Protecting the Anesthesia station – A strategy for reusing supplies

Based on COVID-19 guidelines from ASA, APSF

Last updated: March 22, 2020
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

Electrostatic

Epidural filter
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 2\textsuperscript{nd} 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)
After COVID-19 patient, after suspected COVID-19 patient, or after non-screened patient:

Chang EVERYTHING!
General recommendations

- 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, then remove clamp
General recommendations (2)

• 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
THANK YOU
QUESTIONS?

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