

COVID-19 Auxiliary Documents

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COVID-19 Resource Box Checklist

- Useful phone numbers (department specific)
- Coordinator planning document
- OR preparation checklist
- Perioperative intubation tray checklist
- Anaesthetic machine set-up checklist
- Anaesthesia medication checklist
- Donning and Doffing Area Checklist
- Perioperative door log
- OR team briefing checklist
- Guideline for donning and doffing
- COVID-19 Intubation plan
- COVID-19 Extubation plan
- PACU checklist

Signage:

- Designated donning area and designated doffing area
- Donning and doffing posters x2
- N95 mask fitting
- Closed Theatre Infection Control Precautions Required x4

Sufficient for each person in the operating room (at least 10 of each)

- Disposable hats
- N95 masks (1870+)
- Eye protection
- Surgical (unsterile) or yellow gown

Extras - as needed by the OR team and runner

- 2 x yellow rubbish bags
- 1 bottle of hand gel
- Specimen bags (for belongings)
- Disposable scissors
- Pens
- Skin marking pen

COVID-19 Coordinator Planning Document

The nursing coordinator, anaesthetic technician coordinator and anaesthesia coordinator work together to plan staffing in detail.

The nursing coordinator is to hold the master copy of this planning document.

Refer to <https://adhb.hanz.health.nz/site/Anaesthesia/SitePages/Covid-19.aspx> for the latest version of the document

Give the checklists in the COVID-19 box to relevant staff members and refer to the intranet to ensure that you have the latest versions of these documents.

| | |
|--|-------------------------------|
| Choice of OR | |
| Target time for team briefing | |
| Target time for HCA and third person to transfer patient from the ward | |
| Confirm ward staff aware of plan | |
| Assign staff (subject to confirmation by direct communication with them). Consider: <ul style="list-style-type: none"> • Not vulnerable* • Fits N95 • Trained to fit N95 • Donning/doffing expert | Names and roles over the page |
| OR cleaning plan | |

Staff planning

| Role | Name | PPE donning/doffing trained |
|------------------------------------|------|-----------------------------|
| Door/donning buddy | | |
| Doffing buddy | | |
| Anaesthetist | | |
| Anaesthetic tech | | |
| Circulating Nurse | | |
| Scrub nurse | | |
| Ward collection third staff member | | |
| Ward Nurse | | |
| Surgeon 1 | | |
| Surgeon 2 | | |
| Nursing runner (outside OR) | | |
| Anaesthetic runner (outside OR) | | |
| HCA | | |
| MRT | | |
| Midwife | | |
| Other | | |
| Other | | |

COVID-19 OR Preparation Checklist

To be completed and checked by designated team-leader prior to team briefing

- All non-essential stock removed
- All non-essential equipment removed (consider stools and trolleys)
- Drug locker removed
- Airway locker removed
- COVID-19 Intubation Tray and Extras set up as per checklist
- OR cupboard doors sealed
- All non-washable equipment covered with plastic (e.g. keyboards)
- Required surgical stock set-up in the prep room (or other designated clean area)
- Medications prepared as per Anaesthesia Medication Checklist and anaesthetists instructions
- Donning/doffing areas prepared as per Donning and Doffing Area Checklist
- All signage up in designated areas:
 - Closed OR sign on all access doors
 - Designated Donning Area sign on wall in Donning Area
 - Donning Sequence poster on wall in Donning Area
 - 3M N95 Mask fitting poster on wall in Donning Area
 - Designated Doffing Area sign on wall in Doffing Area
 - Doffing Sequence poster on wall in Doffing Area

COVID-19 Perioperative Intubation Tray Checklist

- 1x videolaryngoscope (sized to patient)
- 1x Macintosh direct view laryngoscope (sized to patient)
- 2x Endotracheal tubes (appropriate size range for patient)
- Second generation supraglottic airway (sized to patient)
- Oropharyngeal and nasopharyngeal airway (sized to patient)
- Temp probe
- Sachet lubricant
- Bougie/stylet
- Magill forceps
- Plastic sheet
- Cuff syringe
- Tube tie/tape
- Scalpel/bougie CICO kit
- Resuscitation device
- Tray for dirty used equipment
- Yankauer suction handle
- Patient specific items as requested by anaesthetist



Extras - immediately available on the outside

- Hyperangulated blade (sized to patient)
- Performed introducer for hyperangulated blade
- Cuff pressure gauge/syringe, for cuff pressure management
- Suction catheters
- Stethoscope
- Denture pot

To be brought in at end of case

- Oxygen delivery device for the end of the procedure, Hudson mask/nasal prongs
- Plastic sheet
- Inco sheet
- Portable ETCO₂ for transportation of intubated patient (if needed)



Things to note

- Where possible use disposable equipment, this must be discarded at the end of the procedure.
- Reusable equipment/laryngoscope handle to be wiped down with Clinell wipes.
- Magills can be placed in case cart.

