

Aerosol Generating Procedures for COVID 19 positive patients and PUI - Operating Rooms

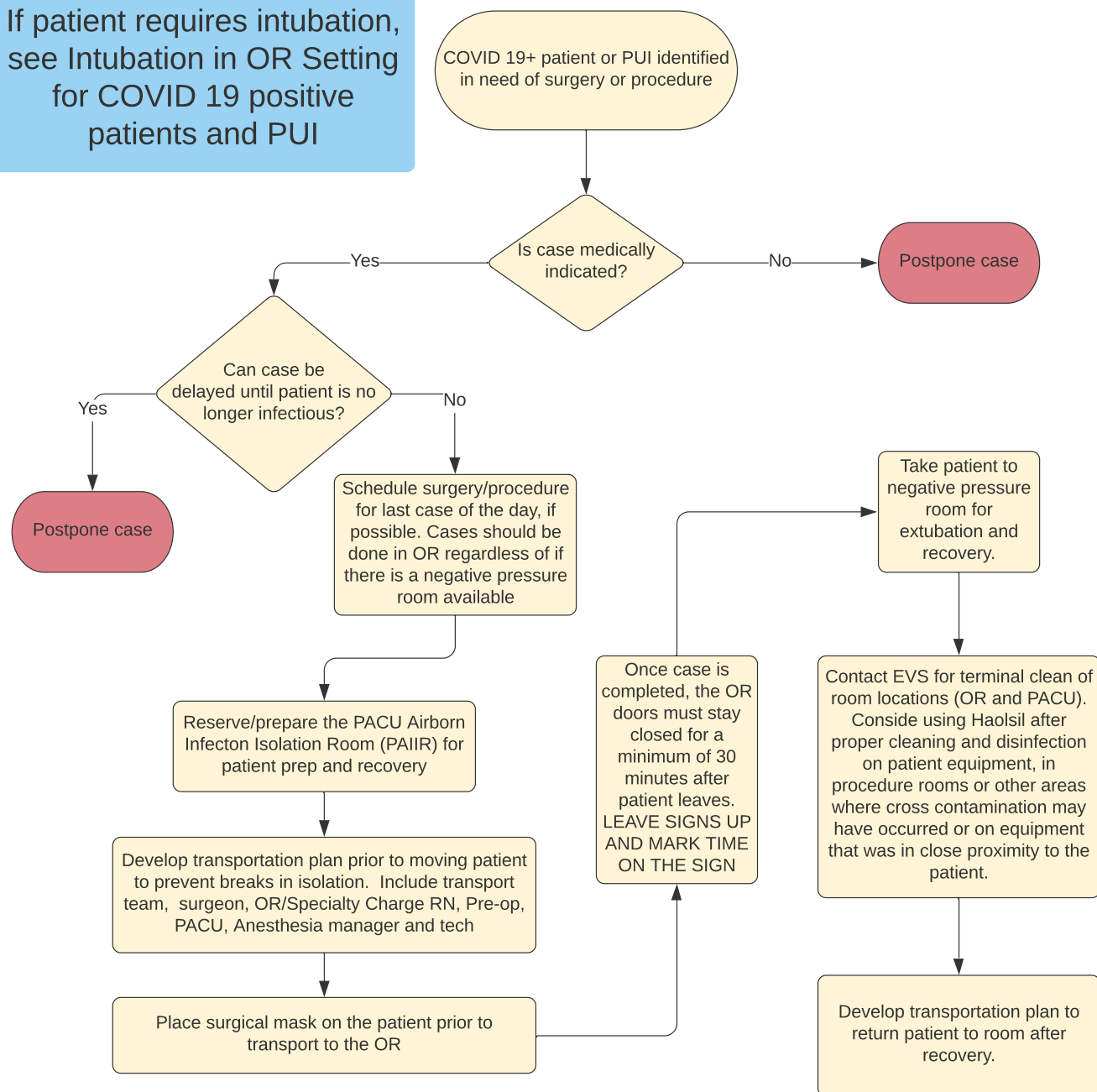
NOTE: Institute airborne precautions and contact precautions with eye protection for all aerosol-generating procedures.

Surgical team must be capable of wearing N-95 respiratory protection for aerosol generating procedures. Otherwise OR should follow special droplet precautions.

*Aerosol generating procedures may include the following:

- Cardiopulmonary resuscitation
- Manual ventilation before intubation
- Bronchoscopy
- Intubation/extubation
- Breaking the ventilator circuit
- Open suction of the respiratory tract
- Tracheotomy, tracheal intubation, placement or exchange of tracheostomy tubes
- Nebulizers
- High flow nasal cannula
- Continuous aerosol procedures
- CPAP
- Intrathoracic procedures
- ENT procedures

If patient requires intubation, see Intubation in OR Setting for COVID 19 positive patients and PUI



Intubation in the OR setting for COVID 19 positive patients and PUI

COVID 19+ patient or PUI in need of intubation prior to surgery or procedure

Gather difficult airway equipment prior to beginning procedure. Make sure you have a McGrath, induction medications for RSI and standard rescue meds available at the bedside.

Intubation and/or Extubation is to be done in an Airborne Infection Isolation Room (AIIR). Either in PACU or patient room. **Check with charge nurse to verify if room is negative pressure**

All personnel don appropriate PPE, including: A fit-tested N-95 mask or powered air purifying respirator (PAPR), goggles, gowns, double gloves and protective footwear.

Ensure airway manager is highly qualified to decrease the number of attempts at intubation and to handle a difficult airway if presented.

Avoid fiberoptic intubation. Consider using CMAC or video laryngoscope

Avoid atomized/nebulized local anesthesia

Pre-oxygenate for 5 minutes with 100% oxygen and **perform rapid sequence induction** to avoid manual ventilation and potential aerosolization of virus from the airways. If manual ventilation is needed, apply small tidal volumes. **Avoid LMA use due to potential poor seal and aerosolization.**

All resuscitation bags and ventilators should have HEPA filters

Transport patient to OR for surgery using ambu bag **HEPA filter. Clamp ETT when changing between circuits**

Ensure filter is placed directly to the ETT and then attach circuit

Is it necessary to intubate a patient in the OR due to a questionable airway?

Doors are to remain closed with no traffic in or out for 30 minutes after intubation to allow for removal of aerosolized particles.

Transfer the patient to AIIR for extubation and recovery

Upon completion of surgery/procedure, OR doors must remain closed for min. 30 minutes after the patient leaves. **LEAVE THE SIGNS UP AND MARK THE TIME**

Contact EVS for terminal clean of room locations (OR and PACU). Consider using Haolsil after proper cleaning and disinfection on patient equipment, in procedure rooms or other areas where cross contamination may have occurred or on equipment that was in close proximity to the patient.

Develop transportation plan to return patient to room after recovery.

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