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Applies To:	Nurses and Technician		
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1. PURPOSE:

- 1.1 To establish a guideline for all Health Care personnel of the Operating Theatre involved with the care of patients undergoing surgical and other invasive procedures.

2. DEFINITONS:

- 2.1 An operating theatre (or operating room) is a specialized facility within a hospital or medical center where surgical procedures are performed. It is equipped with the necessary tools, equipment, and sterile environment to allow surgeons and medical staff to carry out operations safely. The term "theatre" refers to its design, originally intended to be a space where surgeries were observed for educational purposes, though today it is a controlled environment for medical procedures.

3. POLICY:

- 3.1 Operating Room personnel and their compliance with surgical aseptic procedures is a critical component in the prevention of surgical wound infection.
- 3.2 There should be a continuing communication and cooperation between Operating Room (surgical personnel) and Infection Control Officer/Team in order to reduce infection risks.
- 3.3 OR Personnel should know and understand the Basic Standard precaution in dealing with blood & body fluid substances as well as management of health care wastes disposal in OR.
- 3.4 OR should be away from the major traffic of the hospital where heavy contamination of dust may occur.
- 3.5 Storage areas in the OR are organized and well maintained and distribution of sterile items following the first in -the first out (FIFO) principle.
- 3.6 Doors are kept closed and only necessary HCWs are allowed in the theatre. Only anesthesia team + surgical team + un-scrubbed assistant(s) + equipment technician(s) if needed (as little as possible). Doors are continuously kept closed during the procedures.
- 3.7 Ventilation system operates all the time and never shuts down even in long holidays, and air is introduced from the ceiling and exhausted near the floor.
- 3.8 Elective procedures on patients who are under droplet, airbone and contact precaution preferably to be delayed until no longer infectious or schedule the procedure at the end of the day.
- 3.9 Communicate the isolation status of the patient so that Operating Room (OR) personnel are aware of the precautions to follow prior to the arrival of the patients in the OR.

4. PROCEDURE:

- 4.1 Air Control
 - 4.1.1 Sliding doors are recommended to eliminate the air turbulence caused by winging doors.
 - 4.1.2 Maintain a positive pressure room to reduce the influx of non-filtered air into the theatre.
 - 4.1.2.1 Operating room is maintained at positive pressure (at least +2.5 Pascal) with respect to corridors

- 4.1.3 All re-circulated or fresh air is filtered through High-Efficiency Particulate Air (HEPA) filters that are maintained and replaced as per the manufacturer recommendations. Copies of records from the executing company (or maintenance records) for regular calibration (annually) of OR monitors
- 4.1.4 Operating room ventilation is maintained and monitored daily with corrective interventions if readings are not matching the acceptable values.
 - 4.1.4.1 Operating Room is maintained at \geq 20 air changes per hour (ACH) with 20% fresh air
 - 4.1.4.2 Maintained at positive pressure (at least +2.5 Pascal) with respect to adjacent corridors
 - 4.1.4.3 Operating room temperature ranges from 21 °C to 24 °C and relative humidity from 20% to 60%
- 4.2 Traffic Control
 - 4.2.1 Control personnel activities to reduce disruption of air flow. There should be no overcrowding of personnel during the operative procedure.
 - 4.2.2 Protocols to exclude unnecessary personnel (e.g., unauthorized HCWs, trainees, visitors ...) / conducting cleaning/maintenance activities inside operating room
- 4.3 OR Dress Code: (Surgical attire), (PPE)
 - 4.3.1 The surgical attire may include; scrub suits, hair coverings, mask, protective eyewear, fluid resistant gowns, aprons and slipper shoes are worn in the surgical environment.
 - 4.3.2 All head and facial hair must be completely covered.
 - 4.3.3 Mask should completely cover the mouth and nose and must be changed between cases because of the moist
 - 4.3.4 No jewelry nor artificial nail products shall be worn in OR.
 - 4.3.5 Nails should be cut short in order not to interfere with the work.
 - 4.3.6 At no time should an OR staff or Doctor use a scrub suit outside the OR. Except of emergency situations Clean lab coats should be worn
 - 4.3.7 No scrub suit shall be worn from home to duty, and from duty to home.
 - 4.3.8 Protective eye wear or face shields should be worn when anticipating of splashes during a surgical procedure.
 - 4.3.9 Hands must be washed between patients and when gloves are removed.
- 4.4 Surgical hand scrub refer to Hand Hygiene policy Policy No. 013
- 4.5 Sterilization and Disinfection (instruments & equipment)
 - 4.5.1 "NO STERILIZATION SHALL BE DONE IN OR".
 - 4.5.2 No post procedure instrument washing inside the OR.
 - 4.5.3 Post procedure instrument must be spread with pre-klenz jell prior covering instrument.
- 4.6 Antiseptics (chemicals used for body surfaces)
 - 4.6.1 Chlorhexidine has better activity against gram positive and gram negative organisms.
 - 4.6.2 Povidone - iodine has good activity against gram negatives, gram positives, viruses and fungi.
 - 4.6.3 Antiseptic soap solutions are only slightly more effective at removing transient skin flora
 - 4.6.4 Alcohol hand rub or gels are effective against gram negative and positive bacteria, fungi and some viruses but not effective against spores. So hand washing is still advised when hands are heavily soiled.
 - 4.6.5 Medical equipment & other body surface must be disinfected after each pt by manufacturer instruction such as: medisol, surfa safe spray.
- 4.7 Storage areas in the OR are organized and well maintained and distribution of sterile items respects the 1st in 1st out principle.
 - 4.7.1 Of adequate capacity, well maintained, secured and away from contamination, air vents and directs sunlight.
 - 4.7.2 Well organized and regularly cleaned according to definite housekeeping schedule / no personal items, foods or drinks / no items are kept in the original shipping boxes.
 - 4.7.3 Storage shelves are made of easily cleanable material (e.g., fenestrated stainless steel, Aluminum, or hard plastic).

