### Department of Anesthesia
### OR TEAM ORGANIZATION

**Class A/B with Negative COVID-19 Screening**
**Class A Code Stroke Thrombectomy Patients (screened or not screened)**

<table>
<thead>
<tr>
<th></th>
<th>Anesthesia Provider</th>
<th>Circulating RN</th>
<th>Scrub Tech</th>
<th>Surgeon</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Arrival in OR</strong></td>
<td>Respirator (N95), face shield, isolation gown, gloves.</td>
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<td><strong>Pre-Induction Time-Out</strong></td>
<td>Remove gloves in OR, hand hygiene, step into hallway. May remain in hallway up to 20 min if clinically appropriate. (Take care not to contaminate people/objects in hallway.)</td>
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<tr>
<td><strong>Induction of Anesthesia Intubation</strong></td>
<td>Perform hand hygiene, put on clean gloves in hallway. Return to OR.</td>
<td></td>
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<td><strong>Positioning &amp; Prep</strong></td>
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<td>Perform hand hygiene, put on clean gloves in hallway. Return to OR.</td>
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<tr>
<td><strong>Surgical Procedure</strong></td>
<td></td>
<td></td>
<td>Sterile gown and gloves.</td>
<td></td>
</tr>
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<td><strong>Extubation</strong></td>
<td>Remain in OR if only one anesthesia provider present during extubation. Remove isolation gown and gloves, hand hygiene and exit OR.</td>
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<td><strong>Recovery</strong></td>
<td>Remove isolation gown and gloves in OR, hand hygiene. Clean gloves to transport.</td>
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<td><strong>Wrap-Up</strong></td>
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## COVID+/PUI Patients

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<td>Remove outer isolation gown and gloves in OR, hand hygiene, step into hallway. May remain in hallway up to 20 min. (Take care not to contaminate people/objects in hallway.)</td>
<td>Perform hand hygiene, put on clean gloves in hallway. Return to OR.</td>
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Surgical Services Team Organization for **Class A and B cases during the COVID-19 pandemic.**

These guidelines pertain to patients scheduled for Class A or B emergency/urgent surgery who have screened negative for COVID-19 (no fever nor respiratory symptoms) and Class A Code Stroke Thrombectomy (screened and unscreened), but there is not time to obtain a test and wait for the results.

- **Arrival in OR:** The patient arrives with a surgical mask. Team members will enter the OR with the patient.
  - All team members are following airborne/contact/eye precautions (respirator, face shield, isolation gown and gloves).

- **Pre-induction time-out:** The patient is moved to the OR table, monitors are applied, and a pre-induction time-out is performed per routine. (Team members for a standard time-out procedure include, at a minimum, the scrub tech, circulating RN, senior surgical resident/fellow/attending surgeon, and an anesthesia provider).

- **Induction of anesthesia:** If an Aerosolizing Generating Procedure (AGP) is going to be performed, everyone except the scrub tech (sterile) and intubation team step into the hallway. If no AGP (e.g., MAC or regional anesthesia is used), staff do not need to step into the hallway.
  - There need to be two people at the head of the bed for induction/intubation, either two anesthesia providers or one anesthesia provider and the circulating RN.
  - The surgical team (and circulator if not assisting with the intubation) steps into the hallway for up to 20 minutes if clinically appropriate.
    - The gloves should be removed prior to exiting OR room, and hand hygiene performed. Isolation gown, respirator and face shields can remain on.
    - Team members should take precautions to avoid contaminating other staff, patients, and equipment in the hallway while wearing PPE.
    - In an emergency, it may not be practical for the surgery team to step into the hallway for the intubation (e.g., acutely hemorrhaging trauma patient).

- **Surgical positioning/scrub/gowning and gloving:** The surgical team (and circulating RN) performs hand hygiene, puts on clean gloves, re-enters the OR, and assists with patient positioning.
  - The surgical team removes isolation gown and gloves, performs hand hygiene, steps out of the OR, scrubs, and returns to sterilely gown/glove and drape.
o The pre-incision time-out is performed.

- Surgical procedure: Per routine.

