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Revision Number:	0
Effective Date:	04-10-2020
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Document Title:	OPERATING ROOM COVID-19 PROTOCOL

# **PURPOSE:**

To prevent the spread of infections due to COVID 19 while performing surgery.

# **OBJECTIVE:**

To standardize operating procedures during Emerging and Re-emerging Infectious Disease Outbreak

## **RESPONSIBLE PERSON:**

Surgeons, Attending Physicians, Operating Room Staffs and Health Care Personnel

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# **APPROVAL:**

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### **EQUIPMENT NEEDED:**

- Personal Protective Equipment
- Alcohol based hand rub

## **GENERAL GUIDELINES:**

- All patients for OR shall pass thru the ER Triage Area for Preliminary Assessment.
- In order to make complete and accurate assessment of patient admitted to the hospital with respiratory symptoms whether these are primary or secondary complaints, an Infectious Disease (ID) consult is a MUST at the ER so that the patient can be labeled as PUM /PUI or not (Memo 4/4/2020 – Medical Director)
- All elective Surgeries will be hereby suspended. Only EMERGENCY procedures will be allowed. The following are classified as emergency procedures:
  - Emergency Exploratory Laparotomies (All Services / Departments)
  - Trauma
  - Uncontrolled Bleeding (All Services / Departments)
  - All Neurosurgical Emergencies
  - Airway Obstruction/ Tracheostomy for prolonged intubation
  - Foreign Bodies (Sedation Needed)
  - Source control for infections, including CTT
  - Access for Emergency Dialysis
  - Emergency pacemakers
  - Pericardial Drainage
  - Spinal Cord Injury Surgery
  - All Other cases not on the list that needs emergency attention to contact / communicate with the Chairman of the Department of Surgery or the Operating Room Manager. (OR Memo: 3/18/2020)

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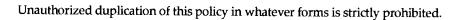
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### No Visitors Directives

- All Patients are allowed with 1 watcher only and will stay in the watchers designated area. Watchers will also pass thru the ER triage and will undergo interview and health assessment. All patients and watchers should wear MASK.
- Only Patients will be allowed inside the operating room. Watchers will be provided waiting area outside the OR complex.
- For Pediatric Patients: only 1 watcher will be allowed to visit the patient (wearing mask) at the Recovery Room
- All Patients admitted in the Operating Room shall be considered PUIs (PCS Memo) therefore all staff and doctors performing surgeries will use complete/Full PPE to ALL Operations performed.
- All procedures done in the Operating Room shall use Disposable Packs and Supplies.

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### **PROCEDURE:**

#### A. ADMISSION

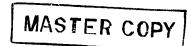
- 1. ER / Station Staff calls the Operating Room for endorsement of the patient for admission. (once the criteria for OR Admission is met)
- 2. The OR Staff will conduct assessment / interview with the PATIENT AND DOCTORS (History of travel and Presence of Respiratory S/S) prior to scheduling / acceptance of admission
- 3. The OR Staff will seek clearance from the Chairman of the Department of Surgery or the Operating Room Manager to proceed with the procedure.
- 4. After the procedure has been cleared to proceed, the OR staff schedules the operation. For STAT procedure patient is sent to the OR with complete endorsements from ER and re-assessment from the OR Staff.
- 5. Before patient is sent to the OR, the staff prepares the team and needed equipment and supplies and will start donning of their PPEs.
- 6. Once all the staff and the doctors are PRESENT are with their complete PPEs, the OR staff will call the station or ER to transport the patient to the OR.
- 7. Patient will be transported to the OR following transport protocols.
- 8. Donning and Doffing
  - a) There will be a designated area for Donning and Doffing.
  - b) Donning Area 1: Doctors Lounge / Designated Donning Area 1
  - c) Donning Area 2: Entrance after the sterile area swing door.
  - d) Doffing Area: Scrub Room 1 (All N95 mask will be re-used (subject to re-use protocols). After removal please place it in the plastic and label it with your names (initial and last name)
  - e) There will be a Trained OBSERVER assigned during Donning and Doffing
- 9. The Procedure will be performed (Follow COVID Guidelines by Anesthesia and Surgery)

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- 10. We will prioritize the use of OR 1 (for clean cases) and OR 3 (for dirty cases), OR 2 (clean cases) and OR 4 (dirty cases) will be RESERVED rooms.
- 11. Terminal Cleaning will be done after the procedure.

#### **B. TRANSPORT**

- 1. The stretcher used outside of the OR will only be until the inner door and the patient will be transferred to a designated stretcher only used inside the OR.
- 2. If the patient is COVID (+) the same transport stretcher will be used until the patient is transferred in the OR table.

