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PURPOSE:


To prevent the spread of infection due to COVID 19 while performing ophthalmologic procedures.

OBJECTIVE:


To standardize operating procedures during Emerging and Re-emerging Infectious Disease Outbreak (Covid 19)

GENERAL GUIDELINES


- All patients (including watchers) for OR/Ophthalmologic procedures shall pass thru the ER Triage Area for Preliminary Assessment. If Patient is found with respiratory symptoms or COVID-19 related signs and symptoms on the day of the scheduled procedure, the ER nurse should inform the operating room and the attending physician for final decision-making (Attending Physician made thorough assessment already of the patient prior to OR schedule and admission).
- 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 Probable/Suspect or not (*Memo 4/4/2020 – Medical Director*)
- It is imperative upon the attending physician(s) to screen candidates for ophthalmologic procedures as high or low risk for COVID-19 based on the Department of Health (DOH) guidelines. Screening should be repeated before performing the procedure. Some patients with coronavirus present with diarrhea, nausea, vomiting, and/or abdominal discomfort even before respiratory symptom onset. These manifestations should alert professionals on the potential presence of infection with SARS-Cov 2 in those who have such symptoms.

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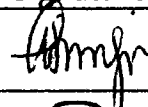




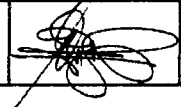
- **Procedures should then be triaged accordingly:**
 - High Priority Ophthalmologic procedures (EMERGENT)
 - Corneal Laceration
 - Trabeculectomy
 - Trauma
 - Low Priority Ophthalmologic (ELECTIVE)
 - Cataract Surgery
 - Pterygium
 - Chalazion
 - Intravitreal injection of medications
 - Vitrectomy
- All other cases not on the list that needs emergency attention to contact/communicate with the head of the Ophthalmology unit or the Operating Room manager. High-risk patients (probable/suspect) should be scheduled last.
- Stepwise resumption of elective Ophthalmology services should be guided by control of COVID-19 in the local community, availability of manpower and equipment supply.
- Until revised, ophthalmologic procedures should be limited to only 5/day (first to schedule/first to be accommodated) in order to avoid overcrowding in the recovery room (applicable to sedated patients).
- For patients who are considered at high risk for COVID-19, separate pre- and post-Ophthalmologic recovery areas/or time slots should be arranged (the Ophthalmologic Unit can also be used as recovery room after the procedure).
- Healthcare workers:
 - Should use N95 mask regardless of patient's Covid-19 status
 - Ophthalmologist should triple-glove during procedures regardless of a patient's COVID-19 status.
 - Mobile phones, pens, and medical equipment should not be shared. Jewelry (watches, rings and bracelets) should not be worn by the Ophthalmology unit staff.


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- **IN – Patients:**
 - Scheduling will be on a “first come first serve basis”. The first case schedule will be taken and the rest of the schedule for the day is to follow(TF). Schedules are also dependent on the availability of the OR rooms or Ophthalmology unit.
 - If an identified confirmed COVID (+) patient is for operation, it shall be scheduled last (after all scheduled procedures in the OR/Unit has been done) unless otherwise an emergency case. If there is a COVID 19 + patient for emergency surgery/ophthalmologic procedure, the next scheduled operation will be deferred to a later schedule to provide time for terminal cleaning misting and UV treatment (average time of 4 hours)
 - Adult Patients needing Pre-operative assessment (Ex. CP Clearance) shall be referred to an IM doctor and will be referred accordingly to an Infectious Disease (ID) doctor if needed. Adult patients not needing IM consult shall be referred to an Infectious Disease doctor by the surgeon prior to surgery.
 - Pediatric Patients needing evaluation shall be referred to a Pediatrician and will be referred accordingly to an Infectious Disease (ID) doctor if needed. Pediatric patients not needing Pediatric consult shall be referred to an Infectious Disease (ID) doctor by the surgeon prior to surgery.
- Follow OR Decontamination Protocols
- Terminal Cleaning and Misting will be done after all the procedures. (Recommended – night shift)
- **No Visitors Directives**
 - All patients are allowed with one (1) watcher only and should 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 one (1) watcher is allowed to enter at the recovery room if needed.

