## 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.
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