4.7.4 Storage shelves: 40 cm from the ceiling, 20 cm from the floor, and 5 cm from the wall.

4.7.5 Centrally air conditioned with adjusted temperature and relative humidity (temperature: 21 - 24°C / relative humidity: 20-60%) + fixed device for monitoring.

4.7.6 Methods for distribution process (1st in 1st out):

- 4.7.6.1 Use a left-to-right system: the newest item is placed on the left, and the older items move forward to the right. The pack on the far right is the first to be picked-up for use.
- 4.7.6.2 Use a back-to-front system: the new packs in from the back of the shelf and pick up the oldest from the front of the shelf.
- 4.7.6.3 A colored sliding shelf divider system: divider containing the words "use this first" printed on the right side is moved up against the next pack. As new packs are stored, they are placed to the left of the divider.

4.8 Storage and Supplies

- 4.8.1 Stainless steel cabinets with sliding glass doors are preferred inside the theater to provide easy cleaning and readily visible by the circulating nurse.
- 4.8.2 Clean equipment's and supplies coming from CSSD are kept in a clean and enclosed cupboard.
- 4.8.3 Supplies coming from the medical store are kept in the clean utility room
- 4.8.4 Re - usable items should be send down to CSSD for Sterilization.
- 4.8.5 Check integrity of packs - damaged or moist packs wraps may render contamination of the sterile supply.
- 4.8.6 Monitor expiry dates (shelf life of supplies and instruments) to ensure sterility and integrity of the packing.
- 4.8.7 Medical store must be cleaned, organized & not allowed any carton.
 - 4.8.7.1 Supply must be Weekly request, not allowed to request more than what you need.
 - 4.8.7.2 All medical supply must fix in transparent plastic box & clean it before apply new load.
 - 4.8.7.3 Weekly cleaning of store & shelves, shelves must be away from ceiling 30 cm, floor 20cm, wall 5cm.
 - 4.8.7.4 Apply name & expiry date of items.
 - 4.8.7.5 Monitor to check temp, humidity of room & make checklist for that daily.
 - 4.8.7.6 Main store & Sorting of supply will be out of hospital.

