






	Active COVID Infection or Presumed Active COVID Infection	Asymptomatic with no COVID Testing or Result (Infection Screening Questionnaire Negative)
Which patients are included?	<ul style="list-style-type: none">  Active COVID Infection: Positive COVID test (excludes Recently Recovered status)  Rule-out COVID-19, Person Under Investigation (PUI): COVID test sent due to risk/signs/symptoms, results pending  Potential COVID Risk - Patient Symptomatic: Signs/symptoms or exposure concerning for COVID are present; COVID testing not done (see FAQ, question #3) <input type="checkbox"/> Unable to obtain Infection Screening + no COVID test: Unable to assess history/symptoms and no test results available 	<p>Patient asymptomatic (Infection Screening questionnaire negative) and no COVID test results</p> <ul style="list-style-type: none">  Asymptomatic Class A/B with no test results available  *Asymptomatic Class C with clinical need to proceed with surgery before COVID-19 Asymptomatic Screen lab test result is available <p>*If clinically appropriate to await COVID testing results, waiting is preferred</p>
OR Door Signage	High Risk Patient COVID-19	Class A/B COVID Status Unknown
Preferred ORs	MOR 15 if possible MOR 10 & 27 (Cardiac) • MOR 26 (Laminar flow/Trauma) • SFCH 1 & 7: Cardiac	<u>Do not use</u> MOR 15 MOR 10 & 27 (Cardiac) • MOR 26 (Laminar flow/Trauma) • SFCH 1 & 7: Cardiac
Transport to OR	<ul style="list-style-type: none"> • Transport to OR per standard protocols (patients will go direct to DOSA, OR, or OR desk) • Patient wears surgical mask during transport per hospital policy for all patients • Anesthesia team dons full PPE before receiving patient • Surgical mask remains on patient until intubation in OR then discard 	<ul style="list-style-type: none"> • Transport to OR per standard protocols (asymptomatic Class B/C patients may go through DOSA) • Patient wears surgical mask during transport per hospital policy for all patients • Anesthesia team dons full PPE when assuming care or before entering OR • Surgical mask remains on patient until intubation in OR. Save patient mask in bag for postop
Anes Workroom	<ul style="list-style-type: none"> • COVID-19 Anesthesia cart with essential supplies • Dedicated anesthesia workroom tech/designee 	<ul style="list-style-type: none"> • Regular anesthesia cart • No dedicated anesthesia workroom tech/designee
ICU Ventilator or HMEF Filter Use RT pagers: MOR 3921 SFCH 3935	<ul style="list-style-type: none"> • <u>Intubated patients on ICU ventilator:</u> ICU ventilator for transport/OR/postop transport + TIVA intraop • <u>Non-intubated patient anticipating post-op mechanical ventilation:</u> <ul style="list-style-type: none"> • Intubate in OR and connect to ICU ventilator (if avail for intraop) + TIVA intraop • If ICU ventilator not avail for intraop OR, call for ICU ventilator for transport • <u>Non-intubated patients anticipating in-OR extubation:</u> Anesthesia machine + HMEF filter <p>Ambu-bag + HMEF filter for transport for intubated patients not on ICU ventilator</p>	<ul style="list-style-type: none"> • Use HMEF filter on anesthesia machine • No routine use of ICU ventilator in OR or transport
Nursing Staffing	2 circulators, keep same team and minimize handoff	
Anes Staffing	Minimize team members/handoff to reduce cross contamination	Standard staffing
PPE (Don all PPE prior to receiving patient)	<ul style="list-style-type: none"> • N95 mask (preferred) or CAPR: leave on for transport • Face shield or disposable eye protection: leave on for transport • Isolation gown: doff before transport • Gloves: doff, perform hand hygiene, and replace before transport • Shoe covers: doff before transport <p>CAPR is only worn if N95 deemed not appropriate by employee health</p> <p>Clean gown and gloves may be worn during transport to postop destination if actively providing patients care (e.g., critically ill patients). Must be accompanied by provider/transporter who can operate doors/elevators without contamination (no gloves/gown)</p>	
N95 Decontamination	Place in bin for decontamination after case	Continue to use N95 until shift end or care of COVID positive/presumed positive patient
