

Brief COVID transport user guide:

Please refer to the full pathway for details. This guide is intended to be a quick reference for providers to be utilized after reading the full pathway.

COVID+ Surgery or COVID+ Bronchoscopy (including COVID symptomatic or rule out bronchoscopy)

- Utilize the best-suited operating room, and refer to the provider PPE guidelines.
- **Label** the designated OR doors with the “Special Airborne/Contact Precautions” sign.
- **Huddle** with the room team to review the case and equipment needs before retrieving patient.
- **Patient Transport**
 - Intubated Patients
 - Done by anesthesia with full PPE with Clean Hands Transporter
 - Non-Intubated INPATIENTS
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 - Clean Hands Transporter + floor RN(s) will deliver the patient to the main hallway outside of PCS A and the OR pharmacy. Anesthesia will meet them there and transport to the OR.
 - Anesthesia will recover the patient in the OR and take the recovered post-op patient from the OR back to 6BT room with a clean hands transporter (this can be done by any employee/provider/RN). Preferred route is the service elevators by VIR 9.
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 - OUTPATIENTS
 - Done by House Supervisor (deliver to/pickup from Isolation Room of PACU)
- Movement in and out of the OR will be minimized to necessary personnel for the case, when reasonable.
- Keep unneeded equipment in cabinets and protected, or remove from the OR prior to case start.
- Ideally, equipment will not leave the OR during the procedure. If equipment must leave the OR after the patient has arrived, it should be disinfected with an EPA registered disinfectant (i.e. Sani-Cloth or Metriguard).
- Prioritize use of the **COVID+ Patient Anesthesia Medication bag for COVID positive patients only.**
- It is perfectly acceptable to remove items from the Pyxis with CLEAN hands DURING the case:
 - Remove gloves, and perform **hand hygiene** with an alcohol based hand rub prior to retrieving medications from the Pyxis.
- Ensure the use of bacterial/viral filters (HMEF) for the Anesthesia ventilator circuit (both limbs on machine and connected to sample line) and on ambu bag. See full pathway for information.

In the Operating Room:

- **Non-intubated Patients:** A surgical mask should be applied to the patient throughout the length of stay in the operating room. The oxygen mask should be applied over the surgical mask to prevent virus aerosolization.
- **For intubated Patients:** Staff with N95/PPE can be in the room at any point. If not engaged in OR tasks, may wait outside the OR in PPE during intubation. Staff in proper PPE will not need to wait after intubation for any length of time to re-enter the operating room.
- Bed needs to be stripped and cleaned prior to leaving room.

After surgery and transport to inpatient unit:

- **Extubated INPATIENTS**
 - Will recover in OR following postoperative recovery standards
 - Minimum total 21 minutes from extubation to out of room.
 - Patient should be covered in clean gown/sheets and wearing a surgical mask
 - If facemask O2 is required, O2 facemask will be placed over surgical mask.
 - Anesthesia will recover the patient in the OR and take the recovered post-op patient from the OR back to 6BT room with a clean hands transporter (this can be done by any employee/provider/RN). Preferred route is the service elevators by VIR 9.
- Outpatients
 - Will recover in PACU isolation room (after waiting 21 minutes in-room upon extubation for air turnover prior to opening main OR door).
- **If the Pyxis in the OR was contaminated (i.e. touched with non-clean hands)**
 - Non-paper packaging can be cleaned like any other surface/item
 - Paper packaging (such as phenylephrine with paper labels) will require turnover/restocking
 - Contact the OR pharmacy technician via Vocera “**OR Pharmacy Tech**” or email pharmORtechs@unchealth.unc.edu to inform them and specify which drawers were contaminated. This will allow for targeted decontamination.
- **EVS should not enter the OR for cleaning until 30 minutes from out of room time has elapsed** (for maximal HEPA filtration). **The time that the room can be cleaned/accessed should be posted outside of the OR door.** EVS can wear contact isolation PPE and surgical mask per Infection Control.
- Anesthesia team performs patient handoff and doffs PPE per protocol.

Important Phone Numbers

- OR Front Desk 984-974-1400
- “House Supervisor” on Vocera, or page 347-1922
- “Infection control” on Vocera, or page 216-2935, available via pager 24/7, only in-house 0630-2200 seven days a week
- Inpatient care nurse Vocera “Call 43XX nurse” XX = room number
- MICU front desk: 984-974-5255