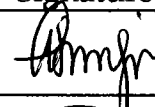




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APPROVAL:

	Name/Title	Signature	Date
Prepared by:	MARIA AGNES A. SARIEGO, MN, FPCHA Operating Room Manager		5/28/2020
Reviewed:	DENNIS C. ESCALONA, MN, FPSQua Quality Assurance Supervisor		5/27/2020
Recommending Approval:	MA. CRISTINA I. EUSEBIO, MD, FPAO Head, Ophthalmology Unit		5/28/2020
	MA. ANTONIA S. GENSOLI, MD, FPPS Medical Director		5.29.20
	HENRY F. ALAVAREN, MD, FPSMID, FPSQua Total Quality Division Officer		6/2/20
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		06/04/2020

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APPROVAL:


	Name/Title	Signature	Date
Prepared by:	MARIA AGNES A. SARIEGO, MN, FPCHA Operating Room Manager		5/28/2020
Reviewed:	DENNIS C. ESCALONA, MN, FPSQua Quality Assurance Supervisor		5/27/2020
Recommending Approval:	MA. CRISTINA I. EUSEBIO, MD, FPAO Head, Ophthalmology Unit		5/28/2020
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PROCEDURES


A. ADMISSION

1. All patients including their watchers should pass thru the ER and will be attended by the triage team. Pre-assessment of patients will be done.
2. If Patient is found with respiratory symptoms or COVID related symptoms on the day of the scheduled procedure, the nurse should inform/communicate with the attending physician and the operating room.
3. ER/Station Staff calls the Operating Room for endorsement of the patient for admission. (once the criteria for OR Admission is met, example – admission sheet / Philhealth)
4. Mandatory Temperature check with non-contact thermometer should be done for everyone at the beginning of the work day and prior to entering the ophthalmology unit. Only essential and fully trained ophthalmology personnel (doctor, nurse and assistant) should be present in ophthalmologic cases, all using the prescribed PPEs. The same team of ophthalmology staff should serve the same room for the whole session.
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 with their complete PPEs on, 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.
9. The procedure will be performed in the Ophthalmology unit.
10. Terminal cleaning and misting will be done after ALL the procedures.

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B. TRANSPORT

1. The stretcher/wheelchair used outside of the OR will only be until the inner door and the patient will be transferred to a designated stretcher/wheel chair only used inside the OR.
2. If the patient is a confirmed COVID 19 (+) the same transport stretcher will be used until the patient is transferred in the Ophthalmology unit.

