**Gi Procedural Algorithm for COVID-19**

- **Case booked***
  - COVID-19 status
    - Not Suspected
  - Suspected
    - Is it safe to wait for COVID-19 test results?**
      - Yes: Test for COVID-19
      - No: Proceed to workflow for suspected/positive COVID-19***
  - Known
    - Is the test positive?
      - Yes: Proceed with new standard GI PPE***
      - No: Proceed to workflow for suspected/positive COVID-19***

- Is patient already intubated?
  - Yes
    - Requires transfer to Stoneman4?
      - Yes: Follow workflow/SOP for Intubated patient
      - No: Bedside ICU procedure
  - No: Follow workflow/SOP for UnINTubated patient

*Front desk staff must make direct phone contact with patient care team to verify screen status before putting patient on call
**Consult Highly Infectious Disease P# 33860. A confirmatory test may be required after 24h of first negative test.
***Follow new PPE recommendations for aerosolizing procedures like upper and lower endoscopies

Gi procedural workflow_V4.0. Updated: 03/28/2020
### GI - Workflow for a COVID-19 case – UnINTubated PATIENT

#### Pre-procedure Huddle & Room Preparation
- Team members designated to be in the procedure room should huddle ASAP after the case is booked (in person or virtually):
  - Designated Team leader
  - Anesthesia provider assigned for case
  - Anesthesia runner
  - GI attending and fellow
  - RN
  - Interventional tech & anesthesia tech
  - Outside door runner
  - GI resource nurse & PACU nurse
  - Designated safety officer to prevent any entry without PPE
  - Designated Anesthesia Airway team member (optional)
- Print and display signage outside all doors to the designated procedure room (STOP and PPE posters)

#### Endoscopic Procedure
- **Procedure time-out, as usual**
- **Designated safety officer and runner stay outside during case**
- **Communication during case**
  - In room team uses hospital phone/intercom to contact outside support
  - GI proceduralist to alert staff BEFORE scope extraction
- **Handling in supplies or drugs**
  - Place onto designated cart immediately outside procedure room
  - Inside RN opens procedure room door & collects supplies or drugs

#### Inadverted Extubation
- **Oxygenation**: HME filter must be present between facemask & anesthesia circuit/Ambu bag
- **Runner calls CODE BLUE**, verifies PPE available for Code team
- **If patient is in prone position**: runner pushes stretcher into procedure room and procedure repositions patient
- **Early re-intubation** or insertion of i-gel with gentle mask ventilation

#### Anesthesia Induction
- **If MAC**
  - All procedural team members present per usual
- **If GA/Intubation**
  - Follow SOP for intubation of COVID+/PU patient
  - Maximum 3 staff in attendance in room with patient:
    - Primary anesthesia provider
    - Assisting anesthesia provider
  - RN
    - Airway Team member (as required)
  - GI HMEF on expiratory limb of anesthesia circuit
  - Ensure additional HMEF on expiratory limb of anesthesia circuit
  - Prepare required airway equipment onto a designated cart, including an HME filter, Ambu bag & Kelly clamp in case of disconnection, extubation or ventilatory failure

#### Transfer into the Procedure Room
- **Directly transfer patient into the procedure room**
- **Do NOT bring patient to holding/PACU areas**
- **Confirm that the patient is wearing a surgical mask**
- **If transporting from ICU:**
  - Pre-transfer huddle inside patient room with transfer team
  - Direct transfer into procedure room
  - Call GI desk to confirm patient is en-route
  - Continue current infusions, per clinical indication
  - Transport monitor – use monitoring brick from patient room
  - GI resources verify patient and staff PPE is per code
  - If arriving from Med-Surg Floor:
    - GI desk calls for patient when procedural staff is ready

#### In room team
- **GI HARD STOP**
  - Team members present with appropriate PPE & lead (if applicable)
    - Anesthesia provider
    - GI attending & fellow
    - Interventional technician
    - RN
    - Airway Team member (as required)
  - GI huddle initiated by RN
  - Ensure HEPA filter is turned ON

