



Anesthesia
Patient Safety
Foundation

Protecting the Anesthesia station – A strategy for reusing supplies



Last updated: March 22, 2020

Based on COVID-19 guidelines from ASA, APSF

Caveat

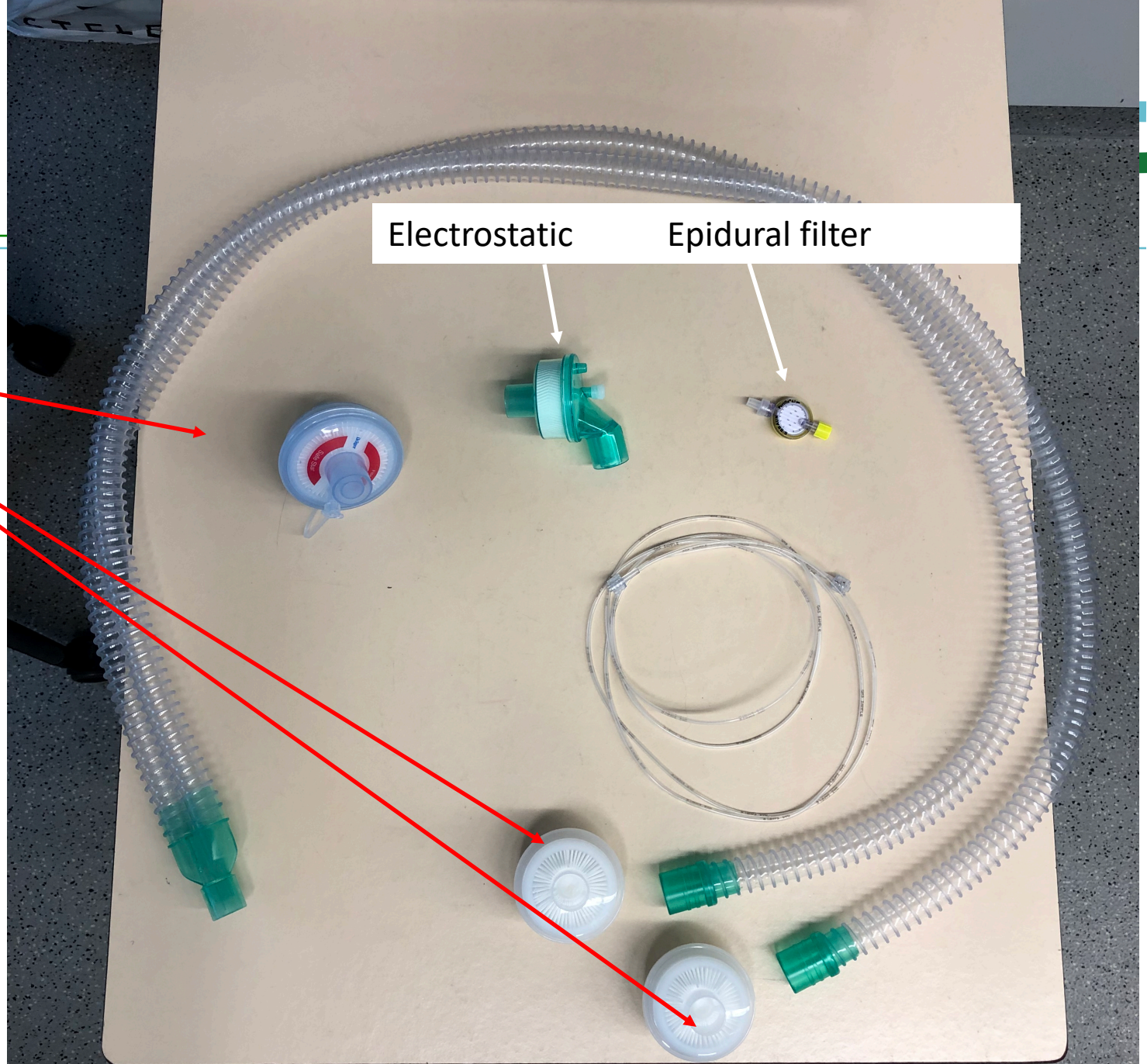
These recommendations are only intended for the extreme circumstance when breathing circuits and other disposables are in short supply and require reuse.

This presentation reflects a European practice which commonly reuses breathing circuits. It describes a strategy for protecting the breathing circuit from contamination so that it can be reused

Reuse of otherwise disposable materials is only recommended after caring for a COVID positive patient or PUI.

Supplies needed

Mechanically pleated



Supplies needed

After COVID-19 patient, after suspected COVID-19 patient, or after non-screened patient:

Change EVERYTHING!



Filter ON inspiratory AND expiratory limb



Why?

