 <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-C-24-P05-S02
	Effective Date:	12-30-2021
	Document Type:	Standard Operating Procedure
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	Department/Section:	Infection Prevention and Control Unit
	Document Title:	<b>SCHEDULING OF PATIENTS WITH COMMUNICABLE DISEASE FOR ELECTIVE PROCEDURES</b>

### **PURPOSE:**

To establish a set of guidelines in scheduling patients with known communicable disease for elective procedures with the utmost precautions and safety towards the patient and our healthcare workers.

### **SCOPE:**


Applies to all Nursing Service Division staff of Dr. Pablo O. Torre Memorial Hospital who will handle infectious or with communicable patients that will undergo elective surgery.

### **PERSON RESPONSIBLE:**

Physicians, Nursing Service Division, Ancillary Division, Infection Prevention and Control Unit, Auxiliary Personnel, Housekeeping Personnel

### **GENERAL GUIDELINES:**

1. Standard Precautions must be applied to all patients who will undergo elective surgery unless otherwise determined, the transmission based- precaution.
2. Patients diagnosed with transmission based – precaution must be scheduled on last case, if possible, disinfection with the hospital grade disinfectant will follow after the surgery.
3. Appropriate and correct personal protective equipment specific to the type of precaution used shall be maintained and strictly observed.
4. The area and equipment utilized by the patient with infectious case will undergo terminal cleaning.

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### **PROCEDURE:**





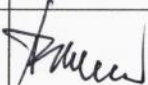


1. The nurse verifies and refers back to the resident, physician or infectious disease consultant on board for re-evaluation of the patient's test results.
2. If with active infectious status, the nurse coordinates with the OR personnel for the schedule of the elective procedure, preferably, to be on last case.
3. The nurse endorses to the receiving area the type of transmission based-precaution to the receiving end for the appropriate personal protective equipment to be worn.
4. If the patient is not infectious, he/she may assume any schedule of the procedure and must follow standard precaution.

### **REFERENCE:**


1. Centers for Disease Control and Prevention – 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, <http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf>
2. A Guide to Infection Control in the Hospital 5<sup>th</sup> Edition, official publication of the International Society for Infectious Diseases (ISID)
3. *Elective surgery*. (2019). Wa.gov.au. [https://healthywa.wa.gov.au/Articles/A\\_E/Elective-surgery](https://healthywa.wa.gov.au/Articles/A_E/Elective-surgery)
4. *Communicable Diseases*. (2016, November 22). Wisconsin Department of Health Services. <https://www.dhs.wisconsin.gov/disease/communicable.htm>

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**APPROVAL:**

	Name/Title	Signature	Date
Prepared by:	<b>APRIL ROSE N. BERJIT, RN, MN</b> Infection Prevention and Control Unit Nurse		03-03-2022
Verified:	<b>RIA NICOLE A. GALVEZ, RN</b> Infection Prevention and Control Unit Supervisor		03-12-2022
	<b>DOLORES ROMMELA T. RUIZ, MD, FPSMID</b> Infection Prevention and Control Unit Interim Chair		03-14-2022
Reviewed:	<b>DENNIS C. ESCALONA, MN, FPSQua</b> Quality Assurance Supervisor		03-15-2022
Recommending Approval:	<b>HENRY F. ALAVAREN, MD, FPSMID</b> Total Quality Division Head		3/18/2022
	<b>MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA</b> Vice President, Chief Medical Officer		3.23.22
Approved:	<b>GENESIS GOLDI D. GOLINGAN</b> President and CEO		4/6/22

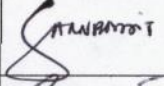
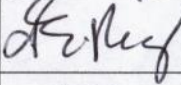

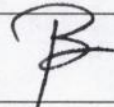
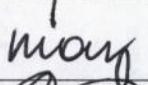
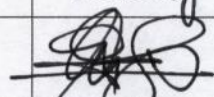


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KEY TASKS	PERSON RESPONSIBLE
1. verifies and refers back to the resident, physician or infectious disease consultant on board for re-evaluation of the patient's test results.	Nurse
2. If with active infectious status, coordinates with the OR personnel for the schedule of the elective procedure, preferably, to be on last case	
3. Endorses to the receiving area the type of transmission based-precaution to the receiving end	
4. Wears the appropriate personal protective equipment to be worn.	Receiving Nurse

