

On behalf of the Tulane Operating Room Leadership

1. Please refer to the protocol sent out on 4/27/20 by the Med Staff Office which outlines the procedure for a patient to be appropriately pre-op'd/screened/tested for an upcoming elective case.
2. Cases already scheduled will proceed as planned except if a higher priority case needs to be performed first and no other room is available. Should this situation arise, the OR leadership will inform both the surgeon and their Chair. We believe we have the capacity to avoid this situation, but please understand if you are called.
3. New cases will be scheduled as usual, so long as there is OR availability. We are hoping to be able to run the normal schedule by next week if needed. If no availability, the OR leadership will determine order of priority. For non-elective cases, there are two urgent surgery rooms available.
4. **IMPORTANT:** Per the Department of Health, the surgeon is responsible for determining the "time sensitivity" of the case and **is REQUIRED to document this in their op note and include the rationale.** The OR leadership will be reviewing upcoming cases and if there is a question regarding the necessity for a particular procedure, they will notify the surgeon and review with the surgeon's chair. This will remain in effect until the Governor/Department of Health allows all elective cases to be performed.
5. As per the screening protocol sent yesterday, if a COVID+ patient needs surgery (either known or discovered during the screening process), before proceeding, the case must be reviewed with and approved by the Multidisciplinary Board to determine risk/benefit ratio. This Board will consist of the surgeon, Medical Director of the OR (DT: Chair of Anesthesia), the Director of Surgical Services, an intensivist and an infectious disease specialist. Of note, all COVID+ patients will be put into Room 14.
6. Intra-op physician attire and protocol:
 - a. Anesthesia will intubate the patient in the OR while wearing the following PPE: faceshield, N95, gown, and gloves.
 - b. After intubation, wait 5 minutes, then the rest of the surgical team will enter the room wearing the following PPE: level 3 surgical mask with eye shield. The remaining PPE (gowns and gloves) will be put on in the OR after scrubbing. Extubations will require an additional 5 minutes before moving the patient out of the OR.
 - c. If patient is COVID+, all persons in the OR will wear an N95 and the waiting time will be 20 minutes instead of 5 minutes.
 - d. For the following high risk procedures: surgery on the airway, throat, mouth or sinuses (bronchoscopy, tracheostomy, glossectomy, laryngoscopy, etc.), and thoracic surgery, emergency trauma surgery involving head, neck, or thorax the following PPE will be required: faceshield, N95, gown, and gloves.
 - e. Exceptions can be addressed on a case by case discussion involving the surgeon and their respective clinical surgical chair. As decontamination of N95 masks becomes fully operational we can reassess these recommendations.
 - f. Currently, only the necessary team members (attending and resident) should scrub into a procedure.

Please bear with us as we learn best practices together. And in advance, thank you for your patience.

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