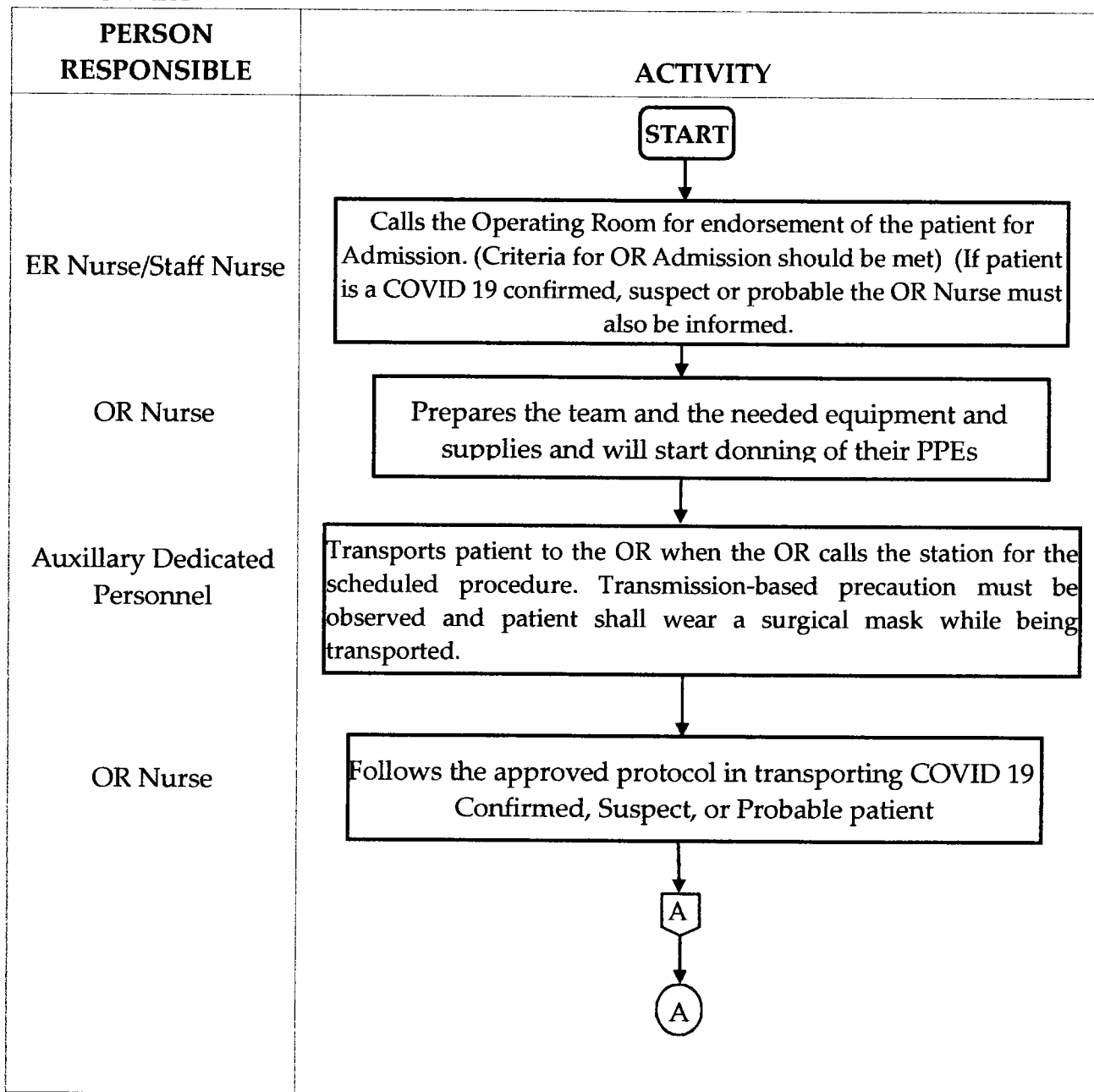
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RMCI Operating Room PPE Levels