- Extubation, if in OR: The anesthesia provider and one other team member stay in the OR for extubation. All other team members may step out after removing gown and gloves and performing hand hygiene.
  o The patient is recovered in the OR for 20 minutes with two team members present. Traffic in and out of the OR should be limited.

- Recovery: Recovery in PACU isolation room with patient wearing surgical mask.
  o The anesthesia provider should keep on respirator and face shield but remove gown and gloves, perform hand hygiene and put on clean gloves for transport.

- Wrap-up:
  o N95 masks should be recycled/decontaminated per protocol. Face shields should be cleaned per protocol.
  o OR cleaning
    - Wait 20 min after patient exits prior to cleaning.
    - Clean using isolation gown, gloves, face mask and face shield.
Surgical Services Team Organization for COVID+/PUI patients

These guidelines pertain to patients who have tested positive for COVID-19 or screened positive and have a test pending (PUI). They may be scheduled or Class A – D add-on procedures. This group also includes Class A or B add-on procedures in which screening was impossible (e.g., unconscious patient).

- Arrival in OR: The procedure should be done in a negative-pressure operating room (MOR 14, 15) if at all possible. The patient arrives with a surgical mask.
  - All team members are following airborne/contact/eye precautions (respirator, face shield, isolation gown and gloves).
  - Staff who plan to leave the room for intubation (surgeon, possibly circulating RN) will perform hand hygiene, put on one isolation gown and tie around the waist, then put on a second isolation gown and tie around the waist. Put on gloves and enter room.
- Pre-induction time-out: The patient is moved to the OR table, monitors are applied, and a pre-induction time-out is performed per routine. (Team members for a standard time-out procedure include, at a minimum, the scrub tech, circulating RN, senior surgical resident/fellow/attending surgeon, and an anesthesia provider).

- Induction of anesthesia: Everyone except the scrub tech (sterile) and intubation team step into the hallway. If no AGP (e.g., MAC or regional anesthesia is used), staff do not need to step into the hallway.
  - There need to be two people at the head of the bed for induction/intubation, either two anesthesia providers or one anesthesia provider and the circulating RN.
  - The surgical team (and circulating RN if not needed for intubation assistance) steps into the hallway.
    - Prior to exiting room, remove one isolation gown and gloves following the PPE removal instructions. This needs to be done carefully to avoid contaminating and damaging the gown underneath. Perform hand hygiene and exit room. Respirator and face shields can remain on.
    - The surgical team may remain in the hallway up to 20 min to allow airborne particles to be removed. Precautions should be taken to avoid contaminating other staff and equipment. The team should remain immediately available in the hallway the entire time.

- Surgical positioning/scrub/gowning and gloving: The surgical team (and nurse) performs hand hygiene and puts on clean gloves, re-enters the OR, and assists with patient positioning.
The surgical team removes isolation gown and gloves, performs hand hygiene, steps out of the OR, scrubs, and returns to steriley gown/glove and drape.

- The pre-incision time-out is performed.

### Surgical procedure: Per routine

### Extubation or transport:
- If postoperative ventilation is planned, the patient is transported to the ICU.
  - The anesthesia provider should keep on respirator and face shield but remove gown and gloves, perform hand hygiene and put on clean gloves.
  - An assistant wearing a face mask and face shield should accompany the anesthesia provider and patient to open doors, push elevator buttons, etc.
- If extubation is planned at the end of the procedure, all team members except the anesthesia provider and one other team member should step into the hallway after removing sterile gown/isolation gown and gloves and performing hand hygiene.
  - After extubation, the patient will be recovered in the OR for at least 20 min. Traffic in/out of the room should be limited. The entire recovery is done in the OR.

### Recovery:
- A surgical face mask is placed on the patient (over the nasal cannula, under an oxygen mask). The patient continues to wear this mask for transport to other patient care areas.

### Wrap-up:
- N95 masks should be recycled/decontaminated per protocol. Face shields should be cleaned per protocol.
- OR cleaning
  - Wait 20 min after patient exits prior to cleaning.
  - Clean using isolation gown, gloves, face mask and face shield.