#### Procedural time-out, as usual
- **Designated safety officer and runner stay outside during case**
- **Communication during case**
  - In room team uses hospital phone/intercom to contact outside support
  - GI proceduralist to alert staff BEFORE scope extraction
  - **Handling in supplies or drugs**
    - Place onto designated cart immediately outside procedure room
  - **Inside RN opens procedure room door & collects supplies or drugs**

#### Anesthesia prep:
- **Confirm anesthesia plan (GA/MAC)**
- **Confirm if OR/Procedure Room is ready**
- **Cover anesthesia machine and Omnicell**
- **Ensure additional HMEF on expiratory limb of anesthesia circuit**
- **Prepare required airway equipment onto a designated cart, including an HME filter, Ambu bag & Kelly clamp in case of disconnection, extubation or ventilatory failure**
- **Prepare required drugs onto a second cart inside the OR**
- **Confirm which supplies/drugs may be required outside the OR**

#### Procedure prep:
- **Procedure staff physically verify & confirm the setup for case**
- **Confirm supplies required inside the room**
- **Confirm supplies that may be required outside the room**

#### Preoperative Consent, H&P
- **Confirm pre-procedure phone consents and H&P are completed**
- **RN completes pre-operative intake forms**
- **GI front desk contacts patient care team for ETA if applicable**

#### Postprocedure Care
- **Anesthesia and nurse runner**
  - Surgical mask + eye protection + gloves

#### On transfer to/from ICU
- **Team leader**
  - Surgical mask + eye protection + gloves
- **All transfer staff except team leader**
  - 959 respirator + eye protection + gown + head covers + double gloves +/- leg covers
- **Patient**
  - Surgical facemask

#### Location of Donning
- In clean area near or in procedure suite

#### Doftting
- Ensure a buddy is present to observe doffing

#### End of Case
- **Team leader confirms the return pathway, choosing one of the options below**
  - **Confirm members and roles for subsequent care**
  - **End of case sign out, as usual**
  - **Call scope room ST7 5-5668, ST3 7-5484 to inform technician to prepare for incoming used scope**

#### Option 1 (Exhust & recover in procedure room)
- **Staff not involved with extubation may doff PPE & exit**
- **Primary anesthesiologist performs extubation, per COVID-19 airway management SOP, assisted by 2 other staff members in the room** (GI fellow, RN)
- **Discard airway supplies and seal equipment**
- **PACU nurse dons PPE and enters room**
- **GI fellow & RN doff PPE and leave room**
- **Certain logistical situations may necessitate transfer of the patient after extubation to a designated COVID room for further recovery**
  - Patient PPE must be maintained for the transfer
  - Place an O2 mask over the surgical mask

#### Option 2 (patient remains intubated; transfer to ICU)
- **Patient is moved to ICU, with transfer team**
  - **Follow transfer protocol for intubated patient**
  - **Ventilation during transfer**: Ambu bag + HME Filter
  - **Staff members not on transfer may doff PPE and exit procedure room**

#### Post-procedure Care
- **Anesthesia staff to remain with PACU nurse until RN is comfortable with patient status**
- **When appropriate, anesthesi asthma staff doffs and leaves room**
- **PACU nurse manages care until patient is ready for transfer back to non-ICU bed**
- **When appropriate, patient is moved to hospital room or discharged**
  - **Contact EVS (Pg: 92746 East, 92745 West) to inform end of recovery care**

#### End of Case – Decontamination
- Refer to Room Turnover for suspected or confirmed COVID-19
Preprocedure Huddle & Room Preparation

- Team members designated to be in the procedure room should huddle ASAP after the case is booked (in person or virtually):
  - Designated Team leader
  - Anesthesia provider assigned for case
  - Anesthesia runner
  - GI attending and fellow
  - RN
  - Interventional tech & anesthesia tech
  - Outside door runner
  - GI resource nurse
  - Designated safety officer to prevent any entry without PPE
  - Designated anesthesia Airway team member (optional)
- Print and display signage outside all doors to the designated procedure room (STOP and PPE posters)
- Anesthesia prep:
  - Report ICU attending discussion and ventilation management plan
  - Confirm Procedure Room is ready
  - Cover anesthesia machine and omnicell
  - Prepare required airway equipment onto a designated cart
  - Prepare required drugs onto a second cart
  - Confirm which supplies/drugs may be required
  - Confirm Procedure Room is ready
  - Designated anesthesia Airway team member (optional)
  - Extra member (ICU nurse or circulating nurse, depending on extra equipment)
  - RN
  - GI attending / fellow
  - Anesthesia provider
  - Outside door runner
  - Interventional tech & anesthesia tech

