

Froedtert Hospital IPP COVID-19: Patient Care & Process Guidelines

Definitions:

Aerosolized Generating Procedure (AGP): Tracheostomy, Sinus, Upper airway and pharyngeal procedures, , EGD or sigmoid/colonoscopy, Bronchoscopy, Certain pulmonary function tests, TEE but only when the patient is not already intubated, Nebulizations, BiPAP, CPAP, or high flow oxygen (optiflow), Pressurized pulse irrigation, Deep suctioning, Nasogastric tube placement, & Intubation and Extubation (for all procedures).

Standard Precautions: Standard precautions include hand hygiene, gloves, eye protection, and mask. Note: Ortho Stryker hoods are not designed to be used as PPE to protect the surgical team members against COVID Positive or PUI

PUI: Person under investigation for COVID-19 (tested, not resulted)

Care for PPE:

1. **Care for N95 Masks:**

- When caring for COVID-19 POSITIVE patient, wear a standard face mask on top of the N95. At the end of the procedure, discard the standard face mask and conserve the N95. Otherwise, discard the N95 at the end of the procedure. You will receive a new one.
- When caring for person under investigation (PUI), wear a standard face mask on top of the N95. At the end of the procedure, discard the standard face mask and conserve the N95.

2. **Care for PAPR/CAPRs**

- After use of PAPR/CAPR, follow the established care process and return to their respective storage locations when finished.

3. **Care for Reusable Eyewear**

- Please use an alcohol wipe to sanitize after use.

A. Caring for patients who are COVID-19 NON-DETECTED & are NOT PUI:

1. **Pre-Op Staff:**

Standard precautions

2. **Anesthesia Providers:**

Standard precaution, plus disposable head cover or surgical beard cover hood, eye protection (reusable eyewear, goggles or a disposable face shield that covers the front and sides of the face), and two pairs of nonsterile gloves, in addition to airway protection with an appropriately fitted N95 mask (with surgical mask on top) or PAPR/CAPR. The person doing the intubation will wear a gown during intubation and extubation. The supervising attending anesthesiologist should only don a gown when they are the person doing the intubation. Anesthesiology providers are eligible for one new N95 masks per day

3. **Surgical Providers:**

Standard precautions

4. **OR RN:**

Standard precautions, if assisting with intubation or extubation wear a N95 mask (with surgical mask on top)

5. **OR ST:**

Standard precautions

6. **Anesthesia Tech:**

Standard precautions, if assisting with intubation or extubation wear a N95 mask (with surgical mask on top) or PAPR/CAPR

7. **PACU Staff:**

Standard precautions

8. **Transport Staff:**

Standard precautions

9. **Care for patients in the OR:**

- a. Intubation/extubation is considered an AGP-it is being managed differently in the OR by having all staff who are not needed to assist with intubation/extubation step at least 6 feet away from the patient during intubation/extubation.
- b. If staff are assisting with intubation or extubation they do not need to replace the N95 mask – keep it for reuse and follow the UV light process for cleaning.
- c. Team must wait 3 minutes after extubation before exiting the operating room suite.

10. **EVS:** Follow standards for turnover/terminal room cleaning

B. Caring for patients who are COVID-19 NON-DETECTED & are NOT PUI undergoing an AGP:

1. **Pre-Op Staff:**
Standard precautions,
2. **Anesthesia Providers:**
In addition to standard precautions use disposable head cover or surgical beard cover hood, eye protection (reusable eyewear, goggles or a disposable face shield that covers the front and sides of the face), and two pairs of nonsterile gloves, in addition to airway protection with an appropriately fitted N95 mask (with surgical mask on top) or PAPR/CAPR. The person doing the intubation will wear a gown during intubation and extubation and during the surgical AGP. The supervising attending anesthesiologist should only don a gown when they are the person doing the intubation/extubation. During the actual surgical AGP period all anesthesia providers must wear eye protection a gown and gloves in addition to airway protection with an appropriately fitted N95 (with surgical mask covering) or PAPR/CAPR
3. **Surgical Providers:**
In addition to standard precautions, use disposable head cover or surgical beard cover hood, eye protection (reusable eyewear, goggles or a disposable face shield that covers the front and sides of the face), a gown, and gloves, in addition to airway protection with an appropriately fitted N95 mask (with surgical mask on top) or PAPR/CAPR
4. **OR RN:**
In addition to standard precautions, use disposable head cover or surgical beard cover hood, eye protection (reusable eyewear, goggles or a disposable face shield that covers the front and sides of the face), a gown, and gloves, in addition to airway protection with an appropriately fitted N95 mask (with surgical mask on top) or PAPR/CAPR
5. **OR ST:**
In addition to standard precautions, use disposable head cover or surgical beard cover hood, eye protection (reusable eyewear, goggles or a disposable face shield that covers the front and sides of the face), a gown, and gloves, in addition to airway protection with an appropriately fitted N95 mask (with surgical mask on top) or PAPR/CAPR
6. **Anesthesia Tech:**
In addition to standard precautions, use disposable head cover or surgical beard cover hood, eye protection (reusable eyewear, goggles or a disposable face shield that covers the front and sides of the face), a gown, and gloves, in addition to airway protection with an appropriately fitted N95 mask (with surgical mask on top) or PAPR/CAPR
7. **PACU Staff:**
In addition to standard precautions, use disposable head cover or surgical beard cover hood, eye protection (reusable eyewear, goggles or a disposable face shield that covers the front and sides of the face), a gown, and gloves, in addition to airway protection with an appropriately fitted N95 mask (with surgical mask on top) or PAPR/CAPR
8. **Transport Staff:** Standard Precautions, plus surgical face mask.
9. **Care for patients in the OR:**
 - a. Intubation/extubation is an AGP-however in cases where the surgical procedure is deemed an AGP, if staff have the appropriate PPE-see PPE list above-it is not required that they step at least 6 feet away from the patient during intubation/extubation.
 - b. The case carts for this patient type (NOT COVID-19 POSITIVE/PUI undergoing an AGP) can remain in the operating room
 - c. Team must wait 3 minutes after extubation before exiting the operating room suite.
10. **Care for patients in the PACU having an AGP (i.e. BiPAP, CPAP):**
 - a. If patient has not been tested for COVID-19 and is having an AGP in the PACU, they should be moved to the PACU isolation bay. If they have been tested and are negative, they can remain in standard PACU bay.
11. **EVS:** Follow standards for turnover/terminal room cleaning.

