KENYA SOCIETY OF ANAESTHESIOLOGISTS

Safe Anaesthesia

PERIOPERATIVE PREPARATION AND HANDLING OF CONFIRMED OR HIGHLY SUSPECTED COVID-19 PATIENTS (protection in high risk aerosol generating procedures).

The COVID pandemic has resulted in an inordinately high number of healthcare personnel being infected in routine care of patients. Subsequently, it is imperative to generate guidelines to protect the healthcare givers and thus society (we could transmit disease) from the continued spread.

It is envisaged that as the disease slows down, there may still be pockets of community transmission by asymptomatic carriers and this in the phase of inadequate testing may serve to generate a second wave of infections through the year 2020.

Revisions of these guidelines will occur as the disease pattern is monitored.

1. GROUP A: CONFIRMED COVID-19 IN RESPIRATORY FAILURE FOR AIRWAY CONTROL

A) Postpone any non-urgent surgical procedure until infection is controlled
B) Don PPE which must include long gloves, eye shields, tight fit N95 face mask, double gloving and gown
C) Appropriate hand hygiene at both donning hand doffing PPE
D) Patient must also have a tight fit mask or a purified powered airway device to minimize airborne /droplet infection
E) Appropriate signage as precautionary on the room must also be available and clearly visible (as frontline workers, health care personnel must be duly informed of risks).
F) Surface, droplet and direct contact decontamination procedures must be adhered to.
G) Intubation plan that is preferably rapid sequence with as few people as practical in the intubating space preceded by a long preoxygenation: all equipment including ventilators and monitors should be prepared for immediate connection to minimize exposure to viral particles.
H) Most experienced intubating personnel is to lead the intubation process
I) Intubating transparent box is advisable at both intubation and extubation
J) Assume all oral devices are contaminated and handle as such with disposal before doffing: these are throat packs, airways etc
K) If manual ventilation is to required, use small tidal volumes only
L) Avoid the use of open suction systems and fibre-optic intubation devices to minimize aerosol: if video laryngoscopy necessitated, sheath unused sites, surgically drape all carts and disinfect the equipment after use as per contact decontamination protocols.

P.O. BOX 187- 00202 KNH, NAIROBI, KENYA.
KENYA MEDICAL ASSOCIATION CENTER, SUITE 406, WING C, MARA ROAD, NAIROBI
TEL: 0716 303 868, 0733 747 299
Website: www.anaesthesiakenya.co.ke
E-mail: admin@anaesthesiakenya.co.ke

M) Avoid high flow oxygen delivery systems including CPAP prior to or during intubation to minimize risks of aerosol spread of virus.
N) HEPA filter at y-piece and gas sampling should be of filtered gas
O) Negative pressure rooms are best for isolation and intubation to minimize viral airborne spread.
P) While doffing, remove and dispose of outer gloves first in a designated disposal area avoiding touching surfaces then the rest of the PPE kit. Avoid touching the face or parts of your own body until appropriate hand hygiene has been observed.
Q) If practical, regional anaesthesia is preferable with the patient wearing an NP5 mask through the procedure and back into isolation
R) Intraoperative mechanical ventilation is guided by continued alveolar recruitment strategies which may have begun in the ICU or as per the ARDSNET protocol if in an emergency setting and initiating ventilation: serial blood gas analysis is encouraged to optimize ventilation, perfusion and acid-base status.
S) Patient transfer back into isolation avoiding the PACU after emergence from anaesthesia: the team transferring back must be in the appropriate PPE and follow decontamination procedures on return as per the national infection prevention guidelines: similarly, patients with known or suspected COVID must be transferred from the isolation site by appropriately PPE donned personnel to the designated theatre avoiding the theatre receiving bay to minimize cross infection.
T) Seek assistance from the local infection control teams as self-quarantine may be necessitated.

2. GROUP B: PATIENTS NOT EXPECTED TO HAVE COVID-19.

Due to the latency in symptoms presentation coupled with the fact that some patients may only manifest mild respiratory systems, it is advisable that:

A) Hand hygiene must be paramount
B) Wear gloves and change these regularly and when soiled
C) Surface decontamination between patients must be adhered to and observed: anaesthesia machine work surface, drug trolleys, bags, patient trolleys (gurneys), drip stand, masks and door handles must be decontaminated between cases.
D) Face shields above the usual surgical masks are advised at intubation and extubation.
E) Face shields must be soaked then cleaned with either 70% alcohol solutions or diluted hypochlorite between cases.
F) Intubating boxes are advisable as per physician discretion
G) Where practical and appropriate, regional anaesthesia is a preferred alternative and the patient should have a surgical mask through the procedure and into PACU.