


<p>Name of Policy: COVID-19 Infection Control Procedures and Recommendations for the Operative Room (OR)</p> <p>Policy Number: 3364-100-50-47</p> <p>Department: Operating Room Medical Staff</p> <p>Approving Officer: Chief Nursing Officer, Chief Medical Officer</p> <p>Responsible Agent: Chief Nursing Officer</p> <p>Scope: The University of Toledo-Health Science Campus Operating Room Staff, Physician and Residents</p>	 <p>Effective Date: 01/11/2022 Initial Effective Date: 04/09/2020</p>
<p> <input type="checkbox"/> New policy proposal <input checked="" type="checkbox"/> Minor/technical revision of existing policy </p> <p> <input type="checkbox"/> Major revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy </p>	

(A) Non-Emergent and urgent surgical cases will have COVID-19 screening completed within 24 hours of the surgical procedure and will not require the use of N95 respirator.

(B) Non-emergent surgical cases for patients that have confirmed or suspected COVID-19:

- a. Postpone surgery for 7 weeks after the date of symptom onset for a COVID-19 confirmed patient or after the first positive test if no symptoms were reported.

(C) Personal Protective Equipment (PPE) in the OR for confirmed/suspected COVID-19 patients and those not tested in the 24 hours prior to surgery:

- a. Standard precautions (previously known as Universal Precautions) must always be followed.
- b. OR attire must be worn (eye protection, bouffant cap, N95 respirator, surgical gown for people scrubbed).
- c. Sterile gowns should only be worn by those in the sterile field.
- d. N95 respirators that are worn during intubation should be worn throughout the entire procedure including extubating.
- e. N95 respirators are to be worn by all staff in the room for any surgical procedures that create uncontrolled respiratory secretions:
 - i. Open suctioning of airways
 - ii. Endotracheal intubation and Extubation
 - iii. Bronchoscopy procedures
 - iv. Tracheostomy procedures
 - v. Esophagogastroduodenoscopy

NOTE: No cloth masks shall be used in the OR.

(D) Limit Personnel in the OR for confirmed/suspected COVID-19 patients and those not tested in the 24 hours prior to surgery:

- a. Every attempt will be made to limit 6 people to a room unless other needs arise from radiology, perfusion, or neuro monitoring technician.
 - i. Anesthesia Resident/Midlevel Provider
 - ii. Attending Anesthesiologist

- iii. Surgeon
- iv. Surgical Assistant/Surgical Resident
- v. Scrub Nurse or Surgical Technologist
- vi. Circulator
- b. Every attempt will be made to limit the Hybrid OR (Room 14) to 9 people
 - i. Anesthesia Resident/Midlevel Provider
 - ii. Attending Anesthesiologist
 - iii. Surgeon
 - iv. Surgical Assistant/Surgical Resident
 - vii. Scrub Nurse or Surgical Technologist
 - v. Circulator
 - vi. Advanced Radiology Tech
 - vii. Perfusionist
 - viii. Vendor

(E) Process for the OR for confirmed/suspected COVID-19 patients and those not tested in the 24 hours prior to surgery:

- a. Intubation will occur in a negative pressure room and will only include the following people at the discretion of the anesthesiologist – 1) AA/CRNA/Anesthesia Resident; 2) Anesthesiologist. Circulator will be prepared by wearing an N95 mask, but remain outside negative pressure room in the event that supplies or assistance are needed.
 - i. Anesthesiologist will make determination when the patient is hemodynamically stable before transporting to the OR.
 - ii. Gown, eye protection, and N95 must remain on until extubation.
 - iii. Following intubation, gloves are to be removed and hand hygiene will be performed.
 - 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.
 - a. If Mapleson System is unavailable, viral filter needs to be placed on Ambu bag prior to transfer.
- b. Once hemodynamically stable, patient will be transported to the designated Operating Room.

Procedure:

 - 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 them 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 the 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.
- c. 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. Circulator will be prepared by wearing an N95 mask but remain outside negative pressure room in the event that supplies, or assistance are needed.
- d. Don new pair of gloves.
- e. 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. Perform hand hygiene after glove removal.
- g. If patient is unable to return to inpatient room for recovery, the patient will remain in the negative pressure room for recovery.
- h. Follow appropriate hospital protocol for transport of COVID-19 positive patient.
- i. 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.

References:

<https://associationofanaesthetists-publications.onlinelibrary.wiley.com/doi/full/10.1111/anae.15458>

<https://www.aorn.org/guidelines/aorn-support/covid19-faqs>

<https://www.aorn.org/guidelines/aorn-support/covid19-faqs>

<https://www.osha.gov/laws-regs/federalregister/1997-10-17>

Approved by: /s/ _____ 01/10/2022 Kurt Kless Chief Nursing Officer Date		Review/Revision Date: 06/02/2020 06/19/2020 04/26/2021 01/10/2022
/s/ _____ 01/10/2022 Michael Ellis, MD Chief Medical Officer Date		
<i>Review/Revision Completed By:</i> <i>Infection Prevention Department</i>		Next Review Date: 01/2025
Policies Superseded by This Policy: NEW		