COVID-19 Anaesthetic Machine Set-up Checklist

Anaesthetic Machine with full monitoring (sized to patient)

- Remove all contents of the drawers, and equipment hanging on/ around the machine
- If keyboard not washable, cover with a plastic drape.
- One breathing filter at circuit end.



COVID-19 Anaesthesia Medication Checklist

Prepare essential medications **after the briefing**, and keep in the OR. Choice of drugs is a clinical decision to be made by the anaesthetist for every case, bearing in mind that all cases are rapid sequence inductions with an ET tube. It is recommended to prepare the medications you will require for intubation and extubation prior to the patient being transferred to the OR as the OR door should not be opened for 10 minutes following aerosolising procedures.

Please note that any medications that are taken into OR will need to be discarded at the end of the case due to risk of contamination, so please be mindful of waste.

The anaesthesia drug locker will be outside the room with immediate access for additional drugs and equipment.

- Sedatives
 - Midazolam
- Induction agents
 - Propofol or other (and spare)
- Analgesics
 - Opioid/s
- Consider Ketamine/Clonidine/Tramadol
- Antiemetics
- Muscle Relaxants/Reversal Agents
- Antibiotics
- Vasopressors/Emergency Drugs
 - e.g. Inotropes/anticholinergics/electrolytes
- Saline/sterile water for drug dilution/IV fluids
- Others
 - e.g. LA/TXA/heparin/protamine/ecbolics
- IV Tray/disposable tourniquet/alcohol wipes/LA
- Limited selection of Syringes/needles (unused will be wasted)
- Infusion pumps, fluid warmer (stay in room)

COVID-19 Donning and Doffing Area Checklist

Donning Area

Donning / Door buddy must wear surgical mask, eye protection and gloves if coming into contact with any contaminated items.

Check that you have the following contents set up outside

- N95 masks
- Eye protection
- Surgical (unsterile) or yellow gowns
- Hand gel
- Specimen bags (for belongings)
- Extra non-sterile gloves small, medium and large
- Extra surgical gloves in a range of sizes
- Surgical masks
- Disposable hats
- Paper tape (to secure gowns)
- Door log for any staff entering OR and a pen
- Blank labels for staff names
- White and yellow waste bags

Doffing Area

Doffing buddy must wear surgical mask, eye protection, gloves and gown.

- Extra Hand-gel
- Non-sterile gloves in small, medium and large
- Yellow waste bins/ bags
- Yellow-top linen bags
- Eye protection receptacle
- Designated area to leave lead gowns
- Clinell to wipe shoes
- Disposable hats

COVID-19 Perioperative Door Log

This is a guideline for GA. PPE should be confirmed at the briefing. This list is to be held by the door buddy.

| Role | Name | PPE (if patient is wearing surgical mask). N95 mask is to be worn if required. |
|------------------------------------|------|--|
| Door/Donning buddy | | Surgical mask, eye protection. Gloves as required |
| Doffing buddy | | Gown, gloves, surgical mask and eye protection |
| Anaesthetist | | Gown, N95 mask, eye protection, surgical gloves. Non-sterile gloves as required |
| Anaesthetic tech | | Gown, N95 mask, eye protection, surgical gloves. Non-sterile gloves as required |
| Circulating Nurse | | Gown, surgical mask, eye protection, surgical gloves. Non-sterile gloves as required. |
| Scrub nurse | | Surgical mask, eye protection and usual surgical attire. |
| Ward collection third staff member | | No PPE required. Surgical mask if within 2 meters of patient. |
| Ward Nurse | | Gown, surgical mask, eye protection and gloves |
| Surgeon 1 | | Surgical mask, eye protection and usual surgical attire. |
| Surgeon 2 | | Surgical mask, eye protection and usual surgical attire. |
| Nursing runner (outside OR) | | No PPE required. Standard precautions when required |
| Anaesthetic runner (outside OR) | | Does not need gown, mask or gloves. Standard precautions when required |
| HCA | | Wears gown, surgical mask, eye protection and surgical gloves. Non-sterile gloves as required |
| MRT | | Wears gown, surgical mask, eye protection and surgical gloves. Non-sterile gloves as required |
| Midwife | | Wears gown, surgical mask, eye protection, surgical gloves. Non-sterile gloves as required |
| PACU | | Wears gown, eye protection, N95 or surgical mask as discussed with anaesthetist. Non-sterile gloves as required. |
| Other | | |
| Other | | |