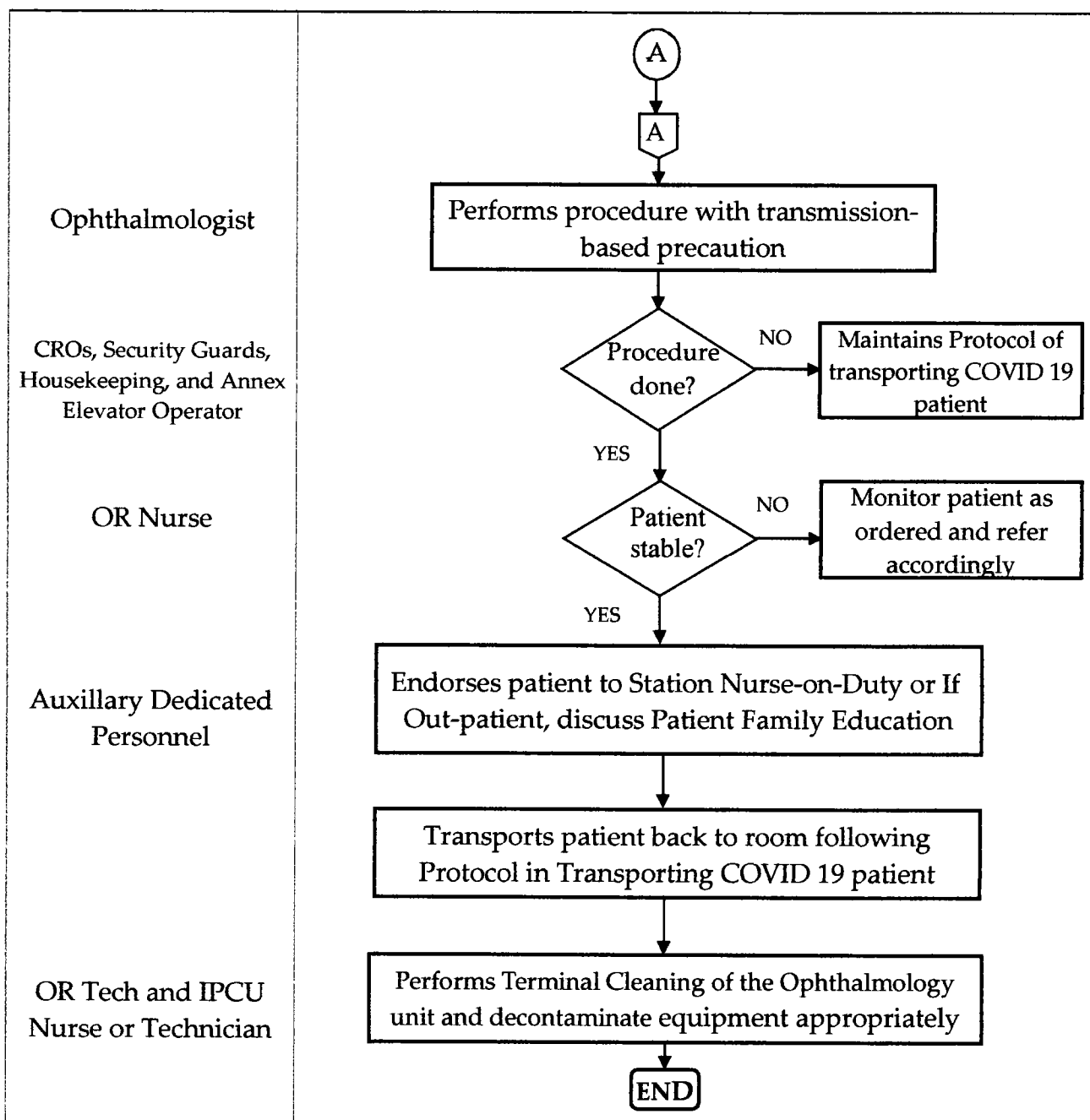
Basic PPE	Level 1	Level 2	Level 3
<p>Staff at the Nurses Station, Work Station – Ex. Head Nurse, OR Manager, OR Clerk, Stock Room (no direct patient care)</p>	<p>EGD – Endoscopist Runner Staff in the restricted area but is not inside the OR room</p>	<p>ALL staff inside the OR room during the operations or with direct patient care, Recovery Room, EGD Nurse / Staff, Observer, Ophtha Anesthesiologist, Ophtha Attendant or Ophtha Circulating Nurse, Housekeeping (Terminal cleaning)</p>	<p>Surgeon, Assistant Surgeon, Anesthesiologist, Assistant Anesthesiologist, Ophthalmologist, Residents, OR Tech /Scrub Nurse</p>
<ul style="list-style-type: none"> • Face mask • Face Shield/ Goggles • Surgical Cap • Scrub Suit 	<ul style="list-style-type: none"> • Face Mask • Face Shield/ Goggles • KN95/Face mask • Surgical Cap • Scrub Suit • Reusable Gown(apron) / Reusable Patient Gown • Clean Gloves / Sterile Gloves (single/double) • single booties 	<ul style="list-style-type: none"> • Face Mask • Face Shield/ Goggles • KN95/Face Mask • Surgical Cap • Scrub Suit • Reusable Coverall • Reusable Gown/apron • Sterile Gloves (double) • Double booties 	<ul style="list-style-type: none"> • Face Mask • Face Shield/ Goggles • KN95/Face Mask • Surgical Cap • Scrub Suit • Reusable Coverall • Reusable Gown/apron • Reusable Impermeable sterile gown • Sterile Gloves (Triple) • Double booties


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FLOWCHART



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