Procedures for OR - COVID-19
VITALITÉ

Legend

Pt = Patient
Asx = Asymptomatic
Sx = Symptomatic
Rx = Medications
CDP = **C**ontact **D**roplet **P**rotection (regular mask/gloves/gown/visor)
PPC = **P**ositive **P**erson **C**ontact for COVID-19
RR = **R**ecovery **R**oom
OR = **O**peration **R**oom
N95/G/B/V= Mask **N95**/**G**loves/**B**louse/**V**isor

Asymptomatic Patient: no flu symptoms (fever, cough, dyspnea, myalgia) and no other symptoms of CoVID-19 (loss of taste, loss of smell, rhinorrhea, sore throat, abdominal discomfort, dizziness, fatigue, new skin lesions)

Symptomatic Patient: patient has flu symptoms (fever, cough, dyspnea, myalgia) and/ or other symptoms of CoVID-19 (loss of taste, loss of smell, rhinorrhea, sore throat, abdominal discomfort, dizziness, fatigue, new skin lesions)

Procedure A

Usual OR and RR procedures.

Procedure B

<u>Intubation</u>:
In OR with anesthesiologist, respiratory therapist, surgeon, assistant and staff in the OR suite (N95/G/B/V) if the induction and preparation time are estimated at less than 25 min.

Anesthesiologist and respiratory therapist in the OR suite (N95/G/B/V) if the induction and preparation time is estimated at 25 min or more.

<u>During surgery</u>:
Pt file/Rx/Instruments as MRSA (external room)

The OR suite door must not be opened for 25 min post intubation.

Extubation:
To be done in the OR suite is mandatory (not in RR)
The OR suite door must remain closed for a minimum of 25 min after extubation
Anesthesiologist, respiratory therapist and attendant only (N95/G/B/V)

<u>Transport to current RR</u>:
Patient - yellow mask
Staff/Md – DP

<u>Leave from the RR</u>:
Patient - yellow mask on discharge or in room on floor
Staff transporting patient – DP

<u>Cleaning OR suite</u>: when the case is done (25 min after extubation)

Note: if rapid test results are available during the surgery, isolation measurements can be stopped if test is negative.

Procedure C

Transfer to Negative Pressure Room:
Patient - yellow mask
Staff/Md – DP

Intubation Negative Pressure room:
Anesthesiologist, Respiratory Therapist and Critical care nurse only in the room (N95/G/B/V)

Transfer to OR:
Patient-Intubated/Curarized/Respirator with filter Anesthesiologist/Respiratory Therapist/Critical Care Nurse/Attendant (N95/G/B/V)

At arrival in OR suite: Connect patient to anesthesia machine (clamping to be done)

During the case:
All staff, surgeon and anesthesiologist (N95/G/B/V)
Folder Pt/Rx/Instruments per op as MRSA (external room)

Transport to Negative Pressure room for extubation:
Patient - intubated/curarized/respirator with filter
Anesthesiologist/Respiratory Therapist/Nurse/Attendant - (N95/G/B/V)

Extubation in negative Pressure Room:
- Anesthesiologist, Respiratory Therapist, Critical Care Nurse and Attendant (N95/G/B/V)
- RR to be done in negative pressure room for the first 20 minutes (or one full recycling of air).
  Patient - yellow mask
  Staff - (N95/G/B/V)

Transport to RR (after extubation) and at discharge from RR:
Patient - yellow mask
Staff – DP

Cleaning OR and negative pressure room: 20 min after end of case (OR) extubation

Note: if rapid test results are available during the surgery, isolation measurements can be stopped if test is negative.

Covid positive patient – Failure of Regional Anesthesia

Patient known to be COVID positive with failure of regional anesthesia and should be intubated

Intubation: Follow procedure B

During the case – isolation: Folder Pt/Rx/Instruments per op as MRSA (external room)

Extubation RR, discharge from RR and cleaning: in Negative Pressure Room – Follow procedure C

Covid positive patient – Regional Anesthesia

Known COVID positive patient operated under regional anesthesia

During surgery:
Patient - yellow mask
Staff - DP
Pt/Rx Folder/Instruments per op as MRSA (external room)

Recovery Room: Room Y
Patient - yellow mask
Staff – DP

Reference

In New Brunswick, the virologic diagnosis of Covid19 is a done by a molecular test that detects the RNA of the virus in nasopharyngeal or throat-nostrils-type samples. The three methods used in NB as of the date of writing are: 1) in-house PCR based on recommendations from the National Microbiology Laboratory using a LightCyler, 2) Cobas SARS-CoV-2 Test from Roche, and 3) GeneXpert Xpress SARS-CoV-2 from Cepheid.

These three modalities have been validated and represent the gold standard in Covid 19 viral diagnostics. All three tests have extremely high sensitivity and specificity (close to 100%) after validation in our laboratory under controlled conditions and in an experimental setting and should detect at least up to 200 copies/mL (an extremely low viral load).

However, no test in medicine is infallible. The reliability of a test depends, among other things, on the quality of the sample collection and the clinical condition of the patient. For example, an asymptomatic patient in the incubation phase of Covid19 may not have enough viral particles to be detectable by PCR. However, when a rapid test is performed at the time of surgery, and assuming that the sample was properly collected, it is fair to say that the patient did not have any detectable virus above the detection limit of the test in the sample at that time, and this finding should be valid for the hours surrounding the surgery in the operating room and immediately following surgery. As always, a negative result should be combined with clinical observations, patient history and epidemiological data.

When the diagnostic test is negative, the possibility of a false negative should be considered in the context of recent exposure and the presence of signs or symptoms consistent with Covid19. If Covid19 is still suspected based on the history of exposure and other clinical findings, retesting should be considered by health care providers. By Dr. Gabriel Girouard

Prepared by Dr. G. Girouard, Dr. S. LeBlanc, Dr. P. Philippe, Dr. J. Hébert (April 1st, 2020)
Revised by Dr. C. Bourque, Dr. S. LeBlanc, Dr. J.Hébert, Dr. N. Banville (October 8th, 2020)
Revised by Dr. G. Girouard, Dr. S. LeBlanc, Dr. R. Laplante, Dr. J. Hébert (October 13th, 2020)
Revised by Dr G. Girouard, Dr J. Hébert (August 9, 2021)