

Loma Linda Surgical Workflow for COVID 19 Rooms

Important points in presurgical planning

- COVID 19 rooms are only to be used for **COVID 19 positive or PUI**
- Discuss plan of care- surgical necessity
 - Must have attending to attending discussion (surgery and anesthesia)
- Discuss plans to minimize room entry/exit and exposure of multiple staff
- **Surgeons going to the OR need to organize a backup team for calls, as the surgeons in the OR during the case will not be able to address consults or floor pages while operating**
- Entrance to the OR should be limited to the ante-room
- **Personal Items left (phones, wallets, to leave on a table outside the room and there will be OR personal to watch your items), leave pager at front desk with instructions on who to contact if pager goes off.**
- Note for wearing N95 masks in the OR, proper fitting should be performed (if you're not fitted, please a lot 30 minutes ahead to get fit tested). Facial hair should be appropriate for N95 (refer to CDC guidelines attached)
- Also wear the appropriate eye shields for the case. Regular glasses not recommended unless they wrap around the eye or face shield is worn
- If wearing loupes, can wear face shield in front of loupes
- Consider the following for PPE (modeled from University of Nebraska)
 - Level 1 PPE: surgical gown, regular Surgical Mask, eye protection, shoe covers, double glove
 - Level 2 PPE: surgical gown, N95 Mask, Face shield/Eye Protection, shoe covers, double glove
 - Level 3 PPE: surgical gown, Advanced respiratory protection, Face shield/eye protection, shoe covers, double glove
 - Ex: PAPR/CAPR
 - CPAP mask (works with loupes and microscope)
 - Procedure Risk (with Positive COVID19 or PUI also modeled from University of Nebraska)
 - Low Risk procedures for aerosol generation- At minimum, surgery/surgery tech staff to wear level 2 PPE
 - High risk procedures for aerosol generation- Level 2 PPE at minimum
 - 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- Level 3 PPE at minimum
 - 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

Patient Arrival to the OR

- Patient enters via the main OR door
- Refer to Nursing OR COVID process regarding “pre-procedure” timeout and transporting patient from bed to OR table.
- Surgical team should don the following PPE for positioning and assisting of the patient in the Ante-room
 - Yellow Protective Gown

- N95 Mask (or advanced respiratory protection)
- Eye protection (Face Shield +/-)
- During Intubation- unless needed to help with the airway, stay at least 6 feet away from head of bed
- After positioning is complete, exit to the ante-room and remove yellow gown, and gloves, keep Eye protection, N95 (or advanced respiratory protection) and shoe covers on
- KEY POINT- Hand hygiene with sanitizer and/or soap and water are important when moving back and forth between OR, Ante-room, and/or scrub sink
- Scrub for surgical case then enter room through ante-room
 - Refer to attached document for donning and doffing of surgical attire.
 - KEY POINT- after drying hands, first place under glove, then gown, then over glove (this is important when doffing)

Contamination Event During Surgery (adapted from Medical University of South Carolina protocol)

During operation, may exchange over gloves, with scrub nurse/tech changing their over gloves as well. If any other PPE is compromised during the case, remove gown and outer gloves, assess need for removal of visor and/or mask and follow steps in doffing procedure until contamination is resolved, then start over with donning (**must** re-scrub). The N95 mask should only be removed **after** exiting OR.

- During surgery, notify OR staff for approximately 1 hr estimate for surgery completion to allow PACU and OR staff to prepare.
- Once surgery is complete and patient is undraped, follow Nursing Process for transportation of patient
- Doffing your scrubbed outfit in the OR as per LLU Protocol MUSC protocol
 - First clean outer gloves with wet sponge and hand sanitizer
 - Remove gown and outer gloves in the OR
 - Door to Ante room will be opened
 - In Ante-room use hand sanitizer on under glove and remove respirator, eye protection, equipment (head light), bouffant, and shoe covers in ante-room
 - Will be instructed on what can be saved and reused and what cannot
 - Use hand sanitizer on under glove
 - Remove under glove
 - Door out of ante-room will be open, wash hands for 20 secs with soap and water
- Go change into new scrubs
- Shower is optional and recommended (currently need to bring your own towel, soap, shampoo, showers flipflops; options for holding these currently being worked on)

SCRUBBED PERSONS

STEPS FOR DONNING PPE

Outside Anteroom:

- Perform hand hygiene



- Put on N-95 respirator or advanced respirator, (if not already in place)



- Put on eye protection, (if not already in place)



- Put on shoe covers, (if not already in place)



- Perform Surgical Hand Scrub at scrub sink



You are now ready to enter Anteroom and proceed to COVID OR (only 1 person at a time in Anteroom)

- Enter surgical suite for sterile gowning and gloving

- Double glove, place under glove first, then gown and outer glove



SCRUBBED PERSONS

STEPS FOR DOFFING PPE

Inside COVID OR:

- First clean outer gloves with moist towel, then use hand sanitizer on outer glove
- Remove contaminated surgical gown and outer glove gloves



In Ante Room (1 person at a time):

- Perform hand hygiene with sanitizer on undergloves



- Remove eye protection (place in bin for disinfection), N-95 respirator, bouffant, and shoe covers



- Perform hand hygiene on undergloves

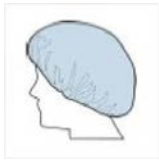


- Remove gloves and perform hand hygiene



You may now exit the Anteroom

- Replace clean bouffant outside anteroom



- Wash hands with soap and water for 20 secs
- Change into new scrubs

NON-SCRUBBED PERSONS or Surgeons going into Position Patient

STEPS FOR DONNING PPE

Outside Anteroom:

- Perform hand hygiene



- Put on isolation gown and shoe covers, if not already in place



- Put on N-95 respirator:



- Put on eye protection



- Put on gloves



**You are now ready to enter Anteroom and
proceed to COVID OR**

NON-SCRUBBED PERSONS

STEPS FOR DOFFING PPE

In Ante Room:

- Remove isolation gown & shoe covers



How to remove reusable gown:

Remove right arm from sleeveless armhole. Carefully, bring gown around the back to the front, continuing to remove left arm sleeve. As you remove left arm, begin rolling gown away from your body. Remove right arm from sleeve and continue rolling gown into a ball. Place gown into dirty linen hamper.

- Remove gloves, perform hand hygiene, put on new gloves



- Remove eye protection (place in bin for disinfection), N-95 respirator, bouffant, perform hand hygiene



****Keep respirator, bouffant, eye protection on if going to scrub for surgery****

You may now exit the Anteroom

- Replace clean bouffant outside anteroom