4.9 Management of patients in isolation precautions in the operating room

- 4.9.1 To describe the precautionary measures needed for staff to follow when dealing with isolated patients who will undergo surgical procedures in the operating room.
- 4.9.2 Communication and screening systems should be in place so that Operating Room (OR) personnel are aware of or informed about the infectious status of the patient before arriving in the OR.
- 4.9.3 Patients with infectious diseases are scheduled as the last case of the day.
- 4.9.4 There should be a designated room for infectious cases only.
- 4.9.5 OR staff who will assist in the procedure should be kept to a minimum.
- 4.9.6 Disposable or single use supplies for these cases are recommended
- 4.9.7 Non-disposable anesthesia instruments used by the patient must be sprayed by preklenz, placed in double bag (yellow) marked "Infective" and transported to CSSD for sterilization.
- 4.9.8 Anesthesia gas machine should be thoroughly disassembled, washed with approved disinfectant solutions and put to drying
- 4.9.9 Linen should be contained in a yellow bag, put the inventory list then send it to laundry for washing
- 4.9.10 Recovery of patient in same OR room till transport to ward or alternatively, in a private room with a portable high-efficiency particulate air (HEPA) filter
- 4.9.11 Heavily Contaminated Skin (Diabetic gangrene, Gas gangrene for RTA patients) the skin becomes heavily contaminated with spores of clostridium tetani and clostridium welchii, special precautions are necessary.

- 4.9.12 Bath the patient and wash the operation site and surrounding area with antiseptic on 3 occasions.
- 4.9.13 If time is not sufficient for the above procedure, clean the area and remove organic debris.
- 4.9.14 Precautions for Managing Patients on Airborne Precautions in the Operating Room
 - 4.9.14.1 In patients with active MTB, only emergency procedures are recommended
 - 4.9.14.2 Elective procedures on patients who have MTB should be postponed until the patient is no longer infectious.
 - 4.9.14.3 If possible, perform procedures in operating rooms that have anterooms. For operating rooms without anterooms, the doors to the operating room should be closed, and traffic into and out of the room should be made to perform the procedure at a time when other patients are not present in theoperative suite and when the minimum number of personnel are present (e.g., at the end of the day).
 - 4.9.14.4 OR personnel should wear the N95 masks throughout the procedure.
 - 4.9.14.5 Let the patient recover in the operating room, if a negative pressure room is not available, or alternatively, in a private room with a portable HEPA filter
 - 4.9.14.6 Follow cleaning and disinfection process of the room and equipment.
 - 4.9.14.7 Transporting Patients on Isolation Precautions. See Policy Isolation Precautions.
- 4.9.15 Precautions for managing patients on Droplet Precautions
 - 4.9.15.1 Elective procedures on patients who are under droplet precaution preferably to be delayed until no longer infectious or schedule the procedure at the end of the day
 - 4.9.15.2 Initiate and maintain droplet precautions when there is suspected or confirmed diagnosis of an infectious disease that is transmitted by the droplet route.
 - 4.9.15.3 Wear a surgical mask within 3 feet of the patient.
 - 4.9.15.4. Clean and disinfect the operating room and equipment used after the surgical procedure.
 - 4.9.15.5 Utilize the operating room for the next procedure after the recommended housekeeping cleaning process has been completed.
 - 4.9.15.6 Transporting Patients on Isolation Precautions back to the wards.
- 4.9.16 Precautions for managing patients on Contact Precautions
 - 4.9.16.1 Schedule elective procedure preferably at the end of the day.
 - 4.9.16.2 Place patient in isolation in a single room in the recovery.
 - 4.9.16.3 Clean and disinfect the operating room and equipment used after the surgical procedure.
 - 4.9.16.4 Transporting Patients on Isolation Precautions.
- 4.10 HBsAg, HCV and HIV STANDARD PRECAUTION (for HCW's) All Blood and body fluids or substances are regarded as potential source of infection and direct exposure to these substances is always prevented regardless of the diagnosis.
 - 4.10.1 Personnel with exudative lesions or weeping dermatitis should refrain from any type of OR procedures until the condition resolves.
 - 4.10.2 Masks and protective eyewear is used for procedures which are likely to generate droplets of blood or body fluids.
 - 4.10.3 Fluid resistant gowns or plastic aprons are worn during procedures that are likely to generate splashes of blood or body substances to the body.
 - 4.10.4 Double gloves is recommended to have a second line of protection in case the outer glove is torn
 - 4.10.5 Sharp instruments should not pass to and from surgeons assistant, surgical practice should be examined to minimize the risk of sharp injuries.
- 4.11 Safe Environment
 - 4.11.1 Linen Management
 - 4.11.1.1 Linen soiled with blood and body fluids/substances should be bagged in yellow plastic for the laundry personnel to be aware during the collection.