C. Caring for patients who are COVID-19 POSITIVE nor PUI:

1. Pre-Op Staff:

In addition to standard precautions, use disposable shoe covers, disposable head cover or surgical beard cover hood, eye protection (reusable eyewear, goggles or a disposable face shield that covers the front and sides of the face), a gown, and gloves, in addition to airway protection with an appropriately fitted N95 mask (with surgical mask on top) or PAPR/CAPR

2. Anesthesia Providers:

In addition to standard precautions, use disposable shoe covers, disposable head cover or surgical beard cover hood, eye protection (reusable eyewear, goggles or a disposable face shield that covers the front and sides of the face), a gown, and two pairs of nonsterile gloves, in addition to airway protection with an appropriately fitted N95 mask (with surgical mask on top) or PAPR/CAPR throughout the case. Anesthesiology providers are eligible for one new N95 masks per day (One per case when caring for patients who are known COVID-19 positive).

3. Surgical Providers:

In addition to standard precautions, disposable shoe covers, use disposable head cover or surgical beard cover hood, eye protection (reusable eyewear, goggles or a disposable face shield that covers the front and sides of the face), a gown, and gloves, in addition to airway protection with an appropriately fitted N95 mask (with surgical mask on top) or PAPR/CAPR

4. OR RN:

In addition to standard precautions, disposable shoe covers, use disposable head cover or surgical beard cover hood, eye protection (reusable eyewear, goggles or a disposable face shield that covers the front and sides of the face), a gown, and gloves, in addition to airway protection with an appropriately fitted N95 mask (with surgical mask on top) or PAPR/CAPR

5. OR ST:

In addition to standard precautions, disposable shoe covers, use disposable head cover or surgical beard cover hood, eye protection (reusable eyewear, goggles or a disposable face shield that covers the front and sides of the face), a gown, and gloves, in addition to airway protection with an appropriately fitted N95 mask (with surgical mask on top) or PAPR/CAPR

6. Anesthesia Tech:

In addition to standard precautions, disposable shoe covers, use disposable head cover or surgical beard cover hood, eye protection (reusable eyewear, goggles or a disposable face shield that covers the front and sides of the face), a gown, and gloves, in addition to airway protection with an appropriately fitted N95 mask (with surgical mask on top) or PAPR/CAPR

7. PACU Staff:

In addition to standard precautions, disposable shoe covers, use disposable head cover or surgical beard cover hood, eye protection (reusable eyewear, goggles or a disposable face shield that covers the front and sides of the face), a gown, and gloves, in addition to airway protection with an appropriately fitted N95 mask (with surgical mask on top) or PAPR/CAPR

8. Transport Staff: Standard Precautions, plus surgical face mask.

9. Care for patients in the OR:

- a. If staff have the appropriate PPE-see PPE list above-it is not required that they step at least 6 feet away from the patient during intubation/extubation.
- b. Patients will be brought directly to the designated OR when COVID-19 POSITIVE or PUI.
- c. Team must wait 3 minutes after extubation before exiting the operating room suite.
- d. Post-op patient will be transported to isolation bay in PACU or ICU.

10. Care for patients in the PACU having an AGP (i.e. BiPAP, CPAP):

- a. If patient is COVID-19 POSITIVE or PUI having an AGP in the PACU, they should remain in the isolation room
- b. EVS must wait 30 minutes after the patient leave isolation bay to begin terminal clean of PACU isolation bay.

11. EVS: Leave doors closed and wait 30 minutes before entering to clean the OR or PACU isolation bay. Follow EVS standards for cleaning rooms after discharge of COVID-19 POSITIVE/PUI patient.