COVID-19 OR Team Briefing Checklist

1. Introductions and Role Confirmation

Read this statement aloud: Look after each other by speaking up if you have any concerns.

| Role | Name | Phone | PPE/ Plan/Notes |
|------------------------------------|------|-------|-----------------|
| Door/Donning buddy | | | |
| Doffing buddy | | | |
| Anaesthetist | | | |
| Anaesthetic tech | | | |
| Circulating Nurse | | | |
| Scrub nurse | | | |
| Ward collection third staff member | | | |
| Ward Nurse | | | |
| Surgeon 1 | | | |
| Surgeon 2 | | | |
| Nursing runner (outside OR) | | | |
| Anaesthetic runner (outside OR) | | | |
| HCA | | | |
| MRT | | | |
| Midwife | | | |
| Other | | | |
| Other | | | |

2. Patient details

- Patient name
- Planned procedure and estimated duration
- Surgical plan
- Anaesthetic plan

3. Communication Plan

- Phone numbers available
 - Outside runners
 - COVID-19 Perioperative Advice phone
 - Department Specific phone list
- Method(s) for real-time communication from OR to runners (and reverse)

4. Staff Processes

- Donning / Doffing areas and OR traffic process
- PPE requirements at each stage for each staff member
- No beards
- Personal possessions removed
- Staff reminded to go to the toilet

5. Specimen and Lab Processes

- All specimens to be labelled as suspected or confirmed COVID -19 case
- All specimens to be labelled in the OR
- All Lab forms to be completed outside the OR

6. Emergency plans

- Do not press the red bell**
- Consider rest of OR environment
- Are extra personnel available

7. Questions

Guideline for Donning and Doffing PPE

Donning

Donning should be completed in scrub bay or other designated CLEAN area. Door/Donning and Doffing Buddies use Donning and Doffing Area Checklist to prepare areas.

Principles

- Ensure your bladder is empty and you are hydrated
- Wear shoes that can be wiped clean or washed. Shoe covers are NOT recommended as doffing exposes healthcare worker to high risk of contamination
- Remove all jewellery, empty pockets of all items into receptacle held by buddy
- Don lead protection if required for procedure BEFORE donning PPE
- DO NOT adjust eye protection on your face at any time whilst in situ
- Avoid touching your body/face and your PPE with contaminated gloves
- If surgical gloves become contaminated hand gel them as you would your bare hands
- If gloves or gown become heavily soiled or damaged - doff gown/gloves and re-don
- Don a second pair of gloves for procedures such as intubation/ IV access then remove them carefully as per recommended process
- If you leave the room for a break doff and re-don completely, including mask/eye protection.
- If you are donning for a sterile procedure wear two pairs of surgical gloves and remove the top pair and gel hands after. Stay in your sterile gown if clean/undamaged.

Process

1. Facial hair shaved and hair fully covered by a disposable hat or hood
2. Lead gowns if required are put on BEFORE PPE
3. Wash or gel hands
4. Take a waterproof gown that fits you and check for defects
5. Put on gown (buddy to help tie gown, check neckline and secure rear fastenings)
6. Put on a surgical or N95 mask as per recommended best practice
7. Perform fit/ seal check if using N95 mask (buddy to assist with check)
8. Put on eye protection - (buddy to check)
9. Put on surgical gloves over gown cuffs so there is no skin exposed (buddy to check)

Doffing

Doffing of gown and gloves should be completed with the help of a team member. Doffing of gown and gloves may be done in the OR while doffing of masks, eye protection and hats should be completed in the sluice room or other designated CONTAMINATED area.