# **Operating Room DONNING and DOFFING Guidelines**

#### **DONNING**

- 1. Engage a trained Observer. Remove Personal items. Inspect PPE.
- 2. Don complete PPE before entering the OR restricted area at the designated DONNING AREA 1. (Wear shoes intended for Donning)
  - · Proper Hand Hygiene with alcohol based hand rub
  - First Layer Booties or the Booties with the Taffeta Suit/ Hazmat
  - First layer sterile gloves
  - Impermeable Suit / Taffeta Suit (Silver) / Hazmat
  - N95 Mask Check for appropriate size (Leak Test) (label initials of first name, last name and date of first use)
  - Surgical Cap / Hood
  - Face Shield / Goggles
- 3. Verify with trained observer. (Check tears, leaks and correct donning of PPE)
- 4. After entering the OR Restricted door proceed to DONNING AREA 2

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- Don second layer of Booties (Disposable)- a chair and table will be provided with supplies
- Then disinfect first layer of gloves with Sterillium
- 5. Proceed to OR Room
  - Don Sterile Disposable Gown / Outer Surgical Apron and Sterile Gloves (2<sup>nd</sup> Layer)

## **DOFFING (OR SCRUB ROOM 1)**

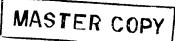
- 1. Doffing shall be done at the OR Scrub Room 1 (DOFFING AREA)
  - a. Make sure to wipe using disinfectant bloody gloves inside the operating room
  - b. Proceed to the DOFFING AREA:
  - i. Do Proper Hand Hygiene using Alcohol based hand rub
  - ii. Remove Disposable gown / Surgical Apron together with outer gloves. Dispose in the designated trash bin
  - iii. Do Proper Hand Hygiene using Alcohol based hand rub
  - iv. Remove outer Booties and dispose in the designated trash bin
  - v. Do Proper Hand Hygiene using alcohol based hand rub
  - vi. Remove Face shield / Goggles
  - vii. Do Proper Hand Hygiene using Alcohol based hand rub
- viii. Remove Taffeta Suit (Silver) / Hazmat. Place in designated container/bin.
  - ix. Do Proper Hand Hygiene using Alcohol based hand rub
  - x. Remove 1st layer of booties.
- xi. Do proper hand hygiene using alcohol based hand rub
- xii. Remove Surgical Cap

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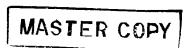
- xiii. Do Proper Hand Hygiene using Alcohol based hand rub
- xiv. Remove N95 mask (place it inside the plastic bag with your names we will sterilize this for re-use)
- xv. Do Proper Hand Hygiene using Alcohol based hand rub and remove inner gloves
- xvi. Do Proper Hand Hygiene using Alcohol based hand rub
- xvii. Wear Surgical / cloth face mask and cap
- xviii. Disinfect and remove shoes and change to a new slipper upon exiting the Doffing Area
  - xix. Perform Hand hygiene with alcohol or at the Scrub Room 2
- 2. Plastic containers shall be provided for proper segregation of used disposables (Labels will be indicated)
- 3. For reusables (face shield / N95 mask) a container shall be provided that will be sent after to decontamination and sterilization area.

Trained Observers: Donning - Charge Nurse, Doffing - Recovery Room Nurse.

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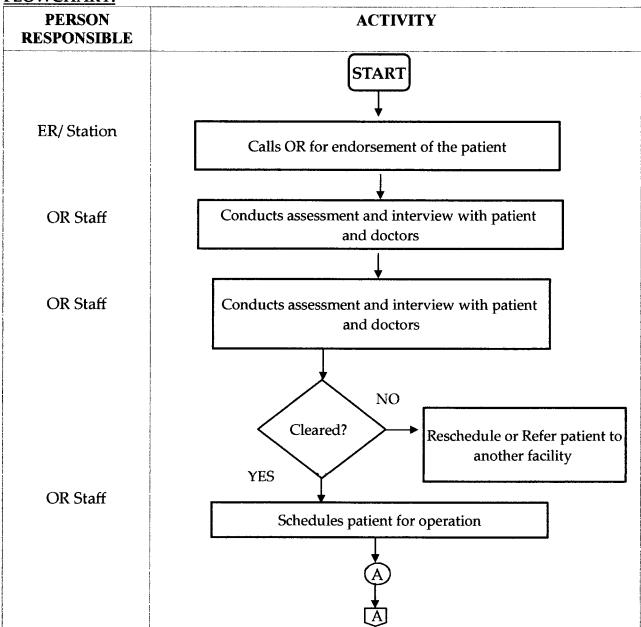
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# **FLOWCHART:**



