

COVID-19 Protocol for Upper Aero-digestive Operations

Surgical Operations/Procedures Involving Disruption of Mucus Membranes of Mouth, Nose, Ear, Throat, Trachea, Esophagus (Upper Aero-digestive Tract)

Version 2
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Applicable Patients: Because of the exceptionally high concentration of the COVID-19 virus in the Upper Aero-digestive Tract, any operation that disrupts the mucosa of these areas poses an EXTREMELY HIGH RISK to surgeons and staff. Therefore, **ALL PATIENTS** undergoing these operation will be assumed to be positive for COVID-19, and personal protective equipment (PPE) will be used by the entire OR team as outlined below.

Note: Planned tracheotomies should be avoided until we learn more about the safety of that operation in the setting of COVID.

Applicable Surgery Services: ENT, General Surgery, Neurosurgery, Thoracic Surgery, and OMFS

Classification of Case Urgency:

1. Emergency

- a. Definition: Any case in which delay will likely result in death or major morbidity
- b. Example: EMERGENCY TRACHEOTOMY
- c. How to proceed: All staff will wear PPE and practice the precautions described below.

2. Non-Emergent but Essential

- a. Definition: Any case in which a delay of more than 2-4 weeks may result in significant patient harm
- b. Examples: Panendoscopy with biopsy for mouth cancer; Composite resection for mouth cancer; Pituitary surgery in patient with impending blindness.
- c. How to proceed:
 - i. Surgeons should instruct patients to SELF-QUARANTINE for 14 days.
 - ii. The primary surgeon(s) will present case to the Aerodigestive Surgery Panel (ASP)*, describing the rationale for proceeding, anticipated harm if delayed; and alternative non-surgical options
 - iii. If, after review by the ASP, the case proceeds, all surgeons and staff will use PPE as below.
 - iv. If, after review by ASP, the case is not allowed to proceed, it will be postponed until further notice and/or an alternative treatment will be implemented.

*The Aerodigestive Surgery Panel will consist of the Chief Surgical Officer, Chair of Anesthesiology, and Chair/Chief of the specific surgery department(s). Alternate panel members are the Chair of Surgery, Vice Chair of Anesthesiology, and Vice Chair/Chief of the specific surgery department(s), respectively.

Required Infection Control Procedures:

1. Personnel - ONLY essential personnel will be permitted in the operating room, ideally for the entire operation with no changes of shifts.
2. Setting – Please see the instructions about the negative-pressure anteroom in the IPP. Rooms 15-17 are prioritized for COVID-positive, COVID-PUI, and Aerodigestive operations.
3. Instrumentation: AVOID powered instrumentation if at all possible. Avoid microscope and robot cases, too.
4. Personal Protective Equipment (PPE):
 - a. MUST be worn by the ENTIRE OR Team
 - b. All of the options below provide EQUIVALENT protection IF DONNED AND DOFFED PROPERLY.
 - c. The option selected will depend upon availability (there are limited PAPRs) and the duration of the operation (N-95 masks become uncomfortable after 3-4 hours)
 - d. Options

Case Duration Less than 3 hours:

 - 1) N95 + FULL FACE SHIELD
 - 2) N95 + Orthopedic Ventilated Hood

Cases Duration More than 3 hours:

 - 1) PAPR or
 - 2) N95 + Full face shield or N-95 + Orthopedic Ventilated Hood, depending upon comfort of surgeon