- safety in case valve malfunction
- avoid mistakes (in- and exp. outlet not on same side in all machines e.g.)

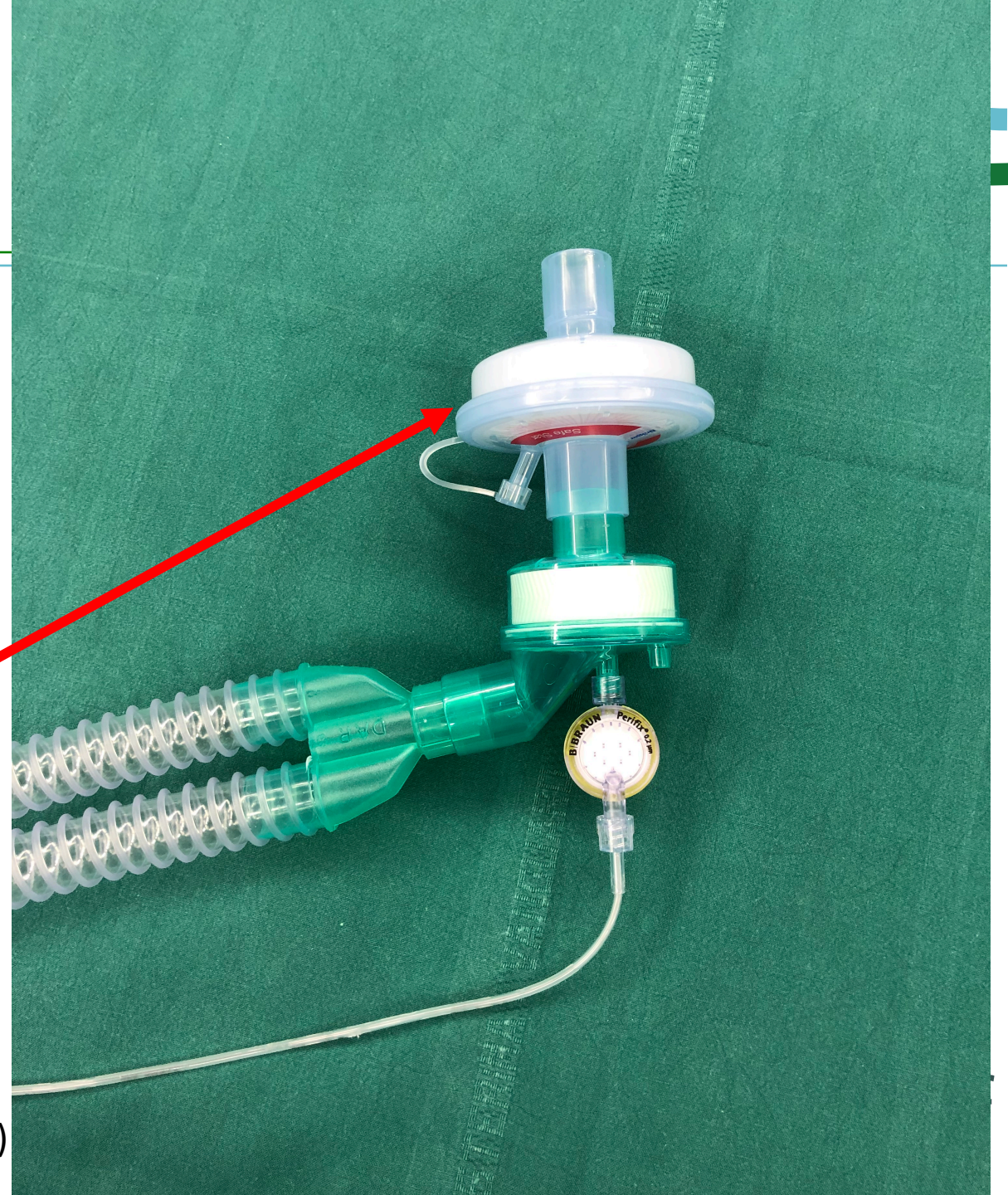
Insp valve filter is different from basic APSF recommendations

Patient-side

Capnography sampling line on extra epidural filter which itself will be placed on 2nd green (electrostatic) filter

