

# PURPOSE

To describe the appropriate personnel, PPE (personal protective equipment), and steps necessary for safe and efficient emergent ED (Emergency Department) to OR (Operating Room) transport in the COVID-19 Era

# SCOPE

- A. *Inclusion:* All injured patients being transported to the OR for an emergent surgical procedure
- B. *Exclusion:* Any patient being transported to the pre-op/PACU (Pre-operative area or Post-Anesthesia Care Unit) in preparation for an operative procedure

# DEFINITIONS

*COVID-19:* Coronavirus-19, SARS-CoV-2, Severe Acute Respiratory Syndrome Coronavirus 2

*Emergent Surgical Procedure:* any life/limb sparing procedure being performed within one (1) hour of presentation to the ED requiring expedient transport from the ED to the OR

# GUIDELINE/PROCEDURE

## A. Emergency Department Transport Necessary Personnel

1. Primary ED (Emergency Department) Nurse
2. ED Technician
3. Respiratory Therapist
4. Chief Surgical Resident or designee
5. Trauma Surgery Attending

## B. Personal Protective Equipment

1. Patient
  - a. Intubated: in-line Hepa filter
  - b. Bag-valve-mask: in-line Hepa filter
  - c. Supplemental Oxygen (non-invasive): surgical mask to be placed over the non-invasive supplemental oxygen device

2. Necessary Personnel

- a. N-95 mask
- b. Face Shield
- c. Surgical Cap
- d. Protective Gown
- e. Gloves

C. Notification

1. Operating Room Charge Nurse/Bridge (x21061)

- a. OR notification lights turned on upon determination of need for emergent OR transfer
- b. Call to be made by Trauma Surgeon or designee
  - i. Brief summary of injuries
  - ii. Necessary Operating Sets to open
    - Trauma set
    - Vascular set
    - Hand set
    - Specific Retractors
    - REBOA (Resuscitative Endovascular Balloon Occlusion of the Aorta)
    - ECMO (Extracorporeal Membrane Oxygenation) Team
  - iii. Room to be assigned by the OR Charge Nurse/Anesthesiologist-in-charge

2. ECLS (Extracorporeal Life Support) Specialist for Hypothermic Cardiac Arrest Case (x27455)

- a. Specialist will transport the ECMO machine to the OR

D. Route

1. Elevators

- a. ED elevator to 2nd floor
- b. Right turn into the Operating Room
- c. Predetermined Room assigned

E. OR Necessary Personnel (in appropriate PPE as stated above)

1. Anesthesiologist
2. CRNA/Anesthesia Resident
3. Surgical Technician
4. Circulating Nurse
5. OR Charge Nurse
6. Trauma Surgeon
7. Surgical Resident(s)

8. ED Transport Personnel – please exit the Operating Room promptly following patient transfer to OR table – OR doors are to close and remain closed upon exit.
- F. Patient being intubated in the Operating Room
1. Follow standard intubation protocol as set out during the COVID-19 changes outlined in the operating room procedures listed in the DHHA Related Documents.
  2. OR doors are NOT to be opened and no one is to enter/exit for 10 minutes following intubation
    - a. No need to pause the OR progression during this time

## EXTERNAL REFERENCES

- A. *Coccolini F; et al. Surgery in COVID-19 patients: operational directives. World J Emerg Surg. 2020; 15: 25 PMID: 32264898*
- B. *Tan X; et al. Response and Operating Room Preparation for the COVID-19 Outbreak: A Perspective from the National Heart Centre in Singapore. J Cardiothorac Vasc Anesth. 2020 Mar 29;S1053-0770 PMID: 32303395*

## DHHA RELATED DOCUMENTS

- A) [Operating Room Instructions for Non-suspected COVID-19 Patients](#)
- B) [Operating Room Instructions for Confirmed or Suspected COVID-19 Patients](#)

## ATTACHMENTS

None