

## STANDARD OPERATING PROCEDURE FOR OR, L&D ORS, & PROCEDURAL AREAS HOSTING COVID-19 POSITIVE PATIENTS/PUI (AIRBORNE & CONTACT PRECAUTIONS) TERMINAL CLEANING

### Required Equipment:

Hospital Approved disinfectant	Gloves	Surgical Mask
Large red bio-waste bags	Stericycle cardboard waste container	Rags
Microfiber Mops w/Handle	Flexible high duster	Gown
Electrostatic Spray	Clorox 360	

### Notification Process:

Housekeeping will be notified via door sign and/or phone call to supervisor of COVID-19 discharge terminal clean. COVID-19 terminal cleans require a delay (breakdown outlined below) after patient exits room. The delay time is based on ACH guidelines and varies per site, please confirm with the manager on staff regarding how long a specific delay should be.

#### Delay Breakdown: (Location based for rooms without HEPA filters)

- 20min delay for University and Memorial ORs, GI-ORs at University, and L&D ORs at Memorial
- 23min for Memorial Endo, Ground Level
- 25min delay for IR/INR at both University & Memorial
- 50min delay for Cath Lab
- 70min delay for Endo, University Level A
- 21min delay for 21 Eastern Ave Endoscopy

Note: Routine cleaning with hospital approved disinfectant is acceptable, our standard cleaning procedure(s) provide sufficient cleaning.

#### Procedure: COVID positive patients/PUIs

There is a delay (breakdown outlined above) with HEPA filter before terminal cleaning starts, immediately after patient leaves the OR room. The delay time may vary per site based on ACH guidelines. If unsure of the time, the caregiver should validate with manager on staff. HEPA filter is turned on by Nursing before exiting room. Time of patient departure is written on outside of door.

- a. Clean as you go to contain waste and provide a safe room for our EVS team members.
- b. OR Note (incision): The HEPA filter needs to be turned on during intubation and positioned at the head of the bed in the breathing zone. The HEPA filter is turned off before the procedure starts. The HEPA filter is turned back on again when the wound is dressed through extubation and left on.

Modified: 5/7/2020

Owners: Kathy O'Shea and Barbara Wilson

## STANDARD OPERATING PROCEDURE FOR OR, L&D ORS, & PROCEDURAL AREAS HOSTING COVID-19 POSITIVE PATIENTS/PUI (AIRBORNE & CONTACT PRECAUTIONS) TERMINAL CLEANING

- c. Procedural Areas Note (no incision): HEPA filter needs to be turned on at the start the case and positioned at the head of the bed in the breathing zone. HEPA filter is expected to run throughout the duration of the case, including wound dressing and during extubation. If an incision is made, follow the OR practice.
2. Don proper PPE & Hand Hygiene procedures for Strict Airborne precaution with the exception of N95 mask (surgical mask is sufficient).
3. EVS will gather all equipment (see above) to perform terminal clean before entering COVID-19 room.
4. Upon entry to COVID-19 room, EVS staff will ensure all equipment is brought in with them.
5. Terminal Clean Procedure as follows:
  - a. Clean and disinfect waste containers and re-lined.
  - b. Clean and disinfect surgical lights and high equipment/surfaces.
  - c. Disassemble OR table, damp wipe/disinfect surfaces and allow to dry. Re-assemble when dry.
  - d. Damp, wipe, and disinfect all horizontal and vertical surfaces including walls, OR tables, kick buckets, equipment, chairs, doors, cabinets, etc.
  - e. Damp, wipe, and disinfect scrub sink areas related to the OR suite and replenish all supplies.
  - f. Wet mop floors (follow hospital recommendations on flood mopping), pulling debris to doorway to be collected after mopping is completed.
  - g. Clean and disinfect associated sub-sterile room and ancillary areas.
  - h. **Important:** All trash in the room is to be placed in a large Bio Container, including PPE after room is disinfected. Container is then sealed and disinfected before removed from OR room.
6. **For COVID-19 Positive Only (after terminal clean):**
  - a. EVS management needs to be notified of a Positive COVID 19 case.
  - b. The delay time of varies per location, but if followed (breakdown down is outlined above) will give EVS management adequate time to insure the UV Surficide or the electrostatic spray system is available for use.
  - c. *In emergent situations, COVID-19 Positive rooms may not be UV Surficide or the electrostatic sprayed .This is an extra step that is not a requirement by CDC or DPH*
7. Housekeeping is the last to enter the room.