After negative screened patient:
ONLY change first white filter

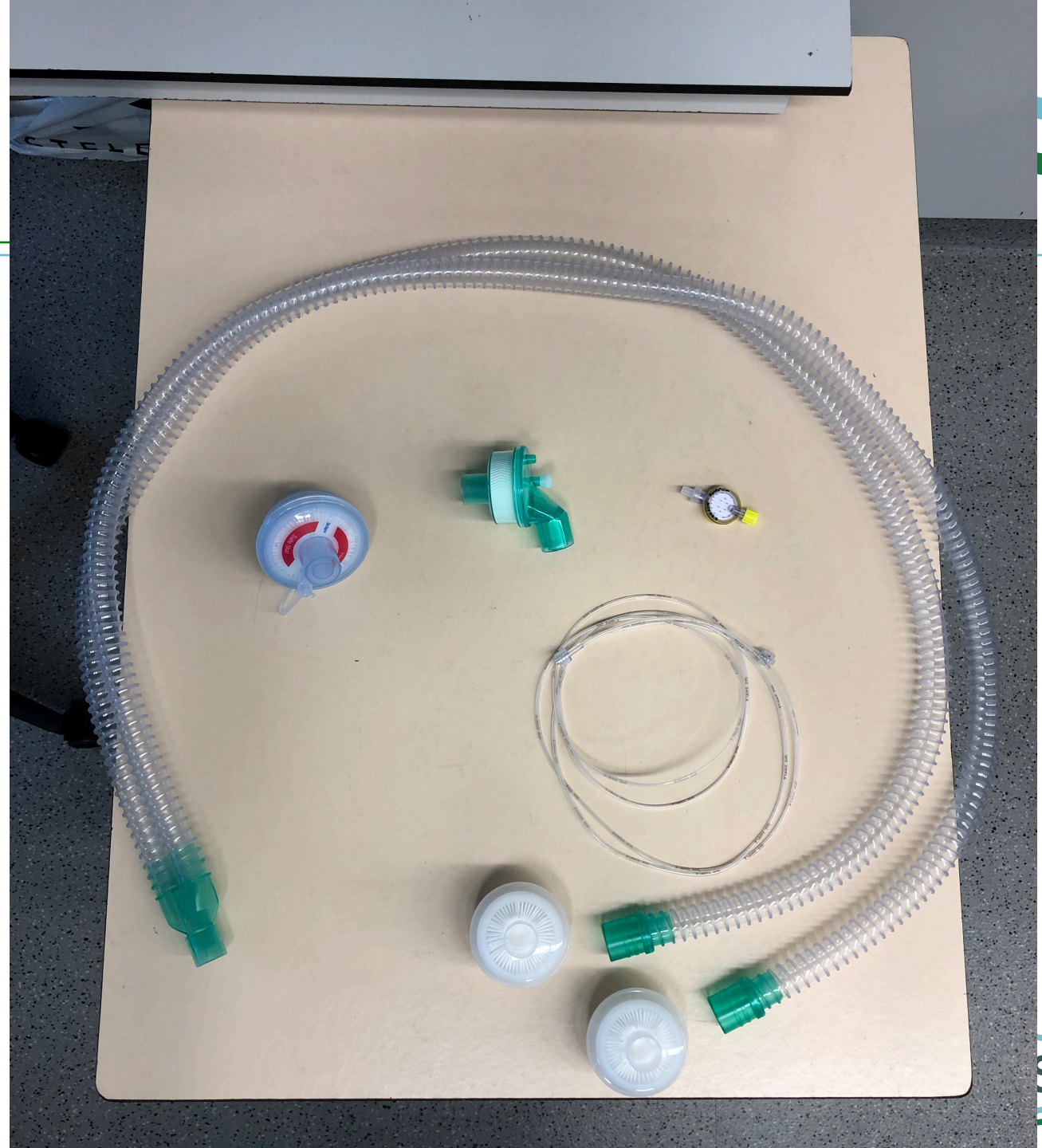
White (mechanically pleated) filter is essential (is most effective filter) and can not be replaced by green “electrostatic” filter (because it is less efficient)



Patient-side

After COVID-19 patient, after suspected COVID-19 patient, or after non-screened patient:

Change EVERYTHING!



General recommendations(1)

COVID 19 or
suspect or
not screened

- Use Locoregional if possible (save equipment, avoid aerosol at in- and extubation)
- General anesthesia = always intubate
- Personal protection
- RSI without ventilation
- Glidescope
- Intubate with clamp on tube, connect to Y-piece, than remove clamp

General recommendations(2)

COVID 19 or
suspect or
not screened

- If filter issue / need for replacement arises: clamp ETT, ventilator on spontaneous or pause, change filter, reconnect, release clamp los, start ventilator
- During in- extubation place waste can next to patient
- After extubation immediately apply non-rebreathing face mask so patient can cough in there
- Keep O2-flow as low as possible

Conclusion

- Workstation protection will always be the same
- Major difference to make is:
 - COVID-19 patient, COVID suspected or non-screened patient = replace everything
 - **Negatively screened** patient = only replace white filter on ETT



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THANK YOU
QUESTIONS?



Please visit www.apsf.org for Current COVID Updates!