient is known COVID test negative then SOP for OR

- Any procedures on the glottis, oropharynx, nasopharynx, mastoid, or sinuses
- Any ENT/OMFS procedures using cautery, laser, drill or saw use within airway/oral cavity
- Any procedures utilizing operative rigid laryngoscopy or rigid bronchoscopy
- Any procedures on the subglottic airway involving incision of the airway (tracheostomy), dilation of the airway, laser or electrocautery debridement of the airway

NOTE: PLACEMENT OF A NASOGASTRIC / OROGASTRIC / NASOENTERIC FEEDING TUBE ARE NOT AGP DUE TO SHORT TIME FRAME SMALL BORE PROCEDURE

NOTE: CONSCIOUS SEDATION, BY ANY PROVIDER, IN COVID UNKNOWN ASYMPTOMATIC PATIENTS SHOULD BE PERFORMED WITH A PROCEDURAL MASK or INJECTIOUS AEROSOL CAPTURE MASK ON THE PATIENT WITH OR WITHOUT SUPPLEMENTAL OXYGEN. THE SMALL RISK OF REQUIRING GA OR TRANSITIONING TO DEEP SEDATION DOES NOT NECESSITATE USE OF COVID PPE IN LOW RISK ASYMPTOMATIC PATIENTS. USE SOP FOR DROPLET PROTECTION. COVID TESTING SHOULD BE PERFORMED TIME ALLOWING TO AVOID THESE REQUIREMENTS IF NEGATIVE.

Scenarios in based upon COVID-19 flow chart and **ABSENT** COVID Lab testing:

Scenario	Anesthesia Provider PPE	Surgery/ Nursing/ Scrub PPE	Notes
<p>1 Asymptomatic No exposure Low risk procedure Emergent or Urgent</p> <p>OR</p> <p>Asymptomatic with positive exposure No symptoms after 14-day quarantine Urgent Low Risk Procedure</p>	<ul style="list-style-type: none"> N95 + face shield/goggles or PAPR/CAPR Gown Double gloves 	<ul style="list-style-type: none"> SOP if not present for intubation otherwise same as anesthesia providers 	<ul style="list-style-type: none"> Minimize number of providers present 15-minute wait time (following intubation) for entry 15-minute wait time for egress following extubation
<p>2 Asymptomatic, No exposure, Emergent High-risk procedure</p>	<ul style="list-style-type: none"> N95 + Face shield/goggles or PAPR/CAPR Gown Double gloves Augmented PPE indicated if ultra-high-risk procedure 	<ul style="list-style-type: none"> N95 + Face shield/goggles or PAPR/CAPR Gown Double gloves Augmented PPE indicated if ultra-high-risk procedure 	<ul style="list-style-type: none"> PPE to be worn by all members throughout procedure Minimize number of providers present
<p>3 Asymptomatic Positive exposure Emergent procedure</p> <p>OR</p> <p>Symptomatic Emergent procedure</p>	<ul style="list-style-type: none"> N95 + Face shield/goggles or PAPR/CAPR Gown Double gloves Augmented PPE indicated if ultra-high-risk procedure 	<ul style="list-style-type: none"> N95 + Face shield/goggles or PAPR/CAPR Gown Double gloves Augmented PPE indicated if ultra-high-risk procedure 	<ul style="list-style-type: none"> Presume positive PPE to be worn by all members throughout procedure Minimize number of providers present 15-minute wait time for egress following extubation or leave intubated based on medical condition COVID unit post op for R/O

Scenarios in based upon COVID-19 flow chart where COVID Lab testing **PERFORMED** before procedure:

Scenario	Anesthesia Provider PPE	Surgery/ Nursing/ Scrub PPE	Notes
4 Asymptomatic No exposure Urgent - High risk procedure COVID Negative	<ul style="list-style-type: none"> SOP 	<ul style="list-style-type: none"> SOP 	<ul style="list-style-type: none"> Post op home or non-COVID unit For concerns regarding need for PPE for ENT / OMFS ultra high-risk cases follow current IC guidelines
5 Asymptomatic No exposure Urgent - High risk procedure COVID Positive	<ul style="list-style-type: none"> N95 + Face shield/goggles or PAPR/CAPR Gown Double gloves Augmented PPE indicated if ultra-high-risk procedure 	<ul style="list-style-type: none"> N95 + Face shield/goggles or PAPR/CAPR Gown Double gloves Augmented PPE indicated if ultra-high-risk procedure 	<ul style="list-style-type: none"> PPE to be worn by all members throughout procedure Minimize number of providers present 15-minute wait time for egress following extubation or leave intubated based on medical condition and proceed to COVID ICU If able to go home discuss plan with IC prior to start of case
6 Symptomatic Urgent procedure Outpatient COVID POSITIVE NOTE: If COVID negative contact IC before scheduling procedure for guidance on PPE and disposition	<ul style="list-style-type: none"> N95 + Face shield/goggles or PAPR/CAPR Gown Double gloves Augmented PPE indicated if ultra-high-risk procedure 	<ul style="list-style-type: none"> N95 + Face shield/goggles or PAPR/CAPR Gown Double gloves Augmented PPE indicated if ultra-high-risk procedure 	<ul style="list-style-type: none"> PPE to be worn by all members throughout procedure Minimize number of providers present 15-minute wait time for egress following extubation or leave intubated based on medical condition and proceed to COVID unit If able to go home discuss plan with IC prior to start of case
7 Symptomatic Urgent procedure Inpatient COVID POSITIVE NOTE: If COVID negative contact IC before scheduling procedure for guidance on PPE and disposition	<ul style="list-style-type: none"> N95 + Face shield/goggles or PAPR/CAPR Gown Double gloves Augmented PPE indicated if ultra-high-risk procedure 	<ul style="list-style-type: none"> N95 + Face shield/goggles or PAPR/CAPR Gown Double gloves Augmented PPE indicated if ultra-high-risk procedure 	<ul style="list-style-type: none"> PPE to be worn by all members throughout procedure Minimize number of providers present 15-minute wait time for egress following extubation or leave intubated based on medical condition Proceed to COVID unit

Note: If patient is asymptomatic with a positive exposure undergoing quarantine and an urgent procedure is required during quarantine please obtain a COVID test. If negative, follow scenario #4. If positive, follow scenario #6 for outpatient and scenario #7 for inpatient.

Note: Based on current air exchange rates in our operating rooms and procedure rooms.

- **Positive pressure rooms in the operating rooms and cardiac cath lab interventional suites require 15 minutes post AGP for 99% clearance**
- **Positive pressure rooms in Interventional Radiology require 20 minutes post AGP for 99% clearance**
- **Neutral pressure rooms are GI procedure rooms and Cath lab procedure room require 20 minutes post AGP for 99% clearance**
- **Negative pressure rooms do not require entry or egress waiting post AGP**

- **NOTE:** In the event a conflict arises that cannot be resolved by the surgical/anesthesiology medical directors of the operating room, a subcommittee – comprised of the Senior Associate Dean for Clinical Affairs, the Chair of Surgery and the Chair of Anesthesiology, appointed by the CMO for purposes of final adjudication – will hear all appeals. Their decision will be final.
- **NOTE:** All COVID testing must be completed no more than 72 hours prior to the procedure. Ideally, this should be as close as possible to the actual time and date of the procedure. For Inpatients, the test should be within the 72-hour mark, with a grace period of 6 hours only in the event a case is unexpectedly canceled. Outpatients should arrive for their procedure within the 72-hour window, with a 6 hour grace period provide to accommodate logistics of travel and arrival. Outside of this window will result in case cancellation and need for retesting
- **NOTE:** Time allowing, all surgical patients should apply social distancing principles within the 2 weeks prior to testing and the surgical procedure and self quarantine in their home for the period between test acquisition and day of surgery.

- **NOTE: Healthcare workers at UNMC/NM Needing Procedures:**
- Healthcare workers (HCWs) who require medical care, including procedures, may continue normal job duties in the immediate pre-procedure time period. They should use appropriate PPE. Caring for patients, including COVID-19 positive patients, with use of appropriate PPE, is not considered a COVID19 exposure and does not warrant exclusion from a medical procedure. It is recommended that HCWs be instructed to follow strict adherence to infection control policies, continue to work and self-isolate when at home for the 14 days preceding their procedure, and follow routine pre-procedural testing guidance.