- 4.11.3 Laboratory Specimens
 - 4.11.3.1 Laboratory specimens should be placed in a well constructed container with secure lids to prevent from leaking during transport.
 - 4.11.3.2 Lab. Requests for HIV should be marked with biohazard sign to warn lab. Technicians on handling
- 4.11.3 Sharp and Needle Accidents (HCW exposure)
 - 4.11.3.1 Utilize a "Neutral zone" when passing a scalpel blade or any sharp instrument from the scrub to the surgeon to avoid accidental injuries. Hand to hand passage is no longer advised due to the risks of sharp exposure during the intra operative procedure. Refer to Sharps and Needle Stick Policy
 - 4.11.3.2 Waste Disposal (follow WASTE MANAGEMENT policy).
- 4.12 Infection Control Requirement in Design in operating room.
 - 4.12.1 Floors, walls, & ceiling are formed of one piece without connections, cracks, or decorative parts, with minimal openings that are completely sealed, and withstand repeated cleaning and disinfection.
 - 4.12.2 There is a clear demarcation between unrestricted (**yellow line**), semi restricted (**orange line**), and restricted zones (**red line**) of OR with restrictions and special precautions for movement between these zones.
 - 4.12.3 The design gives clear demarcation between unrestricted, semi-restricted, restricted areas.
 - 4.12.3.1 Unrestricted area with limited public access that may include:
 - 4.12.3.1.1 Central control point: it may be established to monitor the entrance of patients, personnel, and materials from the unrestricted area into the semi-restricted area
 - 4.12.3.1.2 Locker rooms: lead into semi-restricted area
 - 4.12.3.1.3 Pre-operative admission area
 - 4.12.3.1.4 Offices , waiting areas.
 - 4.12.3.1.5 Limited public access / Street clothes are permitted in this area / Patients are switched between units' beds and OR trolleys or beds in this area.
 - 4.12.3.1.6 An area may include a central control point for designated personnel to monitor the entrance of patients, personnel, & materials into the semirestricted areas; staff changing areas; staff lounge; offices; waiting rooms or areas; pre-and postoperative patient care areas.
 - 4.12.3.2 Semi-restricted area:
 - 4.12.3.2.1 Corridors leading from the unrestricted area to the restricted area of the surgical suite.
 - 4.12.3.2.2 Limited access to authorized personnel and patients accompanied by authorized personnel / Personnel in this area were wearing surgical attire and covering head and facial hair / No units' beds in this area (only OR trolleys or beds)
 - 4.12.3.2.3 Surgical scrub sinks need to located in the semi restricted near to the entry of theatre.
 - 4.12.3.2.4 At least one large scrubbing sink is available at entry to each operating theater.
 - 4.12.3.2.5 Storage areas for clean and sterile supplies
 - 4.12.3.2.6 Peripheral areas that support surgical services. These areas may include storage for equipment and clean and sterile supplies; work areas for processing instruments; sterile processing facilities; hand scrub stations; corridors leading from the unrestricted area to the restricted area of the surgical suite; and entrances to staff changing areas, pre-and postoperative patient care areas, and sterile processing facilities.

