
SOAPC advisory on anaesthesia in COVID-19: What is lacking?

Sir,

We read with great interest the article by Solanki SL, *et al.*, an advisory by the Society of Onco-Anaesthesia and Perioperative Care (SOAPC) regarding the perioperative management of onco-surgeries during the coronavirus disease (COVID)-19 pandemic.^[1] It has inputs from various onco-anaesthesiologists of India and relevant guidelines from various national and international societies. We would like to congratulate the authors on bringing out this advisory at appropriate and challenging times.

From the time COVID-19 was declared a pandemic by the World Health Organization (WHO), there have been various publications on the subject of anaesthesia for COVID-19 patients. Our Indian Society of Anaesthesiologists and its official publication, the Indian Journal of Anaesthesia (IJA), have tirelessly worked to impart the required information through various webinars and publications.

There are two key issues of importance: planning for surgical intervention and prevention of the spread of infection amongst the healthcare workers.

However, it is observed that some important documents and advisories have been released on these issues by two scientific organisations but have

inadvertently been missed in the SOAPC advisory regarding perioperative management of onco-surgeries during the COVID-19 pandemic.^[1]

These are:

1. COVID-19 Surgical Patient Checklist by the World Federation of Societies of Anaesthesiologists (WFSA)^[2]
The WFSA alongwith Lifebox and Smile Train have brought out a COVID-19 Surgical Patient Checklist,^[2] [Annexure 1]. This checklist is a very relevant document in the current scenario and is available in English and Hindi. The COVID-19 Surgical Patient Checklist is a simple tool to promote teamwork and communication in the operating room, and it offers simple prompts to perform key infection prevention strategies when an operation is required for a COVID-positive or suspected patient. This is to be used in conjunction with the WHO Surgical Safety Checklist.
2. Advisory by Indian Council of Medical Research (ICMR) on hydroxychloroquine (HCQ) prophylaxis for COVID-19 (March 23,2020 and revised on May 22, 2020)^[3,4]
The ICMR, the policy-making organisation in India, has issued the advisory on the use of HCQ for COVID-19 prophylaxis, especially for healthcare workers (HCW). It reinforces the use of HCQ in India, overruling the WHO decision to not use HCQ. Consequent to ICMR advisories, a large number of anaesthesiologists and frontline HCWs have consumed HCQ.

In Mumbai, India, even police personnel were advised HCQ prophylaxis. Although inconclusive, it has still been recommended by ICMR. The SOAPC advisory does talk of care of staff but misses out on ICMR advice on HCQ.

Both these documents have been released by scientific organisations of standing and repute. It is, therefore, suggested that the practising anaesthesiologists be made aware by publication in the journal.

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Conflicts of interest

There are no conflicts of interest.

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REFERENCES

1. Solanki SL, Thota RS, Garg R, Pingle AA, Goswami J, Ranganath N, *et al.* Society of onco-anesthesia and perioperative care (SOAPC) advisory regarding perioperative

management of onco-surgeries during COVID-19 pandemic. *Indian J Anaesth* 2020;64(Suppl S2):97-102.

2. COVID-19 Surgical Patient Checklist. Available from: <https://www.lifebox.org/covid-19-surgical-patient-checklist/#3>. [Last accessed on 2020 Jun 02].

3. Ministry of Health and Family Welfare (MoHFW). Advisory on the use of Hydroxy-chloroquine as prophylaxis for SARS-CoV2 infection. Available from: <https://www.mohfw.gov.in/pdf/AdvisoryontheuseofHydroxychloroquineasprophylaxisforSARSCoV2infection.pdf>. [Last accessed on 2020 Jun 02].


4. Indian Council of Medical Research (ICMR). Revised advisory on the use of Hydroxychloroquine (HCQ) as prophylaxis for SARS-CoV-2 infection (in supersession of previous advisory dated 23rd March, 2020). Available from: [https://www.icmr.gov.in>pdfPDF Revised advisory on the use of Hydroxychloroquine \(HCQ\) as ...-ICMR](https://www.icmr.gov.in>pdfPDF%20Revised%20advisory%20on%20the%20use%20of%20Hydroxychloroquine%20(HCQ)%20as%20...-ICMR). [Last accessed on 2020 Jun 02].