Procedure prep:
- Staff physically verify & confirm the setup for case
- Confirm supplies required inside the OR
- Confirm supplies that may be required outside the OR
- Confirm which supplies/drugs may be required outside the OR

Preoperative Consent, H&P
- Confirm preprocedure phone consents and H&P are completed
- RN completes preoperative intake forms
- GI front desk contacts patient care team for ETA if applicable

Prepare for transfer:
- Prepare routine transport equipment, including:
  - HME filter, Ambu bag with PEEP valve & Kelly clamp
  - Confirm transfer team members and roles mandatory/optional:
    - Team leader (will call/hold elevators/wipe down)
    - Anesthesiologist (head of bed)
    - GI attending or fellow (end of bed)
  - Extra member (ICU nurse or circulating nurse, depending extra equipment and staffing levels)
  - Airway Team Member – optional
  - GI if required, please see addendum
- Confirm route & ensure it is clear of all movable obstacles

Transfer
- Pretransfer huddle inside patient room with transfer team
- Direct transfer into procedure room
- Call procedural room to confirm patient is en-route & to ensure HEPA filter is turned ON
- Transport monitor – use monitoring brick from patient room
- Continue current infusions, per clinical indication
- Emergency and intubation drugs, per clinical indication
- Optimize sedation to prevent awareness
- Deep muscle relaxation recommended
- Move to transport ventilation (performed planned circuit disconnection)
  - Turn OFF ICU ventilator (RT to perform this step)
  - Clamp ETT using Kelly clamp
  - Disconnect ETT from ICU circuit
  - Connect Ambu bag + HME filter + PEEP valve onto ETT
  - Remove clamp
  - Confirm ventilation as per usual

Start of the Case
- GI HARD STOP
  - Team members present with appropriate PPE & lead (if applicable)
    - Anesthesia provider
    - GI attending / fellow
    - Interventional technician
    - RN
  - GI Safety checklist initiated by RN
- Transfer patient to procedural table
  - Avoid disconnecting ETT from circuit (unless prone position required)
  - If prone position required, follow below steps in sequence:
    - Place bite-block PRIOR to proning
    - Preoxygenate for 3 minutes with 100% O2, turn OFF ventilator, clamp the ETT, prone, reconnect ventilator after appropriate positioning, remove clamp, RESTART ventilator
    - In room team strips linens off bed & pushes bed into hallway
    - GI technicians decontaminate patient bed immediately in hallway
- Stable patient in OR
  - Connect patient to anesthesia ventilator (planned circuit disconnect as above)
  - Maintain anesthesia using a volatile agent to conserve supplies of total intravenous anesthesia

Endoscopic Procedure
- Procedural time-out, as usual
- Designated safety officer and runner stay outside during case
- Communication during case:
  - In room team uses hospital phone/intercom to contact outside support
  - GI proceduralist to alert staff BEFORE scope extraction
- Handing in supplies or drugs
  - Place onto designated cart immediately outside procedure room
  - Inside RN opens procedure room door & collects supplies or drugs

End of Case
- Team leader coordinates the return back to ICU
- Confirm members and roles for subsequent care
- End of case sign out, as usual
- Call scope room ST4 7-5568, ST3 7-5484 to inform technician to prepare for incoming used scope
- Move patient from procedure table onto ICU bed
- Patient is moved to ICU, with transfer team
- Staff not on transfer may doff PPE and exit procedure room
- Contact EVS (Pg: 92746 East, 92745 West) to inform end of case

End of Case – Decontamination
- Refer to Room Turnover for suspected or confirmed COVID-19

**PPE for staff involved with care

In the procedure room
- All staff entering room
  - N95 respirator + eye protection + gown + head covers + double gloves
  - +/- leg covers

Out of the procedure room
- Anesthesia and nurse runner
  - Surgical mask + eye protection + gloves
- All transfer staff except team leader
  - N95 respirator + eye protection + gown + head covers + double gloves
  - +/- leg covers
- Patient
  - Surgical facemask