- Door/doffing buddy to use checklist to prepare and stock area
- Doffing is a high risk procedure for healthcare worker contamination. Take your time to address each step carefully with buddy assistance

Process (DO NOT RUSH)

1. Another team member gels their gloved hands and releases your gown ties/fasteners
2. Gel gloved hands, remove gown over gloves (careful rolling inside out away from your body bending slightly forwards) avoiding contaminating underclothing. Do not compress waste in bin to avoid aerosolizing contaminants
3. If wearing lead gown, gel gloved hands then remove with assistant with clean gloved hands and put on hanger in OR for cleaning during terminal clean
4. Gel gloved hands, remove gloves carefully, gel hands and leave the OR.
5. Gel your hands again (in case of door handle contamination), bend slightly forwards and remove eye protection avoiding touching skin. Place eye protection in bin or if reusable, in approved container for washing*
6. Gel hands, remove surgical or N95 mask carefully following guidelines and place in bin
7. Gel hands, remove hat, bending forwards, gently pulling from the crown up and over your head (avoid touching face or hair)
8. Gel hands up to WRISTS/FOREARMS
9. Wash hands AND WRISTS/FOREARMS with soap and water, dry
10. Don new hat
11. Gel hands before leaving area

*If reusing eye protection, treat as contaminated until thoroughly washed (without splashing) in a bowl of warm soapy water then dried by placing on a clean towel to dry/dried with paper towels.

- When removing your gown you can either do this yourself or ask your buddy to help. The key is to only touch the inside of your gown at all times.
- No PPE is to be reused even for the same patient
- PPE to be changed after 8 hours or earlier if soiled

Disclaimer - we recognise that hand gel over gloves is not normal procedure for ADHB

COVID-19 Intubation Briefing

This is led by anaesthetist with techi and nurse while patient is being collected.

- Optimise conditions so first attempt at intubation is successful
- This will be a rapid sequence induction with no cricoid
- The recommendation is Video Laryngoscopy and bougie.
- Induction drugs will be given by anaesthetic technician, anaesthetist instructs dosage in mLs.
- Recommendation is no positive pressure ventilation until ETT cuff inflated.
- Ensure paralysis complete before attempting intubation.
- After bougie is used, it is gently removed by the anaesthetist and discarded immediately.
- After intubation, the tech inflates the cuff immediately anaesthetist circuit connected and the technician will bag patient to confirm ETCO₂ and start ventilator.
- Rescue technique is an iGel airway. If iGel used, cover patient head with plastic sheet.
- Please speak up if any concerns including if any PPE breach.
- Patient specific considerations
- Questions
- Intubation process on next page is read through and discussed

COVID-19 Intubation Process

The nurse reads the instruction and then pauses for the anaesthetist to perform the action. The anaesthetist acknowledges when each action is complete. To reduce potential aerosol exposure, this nurse should stand 2 metres distant to the patient's head while reading this out.

- Rubbish bin on the left within easy reach of Anaesthetist.
- Airway tray on right side of patient pillow.
- Anaesthetist cuts surgical mask ties, removes mask and nasal prongs or Hudson mask. Dispose of immediately in the bin. Tech hands the face mask which is immediately applied using 2 handed technique.
- Final airway assessment and final airway plan verbalised.
- Pre-oxygenate
- Reminders during pre-oxygenation:
 - No positive pressure ventilation.
 - If suction required this is handed in by tech.
 - If used yankeur discarded directly into bin.
 - Once ETT connected to circuit technician bags patient and starts ventilator.
- Induce: Tech administers medications as instructed by anaesthetist.
- When certain patient will not cough, disconnect facemask and place in tray. Perform intubation. Tech to inflate cuff.
- Tech provides additional tray to put the dirty laryngoscope in and places on lower shelf of trolley.
- Anaesthetist carefully removes bougie and immediately discards into the rubbish bin then connects ET tube to circuit.
- Tech bags patient to confirm CO2 trace and starts ventilator/volatile as instructed.
- Tech returns dirty airway tray to top shelf of airway trolley.
- Anaesthetist to secure ET tube and tape eyes. Consider temp probe and NG tube now.
- If suction was used, tech turns it off, disconnects tubing at the canister and it is placed in the rubbish. (Reminder - a second suction tubing will need to be brought into the OR during the case).
- The team removes outer gloves and performs hand hygiene over their surgical gloves
- 10 minute stand down begins now.

