

## BTHA Dressing Changes and Burn Showers

With the temporary relocation of BTHA from JP2 to T4D/F, issues have been identified with the dressing changes and burn showers requiring the POPS physician to provide analgesia and sedation. The goals are to continue to provide the same level of care to patients prior to the relocation in a manner which is safe for the patient and the staff, in the context of the COVID-19 pandemic.

The issues that have been identified are that:

1. there is not a dedicated room on T4D/F for this procedure equipped with the dedicated mechanical, electrical and plumbing (MEP) for this purpose. In particular, there is a lack of a suitable water hose and drain.
2. T4D/F is further away than the previous location and should a critical event occur, help is significantly further away and less accessible.

Performing these procedures in the former location also presents with new challenges as well:

1. All the supplies that are required during the procedure have also been relocated to T4D/F so advanced planning and anticipation of needs must be done.
2. Access to the space is difficult because of the newly constructed walls outside the doors.
3. Managing a critical event in this space will present an additional challenge

To balance these issues and mitigate the risk to patients and staff, the following has been proposed.

1. Early communication between nursing, plastic surgery, and POPS as to the need for a procedure requiring an anesthesiologist present. Patient comorbidities and anticipated duration and extent of procedure should be discussed
2. The POPS anesthesiologist should perform an assessment of the patient and determine if the procedure should be done on T4D/F or in the JP2 burn shower room.
3. Notwithstanding other reasons, patients with significant comorbidities, compromised airway, major initial burn shower, or anticipated extensive debridement should be performed in the burn shower room. Also procedures requiring dedicated MEP must be done in the burn shower room.
4. Minor dressing changes and patients with previous uneventful procedures may be considered for T4D/F.

Procedures deemed safe to be performed on T4D/F by the POPS anesthesiologist should have all the standard monitors and an infusion pump and anesthetic cart with airway equipment present. The emergency crash cart must be immediately available. There is a strong consideration for the presence of an anesthetic assistant present and a second anesthesiologist available, if felt necessary by the POPS anesthesiologist. Organizing the additional help is the responsibility of the POPS anesthesiologist. Following the procedure, the POPS anesthesiologist may handover care to the primary patient nurse after the patient's condition is stable.

Procedures which have been determined to require the burn shower room on JP2 will require advanced notice. In addition, to the standard monitors, infusion pump and anesthetic cart other steps are required:

1. All the required and anticipated equipment and dressings should be brought to the room or outside the room to minimize the need to obtain supplies from T4D/F. A runner should be present to help facilitate bringing supplies into the burn shower room
2. A emergency crash cart must be present outside the room
3. An anesthetic assistant should be present for the procedure, to be arranged by the anesthesiologist.
4. The POPS anesthesiologist should alert the slater that a burn shower is taking place in the burn shower room on JP2.
5. The nurse in charge should communicate with ICU that there is a burn shower taking place in the burn shower room on JP2 in the event the code blue button is activated. This is to avoid the miscommunication that there is a code blue in the COVID-19 unit (which is not connected).

#### Considerations for aerosol generating medical procedures (AGMPs)

Special arrangements must be made for COVID-19 positive or suspect patients and must be arranged and coordinated with the POPS anesthesiologist. For asymptomatic patients, although the dressing change and burn shower are not AGMPs, all members of the team must be prepared for AGMP if the patient requires bag mask ventilation, LMA insertion, intubation, or CPR. Everyone present should have immediately available to them, fit tested N95 masks or P100 respirators.