Location of Donning
- In clean area near or in procedure suite

Doffing
- Ensure a buddy is present to observe doffing

Inadvertent Extubation
- Oxygenation: HME filter must be present between facemask & anesthesia circuit/Ambu bag
- Runners, unless PEEP available for Code team
- If patient is in prone position: runner pushes stretcher into procedure room and procedure team repositions patient
- Early re-intubation or insertion of i-gel with gentle mask ventilation
ICU ventilation & Respiratory therapist

If ICU ventilation is required for the case
- RT will assist with:
  - Any planned circuit disconnections
  - Transfers while on the ICU vent
  - Intubation onto the ICU vent
  - Stabilizing patient inside the OR/procedure
  - Confirming ventilation settings and ensuring anesthesiologist has clear instructions on how to modify vent setting
- RT should be donned in the appropriate PPE
- Maintenance of anesthesia:
  - Avoid the use of the anesthesia machine in OR/procedure room
  - Maintain anesthesia with total intravenous anesthesia
Anesthesia Induction

Prepare
- Apply standard ASA monitors
- Check for working IV access
- Ensure HME filter is between facemask & circuit/Ambu bag

Preoxygenate
- Optimize position
- 5 min or until target EtO2 reached (as defined by airway team)

Perform RSI
- Rapid administration of induction drugs and flush
- If difficulty intubating, follow difficult airway plan below

Connect ETT to anesthesia circuit
- Inflate cuff BEFORE applying PPV
- Confirm intubation via EtCO2 (avoid auscultation)
- Secure ETT

*Difficult Airway Plan
- Option 1: McGrath VL (preferred 1st line)
- Option 2: iGel + small tidal volume ventilation
- Option 3: Ambu fiberoptic scope
- Option 4: mask ventilation +/- surgical airway

If bag-mask ventilation is required, use small volumes
- In the event of an anesthesia stat call
- The outside staff member (circulator/runner) must prevent any entry without appropriate PPE

Post-intubation
- Place laryngoscope (handle & blade) into biohazard bag and seal
- Place facemask into biohazard bag and seal
- Ensure HME filter is between ETT and circuit
- Clamp ETT if disconnection of circuit is required

Preparation
- Designate team leader and confirm:
  - Patient ID
  - Allergies
  - Weight
  - Can the patient be optimized any further?
    - Fluids/vasoressors
    - NG aspiration
- Prepare for an unanticipated difficult airway*
  - Is there a clinical indication/need for fiberoptic intubation?
    - Call for disposable Ambu fiberoptic scope
    - Discuss need for additional expertise
  - Confirm primary & backup plan for difficult airway

Reduce exposure
- Limit staff member in room during intubation (max 3)
  - 1st intubator (Anesthesiologist or Airway Team Member)
  - 2nd intubator (if required)
  - RN
  - Runner (outside the room)

Anesthesia prep:
- Check equipment:
  - Facemask + Ambu bag + HME filter
  - Oropharyngeal airway
  - Yankauer Suction
  - VL: McGrath
  - Bougie
  - ETT x 2
  - EtCO2 confirmatory method
- Prepare required drugs which will be brought inside the room
  - Induction agents
  - Emergency (sedation, hemodynamic support)
- Confirm which supplies & drugs will remain outside the room
  - Induction agents
  - Emergency (sedation, hemodynamic support)

Apply PPE**
- Remove personal items (pens, mobile phones, ID badges)
- Buddy/mirror check

**PPE for staff involved with care

In the OR/ICU room
1st intubator or Anesthesia stat responder
- PAPR or N95 + eye protection + gown + head cover + double gloves +/- shoe/leg covers

2nd intubator or Anesthesia stat responder
- PAPR or N95 + eye protection + gown + head covers + double gloves +/- shoe/leg covers
- Nursing
  - N95 + eye protection + gown + head covers + double gloves +/ - leg covers

Out of the OR/ICU room
Runners (Nursing, Anesthesia)
- Surgical facemask + eye protection + gown + double gloves

Doffing
- Ensure a buddy is present to observe doffing!