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**APPROVAL:**

	Name/Title	Signature	Date
Prepared by:	<b>APRIL ROSE N. BERJIT, RN</b> Infection Prevention and Control Unit Nurse		07-29-2022
Verified:	<b>DOLORES ROMMELA T. RUIZ, MD, FPSMID</b> Infection Prevention and Control Unit Interim Chair		07-29-2022
Reviewed:	<b>DENNIS C. ESCALONA, MN, FPSQua</b> Quality Assurance Supervisor		07-30-2022
Recommending Approval:	<b>FREDERIC IVAN L. TING, MD</b> OIC- Total Quality Division		7/30/22
	<b>MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA</b> Vice President, Chief Medical Officer		8-12-22
Approved:	<b>GENESIS GOLDI D. GOLINGAN</b> President and CEO		10/25/22



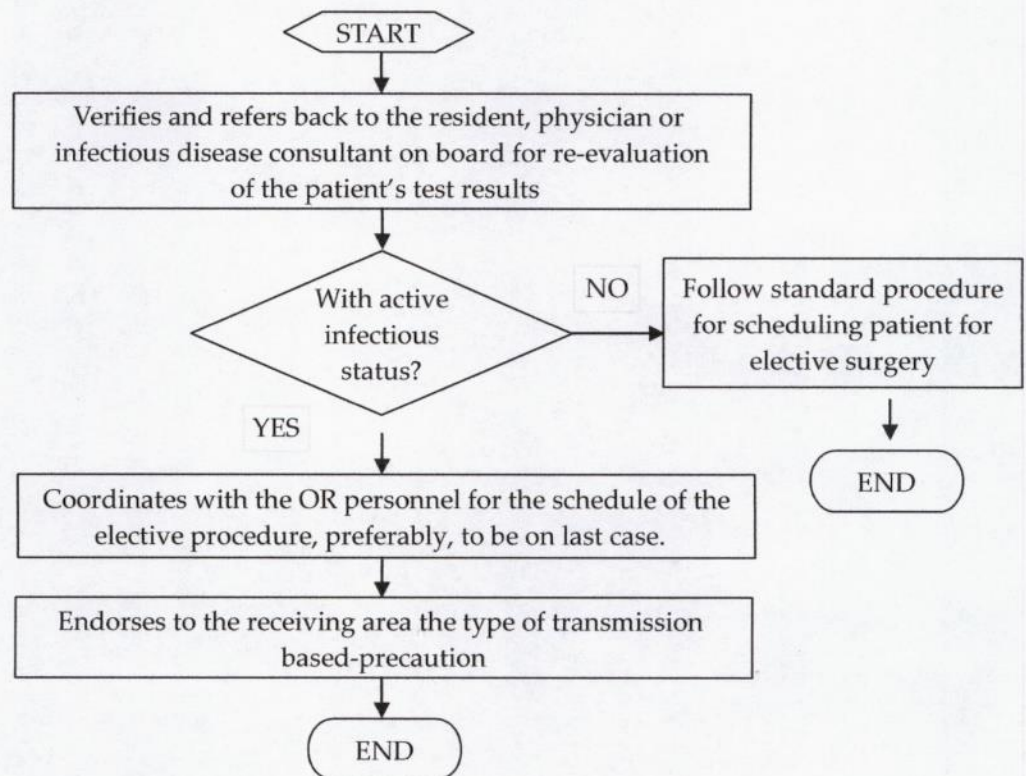



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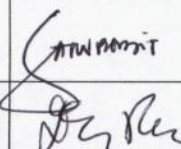
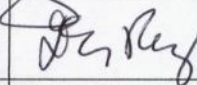

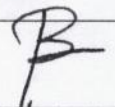
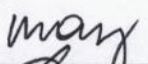

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## FLOWCHART



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**APPROVAL:**

	Name/Title	Signature	Date
Prepared by:	<b>APRIL ROSE N. BERJIT, RN</b> Infection Prevention and Control Unit Nurse		07-29-2022
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Reviewed:	<b>DENNIS C. ESCALONA, MN, FPSQua</b> Quality Assurance Supervisor		07-30-2022
Recommending Approval:	<b>FREDERIC IVAN L. TING, MD</b> OIC- Total Quality Division		7/30/22
	<b>MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA</b> Vice President, Chief Medical Officer		8-12-22
Approved:	<b>GENESIS GOLDI D. GOLINGAN</b> President and CEO		10/25/22