



COVID-19 Surgical Patient Checklist*

To minimize healthcare provider exposure when operating on COVID+ or suspected patient



Preoperative

Team Briefing

To entire OR team:

- What is COVID status of patient?
- What are the anesthesia & surgical plans?
- Identify additional staff member assigned to remain outside OR and deliver supplies [OR runner]
- Is the recovery plan and location confirmed?

Setup

To Nurse:

- Is COVID notification sign on door?
- Is PPE available?
- Are virucidal cleaning supplies available?
- Is non-essential equipment removed from OR?

To Anesthesia Provider:

- Is viral filter at patient end of breathing circuit?
- Is there a dedicated tray for contaminated items?

Before Patient Transport to OR

To Nurse, Anesthesia Provider & OR runner:

- Confirm staff don PPE prior to patient pickup
- Is surgical mask for patient available for transport?
- Stretcher cleaned after patient transfer?

Intraoperative

Before Induction of Anesthesia

To Nurse & Anesthesia Provider

- Perform **WHO Surgical Safety Checklist Sign In***
- Confirm all OR staff wearing appropriate PPE
- Is OR runner present outside OR?

Will aerosol generating procedure be performed?

If YES:

- Non-essential staff leave OR
- Confirm steps to minimize aerosol generation#

If NO:

- Confirm patient will wear surgical mask during case

Before Skin Incision

To Surgeon, Nurse, Anesthesia Provider:

- Perform **WHO Surgical Safety Checklist Time Out***

Is the surgery aerosol generating?#

- If YES, confirm steps to minimize aerosol generation

End of Case

To Surgeon, Nurse, Anesthesia Provider:

- Perform **WHO Surgical Safety Checklist Sign Out***

Will patient be extubated?

- If YES: Plan and steps to minimize aerosol generation#
- Non-essential personnel leave OR
- Confirm OR runner remains outside OR

Will the patient remain intubated?

- If YES, Has ICU been notified?

Postoperative

Before Patient Transport from OR

To Anesthesia Provider & Nurse

- Confirm recovery location
- Is oxygen flow as low as possible?
- Is surgical mask on patient?
- Are unused medication vials wiped with 70% alcohol** or disposed of?
- Reminder to keep PPE on until transfer complete

After Patient Transport: Operating Room

Disinfection

To Nurse:

- Is COVID notification sign still on OR door?
- Have cleaning staff been notified to clean COVID OR?

**WAIT ONE HOUR AFTER EXTUBATION
TO CLEAN OPERATING ROOM*****

*To be used in conjunction with WHO Surgical Safety Checklist. This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged.

**Cleaning and reuse of disposables during COVID-19 pandemic is not recommended if resources are adequate; these recommendations are for critical resource limitations only.

*** This refers to standard unventilated room. Time may vary depending on OR ventilation system.



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ADDITIONAL INFORMATION FOR USERS

1. AEROSOL GENERATING PROCEDURES

- Intubation & extubation
- Manual ventilation with bag-valve-mask
- Open suctioning of respiratory tract
- Sputum induction
- Cardiopulmonary resuscitation
- Bronchoscopy, tracheostomy, endoscopy
- Non-invasive ventilation (BiPAP, CPAP)
- Use of high-speed surgical devices, autopsy
- Some dental procedures e.g., drilling
- Nebulized medication administration*
- High-flow nasal oxygen (HFNO) administration*

*Data are still limited on whether these are AGPs

TO MINIMIZE AEROSOL GENERATION

Consider alternative anesthesia techniques depending on patient condition and situation.

If general anesthesia is required:

- Preoxygenate and maintain low oxygen flows
- Minimize manual ventilation and use rapid sequence induction when possible
- Cuffed ETT is preferred to minimize leaks
- Use inline ETT suction if available
- Place viral filter between patient & circuit elbow
- Only essential airway personnel in OR during intubation. Others may enter after intubation is complete
- Leave viral filter on ETT when disconnecting from anesthesia circuit
- Use viral filter (HEPA, HMEF or equivalent) to protect against COVID exposure (HME filter not protective)

2. PPE FOR PERIOPERATIVE STAFF

FOR DONNING AND DOFFING:

- Coach should be present to observe during training
- Colleagues should observe each other during practice
- Perform hand hygiene if contaminated at any step
- Hand hygiene can be performed over gloves to conserve supply

NON-STERILE PPE DONNING FOR COVID+ OR

1. Perform hand hygiene
2. Don head covering
3. Don N95 mask, place upper strap first, perform seal check
4. Cover N95 mask with surgical mask if reusing N95
5. Don eye protection/face shield
6. Don gown
7. Don gloves

For sterile donning, masks, headwear, and eye protection are donned first then a surgical scrub is performed. Sterile gown and gloves are donned after scrub.

PPE DOFFING FOR COVID+ OR

1. Remove gloves
2. Remove gown, starting with untying the back
3. Remove eye protection/face shield
4. Remove surgical mask starting with lower ties
5. Remove N95, starting with lower strap
6. Remove head covering
7. Perform hand hygiene & change scrubs

WHY SHOULD STAFF IN THE OR WEAR N95s?

- OR procedures have higher risk of aerosol generation & ongoing aerosolization in OR can occur during case
- ORs may lack an anesthesia scavenging system and/or a viral filter on circuit
- Aerosols can take over one hour to clear a room.

3. CLEANING & DECONTAMINATION

DECONTAMINATION of OR SURFACES

- Wipe patient trolley & all OR surfaces (OR table, anesthesia machine, equipment, stools) with 0.5% chlorine or 70% alcohol
- Clean floor with 0.5% chlorine

DECONTAMINATION & REUSE of ANESTHESIA MATERIALS

Do not reuse oxygen facemask, ETT, suction, or circuit tubing between patients without decontamination. Follow the steps below to decontaminate these items.**

1. Brush under soap and water; clean internal and external portions thoroughly
2. Dip in 70% ethyl alcohol solution or 0.5% chlorine
3. Rinse with clean water
4. Dry completely before next use

VIRAL FILTERS & ANESTHESIA MACHINE

- Filters may be transferred with patient but cannot be reprocessed or reused for a new patient
- If viral filter is not used, anesthesia machine may be contaminated and require specialized decontamination per manufacturer instructions

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