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ANNEXURE 1



COVID-19 Surgical Patient Checklist*


To minimize healthcare provider exposure when operating on COVID+ or suspected patient



PREOPERATIVE	INTRAOPERATIVE	POSTOPERATIVE
<p>Team Briefing <i>Surgeon, Nurse, Anesthesia Provider & OR Runner</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Anesthesia & Surgical plan <input type="checkbox"/> Plan for outside OR Runner to deliver supplies if needed <input type="checkbox"/> Minimize traffic, keep patient chart & staff belongings outside OR <input type="checkbox"/> Recovery plan <p>Setup <i>Nurse</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> COVID notification sign on door <input type="checkbox"/> PPE available <input type="checkbox"/> Virucidal cleaning supplies available <input type="checkbox"/> Remove non-essential equipment <p><i>Anesthesia Provider</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Prepare drugs & equipment <input type="checkbox"/> Viral filter between patient & circuit <input type="checkbox"/> Dedicated tray for contaminated items <p>Patient Transport to OR <i>Nurse, Anesthesia Provider & OR Runner</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Anesthesia Provider and Nurse don PPE for transport <input type="checkbox"/> Surgical mask on patient during transport <input type="checkbox"/> OR Runner to clean stretcher after patient transfer <input type="checkbox"/> Perform WHO Surgical Safety Checklist Sign In* 	<p>At All Times</p> <ul style="list-style-type: none"> <input type="checkbox"/> All staff in OR wearing N95/FFP mask <p>Induction</p> <ul style="list-style-type: none"> <input type="checkbox"/> Essential personnel only <input type="checkbox"/> Minimize aerosol generation <input type="checkbox"/> If no airway intervention, patient wears surgical mask throughout case <p>During Operation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Runner remains outside OR <input type="checkbox"/> Perform WHO Surgical Safety Checklist Time Out* before incision <input type="checkbox"/> Surgeon to minimize duration and aerosolization <p>End of Case</p> <ul style="list-style-type: none"> <input type="checkbox"/> Perform WHO Surgical Safety Checklist Sign Out* <input type="checkbox"/> If patient to remain intubated, notify ICU <input type="checkbox"/> If extubation, ONLY essential personnel remain inside OR <input type="checkbox"/> Runner remain outside OR until patient transported 	<p>Recovery <i>Anesthesia Provider & Nurse</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> If extubated, recover patient in OR <input type="checkbox"/> Low flow oxygen <input type="checkbox"/> Dispose of unused medications or wipe vial with 70% alcohol** <input type="checkbox"/> OR documents placed in plastic sleeve <input type="checkbox"/> Surgical/Oxygen mask on patient during transport <input type="checkbox"/> Remove PPE after patient transferred <p style="text-align: center;">WAIT ONE HOUR AFTER EXTUBATION TO CLEAN OPERATING ROOM***</p> <p style="text-align: center;">AFTER PATIENT LEAVES OR</p> <p>Specimen Handling</p> <ul style="list-style-type: none"> <input type="checkbox"/> All specimens double bagged <input type="checkbox"/> Porter wears gloves for transport <p>Operating Room Disinfection</p> <ul style="list-style-type: none"> <input type="checkbox"/> Clean all surfaces (OR table, anesthesia machine, equipment, stools) - 0.5% chlorine or 70% alcohol <input type="checkbox"/> Clean floor with 0.5% chlorine <p>Waste Management</p> <ul style="list-style-type: none"> <input type="checkbox"/> All materials from OR double bagged in plastic bag for disposal <input type="checkbox"/> Spray waste bags with virucidal <input type="checkbox"/> Transport wears gloves


*To be used in conjunction with WHO Surgical Safety Checklist. This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged.
 **Cleaning and reuse of disposables during COVID-19 pandemic is not recommended if resources are adequate; these recommendations are for critical resource limitations only.
 *** This refers to standard unventilated room. Time may vary depending on OR ventilation system.

