PRECAUTIONS FOR OPERATING ROOM TEAM

Surgeons, Nurses, Techs — 03/25/2020

Emergency – Tier 1
- Droplet (gown, gloves, eye protection) and fitted N-95 if unable to screen patient or high-risk procedure*

Urgent – Tier 2
- High-risk procedure*
- Low-risk procedure
  - Symptom screen
    - +: Consider surgical delay. If unable to delay, then RT-PCR** test
    - -: Proceed with standard surgical attire

STANDARD risk
- Proceed with standard surgical attire

HIGHEST risk
- Approval by anesthesia chair, surgical chair and CMO
- Droplet + fitted N-95
- Follow COVID+ protocol

STANDARD risk
- Proceed with standard surgical attire

HIGHER risk
- Approval by anesthesia and surgery chair
- Droplet + fitted N-95
- Follow COVID+ protocol

*High-risk procedures include any open aerodigestive tract procedure. Examples:
- nasopharyngeal/oropharyngeal/ENT
- trachea
- lung/thoracic/bronchoscopy
- endoscopy of the GI tract
- surgery of the bowel with gross contamination

Any provider operating on a high-risk patient must have training in appropriate donning and doffing of PPE.

Face shield is used over N-95 or surgical mask to allow for safe reuse on subsequent patients unless COVID+ PUI.

Fitted N-95 + face shield to be worn by anesthesia for all intubation or extensive bag mask ventilation. Other personnel should leave the room for this portion of the procedure.

All persons cleaning the operating rooms should wear droplet precautions (gown, gloves, face shield, surgical mask).

CAPR may be substituted for N-95 on a case-by-case basis, only if no documented N-95 fit option. If a provider requires a CAPR, consider finding another provider to perform the same procedure who can do so with a fitted N-95.