1. The **PRECAUTIONS CART** will be left in OR 2 as of December 2021 and the silver cart left outside the room.
   1. **PRECAUTIONS CART** has individually locked drawers and is meant to be opened for **emergencies and unanticipated circumstances only**. Ideally it is not opened during the case as everything in the opened drawer is considered contaminated (but it can be opened if needed!). Therefor try to leave set up in the OR the anticipated drugs and airway equipment that you will likely need in the case, knowing that everything extra will be wasted. For setting up electively after the room is cleaned please use items from the silver cart outside and leave the replenished precautions cart locked.
2. **MEDICATIONS** Set-up: Set up your room as you normally would but have additional medications ready in case of emergency.
   1. Wipeable PPH kit comes from the fridge and should be brought by the nurses when C/S is called
   2. Don’t forget Oxytocin or Duratocin as it is not in the drug drawers
   3. Narcotics fanny pack – do not bring fanny pack into the room, just bring the box of narcotics as it can be cleaned.
   4. Anti-emetics
   5. Regional: spinal medications/epidural top-up medications, epinephrine, CSE kit if planned
   6. Resuscitation: Phenylephrine x 2, Ephedrine, Atropine with appropriate syringes/blunts, flushes
   7. General Anesthesia: Propofol x 2, Succinylcholine, Rocuronium
   8. Fluids: stocked on top of Precautions cart, check for IV tubing/blood tubing/warming tubing as needed
   9. Blank Medication Stickers/PEN:
3. **ANESTHESIA MACHINE** set-up:
   1. Draping:
      1. 3M Shower curtain drape is stocked on C5 in supply room. There should be also a drape on the top of the anesthetic machine and in the COVID AA pack (see below).
      2. If you drape in advance of the case, please leave a sticker saying CLEAN on the front and the date draped.
      3. Be careful to remove the items you need from the top of the cart before you drape it (kidney basin, blue drape clamps, hand sanitizer, caviwipes etc.)
   2. Anesthesia Circuit:
      1. Ensure the correct filters and setup of the anesthetic circuit.
      2. 2 filters on inspiratory and expiratory limbs of circuit
      3. 3rd viral filter and HME arranged so it is connected right next to the ETT.
      4. Replace yellow bag arm with DISPOSABLE clear bag arm.
      5. Optional Inline suction for patients that will stay intubated should go between ETT and first viral filter/HME (found in COVID AA pack or in clean storage room)
   3. Monitors:
      1. Stickers for EKG, Temperature probe
4. **AIRWAY EQUIPMENT** for GA CS
   1. Airway Box: leave in room closed if planning a regional (wipeable)
   2. Oxygen: leave oxygen mask on anesthesia machine (attach via hole in drape until additional oxygen flowmeter available)
   3. Glidescope is recommended first choice. Remove any additional equipment from the glidescope basket otherwise all of it will be thrown out/reprocessed (can consider getting disposable glidescope/King Vision from main OR as C5 glidescope is titanium)
   4. **clamp**
5. **REGIONAL ANESTHESIA** (leave room fully set up for Spinal)
   1. Chlorhexidine
   2. Spinal tray
   3. **Gloves in your size x 2-3**
   4. Extra spinal needles
   5. Bupivacaine and narcotics
   6. Phenylephrine with green pump tubing
6. Do not use Bair hugger in a spontaneously breathing patient under regional, as per IPAC dry air may cause more aerosolization of virus

**AA COVID PACK :** Stored in Clear Garbage bag to the RIGHT of the scrub sinks on C5, right next to the entrance to OR 2. Contents include:

Regular 60-inch circuit

2 Adult Bacterial/Viral Filter & HME sets

1 End-Tidal CO2 line

2 Inspiratory/Expiratory limb yellow filters

1 Inline Suction

1 Presbyterian Clamp

1 D-Fend

1 Disposable arm/bag limb

1 3M steri drape “Shower curtain drape”

Dirty Circuit Sticker

Clear Garbage bag x 2 for ETT and glidescope

**WHAT TO DO WHEN YOU GET CALLED FOR A COVID RED CASE ON C5**

1. Call for help - Call 2nd Anesthetist and AA for every case
   1. If it is a protected code 99 RT will be called automatically
      1. 2nd RT in addition to the NICU RT will respond
   2. If it is a less urgent COVID case you have to call either the 2nd RT or the AA to start the case
      1. **RT contact info**
         1. **Emerg RT phone 7015**
         2. **Vocera: ext 1335 and ask for emerg RT**
         3. **Pager (613) 536-7993**
         4. **RT Cannot stay for the whole case but will help you start if AA is at home – so…ALWAYS CALL AA**
2. Room should be already prepared as above
3. Drape the anesthetic machine, monitors, computer using the 3M drape on top of the anesthetic machine if not already done.
4. **Patient is to be moved to the OR only when Anesthesia gives the OKAY to avoid rushing, contaminating the room and putting everyone at risk**
5. DONNING – Designate a “clean” person and “dirty” person.
   1. “Clean” person touches only the Precautions cart and does charting.
   2. “Dirty” person does the spinal/Airway and touches the draped machine
   3. The “Clean” Person could consider double gown/double glove in case they need to assist with the airway/spinal and then they can remove the outer gown/gloves when they become “Clean” again.
6. Regional (Consider CSE/spinal/epidural)
   1. DON as instructed. You will need to either change your gloves in the room or don a second pair sterile gloves in the room. The sleeves of the blue gowns are not bulky and are reasonable for performing regional OR the alternative is to dress in sterile blue gown/gloves from the start but difficult to help with patient positioning/monitoring etc
7. GA
   1. All members of the team are to be inside the room for intubation dressed in N95/Aerosol precautions and GA C/S is to be done as we would usually do this with patient prepped and draped prior to induction.
   2. Extubation: Within 30 minutes of extubation everyone needs N95. As per IPAC it is okay to leave the room during this time.
8. End of Case
   1. Recovery in OR. Recommended for one anesthesia provider to stay for approximately 30 minutes until there are no issues that could call you back (pain, nausea, vomiting, hypotension, bleeding) because re-donning is slow. Use your discretion prior to handing over to recovery room nurse.
9. Cleaning
   1. Patient is to be recovered in OR at discretion of OB/Anesthesia prior to transfer back to C5/Kidd as per IPAC protocols
   2. **Before you leave, label the parts of the anesthetic circuit that are dirty (circuit, disposable bag arm, CO2/DFEND).** These parts will be removed by the nursing staff or alternatively remove the circuit, disposable bag arm and CO2 D-FEND yourself.
   3. Cleaning staff will remove the Anesthetic machine Drape and do a Terminal Clean of the room.
10. Restocking the Room
    1. Use the AA COVID Pack to restock the anesthesia machine only after it is cleaned
    2. Precautions cart is only stocked once per day. Until it is restocked the silver cart is your backup. The alternative is you can restock the precautions cart yourself based on the stock list that is in the bottom drawer.

If you have any issues, or suggestions to make this an easier process feel free to give me a call. Thanks so much for your help with this.

Dr. Jessica Burjorjee

Dr. Marta Cenkowski