

# CHILDREN'S OR COVID PROTOCOL

## Phase 1: PREPARATION

<b>ANESTHESIA</b>	
Call House Supervisor	House supervisor will bring 2 x HEPA filter and 1 x PPE cart to the OR (There may only be 1 HEPA filter available) Will need to coordinate transport time with House supervisor as they will "clear your path" during transport
Obtain medications	Day hours? Pick up pre-made bag from Pharmacy Night hours? Obtain "Peds Covid Kit" bag from COR pyxis. Pull any additional anticipated medications (narcotics, IV vasopressor infusions, etc)
Conduct huddle prior to transport at COR front desk	OR team needs to know your airway plan. If intubating in the OR, the scrub and circulator will remain in the outside hall by OR23 during and after induction. Discuss case needs with anesthesia tech ahead of case to avoid entering/exiting room. Consider the following: A-line, additional IV fluids, hot-line fluid warmer, ultrasound, pressure bags, confirm appropriate cables, ear probe, nerve stimulator, additional IV pumps. Will need trash receptacle and trauma cart brought to outside of room OR23.
Call Unit	Call unit prior to leaving to pick up patient to expedite transport and minimize your time in PICU or acute care floors (7CH). Complete time out including all staff scheduled in procedure will be done outside patient's room. Second circulator will remain in OR23 since it will be open and prepped for procedure). COR RN and ST will return to the COR prior to transport and anesthesia will transport patient with nursing supervisor in full PPE.

<b>OR CIRCULATOR</b>	
Designate External Circulator	COVID cases will require an internal and an external circulator to avoid entering/exiting room. The external circulator will serve as a "runner" during the case and will bring necessary supplies to the hall door of OR23. The sterile core door will be taped off so no one may enter/exit.
Huddle with Anesthesia	Confirm anesthesia's airway plan prior to them picking up the patient. If anesthesia is intubating in the room, plan to stay in the hall outside OR23 for 21 minutes until after the airway is secured.
Huddle with Scrub Tech	Remove all unnecessary equipment prior to procedure to limit contamination
Drape out room	Place plastic drapes on the following: Anesthesia pyxis, anesthesia keyboard, anesthesia phone; OR RN computer, OR phone, PACS computer; Shelves with Bose stereo. Tape the supply cabinets closed and tape the door to sterile core.  Ensure appropriate PPE signage is on door

<b>ANESTHESIA TECH</b>	
Huddle with Anesthesia	Discuss with anesthesia provider about anticipated additional needs to avoid entering/exiting room. Consider the following: A-line, additional IV fluids, hot-line fluid warmer, ultrasound, pressure bags, confirm appropriate cables, ear probe, nerve stimulator, additional IV pumps

**Phase 2: TRANSPORT**

<b>ANESTHESIA</b>	
Coordinate with patient RN and RT	Most patients will be in 7CH or PICU. RT will disconnect an intubated patient from ventilator using clamp technique. They will place a viral filter on the patients ETT and connect AMBU bag to the filter.
Coordinate with House Supervisor	House supervisor will meet you at the patient's bedside after delivering the HEPA filters and PPE cart to the OR.  House supervisor is responsible for walking 6 feet ahead of patient and clearing transport path of any equipment and personnel in the hallways. House supervisor will be wearing a N95 mask.
Transport	CRNA and MDA will transport the patient wearing FULL PPE. If possible, try to move pumps to IV pole on the bed to avoid extra equipment.  Route: PICU → hallway past BROP room → by COR front desk → directly to OR23.  Route: 7CH → NCCU elevators → by COR front desk → directly to OR23.

<b>OR CIRCULATOR(S)</b>	
Assist with transport	1 <sup>st</sup> Circulator and ST will return to the COR prior to anesthesia transport with the house supervisor. When the patient is on the way, 2 <sup>nd</sup> Circulator will overhead page "OR23 stay in place" and announce "all clear" after the patient is in OR23. When the patient reaches the door at the COR front desk, the 1 <sup>st</sup> circulator will assist the anesthesia team to OR23. Do not assist in patient care at this time and maintain 6 feet distance from patient.

## Phase 3: INTRAOPERATIVE

ANESTHESIA	
Secure Airway	<p>Patient intubated? Great! OR team can help you move patient to the OR table. Remove the AMBU bag, keep viral filter from ICU on ETT, connect our circuit with our blue circular filter on it behind the ICU filter (double filter to avoid room contamination during a disconnect)</p> <p>Patient not intubated? Only the CRNA and MDA should enter the room. Plan to intubate patient on their hospital bed using COVID airway guidelines. Alert: OR circulator/scrub will be in OR23 hallway when the airway is secured as they need to wait 21 minutes until they can enter. (21 minutes allows for &gt;99.99% air exchange based on our OR setup)</p> <p>Difficult Airway anticipated? If you do not want to intubate on the hospital bed, ask the OR circulator to help you transfer to the OR table. When securing the airway, ask the OR circulator to stand against the back wall to maintain &gt; 6 feet distance.</p> <p>Patient on a crib? OR circulator will help transfer patient to OR table for intubation. The crib will be left in the OR for 21 minutes.</p>
Provide Anesthesia	<p>Prioritize using the equipment provided for you on the portable cart in the OR to avoid pyxis contamination.</p> <p>If you NEED something from the pyxis, take the entire drape off to alert staff that it is contaminated. Attempt to do the right thing by performing hand hygiene prior to grabbing the supply or medication you need.</p> <p>If you enter a drawer without performing proper hand hygiene, the drawer is now contaminated and needs to be discarded after the case.</p>
Communicate with Anesthesia Tech	<p>Any necessary anesthesia equipment will be brought outside OR23. Anesthesia tech WILL NOT enter the OR.</p> <p>If labs are sent, anesthesia provider will place sample in a biohazard bag. The anesthesia tech or 2<sup>nd</sup> Circulator will accept the sample using gloved hands and minimally opening OR23 door. Specimen may be treated as normal with the exception of wiping the biohazard bag with sani-wipes prior to sending to lab.</p>

