Patient previously tested for COVID-19?

- **YES**
  - Neonate ≤ 72 hours of age with negative maternal test
    - OR
    - Inpatient with a negative test in the previous 5 days
      - AND
      - No clinical suspicion for or exposure history to COVID-19
  - Obtain COVID-19 testing 48 hours prior to routine/elective surgeries and prior to time sensitive surgeries
  - **NO**
  - **YES**
    - Clinical suspicion for COVID-19?
      - **YES**
        - Repeat testing is not required pre-operatively
      - **NO**
        - Standard precautions

- **NO**
  - **YES**
    - Special Respiratory Enhanced Contact Isolation
  - **NO**
    - Standard Precautions:
      - Pre, Intra, and Post-Operatively

COVID-19 test results

- **POSITIVE**
  - Special Respiratory Enhanced Contact Isolation Precautions
  - Airborne Infection Isolation Room (AIIR)
  - If AIIR not available, place in negative pressure room or regular patient room with door closed
- **NEGATIVE**
  - Standard Precautions:
    - Pre, Intra, and Post-Operatively
ACH COVID-19 Workflow
Perioperative Areas

Last updated 1-26-2021

SYMPTOMS
- Acute onset of any of the following symptoms:
  - Fever and/or chills
  - Shortness of breath or difficulty breathing
  - Cough
  - Fatigue
  - Sore throat
  - Headache
  - New loss of taste or smell
  - Congestion or runny nose
  - Nausea, vomiting, or diarrhea
  - Muscle or body aches (not explained by exercise or activity)

EXPOSURE
- Close contact with person with laboratory-confirmed COVID-19 or person under investigation for COVID-19

PPE Precautions for:
- Person under investigation (test pending)
- Unable to obtain history
- Tested positive for COVID-19

NO

Intubate/extubate patient in Room 14
Place viral filter on expiratory limb of the circuit and sampling line filter
Limit personnel involved in care: Anesthesia team, RN
FOR TRANSPORT, REFER TO CARDIAC PROTOCOL
Transport to OR per protocol
For the procedure, all staff in OR will wear PPE

YES

Standard but Increased Precautions
- Bacterial filter on expiratory limb of circuit (no viral filter)
- Anesthesiologist, CRNA/Resident double glove for intubation/extubation, surgical mask or PPE
- Intubate/extubate in OR and wait 15 minutes before rest of team enters room
- Patient to go to PACU

Aerosolizing Procedure*?

YES

All staff in the OR must wear an N-95 or PAPR device for duration of the procedure + eye protection

NO

Standard Precautions

*Operative Procedures at high risk of aerosolization
- GI
- ENT
- Dental/Oral Maxillofacial

not an exhaustive list if felt that an N-95 is needed please use the appropriate protection

Personal Protective Equipment (PPE)
- Standard isolation mask for routine care
- N-95 mask (FIT test required) or PAPR (MAXAIR PAPR) for aerosol-generating procedures
- N-95 mask for collecting specimen to rule out COVID
- Eye protection
- Gown
- Gloves

Aerosol Generating Procedures (AGPs):
- Open suctioning of airways (oral, anterior nasal, nasal pharyngeal, endotracheal, tracheostomy)
- Sputum induction
- Cardiopulmonary resuscitation
- Endotracheal intubation/extubation
- Non-invasive ventilation (e.g. BiPAP, CPAP)
- Bronchoscopy and Endoscopy
- Manual ventilation (bag/face mask, bag/endotracheal tube, bag/tracheostomy)
- High flow O2 delivery via OptiFlow

For any conditions not satisfied by this pathway, please contact Infection Prevention on-call
ACH COVID-19 Workflow
Post-Op

Is the patient:
- COVID-19 positive
- PUI (R/O COVID, known exposure, symptomatic)
- Unknown history
(i.e. trauma where H&P cannot be obtained)

Special Respiratory Enhanced Contact Isolation
- Follow isolation guidelines
- PPE: N-95, face shield, gown, gloves
- Recover patient in OR room 14. If room 14 not available, recover patient in one of the PACU isolation rooms. Ensure doors remain closed

Standard/Transmission Based Precautions
(COVID pending/completed (negative) for pre-procedural testing)
- Follow normal guidelines for standard precautions
- PPE: procedural mask in accordance with AC masking process
- Recover patient in main PACU bay

Admission to the hospital?

Test patient for COVID-19 if not previously tested

Follow inpatient algorithm on bed placement
If ICU admit will be transported to ICU intubated

Discharge to home

Addendum to Clinical Guidelines for Bed Placement

<table>
<thead>
<tr>
<th>3/25/20</th>
<th>V.1.0</th>
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<tbody>
<tr>
<td>COVID-19</td>
<td></td>
</tr>
<tr>
<td>(confirmed</td>
<td></td>
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<tr>
<td>positive)</td>
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</tbody>
</table>
- Place patient on Special Respiratory Enhanced Contact Isolation precautions
- Place patient in an Airborne Infection Isolation Room (AIIR); if AIIR not available, place in negative pressure room or regular patient room with door closed

| R/O COVID-19 |       |
| (formerly PUI) |       |
- Place patient on Special Respiratory Enhanced Contact Isolation precautions
- Place patient in a regular private room with door closed

For any conditions not satisfied by this pathway, please contact Infection Prevention on-call