

Anesthesia COVID OR Checklist

Anesthesia MD

Anesthesia Therapist

Preoperative Preparation Phase

- Review patient clinical information including oxygen requirements IV access and airway exam
- Devise anesthetic plan and communicate with attending/resident
- Ask for negative pressure hood or plastic intubation box (optional)
- Make sure the patient is wearing a mask over his nasal cannula or under his O₂ mask
- Get personal airborne PPE to induction room

- Remove glove boxes from wall and place in induction room
- Prepare anesthesia machine and circuit with 3 HEPA filters
- Cover anesthesia machine with plastic sheet
- Ensure hand gel, disinfecting wipes and a bunch of different size gloves present on machine on top of plastic sheet or on anesthesia stainless steel table.
- Place trolley in anteroom
- Get store supplies and keep in anteroom room
- Get glidescope, keep covered in OR
- Get medication kit and keep in anteroom
- Get plastic protection sheet (2x2m) for intubation/extubation
- Get negative pressure hood setup or plastic intubation box according to attending request
- Prepare contaminated equipment bag for airway equipment
- Get personal airborne PPE to induction room

In Induction Room/ anteroom

- Brief each other of anesthesia plan including airway plan and backup airway plan and equipment
- Prepare medication syringes to take to the OR. Take extra empty syringes, NSS vials and gauze with you for the OR (in anteroom).
- Don PPE
- Verify therapist PPE

- Brief each other of anesthesia plan including airway plan and backup airway plan and equipment
- Don PPE
- Verify resident/attending PPE

Note

Take to the operating room ONLY what is necessary. Keep the rest in the anteroom

In OR Induction Phase

- Make sure all personnel are out of the room
- Prepare ventilator settings
- Preoxygenate 5 min with low gas flows and 2 handed technique with good seal
- RSI with lidocaine, succ or roc (roc preferred)
- Give opioid after paralysis if needed
- Use glidescope at first attempt
- Consider being apneic yourself during intubation
- Verify tube depth
- Do not auscultate, verify capnography
- Avoid placing oral airway or suction catheter
- Discard soiled gloves immediately and don new set of gloves after hand hygiene

- Make sure all personnel are out of the room
- Place stylet in ETT
- Have oral airway and wet gauze ready in case of need for rescue ventilation
- Pause fresh gas flow for intubation
- Inflate cuff as soon as tube inserted then connect circuit, then restart gas flow
- Dispose of blade immediately in dedicated contaminated equipment bag
- Secure ETT with tape
- Discard soiled gloves and immediately don new set of gloves after hand hygiene

Note

Do not leave the OR until end of the case and the patient has left the OR.
If anything is needed from outside the OR it should be placed in the induction room by the runner auxiliary anesthesia therapist designated for that task for you to retrieve. The runner wears droplet precaution PPE and should leave the induction room before the OR team comes in for retrieval

In OR during maintenance

- Call in nursing team 4 minutes after ETT cuff up
- Wipe down work surfaces with disinfecting wipes

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- Wipe down work surfaces with disinfecting wipes

In OR emergence

- Make sure all personnel are out of the room
- Cover patient head with plastic sheet/hood/box
- If using postop nasal cannula place it before extubation
- Give lidocaine prior to extubation and consider extubating under remifentanil or dexmedetomidine
- Place face mask immediately after removal of tube with 2 handed technique and good seal

- Make sure all personnel are out of the room
- Cover patient head with plastic sheet/hood/box
- When ready pause gas flow, deflate cuff and remove tube slowly
- Restart gas flow when face mask is placed appropriately

Recovery

- Call recovery room nurse 30 min prior to end of surgery (non-ICU patient)
 - Recover patient in the operating room
 - Immediately place surgical face mask on top of nasal cannula or under O₂ face mask
 - Call covid unit for handover
 - ICU patients will be transferred directly to ICU. A covid transport team will be responsible for transporting patients to and from the covid ICU
 - Discard gloves, gown, goggles and protective surgical mask in OR
- Discard Tyvek and N95 in induction room

- The anesthesia therapist will wait 30 minutes of stable recovery time to proceed with following:
- Discard all unused items in the OR
- Discard circuit, HEPA filters, Soda lime, D-fend and capnography line without removing plastic cover
- Recovery room nurse will discard plastic cover, clean cables, monitor prior to leaving
- Discard gloves, gown, goggles and protective surgical mask in OR
- Discard Tyvek and N95 in induction room

Post recovery

Proceed to shower and consider disinfecting nose mouth and ears with povidone iodine 1% solution
Cleaning team to enter the OR 12 minutes after the patient has left