

## General

### Definitions:

- *Positive or negative by test:* A COVID-19 test has been performed and has resulted as positive or negative.
- *Positive or negative by screening:* Patient (or reliable surrogate) has answered the screening questions (fever, cough, shortness of breath, or sore throat in the last 24 hrs.) and the patient is categorized as positive or negative based on symptoms (if positive by symptoms, they transition to PUI status).
- *Asymptomatic screening test:* The COVID-19 test sent for screening purposes in asymptomatic patients scheduled for surgery (elective or class B, C, D or U). Should not trigger PUI status or warnings.
- *Symptomatic test:* Test sent to determine COVID-19 status in symptomatic patients. Triggers PUI status and warnings.
- *AGP:* Aerosol Generating Procedure (intubation, extubation, bronchoscopy, etc.).
- *PUI:* Person Under Investigation (patient positive by screening and symptomatic test is ordered).

### Extubation in the OR vs in the ICU

- *COVID positive patients or PUIs:* Epidemiology recommends that these patients should be extubated in a negative pressure room if possible.
  - *Cases performed in negative pressure ORs 14 or 15:* ORs 14 and 15 have been converted to negative pressure rooms dedicated to COVID-19 positive/PUI cases. Thus, for COVID-19 positive cases done in these two rooms, if the patient will not require post-operative ventilation, they will be extubated in the OR, recovered for 20 min in the OR, and then transported with a surgical mask by the Anesthesia Team to the ICU.
  - *Cases performed in non-negative pressure ORs and patient is assigned to a negative pressure ICU room:* When a procedure is performed on a COVID-19 positive/PUI patient in a non-negative pressure OR, and the patient is assigned to a negative pressure room in the ICU, the patient should be transported to the negative pressure room in the ICU and extubated there. Whether the transporting Anesthesia team will extubate immediately after arrival to the unit or the ICU team will do this at a later time should be based on patient status and discussions between the Anesthesia and ICU teams.
  - *Cases performed in non-negative pressure ORs and patient is not assigned to a negative pressure ICU room:* Under surge conditions, COVID-19 positive/PUI patients may be placed in non-negative pressure ICU rooms. These patients will be extubated in the OR based on their need for post-operative ventilation. Again, the Anesthesia and ICU teams should discuss extubation plans. If patients are extubated in the OR, they will be recovered for 20 min in the OR, and then transported with a surgical mask by the Anesthesia Team to the ICU.
- *Transportation and admission to the ICU:* Patients will be transported to the ICU by the Anesthesia team per hospital transport policies based on intubation status (intubated vs extubated) and COVID-19 status (positive/PUI vs negative vs unknown). Patients should be received in the ICU by personnel wearing appropriate equipment based on the patient status as indicated below. Be aware that Anesthesia providers may be wearing N95 masks on arrival to the ICU due to their involvement in AGPs in the OR per Anesthesia Department policies. This does not mean ICU personnel need to follow aerosol precautions unless AGPs are planned in a positive/PUI/unknown patient.

### **Postoperative Guidelines Based on COVID-19 Status**

#### COVID-19 negative by testing:

Receive from the OR using standard precautions (face shield, facemask, etc.).

#### COVID-19 positive by test/positive by screening/PUI

Receive from OR using droplet, contact and eye precautions, and use airborne, contact and eye precautions for AGPs. Positive by screening patients should have the symptomatic test sent and converted to PUIs. PUIs can be changed to positive or negative status when test results are resulted.

#### COVID-19 negative by screening, asymptomatic testing not done/in progress/results not known:

For PPE purposes, these patients are treated as PUIs in the OR since AGPs are performed. Since these patients are asymptomatic and negative by screening questions, and would not be tested if they had not undergone a procedure, they should be treated as COVID-19 negative patients with standard precautions. However, if there is any question about symptoms, the patient should have a symptomatic test sent and converted to PUI status.

#### COVID-19 testing not done/results not available, unable to be screened:

These would be mostly emergent patients (class A, thrombectomy, etc.) in whom symptomatic screening could not be done pre-procedure and for whom testing was not done or results are not known. Due to the unknown status, these patients should be treated as PUIs and received from the OR by personnel in full droplet, contact and eye precautions, or airborne, contact and eye precautions for AGP. It will then be up to the ICU team to decide whether to try and clear the patient by obtaining reliable answers to the screening questions from the patient (after recovery from anesthesia) or surrogate, or to order the symptomatic test and convert the patient to formal PUI status pending test results. If the patient is intubated, the ICU team should use its judgment on whether to extubate (with appropriate PPE) before or after screening or testing is completed.

#### Communication with the OR

When triaging cases for admission from the OR, the ICU triage officer will need to get explicit information from the OR team about the patient's screening and/or testing status and what precautions were used in the OR and why, so that the receiving ICU team can be equipped in appropriate PPE when the patient arrives.