- 4.12.3.2.7 Personnel in the semi-restricted area should wear surgical attire and cover all head and facial hair.
- 4.12.3.2.8 Access to the semi-restricted area should be limited to authorized personnel and patients accompanied by authorized personnel.
- 4.12.3.3 Restricted area: A designated space with restricted access that can be reached only through a semi restricted area (this is primarily intended to support high level of asepsis control not necessarily for security purposes):
 - 4.12.3.3.1 Operating rooms, procedure rooms, and scrub sink area. All personnel entering this area should wear scrub suits, hair coverings, slipper shoes & in case patient is inside the room or surgical instrument opened face mask should be worn properly.
 - 4.12.3.3.2 Restricted access to authorized personnel/ Personnel in these areas are required to wear surgical attire and cover head and facial hair - masks are required where open sterile supplies or scrubbed persons may be located + appropriate use of sterile gowns and sterile gloves when indicated (operating rooms scrub clothing).
 - 4.12.3.3.3 A designated space contained within the semi-restricted area and accessible only through a semi-restricted area.
 - 4.12.3.3.4 The restricted area includes operating and other rooms in which surgical operations or other invasive procedures are performed.
 - 4.12.3.3.5 Personnel in the restricted area should wear surgical attire and cover head and facial hair.
 - 4.12.3.3.6 Masks should be worn when the wearer is in the presence of open sterile supplies or of persons who are completing or have completed a surgical hand scrub.
 - 4.12.3.3.7 Only authorized personnel and patients accompanied by authorized personnel should be admitted to this area.
 - 4.12.3.3.8 Only necessary items are kept in the restricted area of the OR.
- 4.12.4 Operating Rooms (OR) or Procedure Rooms are required to be positive pressure rooms, relative to any adjacent area.
- 4.12.5 The pressure gradient must provide an airflow direction from the OR to the surrounding areas to prevent infection.
- 4.12.6 Terminal filters at the point of entry to the OR should be HEPA filters, with provision for testing filter integrity.
- 4.12.7 A minimum of four exhaust or return air intake grilles should be located in the corners of the OR, approximately 200mm above floor level.
- 4.12.8 Temperature ranges from 21 to 24 Celsius, relative humidity ranges from 20-60%, positive pressure +2.5 Pascal as a minimum, air change per hour 20 ACH as a minimum.
- 4.12.9 Sanitary openings are not allowed inside the restricted area in OR, basins inside operation rooms are not allowed.

4.13 Documents:

- 4.13.1 Housekeeping records: housekeeping schedule with clear procedures for cleaning/disinfection activities at least daily + practical detailed checklist
- 4.13.2 Local records for regular monitoring (daily) of temperatures and relative humidity
- 4.13.3 Copies of the original charts or project scheme for ventilation system: air supply from central AC through with at least 20 % fresh air / all recirculated and fresh air is filtered through High-Efficiency Particulate Air (HEPA) filters / air is introduced from the ceiling (or high air vents in the wall) and exhausted near the floor.
- 4.13.4 Local records for regular monitoring (daily) of: positive pressure differences + temperatures and relative humidity ± air changes per hour (ACH) with corrective interventions if readings are not matching the acceptable values

- 4.13.5 Copies of maintenance records for regular monitoring (every 3 months) of: positive pressure differences + temperatures and relative humidity + air changes per hour (ACH) with corrective interventions if readings are not matching the acceptable values
- 4.13.6 Copies of records from the executing company (or maintenance records) for regular check-up and replacement High-Efficiency Particulate Air (HEPA) filters as per the manufacturer recommendations.
- 4.13.7 Copies of records from the executing company (or maintenance records) for regular calibration (annually) of OR monitors.
- 4.14 OR environment is maintained clean and there are clear procedures for cleaning and disinfection by allocated housekeeping staff after each surgical procedure and at least daily.
 - 4.14.1 Responsible housekeeping staff (Only experienced staff are allowed. They should be well trained on hand hygiene, use of PPE, methods of cleaning, and proper and safe mixing of chemicals).
 - 4.14.2 Methods of cleaning and using agents, materials, and supplies (wet cleaning, MOH approved disinfectant/detergent, non-linting wipes ...)
 - 4.14.3 Environmental surfaces intended to be cleaned & frequency.
 - 4.14.4 Clear procedures for cleaning/disinfection activities after each surgical procedure and at least daily with a practical updated detailed checklist.
 - 4.14.5 Clear procedures for cleaning and disinfecting anesthesia machines by anesthesia technicians after each case and toward the end of working hours with a practical detailed checklist.
 - 4.14.6 Environmental cleaning should be conducted as follows:
 - 4.14.6.1 Every day, before surgery begins.
 - 4.14.6.2 Between patients.
 - 4.14.6.3 After the last operation of the day (known as terminal cleaning).
 - 4.14.6.4 Deeper cleans are carried out once a week and/or once a month.
- 4.15 OR cleaning and Sanitation
 - 4.15.1 Preparation of the theatre prior to first case.
 - 4.15.2 Horizontal surfaces including OR tables and surgical lights will be damp dusted with a towel moistened with an approved disinfectant.
 - 4.15.3 Floors will be mopped with approved hospital disinfectants.
 - 4.15.4 Line Kick buckets and trash cans with color coded plastic bags.
- 4.16 Cleaning during the case
 - 4.16.1 Areas contaminated with blood during the ongoing procedure should be immediately decontaminated and removed with Clorox 1:10 dilution.
 - 4.16.2 Sponges are discarded to the color coded trash cans after counting.
 - 4.16.3 Use gloves in counting and discarding used sponges and Gauzes.
 - 4.16.4 Exterior portion of the specimen container with blood stains shall be cleaned prior to leaving the OR.
 - 4.16.5 Instruments used while the procedure is ongoing is cleaned from blood stains and debris to minimize transport of microorganisms on the functioning instruments.
 - 4.16.6 Spot cleaning should be done as necessary.
 - 4.16.7 Suction bag must be disposable.
 - 4.16.8 Disposable anesthesia circuits, masks and ETT tubes are discarded after use
- 4.17 Terminal Cleaning
 - 4.17.1 At the end of the procedures, OR scrub/utility area and corridors are cleaned.
 - 4.17.2 Furniture, equipment's including its wheels and casters, surgical spotlights are disinfected.
 - 4.17.3 Walls, ceilings and floors are also cleaned. Clean doors, door knobs.
 - 4.17.4 Floors are flooded with approved cleaning solution and mapped.
 - 4.17.5 Use of mat at the patient entrance is not advised as this will accumulate more dust.
 - 4.17.6 Scrub sinks should not be used to clean equipments and instruments.
- 4.18 Cleaning other Areas
 - 4.18.1 Clean Hallways daily with approved antiseptics.
 - 4.18.2 Sinks, workrooms, storage areas, shelves and drawers are cleaned daily.

