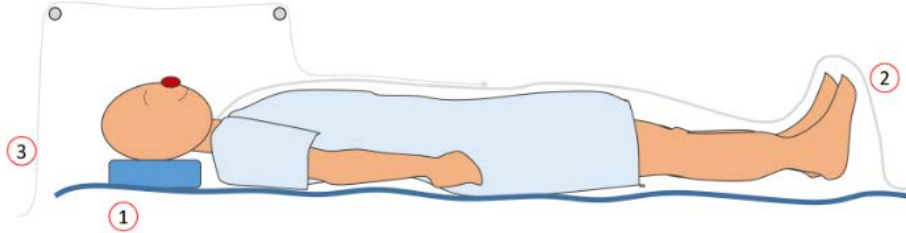


OR DRAPING FOR DROPLET-GENERATING PROCEDURES DURING COVID (SickKids Protocol)-Mar 2020

Draping

1. You will use 3 drapes for this procedure. Here is a general overview of how they are placed.
 1. Drape on bed
 2. Overbody drape
 3. Drape over head and chest



2. Place disposable drape on bed for patient to lie on.
 - a. Try to use disposable blue drape rather than Bair Hugger because it creates convection. In a small patient, can use the wrapping around the bronchoscopy instruments.
 - b. If young and need Bair Hugger then use it straight on the bed. Ensure there is a blue drape over it to reduce convection currents.



3. Put a clear drape over the patient's body leaving the face exposed. Can use a 1010 drape or the clear drape that comes with the Bair Hugger blanket.
4. Adjust OR table height.
5. Bring in adjustable height Mayo stand bars x 2. (Created by removing screws that hold the tray on the bar). They should come in from opposite sides. The screw holes should be sealed with Tegaderms.



6. Secure two suctions near the patient's feet for procedures near the head. These should only be used for suctioning air and therefore will not need to be emptied and shut off. Keep suctions on full force. Can use smoke evacuator suction. Label these and keep them separate from any other suction that might be used on the field for the procedure.
7. For sterile procedures, drape the Mayo bars with ultrasound probe drape (Safesonic DAN-32812 18 x 120 cm), one drape per stand.
8. Place Lap Ped-Neonatal Clear Drape (Medline DYNJCDO284) over the patient as it is large and can cover the scrub nurse's instruments. If you don't have this drape, cut two sides of large Neonatal ECMO cover drape to turn it into a rectangle (Uline S12308 60 x 60 2mm polybag). Drape lengthwise over the patient and the Mayo bars. This drape is a bit short on the sides.
9. Cut cardboard off two video camera drapes (Microtek AEF 9604, LOT190904F).



10. Surgeon puts each arm through a video camera drape so they fit snugly around the wrist.



11. Cut two very small slits approx 1.5 feet apart on one side of ECMO drape. Push arms (covered with video camera drapes) through slits all the way up to elbows so they don't fall off. This prevents the drape from being pulled up and wafting everything under the drape into your face.



12. Proceed with case, taking care not to move hands in and out of field. This also works for rigid laryngoscopy and bronchoscopy.
13. Nurse can place tooth guard, laryngoscope, suction and bronchoscope under drapes at beginning of the case so there is less opening of the side of the drape during the case. Additionally, nurse can drape arms and insert them into the side of the drape in a similar fashion to the surgeon and pass instruments to the surgeon under the drape.

Undrapping

1. Nurse has elastic band in hand and keeps video camera drape tightly bunched while surgeon removes LEFT arm from it. Surgeon ensures video camera drape does not come out of hole in Lap Ped-Neonatal Clear Drape and does not stay open when arm removed. These will be sources of contamination.



2. Nurse seals the bunched video camera drape WITH some of the Lap Ped-Neonatal Clear Drape together using elastic band.



3. Nurse removes the surgeon's outer LEFT glove. Nurse removes both of his/her own outer gloves and puts on new set of outer gloves.
4. Nurse has elastic band in hand and keeps video camera drape tightly bunched while surgeon removes RIGHT arm from it. Surgeon ensures video camera drape does not come out of hole in Lap Ped-Neonatal Clear Drape and does not stay open when arm removed.

5. Nurse seals bunched video camera drape WITH some of the Lap Ped-Neonatal Clear Drape together using elastic band.



6. Nurse removes the surgeon's outer RIGHT glove. Nurse removes both of his/her outer gloves.
7. STOP. Leave suctions on suction under the drapes for 10 minutes to allow droplets to settle or get sucked out from under the drapes.
8. Remove as many people from room as possible.
9. With clean gloves (nurse or MD), very SLOWLY roll top Lap Ped-Neonatal Clear Drape under itself to trap droplets in the drape. Discard SLOWLY.



10. Very SLOWLY, roll top 10x10 drape from over patient's body over itself to trap droplets in the drape. Discard SLOWLY.
11. Very SLOWLY, roll underbody drape over itself to trap droplets in the drape. Discard SLOWLY.
12. STOP. Wait for 10-25 minutes for droplets to settle, depending on how long it takes to completely turn over the air in the room. Doffing as per usual protocol.

ADDENDUM

Here are some personal suggestions from experience with possible COVID positive patients.

1. Consider using preoperative midazolam so patient is more compliant and less likely to fight and produce droplets. Use total intravenous anesthetic rather than gas induction. Minimize positive pressure ventilation. Weigh risks/benefits of spraying cords versus coughing if haven't sprayed cords during bronchoscopy. Can use angiocatheter or gel rather than nebulizer. Can consider asking patients to rinse mouth with betadine if old enough.
2. Physician and nurse wear N95, gown, goggles, visor, and each is double gloved.
3. You may stick a 1010 drape onto the lower end of your visor to protect your neck. This is easy to doff safely.



4. Keep the OR doors closed at all times beginning at the start of the procedure. Have a clean circulating nurse outside the OR to retrieve required supplies. If your OR has a warmer with doors into the sterile corridor and the OR, a clean person outside the room in the sterile corridor can pass additional supplies and/or equipment intraoperatively by opening the warmer and placing the items in the warmer and closing the door. The circulating nurse in the room can safely open the door from the inside of the room and retrieve the items without opening the room doors.
5. Keep the OR doors closed for about 25 minutes after extubation for complete air exchange to occur.

Protocol created by: Blake Papsin (ORL-HNS), Nikolaus Wolter (ORL-HNS), Clyde Matava (Anes), Alice Oloya (RN), Marie-Eve Mercier (RN), Eloise Salonga (RN), James Drake (Neurosx), Ashley Nagle (MedEng), Evan Propst (ORL-HNS).