## Standard Operating Procedure

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| **Modality: Body** Interventional Radiology (IR) | **Section Chief: Maureen Kohi, MD**  Phone: 415-353-1300 |
| **Locations:**  ML Hospital : **415-353-1300**  MB Hospital: **415-476-0266**  PCMB: **415-502-8439** | **Section Q&S Lead: Andrew Taylor, MD PhD** |
| **Date Approved:** |
| **Revision:** 1.1 |
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| **Title:** Body IR COVID+ / PUI Procedure Workflow for Angio/Fluoro room cases | |
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| **Applicable Patient Precautions/ Isolation Types:**   * **COVID positive patients / COVID PUI’s undergoing any procedure in IR**   + **Novel Respiratory Isolation** **with Negative Pressure**= Airborne + contact precautions – N95 or PAPR, face shield/eye protection, gown, (double) gloves * **NOTES:**   + **If Patient is PUI, not undergoing an aerosol-generating procedure (AGP), strong consideration should be given to deferring procedure until COVID testing has been resulted. If this is not possible, proceed as below.** | |
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| **Procedure Locations and Teams**   * Primary Room for COVID+/PUI patient procedures is **Room 8** * During these cases, door to room 4 control room **must remain closed.** * Room 9 **cannot be used** for a case during the procedure and the subsequent room downtime. * If patients require anesthesia, goal is for intubation/extubation in room M345   + Refer to most recent “BIR PPE Guidance” document for room management scenarios * IR Staff positions   + Procedure Room Team (“Dirty Team”)     - IR Attending     - IR Technologist     - IR RN +/- Anesthesia provider     - PPE is N95 + face shield/goggles or PAPR, yellow gown, double gloves (not scrubbed)     - N95 + face shield/goggles or PAPR, sterile gown, sterile double gloves (scrubbed)   + Control Room Team (“Clean Team”)     - IR Technologist     - IR RN     - IR Trainee     - PPE is N95 + face shield/goggles or PAPR, yellow gown, double gloves | |
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| **Pre-Procedure Workflow:**   * **Procedure necessity and details to be confirmed with requesting team.** * Obtain consent **via telephone** with patient or medical decision makers. * Identify team for procedure and huddle for tasks outlined below   + Procedure Room Team:     - IR Attending - performs procedure     - IR Tech – assists with procedure, equipment in room     - IR RN +/- anesthesia – manages patient, sedation, in-room medications   + Control Room Team:     - IR Tech – assists with DSA/imaging, obtains any equipment not present in procedure room.     - IR RN – Manages medication/Pyxis requests     - IR Trainee – assists with imaging, contact with primary team, etc. * **Talk through procedure plan** including specific plan for drains to use etc. * Assemble materials in room based on procedure and pre –procedure discussion. * Place rolling glass shield in Room 8 * Move any unneeded equipment out of Room 8 * Ensure large trash can is present in hallway for procedure end. * Ensure table placed in hallway for temporary placement of goggles and face shields at procedure end * Assure appropriate warning signs affixed to Room 8 door, Room 9 door, control room door. * To the extent possible, cover in-room equipment with plastic covers * Technologist to pre-load patient and exam info into ultrasound * Turn on microphone to allow communication between control room and procedure room | |
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| **Procedure Workflow:**   * **Prior to patient arrival**, both teams don PPE in control room: <https://infectioncontrol.ucsfmedicalcenter.org/covid/donning-and-doffing-novel-coronavirus-covid-19-videos>   + Remove personal items from scrubs   + Put on lead, shoe covers, cap/bouffant   + Hand Hygiene   + Put on yellow gown, tie in the back   + Place N95 mask, ensure proper seal   + Put on lead glasses   + Don surgical mask and eye protection (face shield, goggles, or surgical mask with face shield)   + Hand hygiene   + Put on non-sterile gloves * Procedure Room team enters Room 8 via control room * Procedure room team receives patient, transfers to IR table. **Patient should be wearing surgical mask unless under GA.** * Remove gurney from room, Close room door. * **Perform Timeout in standard fashion** * IR attending and IR technologist take off yellow gown and gloves, perform hand hygiene, put on sterile gown and **double gloves**. Maximize distance from patient for this step. * IR technologist preps patient, IR attending begins prep of procedure table      * Procedure starts * During procedure, DSA runs initiated by Control Room Technologist * During DSA, all members of Procedure Room team move to corner of room utilizing lead shield as best as possible * IR trainee remains at console to help with reviewing runs, pulling up CT scans, etc. * As procedure comes to an end, Procedure Room team prepares patient for transport * Clean Team contacts transport service to prepare for receiving patient. | |
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| **Post Procedure Workflow:**   * Patient gurney enters room via side door * Transfer patient to gurney, patient leaves room to custody of transport service * Dispose of sharps in room using standard sharps container * Dispose of used equipment, probe covers, equipment packaging in room * Procedure Room team exit:   + Remove shoe covers, gown and gloves in Room 8   + Perform hand hygiene   + Exit room to hallway   + Perform hand hygiene   + Remove goggles or face shield, set aside on hallway table to be cleaned   + Remove surgical mask. Discard   + Perform Hand hygiene. * Control Room team exit:   + Remove shoe covers, gown and gloves in Control Room   + Perform hand hygiene   + Exit room to hallway   + Perform hand hygiene   + Remove goggles or face shield, set aside on hallway table to be cleaned.   + Remove surgical mask. Discard   + Perform Hand hygiene. * Both teams:   + Remove N95 mask by carefully lifting off each strap. Place into suitable container (paper bag) with straps facing up as per N95 Re-use protocol.   + [**UCSF Guidelines on PPE Re-Use**](https://infectioncontrol.ucsfmedicalcenter.org/sites/g/files/tkssra4681/f/Reuse_Guidelines_PPE.pdf)   + Remove Cap   + Perform hand hygiene. * Room and control room remain closed for 1 hour, then terminal clean using standard PPE * Faceshields/goggles and re-usable equipment placed on hallway table are moved to dirty utility room near IR office for cleaning. | |