- 4.18.3 OR lounges and closets should be kept clean at all times.
- 4.18.4 Cleaning equipment's are cleaned every after use and kept dry by the cleaning staff in a designated janitorial storage
- 4.18.5 Equipment's such as, portable X-ray machines, video towers,etc. is cleaned according to the manufacturer,s instructions. This is the responsibility of the OR staff.
- 4.19 Anesthesia Machine
 - 4.19.1 Anesthesia machine should be cleaned in between patient use.
 - 4.19.2 The care and cleaning of Anesthesia supplies and equipment's is the responsibility of the Anesthesia Technician.
 - 4.19.3 The Anesthesia trolley is prepared and maintained before commencing the procedure.
 - 4.19.4 Sterile water is required in suctioning patients to prevent further respiratory tract infection.
 - 4.19.5 Unused fluids are discarded after each use
 - 4.19.6 Suction tubing's and containers are changed after each surgical procedure.
 - 4.19.7 Disposable respiratory equipment's are not to be re-used.
 - 4.19.8 PPE (personal protective equipment):
 - 4.19.8.1 Mask is changed or replaced every after each patient.
 - 4.19.8.2 Sterile gloves are worn during suctioning and discarded after the suction procedure. change gloves after each patient handling.
 - 4.19.9 Used needles are discarded into the puncture resistant containers available in the operating theatres no used needles will be left on the Anesthesia cart.
 - 4.19.20 Anesthesia cart is cleaned and maintained by the Anesthesia Technician at the end of the day.

5. MATERIALS AND EQUIPMENT:

- 5.1 N/A

6. RESPONSIBILITIES:

- 6.1 Staff members involved in the surgical techniques of the Operating Theatre shall understand the Infection Control Activities that may influence or decrease risk of transmission to themselves and to the patients in OR.

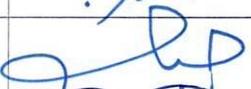
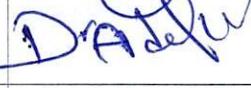
7. APPENDICES:

- 7.1 N/A

8. REFERENCES:

- 8.1 The GCC Infection Prevention and Control Manual. 3rd Edition, 2018
<file:///C:/Users/SPawar/Downloads/The-GCC-Infection-Prevention-and-Control-Manual-3rd Edition.pdf>
- 8.2 General Directorate of Infection Prevention and Control in Healthcare Facilities (GDIPC). Infection Control Requirements in Design, Construction and Renovation in Healthcare Facilities 1443 – 2021 V.1

9. APPROVALS:

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