## Phase 3: INTRAOPERATIVE

OR CIRCULATOR	
Maintain distance during airway management	<p>If patient is already intubated, you can stay in the room and help move patient to table.</p> <p>If patient is NOT intubated, anesthesia team will intubate on hospital bed. Remain outside OR23 during this procedure as it is high risk for aerosolization. Maintain visual contact with anesthesia through the window in case you need to assist with an airway emergency. Once airway is secured, wait <b>21 minutes</b> until entering the OR (21 minutes allows for &gt;99.99% air exchange based on our OR setup)</p> <p>If anesthesia is anticipating a difficult airway, don full PPE and assist in moving patient to OR table. Stand against back wall (which is &gt; 6 feet) during airway manipulation and for <b>21 minutes</b> after. (part of the original... are we always leaving the room or following this?)</p> <p>If pt is on a crib, help move patient to OR bed for intubation. The crib will remain in the room for 21 mins.</p>
Clean ICU Bed	Once it is safe to enter room, remove all linen from the ICU bed/crib and wipe bed/crib with a sani-wipe. Move bed to the hallway (OR-A will be outside to receive bed) The OR-A will wipe again, place clean plastic cover over the mattress and place clean sheets on top of plastic. Bed/crib will remain in hall until end of case)
Communicate surgical needs with 2 <sup>nd</sup> circulator (external circulator)	External circulator should be immediately available via Vocera to help obtain any supplies not in the room. External circulator will remain in hall by OR23 door in surgical mask and gloves to drop off supplies. 2 <sup>nd</sup> circulator will get supplies from the trauma cart outside OR23, stocked with basic supplies, or from the clean core.

ANESTHESIA TECH	
Assist anesthesia provider	<p>If labs are sent, anesthesia provider will place sample in a biohazard bag, and Vocera 2<sup>nd</sup> circulator. External circulator will accept sample through minimally opened door using gloved hands. Wipe bag with sani-wipes before sending to lab)</p> <p>All anesthesia supplies/labs/equipment will be passed from the outside hall in OR23. Anesthesia tech should not have to enter OR.</p>

**OR-AIDE**

Assist with ICU bed outside of OR	Be available outside of OR to receive the ICU crib/bed from the OR-circulator. Wear a gown, gloves and surgical mask. Wipe bed with sani-wipe. Place a clean plastic sheet on top of bed. Place a set of clean linens on top of plastic sheet (do not actually make up the bed)
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**Phase 4: POSTOPERATIVE**

**ANESTHESIA**

Transfer patient back to ICU bed	ICU bed will be moved into OR with help of OR-A. Circulator will make bed with new linens. Keep patient intubated until they are back on ICU bed.  If extubating in OR, ask non-anesthesia personnel to doff PPE and leave the room. Gown and gloves doffed in the OR, the rest of PPE doffed in hallway outside the room.  Recover patient.
Transport patient back to room	Use same elevators (NCCU elevators near BROP room). House supervisor will meet at COR front desk to help clear path back to patient bed.

**OR CIRCULATOR**

Transfer patient back to ICU bed	OR-A will help push ICU bed back into room. Assist with patient transfer from OR table to ICU bed.  If patient is to be extubated, doff PPE and leave the room prior to extubation. Gown and gloves doffed in the OR, the rest of PPE doffed in hallway outside the room. After extubation, wait 21 mins before returning to the OR.  If patient is staying intubated, OR circulator and scrub will stay in the OR until pt leaves the room.
Notify House Supervisor and Notify PICU / 7CH	Page the House Supervisor to give time estimate for transport so he/she can meet anesthesia team at the COR front desk.  Approximately 30 minutes before transport, call PICU or 7CH to give report to patient's RN. Patients will go directly back to their original location (no stay in PACU).
Transport patient through OR	Assist with patient transport from OR 23 to COR front desk. Clear pathway of equipment and personnel, maintain 6 feet away from patient. House supervisor will clear route the rest of the way.

Notify EVS with Time	Document on white board outside of OR 23 what time the patient left the room and what time EVS can enter for cleaning services. EVS must wait 30 minutes prior to entering room.
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**Communication Plan**

Primary	Vocera
Alternate	Room Phone (4-9823)
Contingency	Overhead page
Emergency	Runner

**Helpful Phone Numbers**

House Supervisor: Vocera "House Supervisor" or page 347-1922

OR Front Desk: 984-974-1400

Infection Control: Vocera "Infection Control" page 216-2935 (available via pager 24/7, available in house 0630-2200 7days/week)

PICU Front Desk 984-974-5491

MICU Care Nurse Number: Vocera "43XX Nurse" (XX = room number)

**Resource Personnel**

<u>COR</u>	<u>MOR</u>
Adam Suchar, MD	Samuel Blacker, MD
Sarah Pittenger, MD	David Flynn, MD
Andrea Hayes-Jordan, MD	Lynn Harris, CRNA
Sarah Lisinski, MSN, RN	Aaron Lemmon, CRNA
Stacy Bishop, RN	Meaghan Locke, CRNA