



## INFECTION CONTROL POLICY & PROCEDURE

**Title:** COVID-19-Safety instruction for Surgeons and OR staff

**Number:** IC-6010

**Effective Date:** 04-24-20

**Revised Date:**

**Review Date:** (no revisions): 02-03-22

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### PURPOSE

To provide optimum direction for Surgeons and OR staff taking care of COVID-19 suspected or confirmed patients

### POLICY

To prevent serial transmission of COVID-19 by person to person and/or environmental contamination.

### PROCEDURE

**If patient is considered suspected or confirmed COVID-19 and surgery is urgent or emergent.**

- OR suite #3 will be opened at all times with an anteroom attached, and maintained devoid of all nonessential materials.
- Engineering will have a 30 minute response time to set up portable hepa filtering system to be connected in anteroom.
- Anteroom will be negative pressure only. OR suite will be positive pressure.
- Anteroom will be used for donning and doffing PPE.
- A 'runner' outside the OR will be designated to bring in Drugs, devices and equipment (e.g. House Supervisor, OR circulator, etc.).
- If intubation is required for OR procedure, it is recommended it not be done in the OR; (CCU can accommodate intubation prior to procedure in one of two negative pressure rooms (CCU#1 or CCU#10).
- Additional heat and moisture exchange HME filter and viral filter on expiratory limb of anesthesia machine circuit.
- Minimize airway circuit disconnection, endotracheal tube (ETT) must be clamped if any circuit disconnection planned.
- Required PPE for OR (N95 mask, preferred surgical N95 mask and full face shield, gown and hair and boot covers).
- Provide appropriate PPE education (see PPE requirements for COVID-19 patients in Policy IC# 6001).
- Extubation if possible should occur in a negative pressure CCU room (either CCU#1 or CCU#10).
- Have minimum number of personnel in the operating room, especially during intubation, as well as throughout.
- No visitors or observers allowed in the Surgical area or the OR itself
- Whenever possible use smoke evacuator when electrocautery is used.

- Tracheostomies are to be done in CCU-negative pressure room whenever possible.
- All staff involved in a laparoscopic procedure should be aware of the potential for aerosolization with a laparoscopic approach. Consideration should be given to the risks and benefits of alternate approaches. A laparoscopic smoke evacuator will be used whenever possible.

**Post –op and Recovery**

- Before transporting patient out of the surgical suite, to the CCU, Personnel who are waiting outside the operating room should be in COVID-19 recommended PPE (policy IC#6001) to transport patient.
- Surgeon and OR staff protection after separating from a patient with confirmed or suspected COVID-19 must:
  - Remove outer PPE in anteroom.
  - WASH HANDS
  - Change into clean scrubs.
  - Consider showering before undressing into home clothing.
  - WASH HANDS frequently.

Approved By:

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Director Infection Control/Employee Health

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Date

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Chief Nursing Officer

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Date