

<b>December 29, 2020</b>	
<b>Pre-Op</b>	<b>Current protocol</b>
<b>How to proceed when your patient arrives for an elective procedure and has no COVID test results?</b>	<p>If the COVID-19 test was not performed or results are still pending at the time of the AGP, the procedure should be done under ERI. Once the AGP is complete ERI can be discontinued in most patients. (See <a href="#">link to MGB Pulse</a>).</p> <p>High Risk patients remain on ERI even after the AGP and should have a <b>CoVRisk</b> flag (see <a href="#">Apollo link to Admission Testing guidelines</a>). Patients who have had contact with a known COVID case are considered high risk, as are patients that get HD. See <a href="#">this link</a> for details.</p> <p>Patients who are identified in Epic as <b>CoV-Recovered</b> and who are asymptomatic should not be retested prior to AGP. Standard Precautions apply.</p> <p>Use your clinical judgment. Questions and concerns? Ask the Staff Admin.</p>
<b>How to get a Pre-op Covid test to help determine Post-op dispo?</b>	<p>In conjunction with our nursing colleagues, we will perform the tests on patients in the OR that have not had the routine preop testing done. <a href="#">This video</a> shows how to perform and send the test.</p> <ol style="list-style-type: none"> <li>1. We (or the surgeon) will need to enter an order for testing if one is not already done.</li> <li>2. The OR RN circulator will gather the testing supplies</li> <li>3. We get the specimen and place in specimen container</li> <li>4. The OR RN circulator will release the order, print the label and send to the lab.</li> </ol> <p>You should wear full ERI PPE for the test. NP testing is not considered an AGP and a negative pressure room is not indicated. <a href="#">Click here and scroll down for details in MGB Pulse.</a></p>
<b>Does the COVID test need to be performed within 72 hours or 3 days of the AGP?</b>	<p>Three days. E.g. if test was done Friday morning for Monday PM procedure, that is acceptable.</p>
<b>What preop Covid testing is done for <u>inpatients</u> presenting for anesthesia?</b>	<p>All inpatients will have a second Covid test performed 72 hours after their admission. More details are <a href="#">available here</a>.</p> <p>In addition, if an AGP is planned within the first 14 days of admission, a Covid test should be done in the 3 days prior.</p> <p>If an AGP must be conducted in a patient who does not have a negative test result within the preceding three days during the first 14 days of an admission, the AGP should be conducted under ERI. See more details on <a href="#">MGB Pulse</a>.</p> <p>After 14 days of admission, testing is determined by clinical judgment.</p>

<b>When do I postpone a case related to Covid?</b>	When there is clinical indication to delay. If the patient has had exposure to a Covid+ contact in the last 14 days, there must be clinical urgency to proceed with the case.
<b>How to get consent?</b>	MGB recommends written consent for procedural consents, using careful hand hygiene for the patient and a clipboard. See <a href="#">MGB Pulse Consent Policy</a>
<b>Intra-Op</b>	
<b>Are there recommended best practices for anesthesia – to intubate or not? And how? Masking?</b>	Use your clinical expertise, striving to reduce risk of aerosolization and contamination. There are videos with ideas for reducing aerosolization on Etherweb Covid page: <a href="https://ether.mgh.harvard.edu/covid-19/perioperative-care/">https://ether.mgh.harvard.edu/covid-19/perioperative-care/</a>
<b>Are ultrasounds and glidescopes still going to be covered in plastic?</b>	No, they are not. They need to be wiped down afterwards, as they are after use for any patient.
<b>What is the protocol for stocking a cart for a COVID case versus a non-COVID case?</b>	Same cart. Same supplies. Close drawers when not accessing, and access only with clean hands, as for all patients.  If gross contamination occurs, mark the drawer as DIRTY at the end of the case and communicate directly with the anesthesia tech.
<b>Responding to an anesthesia Stat - how do you know the patient's infectious risk status?</b>	Signage on the door. In the event of poor or missing signage, please notify local leadership.
<b>If a tech is called to bring something to an OR, do they hand off the supply at the door or come in?</b>	Anyone entering the room needs full PPE, so if the in-room provider can pick it up from the door, that might be faster and more practical. The team and tech make this decision.
<b>When a CoVRisk or COV+ patient is transferred to/from an anesthesia machine, is it best practice to apply a clamp to the tube? Where does the filter go?</b>	Keep the filter attached to the ETT and the patient. You can use the HMEF that is part of the circuit (just leave it connected to ETT). Use your best judgement to manage risk of aerosols and derecruitment. Do not clamp a tube on a spontaneously ventilating patient.
<b>Is there a filter on the expiratory limb of the anesthesia machine?</b>	There should be a filter on the expiratory limb of the anesthesia circuit. It should be changed at the end of the day, or after a Covid+ or CovRisk case.
<b>Does the water trap need to be thrown out after a Cov+ or CoVRisk case?</b>	No.
<b>Post-Op</b>	
<b>What is the best practice for transporting COV+ or CoVRisk patients through the hospital?</b>	<ol style="list-style-type: none"> <li>a. Place a surgical facemask on the patient. If intubated, place a filter on the endotracheal tube or on the expiratory side of the breathing circuit.</li> <li>b. If the patient has a tracheostomy, a mask may be placed over it and over nose and mouth.</li> </ol>

	<p>c. Transporting staff should wear ERI PPE if they will have contact with the patient or contaminated equipment.</p> <p>d. There must be one member of the transport team not wearing PPE (except surgical facemask or N95) who has clean, non-gloved hands to interact with the environment.</p> <p>e. The elevator can be immediately reused, and no cleaning is required after use for transporting a patient with COVID or CoVRisk.</p> <p>For full guidelines on transport, see <a href="#">MGB Pulse page</a> and scroll down to Transport.</p>
<b>How are anesthesia carts and machines cleaned after use?</b>	There are no special cleaning procedures required for patients on ERI. Standard cleaning procedures must be followed consistently and correctly.
<b>OR Equipment, drug and supply management to reduce contamination risk?</b>	Supplies touched without removal of gloves and hand hygiene performed must be discarded. <a href="#">See Apollo.</a>
<b>Where do COVID and CoVRisk patients go for PACU Recovery?</b>	They go to rooms that have doors that can close - CPC, E3, W3. Lunder PACU bays do not. All patients should be transported with a facemask on unless there is a contraindication.