Policy: COVID-19 Infection Control Procedures and Recommendations for the Operating Room (OR)

Policy Number: 3364-100-50-28

Responsible Department: Assistant VP of Patient Care Services and Chief Medical Officer

Effective date: 04/09/2020

Initial Effective Date: 04/09/2020

Scope: The University of Toledo-Health Science Campus Operating Room Staff, Physician and Residents

Purpose: To outline risk mitigating infection control practices in the operating room (OR)

(A) Personal Protective Equipment (PPE) in the OR:
   a. Standard precaution should be followed at all times.
   b. Standard OR attire should be worn (eye protection, bouffant cap, surgical mask, surgical gown for people scrubbed).
   c. Sterile gowns should only be worn by those in the sterile field.
   d. N95 that are worn during intubation should be worn throughout the entire procedure including extubating.
   e. N95 are to be worn by all staff in the room for any of the following surgical procedures:
      i. Endoscopy procedures
      ii. Laparoscopy procedures
      iii. Tracheostomy procedures
      iv. Thoracic procedures
      v. Electrocautery of blood or Gastrointestinal tissue
      vi. Use of high-speed powered equipment (e.g., saws, drills)
      vii. Use of intraoperative debridement devices with irrigation (e.g., hydrosurgery, pulsatile lavage, low frequency ultrasonic debridement)

   *If you have a N95 on, there is no need for a surgical mask during the same case. Do not double mask.

Note: No cloth masks are allowed to be used in the OR.

(B) Limit Personnel in the OR:
   a. Cases will be limited to 6 people to a room unless other needs arise from X-ray, perfusion, or neuro monitoring technician.
      i. Anesthesia Resident/Midlevel
      ii. Attending Anesthesiologist
      iii. Surgeon
      iv. Surgical Assist/Surgical Resident
      v. Scrub Tech
      vi. Circulator

   b. Hybrid OR (Room 14) will be limited to 8 people
      i. Anesthesia Resident/Midlevel
      ii. Attending Anesthesiologist
iii. Surgeon  
iv. Surgical Assist/Surgical Resident  
v. Scrub Tech  
vi. Circulator  
vii. Advanced Radiology Tech  
viii. Perfusion  
ix. Vendor

(C) Non-Emergent surgical cases will have COVID-19 screening completed with 72 hours of the surgical procedure.

(D) Not Detected COVID-19 or Low Suspicion Case  
a. Intubation will occur in the operating room and will only include the following people in the room –  
   1) AA/CRNA/Anesthesia Resident; 2) Anesthesiologist; 3) Circulator.  
   i. Gown, eye protection, and N95 needs to remain on until extubation.  
   ii. Removal of gloves after intubation and perform hand hygiene.  
   iii. Hand hygiene must be performed before donning a new pair of gloves.  
b. Procedure in OR:  
   i. There must be a dedicated runner standing by the outside of the sterile core door during the  
      procedure to retrieve any needed supplies and pass to the circulator within the room.  
      ▪ Runner is not to cross over threshold of door and must not allow door to remain open  
      for prolonged periods of time.  
   ii. Whenever possible, reduce speed of drills or saws to reduce aerosolization of tissue.  
   iii. Consistent use of smoke evacuation is recommended for all surgical patients.  
c. Change gloves and perform and hygiene prior to leaving the OR.  
d. Don a new pair of gloves prior to extubating and perform hand hygiene after glove removal.  
e. If necessary, place non-rebreather on patient, unless contraindicated per Anesthesia.  
   i. If patient is unable to be extubated, a viral filter needs to be placed on ambu bag prior to  
      patient transfer to floor.  
f. Recover patient in the PACU.  
g. Follow appropriate hospital protocol for non-detect COVID-19 or Low Suspicion Case.

(E) Confirmed COVID-19 or High Suspicion and or Unknown COVID-19 Status  
a. Intubation will occur in a negative pressure room and will only include the following people at the  
   digression of the anesthesiologist – 1) AA/CRNA/Anesthesia Resident; 2) Anesthesiologist; 3)  
   Circulator.  
   i. Anesthesiologist will make determination when the patient is hemodynamically stable before  
      transporting to the OR.  
   ii. Gown, eye protection, and N95 needs to remain on until extubation.  
   iii. Removal of gloves after intubation and perform hand hygiene.  
   iv. Hand hygiene must be performed before donning a new pair of gloves.  
   v. Mapleson System from the anesthesia circuit to remain on the endotracheal tube.  

b. Once hemodynamically stable, patient to be rolled directly into the designated OR room (Room 9).
c. Procedure in the OR:
   a. All staff in the procedure will wear gown, eye protection, and N95.
   b. All staff must remain in the OR room for the entirety of the procedure.
   c. There must be a dedicated runner standing by the outside of the sterile core door during the procedure to retrieve any needed supplies and pass to the circulator within the room.
      i. Runner is not to cross over threshold of door and must not allow door to remain open for prolonged periods of time.
   d. Whenever possible, reduce speed of drills or saws to reduce aerosolization of tissue.
   e. Consistent use of smoke evacuation is recommended for all surgical patients.
   f. Once surgery is completed, change gloves and perform hand hygiene prior to leaving the OR.

   d. Patient will be taken to the negative pressure room in PACU to extubate and will only include the following people in the room – 1) AA/CRNA/Anesthesia Resident; 2) Anesthesiologist; 3) Circulator

   e. Don new pair of gloves.

   f. Place non-rebreather on patient, unless contraindicated per Anesthesia.
      i. If patient is unable to be extubated, a viral filter needs to be placed on ambu bag prior to patient transfer to floor.

   g. Perform hand hygiene after glove removal.

   h. If patient unable to return to inpatient room for recovery, the patient will remain in the negative pressure room for recovery.

   i. Follow appropriate hospital protocol for transport of COVID positive patient.

   j. The OR will remain unoccupied for the specified time frame determined using the 99.9% particulate clearance guidance from CDC and OSHA before cleaning between each case.

Reference:
https://www.aorn.org/guidelines/aorn-support/covid19-faqs
https://www.facs.org/covid-19/clinical-guidance/triage
https://www.aorn.org/guidelines/aorn-support/covid19-faqs
https://www.osha.gov/laws-regs/federalregister/1997-10-17

Reviewed by: 
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Monecca Smith / CNO and Assistant VP
of Patient Care Services.

Next review date:

Date

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Date

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