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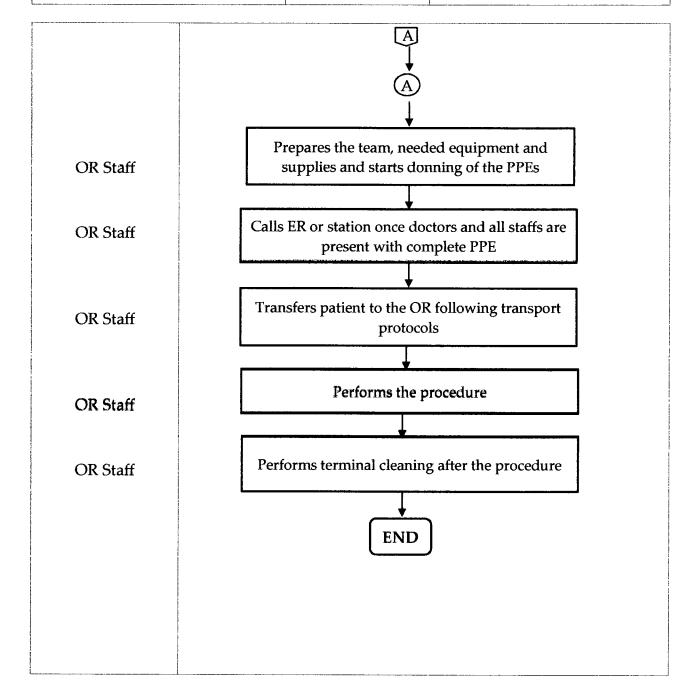
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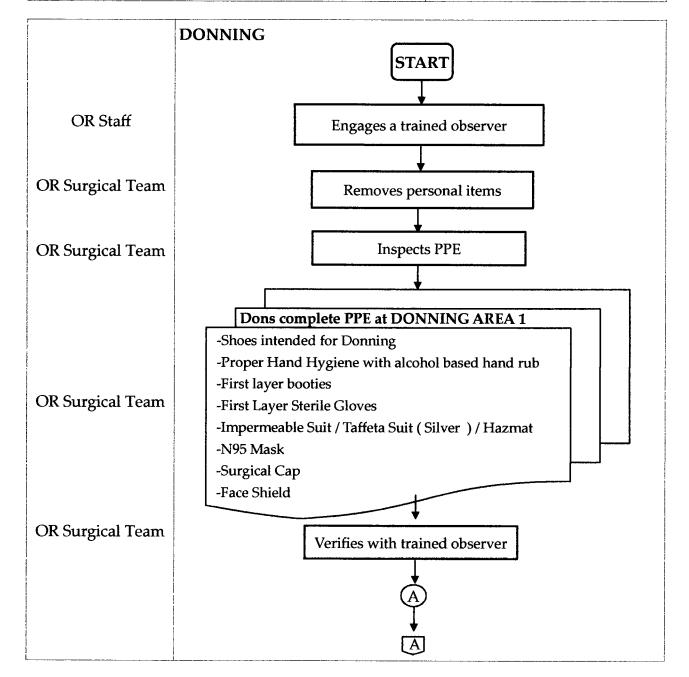
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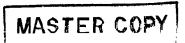
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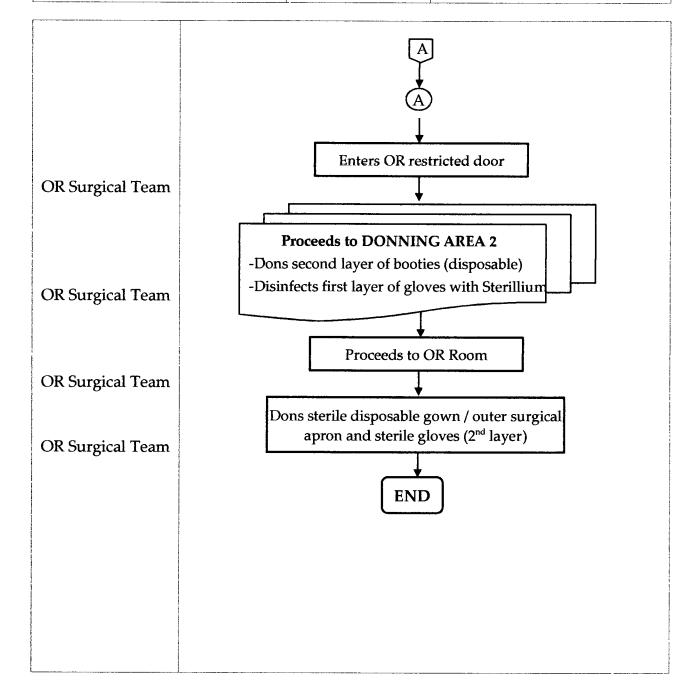
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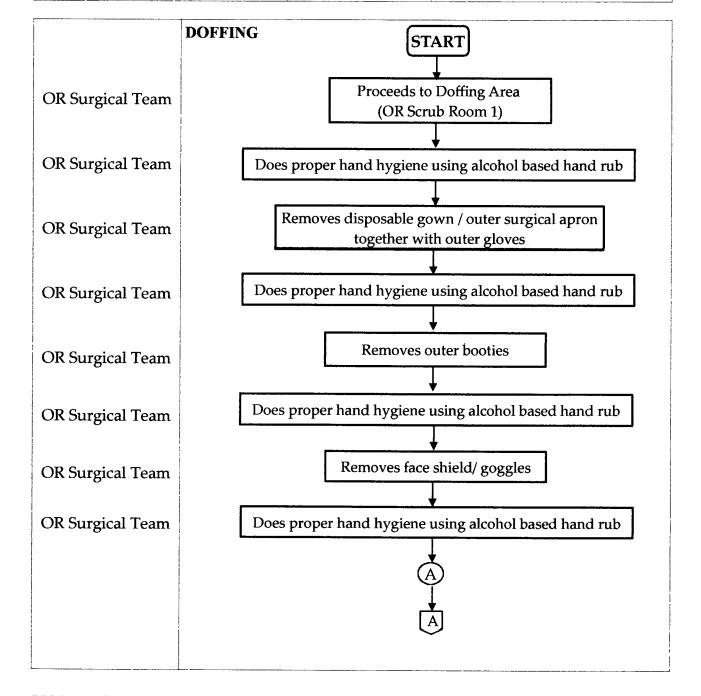
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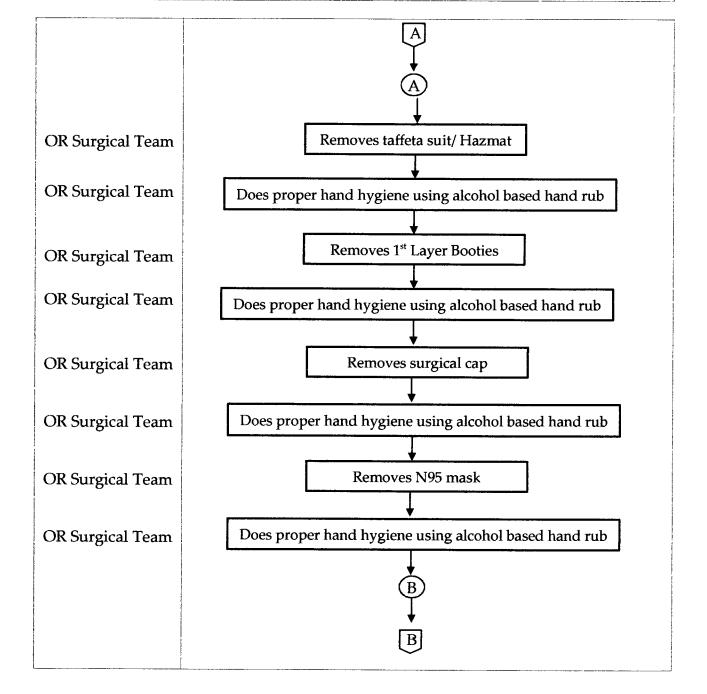