COVID-19 Extubation Briefing and Process

The only people in the room for extubation are the anaesthetist, nurse and technician.

Extubation Briefing

Led by anaesthetist with tech and nurse once surgical team have doffed and left the room

Ensure optimal conditions for extubation to minimize aerosolisation:

Contingency plan for:

- Coughing
- Agitated patient
- Re-intubation (Do not extubate the patient if you are concerned that the patient will not tolerate it)
- Recovery plan

Extubation Process

The nurse reads the instruction and then pauses for the anaesthetist to perform the action. The anaesthetist acknowledges when each action is complete. To reduce potential aerosol exposure, this nurse should stand 2 metres distant to the patient's head while reading this out.

- Airway tray on right side of patient's pillow.
- Place the surgical and Hudson mask on left of patients pillow.
- Suction airway if required, re-sheath yankaeur and place under pillow.
- Technique for smooth emergence instituted, reversal of paralysis.
- Tech draws plastic sheet over patient's chest and head covering anaesthetist's forearms
 - Anaesthetist removes tape/tie.
 - Tech switches machine to manual ventilation and opens APL.
 - Anaesthetist deflates cuff, ET tube is removed and placed into dirty tray on patients right, facemask is immediately applied using 2 handed technique.
 - Face mask is held in place and the patient's respiratory status is assessed.
 - When appropriate, facemask is removed and placed with filter into dirty tray under plastic drape. Tech ends case.
 - Apply surgical mask. Hudson mask to be placed OVER surgical mask. Oxygen tubing connected to auxiliary oxygen supply and turned on.
 - Tech slowly and carefully lifts plastic sheet from centre, whilst anaesthetist picks up dirty tray.
 - Plastic sheet is carefully folded in on itself by anaesthetist enclosing the tray and immediately placed in bin with minimal folding.
 - Remove outer gloves, perform hand hygiene, reglove.
- 10 minute stand down begins now.
- Suction is left in place under pillow. Reminder: after patient leaves room, suction is turned off and disposed of intact with canister.

COVID-19 PACU Checklist

The PACU nurse should communicate with the anaesthetist via the agreed method prior to entering the room to determine mask type required and collect any medications or supplies required. The anaesthesia trolley will be outside the room with immediate access for medications, drugs and equipment. The PACU nurse should take the minimum equipment into the OR that they will need. The Door/donning Buddy will pass any additional equipment and supplies as required.

Suggested items to take into the OR are:

- Thermometer (oral/aux)
- Warm blanket
- PCA or PCEA pump if prescribed
- Ice (if patient has regional block)


Consider creating a PACU Grab & Go Pack containing:


- Thermometer probe covers x 3
- Vomit cartons
- Sterile gauze
- Safety pins for IDC
- Inco sheets x 2
- 5 x pairs of gloves
- Additional supplies as per specialty

