

Standard Operating Procedure

Isolation Precautions in the OR 9/14/2017

Applicable to: VOR/ MCE 3/ 4 South ORs
Team Members Performing: Perioperative OR personnel

I. Purpose:

To ensure consistent, safe and efficient communication for Isolation cases in the Operating Room and prevent the spread of contagious pathogens to patients and staff.

II. Procedure:

A. Scheduling an Isolation Case:

1. Surgery scheduler documents isolation status electronically which feeds onto the eOR board and the electronic White Board.
2. Patient should be flagged with an “I” on the white board indicating they are isolation on the eOR Board.
3. Manager or CSL of service line receiving patient will designate a runner for the room.

B. Before Isolation patient is brought into the OR suite:

1. Circulator will call the Core for an isolation cart to be brought to entry side of OR suite.
2. Place appropriate precaution signs on the OR entry door. These can be found in the Isolation cart.
3. Machines or equipment that cannot be taken out of the room must be covered with a linen sheet.
4. Cabinets that house soft goods should be taped to prevent staff from opening once the patient is in the room.
5. All soft goods included in the bucket, suture caddy, unopened pans, implants, etc. must go outside the patient’s room with the runner. If these items are in the room once the patient has entered they are considered contaminated and cannot go back into circulation of the hospital.

C. During the Isolation Case:

1. Limit the traffic of staff entering and leaving the OR Suite. Isolation OR suites have the added burden of contamination that must not be transported by personnel from room to room.
2. Everyone who enters the isolation OR suite must wear the appropriate PPE upon room entry. All who enter will wear an isolation gown, eye protection, gloves and a mask. For Airborne Precautions, this means wearing the N-95 respirator. For Droplet and Contact Precautions, wear a surgical mask.
3. Once the patient has been moved from the stretcher to the OR table, the nurse must remove the linens and place an Isolation sticker or sign on the stretcher before pushing it out into the hall.
4. The Patient Support Tech will wipe the bed with bleach disinfectant wipes; reapply fresh sheets and place a clear plastic cover over the bed. The isolation sign is then placed back on top of the bed.
5. As staff from the isolation OR suite need to leave for breaks, they must remove PPE and perform hand hygiene upon leaving the room. Relief staff must don appropriate PPE and perform hand hygiene before entering the room. Use alcohol foam or wash hands with soap and water before entering or leaving the room. For those on contact isolation for *C. difficile* you must use soap and water. Alcohol does not kill *C. difficile* spores.

D. Hand Off of Isolation Patient:

1. Communicate to transferring unit that the patient is on Isolation precautions.
2. Transport using 2 staff: one garbed and the other not garbed to help with opening doors throughout the hospital.

E. After the Isolation Case:

1. Disinfect entire OR suite with bleach wipes.
2. Any unopened pans that remained in the room with the patient should be popped open, filters and indicators removed and placed back on the dirty case cart. These pans are no longer considered clean and should not go back into circulation.
3. Any soft goods that remained in the room and were not contained in a cart or covered with a white linen sheet are considered contaminated and should not be

placed back into circulation of the hospital.

III. References

- Policy: Isolation-Infection Control Precautions to Prevent Transmission of Contagious Infections
<https://vanderbilt.policytech.com/dotNet/documents/?docid=3883>
- Department of Infection Prevention,
Isolation: <https://ww2.mc.vanderbilt.edu/infectioncontrol/32949>
- Operating Room Isolation Precautions:
<https://ww2.mc.vanderbilt.edu/infectioncontrol/12978#OR>
- Infection Prevention is available 24/7 by pager
(615) 835-1205