



Covid 19 Scenario: Patient's Risk grading, PPE Guidelines & Protocols for Aerosol handling in ORs, Cath labs, Imaging suites & ICUs for Health Care Workers

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	Exposure (For Q 1-4, add family members also)	Points
1	Any H/o travel within the prior 14 days to a location where there is local or community transmission of COVID-19?	6
2	Any H/o close contact with a confirmed or suspected case of COVID-19 in the prior 14 days, at home or at work including in health care settings?	6
3	Is he/she living in the same household or flat as of a person with symptomatic laboratory-confirmed COVID-19 infection?	6
4	Is there any H/o traveling in close proximity with (that is, within 1 m) a COVID-19 patient in any mode of travel?	6
5	Is there any H/o severe acute respiratory illness in the absence of an alternative diagnosis that fully explains the clinical presentation?	6
6	Critically ill patient with unexplained pneumonia or respiratory failure	6
7	Health care worker managing a patient with acute respiratory symptom or fever in the last 14 days	6
8	Are you a health care worker/public health officials/social leader?	4
9	H/o fever / LRI / Diarrhoea in last 14 days	4
10	Critically ill patient(Sepsis, MOD, Life threat malignancy etc)	2
11	Any underlying chronic health conditions:HT, DM,IHD COPD, Heart failure, Age >50 years,C/c Kidney;Liver diseases, immunocompromising conditions?	2
Patient RISK: High- 6 or more ; Intermediate-2-4: Low-0		

	Risk Category	Precautions	PPE
1	Aerosol/ Non-aerosol generating procedures in Low risk /Non- COVID-19 patients	Hand hygiene	Cap Triple layer mask Gloves Consider goggles
2	Aerosol generating procedures in Intermediate Risk	Droplet & contact precautions	Full PPE
3	Aerosol generating procedures in High Risk	Droplet & contact precautions	Full PPE
4	Aerosol generating procedures in COVID-19 patient	Airborne, Droplet & contact precautions	Full PPE + Face Shield
5	Routine care /Non aerosol generating procedures of COVID-19 patient	Droplet & contact precautions	Full PPE
6	Routine care /Non-aerosol generating procedures in High Risk	Droplet and contact precautions	Cap N95 mask Gloves Goggles
7	Routine care /Non-aerosol generating procedures in Intermediate Risk	Hand hygiene & contact precautions	Cap Triple layer mask Gloves Consider goggles

Aerosol generating procedures	Non-aerosol generating procedures
<ul style="list-style-type: none"> • Bag mask ventilation, Intubation, Extubation • Ryle's tube insertion • Tracheostomy, NIV, Chest physiotherapy, Suctioning • Bronchoscopy, Coughing • Vomiting/retching • Prone positioning • TEE, Transfer of patients • Sternotomy, Bone drilling • Craniotomy • CUSA, Nebulisation • Cautery dissection • Laparoscopic/Endoscopic procedures 	<ul style="list-style-type: none"> • Central line insertion • Arterial line insertion • Bladder catheterisation • Regional nerve blocks • Lumbar puncture • Muscle Biopsy • Cath lab Percut. Interventions • CT/ MRI scans • TTE
Measures to prevent aerosol dispersion(Covid 19 & High Risk cases)	
<ul style="list-style-type: none"> • The OR positive pressure ventilation system & AC to be turned off until 20 min post last aerosol generating procedure • Disposable plastic sheets over monitors, ventilators, anesthesia machine etc. • If patient requires O₂, the oxygen mask is applied over the surgical mask or N95 mask • Clean room 20 minutes after tracheal intubation (or last aerosol generating procedure) • During transfer, the team should wear a new proper PPE outside the operating room • If the patient is transferred with ETT, a single patient-use Ambu bag with HME filter attached should be used • Limit the number of personnel during the conduct of aerosol generating procedures • Prefer regional anaesthesia whenever possible 	

Ref: Covid 19 Guidelines & Updates: American and Australian Society of Anaesthetists Guidelines of MOH FW, GoI Approved by Covid Cell SCTIMST 8-4-2020