



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Operating Room		
Document:	Internal Policy and Procedure		
Title:	Protocol For Infected Cases in the Operating Room		
Applies To:	All Operating Room Staff and Surgeon		
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1. PURPOSE:

- 1.1 To provide surgical personnel, other hospital personnel and patients undergoing surgical procedures from exposure to infection.
- 1.2 To prevent contamination of the Operating Room.

2. DEFINITIONS:

- 2.1 **Protocol For Infected Cases** – refers to those patients prior to surgery who are known to be carriers of infected with multiple drug resistant bacteria (e.g. MRSA) or infectious diseases.

3. POLICY:

- 3.1 The surgical team booking in patients for operation must notify operating room in advance of any organisms or infectious diseases the patient may have e.g. MRSA, TB, Chickenpox etc.
- 3.2 Ward nursing staff must also notify OR in advance as to whether or not the patient is being nursed on the wards in Source Isolation or on gloves and aprons precaution.
- 3.3 Appropriate antibiotic prophylaxis should be given, depending on the type of surgery and resistant bacteria/infection present.
- 3.4 Patients may be placed anywhere in the list. However, if a patient needs to be recovered in the theatres because they have infectious disease, they should be placed last on the last on the session to cause least disruption.
- 3.5 Gloves and aprons must be worn by all staff when dealing with patients known to be carrying antibiotic resistant bacteria and when touching equipment attached to such patients.
- 3.6 Patients with open pulmonary multi-drug resistant tuberculosis must not be taken to or without prior discussion with the relevant specialist physician and the infection control team.

4. PROCEDURE:

- 4.1 Disposable anesthetic machine circuits must be used and changed after infectious cases.
- 4.2 The minimum necessary number of people should be present inside OR.
- 4.3 In addition to the usual OR clothing the circulating nurse, anesthetist and anesthesia technicians should wear plastic aprons and disposable gloves.
- 4.4 It is not necessary for anyone entering the operating room that does not go to the immediate vicinity of the operating table to take any special precaution.
- 4.5 Patients with infectious respiratory diseases such as open pulmonary tuberculosis or chickenpox must be recovered in OR.
- 4.6 After the operation, all the surfaces which may have become contaminated should be cleaned with Sodium Hypochlorite (Chlorox).
- 4.7 Protective clothing i.e. gloves and aprons should be removed before leaving the operating room and disposed of in a yellow bag.
- 4.8 All linen must be bagged in a yellow plastic bag.

- 4.9 Instruments will be washed and cleaned and soak in Cidex for 6 hours and to be autoclave twice.
- 4.10 As soon as OR cleaning is complete, it can be used again, no time period needs to ELAPSE.
- 4.11 Patients may be recovered in recovery room, unless they have an infectious respiratory disease Source Isolation procedures must be adhered to i.e:
 - 4.11.1 Gloves and aprons must be worn by all staff when attending to the patient and the patient's immediate environment and bed space.
 - 4.11.2 Gloves and aprons must be changed between dirty and clean task and hands appropriately decontaminated.
 - 4.11.3 All equipment and bed space must decontaminated using Chlorox between patients.
 - 4.11.4 Curtains should be changed after every infected case.
 - 4.11.5 If possible the patient should be nursed, in a designated area away from other patients, and near a critical hand washing sink.

5. MATERIALS AND EQUIPMENT:

- 5.1 Personal Protective Equipments
- 5.2 Sodium Hypochlorite (Chlorox)

6. RESPONSIBILITIES:

- 6.1 Nurse
- 6.2 Anesthesia Technician
- 6.3 Anesthesiologist
- 6.4 Surgeon

7. APPENDICES:

N/A

8. REFERENCES:

- 8.1 Juliana Kokey, Alison Robertson, Theatre Protocol for Infected Cases, March, 2014.

9. APPROVALS:

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