V1, May 11, 2020 (Eng.)



COVID-19 Surgical Patient Checklist*

To minimize healthcare provider exposure when operating on COVID+ or suspected patient



<p>1. AEROSOL GENERATING PROCEDURES</p> <ul style="list-style-type: none"> • Intubation & Extubation <ul style="list-style-type: none"> • Positive pressure ventilation • Manual Ventilation with Bag-Valve-Mask • Open suctioning of respiratory tract • High-flow oxygen administration • Non-invasive ventilation • Nebulized medications • Venting CO₂ in laparoscopy • Smoke generated by cautery • Use of high speed surgical devices • Upper GI endoscopy, Bronchoscopy, Tracheostomy, upper airway endoscopy • Dental procedures <p style="text-align: center;">TO MINIMIZE AEROSOL GENERATION</p> <p>Consider:</p> <ul style="list-style-type: none"> • Alternative anesthesia techniques depending on patient condition and situation <p>If general anaesthesia required:</p> <ul style="list-style-type: none"> • Cover patient with clear plastic box or sheet during aerosolizing procedures • Preoxygenate, low flows, minimize manual ventilation, use rapid sequence induction • Cuffed ETT preferred, minimize leaks • Inline suction if available • Viral filter between patient & circuit elbow • Essential airway personnel only. Others enter only after intubation complete • Leave viral filter on ETT when disconnecting • Must be viral (HEPA, HMEF or equivalent) filter to protect against COVID exposure (HME filter not protective) 	<p>2. PPE FOR PERIOPERATIVE STAFF</p> <p>DONNING PPE FOR COVID+ OR</p> <ul style="list-style-type: none"> - Coach should be present to observe 1. Perform hand hygiene 2. Don head covering 3. Don N95 mask, place upper strap first, perform seal check 4. Cover N95 mask with surgical mask 5. Don eye protection/face shield 6. Don gown 7. Don gloves 8. Confirm PPE properly placed with coach <p>DOFFING PPE FOR COVID+ OR</p> <ul style="list-style-type: none"> - Coach should be present to observe - Perform hand hygiene if contaminated at any step - Hand hygiene can be performed over gloves to conserve supply 1. Remove gown, pull to side & untie in front 2. Remove gloves 3. Remove eye protection/face shield 4. Remove surgical mask, untie lower ties first 5. Remove N95, remove lower strap first 6. Remove head covering 7. Perform hand hygiene, change scrubs <p>WHY SHOULD STAFF IN OR WEAR N95?</p> <ul style="list-style-type: none"> • High risk of aerosol generation, may take 1 hour or more for aerosols to clear • Potential for ongoing aerosolization in OR during surgical procedure • Potential lack of anesthesia scavenging system, or lack of viral filter on circuit 	<p>3. DECONTAMINATING, CLEANING & REUSING EQUIPMENT</p> <p>ANESTHESIA EQUIPMENT DECONTAMINATION</p> <p>Do not reuse oxygen facemask or circuit between patients without decontamination**</p> <p>Reprocessing oxygen facemask, ETT, suction & circuit tubing**</p> <ol style="list-style-type: none"> 1. Brush under soap & water, clean internal and external portions thoroughly 2. Dip in 70% alcohol solution or 0.5% chlorine 3. Rinse with clean water 4. Dry completely before next use <ul style="list-style-type: none"> • Patient trolley & all OR surfaces wiped with 0.5% chlorine or 70% alcohol solution • Filters may be transferred with patient, but cannot be reprocessed or reused for a new patient <p style="text-align: center;">WHEN N95/FFP SUPPLY LIMITED</p> <ul style="list-style-type: none"> • Prioritize N95 for staff performing Aerosol Generating Procedures • Consider alternative anesthesia (regional, sedation) • Reprocess N95 for reuse (N95decon.org)** • Wear surgical mask over N95 mask to minimize surface contamination • Utilize protocols for extended use or reuse of N95 (www.cdc.gov) • Train staff on PPE use & conservation
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V1, May 11, 2020 (Eng.)