Postop Destination	<p>ICU: Designated ICU location (SPU/SNICU/MICU: discuss with SNICU triage pager 1461. Notify SNICU triage pager 30 min prior to arrival.) <u>Postop mech ventilation needed:</u> Transport with ICU ventilator if available (Ambu + HMEF filter if ICU vent not available) <u>Postop mech ventilation not needed:</u> If patient is going/returning to a negative pressure ICU room, extubate in ICU. Otherwise extubate in OR and recover for 20 min after any AGP (inc vigorous coughing) with surgical mask over face before transport to ICU</p> <p>Adult Non-ICU patients <u>General anesthesia:</u> Remain in OR for 20 mins post extubation → Transport to PACU with surgical mask to complete recovery in PACU Iso room (droplet/contact/eye precautions). If PACU Iso room is unavailable, remain in the OR 60 min then consult with PACU charge to ensure patient meets PACU discharge criteria before transporting patient to floor (if inpatient or being admitted) or SSRF (if going home). <u>MAC:</u> Recovery in OR with surgical mask over face → Anesth transport to floor (if inpatient or being admitted) or SSRF (if going home) <u>Regional anesthesia:</u></p> <ul style="list-style-type: none"> • <u>Unilateral Peripheral Nerve block:</u> If no aerosol generating procedure was performed within 20 minutes of end of case, transport patient directly to floor (if inpatient or being admitted) or SSRF (if going home) when level of consciousness is appropriate • <u>Neuraxial Block (Spinal, Epidural, or CSE for surgical anesthesia) or Bilateral Peripheral Nerve Block:</u> If no aerosol generating procedure was performed with 20 minutes of end of case, transport to PACU Isolation room (droplet/contact/eye precautions) with surgical mask on patient. If PACU Isolation room is unavailable, recover in the OR for 60 mins then consult with PACU charge to ensure patient meets PACU discharge criteria (including level of block) before transporting patient to floor. <p><i>Note: If aerosol generating procedure was performed within 20 minutes of end of case, remain in OR for 20 minutes after AGP, then follow of the appropriate regional anesth pathway above</i></p> <p>Pediatric Non-ICU patients <u>PACU → Inpatient floor:</u> Remain in OR for 20 min → Anesth transport to floor if fully recovered or SFCH PACU if not fully recovered <u>PACU → Second Stage (Discharge):</u> Remain in OR for 20 min → Anesth transport to 2nd Stage if fully recovered or SFCH PACU if not fully recovered</p>	<p>ICU: Anesthesia transport per normal workflow. Extubation can be done in OR (recover in OR for at least 20 min*) or ICU as appropriate. Place surgical mask on patient.</p> <p>Adult Non-ICU patients <u>General anesthesia:</u> Remain in OR for 20 mins post extubation* → Transport to PACU with surgical mask on patient to complete recovery in PACU Isolation room (with droplet/contact/eye precautions) or general PACU if able to distance from other patients. If PACU Isolation room or general PACU (with adequate distancing) is unavailable, recover in the OR for 60 mins then consult with PACU charge to ensure patient meets PACU discharge criteria before transporting patient to floor (if inpatient or being admitted) or SSRF (if going home). <u>MAC:</u> Transport to PACU with surgical mask on patient (if inpatient or being admitted) or SSRF (if going home) <u>Regional anesthesia:</u></p> <ul style="list-style-type: none"> • <u>Unilateral Peripheral Nerve block:</u> If no aerosol generating procedure* was performed within 20 minutes of end of case, transport patient directly to PACU (if inpatient or being admitted) or SSRF (if going home) when level of consciousness is appropriate • <u>Neuraxial Block (Spinal, Epidural, or CSE for surgical anesthesia) or Bilateral Peripheral Nerve Block:</u> If no aerosol generating procedure* was performed with 20 minutes of end of case, transport patient with surgical mask on to PACU Isolation room (droplet/contact/eye precautions) or general PACU if able to distance from other patients. If PACU Isolation room or general PACU (with adequate distancing) is unavailable, recover in the OR for 60 mins then consult with PACU charge to ensure patient meets PACU discharge criteria (including level of block) before transporting patient to floor (if inpatient or being admitted) or SSRF (if going home). <p>Note: If aerosol generating procedure was performed within 20 minutes of end of case, remain in OR for 20 minutes after AGP*, then follow of the appropriate regional anesth pathway above</p> <p>*Wait at least 20 minutes after any AGP (inc vigorous coughing) to allow for clearance of aerosols</p> <p>Pediatric Non-ICU patients <u>PACU → Inpatient floor:</u> Remain in OR for 20 min → Anesth transport to floor if fully recovered or SFCH PACU if not fully recovered <u>PACU → Second Stage (Discharge):</u> Remain in OR for 20 min → Anesth transport to SSRF if fully recovered or SFCH PACU if not fully recovered</p>
Pharmacy	<ul style="list-style-type: none"> • Use COVID-19 medication kit from Acudose when pharmacy is closed • Double-waste then discard controlled medications, and return yellow form flat in large plastic bag to Pharmacy 	<ul style="list-style-type: none"> • Use standard Kit from Acudose when pharmacy is closed • Standard pharmacy return protocol (no special disposal needed)
OR Cleaning	Per Environmental Services Protocol for Airborne precautions (wait 20 min after patient leaves before cleaning)	