Designated Donning Area

Designated Doffing Area

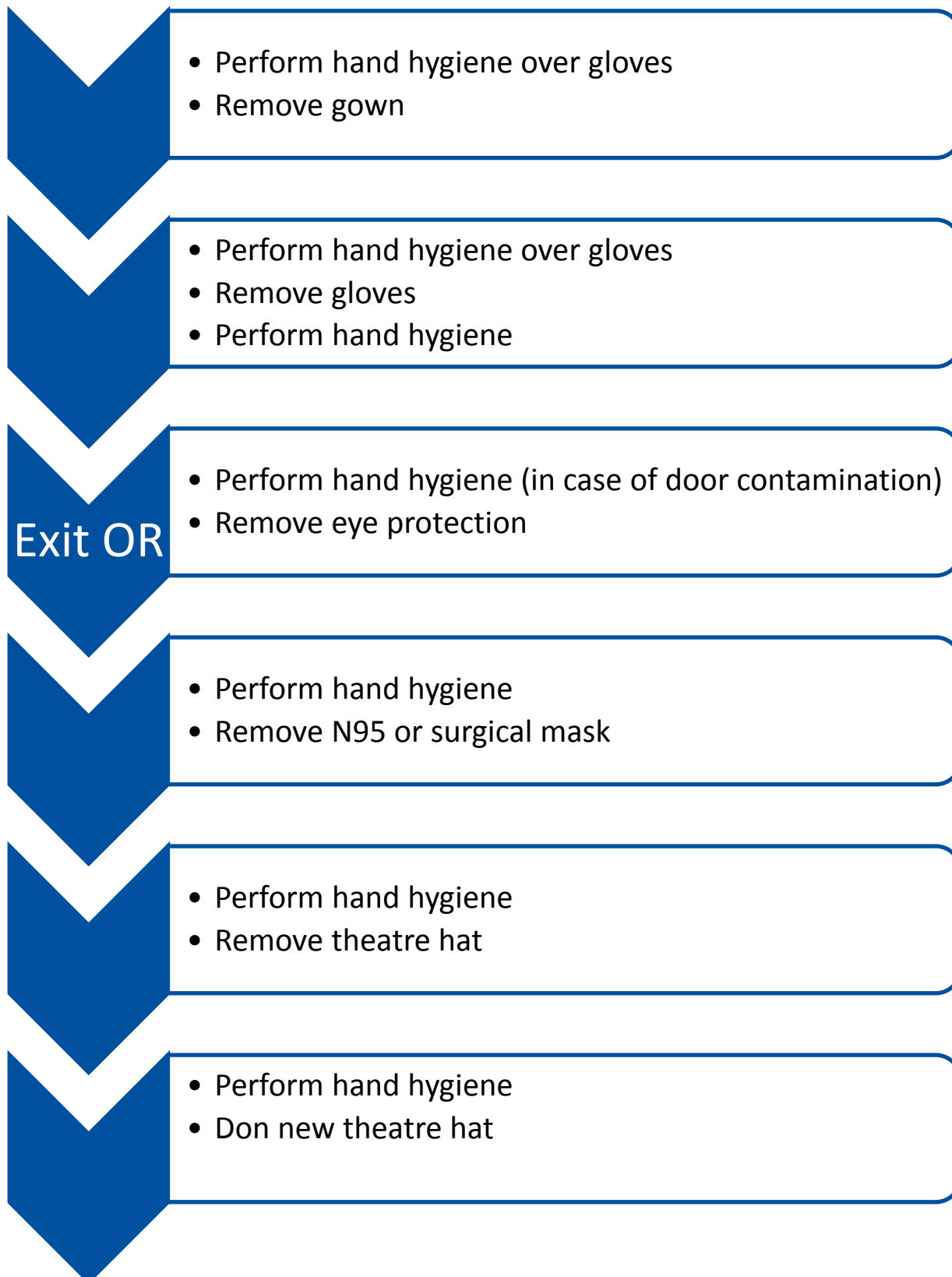
Donning

- 
- Perform hand hygiene
 - Put on yellow gown

- 
- Put on mask
 - Put on eye protection

- 
- Put on gloves

Doffing



Disclaimer - we recognise that hand gel over gloves is not normal procedure for ADHB

3M™ Health Care Particulate N95 Respirator 1870

Wear It Right *Wearing your three-panel filtering facepiece respirator*



1 Remove the respirator from its packaging and hold with straps facing upward. Place the bottom strap under the center flaps next to the "WARNING" statement.



2 Fully open the top and bottom panels, bending the nosepiece around your thumb at center of the foam. Straps should separate when panels are opened. Make certain the bottom panel is unfolded and completely opened.



3 Place the respirator on your face so that the foam rests on your nose and the bottom panel is securely under your chin.



Check the seal of your three-panel facepiece respirator each time you don the respirator.

Place one or both hands completely over the middle panel. *Inhale and exhale sharply.* If air leaks around your nose, readjust the nosepiece. If air leaks between the face and faceseal of the respirator, reposition it by adjusting the panels and straps. If you cannot achieve a proper seal, **do not** enter the contaminated area. See your supervisor.



4 Pull the top strap over your head and position it high on the back of the head. Then, pull the bottom strap over your head and position it around your neck and below your ears.



5 Adjust for a comfortable fit by pulling the top panel toward the bridge of your nose and positioning the bottom panel under your chin.



6 Place fingertips from both hands at the top of your nose and mold the nosepiece around your nose to achieve a secure seal.

▲ WARNING

This respirator helps protect against certain particulate contaminants but does not eliminate exposure to or the risk of contracting any disease or infection. Misuse may result in sickness or death. For proper use, see your supervisor or call 3M Helpline at 0800-808-182.



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Closed OR Infection Control Precautions Required

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