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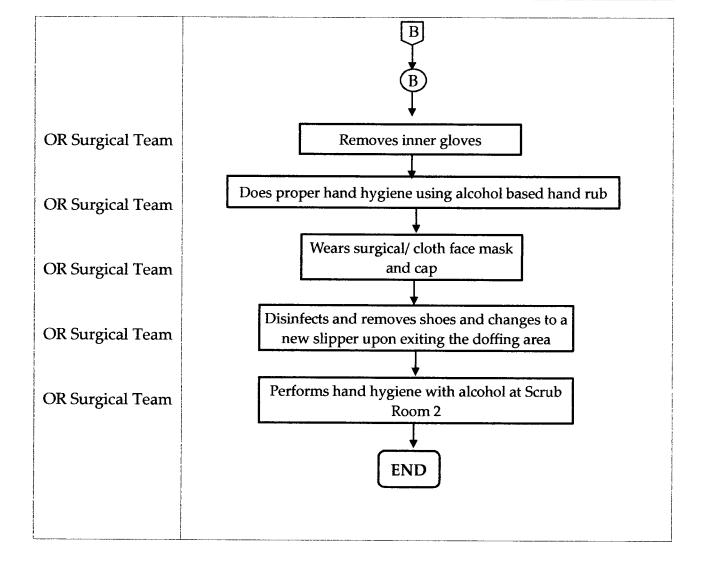
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## **REFERENCE:**

Casanova, L. M., Rutala, W. A., Weber, D. J., & Sobsey, M. D. (2012, May). Effect of single-versus double-gloving on virus transfer to health care workers' skin and clothing during removal of personal protective equipment. Retrieved April 4, 2020, from https://www.ncbi.nlm.nih.gov/pubmed/21831480

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