COVID Guidelines

SW Anes Sep 2024

1. Staff with COVID must be asymptomatic for 24 hours before returning to work

2. Non-elective surgery for asymptomatic patients with a positive test:

    - If they were never ill, full isolation protocol required if within 5 days of the test date
    - If they were symptomatic, the full isolation protocol required if within 10 days of symptom onset date
    - If they were severely symptomatic and/or are immunocompromised, the full isolation protocol required if within 20 days of symptom onset date

3. Elective surgery for non-immunocompromised patients recovering from COVID:

    - Should be delayed until the patient is asymptomatic **and** at least 2 weeks from the diagnosis.

    - Between 2 and 7 weeks, conduct a risk assessment, including factors such as age, severity of the infection and the surgical risk; proceed if the patient and the surgery are determined to be low risk

    - No restriction after 7 weeks

    - For immunocompromised patients, add 2 weeks to all the above

Interval Between COVID Diagnosis and Surgery	30-day Mortality Rate for Elective Patients (%, CI)**
No COVID Diagnosis	0.62 (0.57-0.67)
0-2 weeks	3.09 (1.64-4.54)
3-4 weeks	2.29 (1.06-3.53)
5-6 weeks	2.39 (0.87-3.91)
≥7 weeks	0.64 (0.20-1.07)

Full Precautions Checklist

Patient Preparation

- If the patient is in a negative pressure environment, intubate before transport whenever possible (since the OR is a positive pressure environment)
- If the patient is not in a negative pressure room, consider transport to a negative pressure anteroom for intubation

Transport

- Full PPE (hat, gloves, eye shield, N95, gown, shoe covers)
- Filter between ETT and AMBU or JR circuit
- Have a clean person (one not in contact with the patient or bed) to get doors, clear hallway obstructions, etc.

OR preparation

- HEPA unit in place and running
- SSE (surgical smoke evacuator) for selected cases
- COVID cart outside of room
- Remove all unnecessary equipment from OR including the anesthesia cart
- Cover other equipment as is practical

Anesthesia equipment preparation

- Hand sanitizer and wipes at the head of the table
- Make certain all circuit connections are tight to avoid mid-case disconnection
- Ensure that viral filters are on each circuit limb; have a viral filter/humidifier at the Y-connector; make certain that the capnograph line is distal to the filter
- In lieu of the anesthesia cart, utilize an anesthesia supply bag or tray. For further supplies, utilize an anesthesia tech as outside-of-the-room runner
- To avoid touching the Rx Station, ready all anticipated drugs before the patient enters the room

Anesthesia plan

- Regional anesthesia without sedation is ideal, however neuraxial anesthesia in an infected or febrile patient is a relative contraindication
- If patient is not intubated, GA will be with ETT placed with a rapid sequence induction using a Glidescope
- No LMA except for rescue
- No direct laryngoscopy except for rescue
- No MAC unless it can be performed with minimal sedation
- Consider use of Halo with clear plastic drape
- Do not use a Bair Hugger if not necessary

Anesthesia induction

- All staff in full PPE
- No unnecessary staff in room at induction
- Non-anesthesia personnel to maintain a safe distance from head of bed at induction
- Anesthesia to double glove: disposable outer glove, but surgical inner glove to ensure tight fit over gown sleeve
- Use antisialagogue
- Rapid sequence induction
- Cover ETT tightly with gauze as removing stylet, and connect circuit tightly
- Place dirty airway equipment directly into red box
- Remove outer gloves
- Wipe down all surfaces
- Other staff to return to OR after 10 minutes or more

Anesthesia emergence

- No PACU recovery
- Use maximal PONV prophylaxis
- Consider IV lidocaine or narcotic to decrease coughing
- If extubation is planned, it ideally should occur in a negative pressure room, not the OR
- Keep filter connected to ETT if disconnected while moving the patient
- At emergence, have all unnecessary staff exit room
- Minimize the number of suction attempts
- Have face mask is applied before extubation
- HEPA filter to run at least 1 hr after patient exits the room