Extubation
- Perform routine extubation planning
- Ensure full NMB recovery
- Antiemetics recommended
- Extubation sequence:
  - Consider using a blue chuck or towel to cover the patient’s mouth during extubation (as a barrier for aerosolization)
  - Retain HMEF on ETT during extubation
  - Deflate ETT and extubate along with the towel/chuck
  - Dispose of used disposable supplies (ETT, temp probe, bite block, OPA, NG/OG tube, suction) using the dirty contaminated bag
- Do NOT throw away laryngoscopes, keep in sealed specimen bag in OR for anesthesia technician collection

Post-intubation
- Place laryngoscope (handle & blade) into biohazard bag and seal
- Place facemask into biohazard bag and seal
- Ensure HME filter is between ETT and circuit
- Clamp ETT if disconnection of circuit is required

DON’T RUSH!!!
YOUR personal protection is THE priority.
STOP!!

RESTRICTED ENTRY

SPECIAL FLU DROPLET + CONTACT PRECAUTIONS REQUIRED

Do **NOT** enter unless necessary

Refer to the PPE checklists BEFORE & AFTER entering the OR
# Sequence for Putting On

Personal Protective Equipment (PPE) for Patients on Special Flu Droplet and Contact Precautions

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

## 1. RESPIRATORY AND EYE PROTECTION

<table>
<thead>
<tr>
<th>Routine care: Mask with Eye Protection</th>
<th>N95 Respirator with Eye Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Secure elastic bands at middle of head and at neck</td>
</tr>
<tr>
<td></td>
<td>Fit flexible band to nose bridge</td>
</tr>
<tr>
<td></td>
<td>Fit snug to face and below chin</td>
</tr>
<tr>
<td></td>
<td>Ensure respirator fit</td>
</tr>
<tr>
<td>-OR- PAPR</td>
<td></td>
</tr>
</tbody>
</table>

## 2. GOWN (Blue Gowns)

- Fully cover torso from neck to knees and arms to wrists
- Wrap around the back
- Fasten in back of neck and waist

## 3. HAND HYGIENE

## 4. GLOVES

- Extend to cover wrist of isolation gown
- Double glove

---

### Use Safe Work Practices to Protect Yourself and Limit the Spread of Contamination

- Keep hands away from face
- Limit surfaces touched
- Change gloves once torn or heavily contaminated
- Perform hand hygiene

Adapted from CDC Poster: Revised ICHE 2020.03.19. Flu and Norovirus/management/2019-20/PPE
**Sequence For Safely Removing**

Personal Protective Equipment (PPE) For Patients On Special Flu Droplet And Contact Precautions

Outside surfaces of gloves, gown, sleeves, mask and respirator are contaminated! If your hands become contaminated during PPE removal, immediately wash your hands or use an alcohol-based hand sanitizer.

<table>
<thead>
<tr>
<th>1. GOWN</th>
<th>2. GLOVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Grasp the front of the gown with gloved hands</td>
<td>• Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove</td>
</tr>
<tr>
<td>• Pull the gown away from the body until attachments break</td>
<td>• Hold removed glove in gloved hand</td>
</tr>
<tr>
<td>• While removing gown, roll inside out into a bundle, touching only the outside of the gown with gloved hands</td>
<td>• Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove</td>
</tr>
<tr>
<td>• Discard the gown into a waste container</td>
<td>• Discard gloves in a waste container in patient room</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. HAND HYGIENE</th>
<th>4. MASK WITH EYE PROTECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Grasp bottom ties/mask elastics, followed by ties/elastics at the top</td>
</tr>
<tr>
<td></td>
<td>• Remove without touching the front of the mask</td>
</tr>
<tr>
<td></td>
<td>• Discard into designated bin if soiled OR implement reuse protocol</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. N95 RESPIRATOR or PAPR</th>
<th>6. HAND HYGIENE</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Grasp either bottom ties/mask elastics, followed by ties/elastics at the top</td>
<td>• OR</td>
</tr>
<tr>
<td>• Remove without touching front of the mask</td>
<td>• Discard into designated bin if soiled OR implement reuse protocol</td>
</tr>
</tbody>
</table>

Adapted from CDC Poster: Revised ICHE 2020.03.19, Flu and Norovirus/management 2019-20(PPE)
Room Turnover for Suspected or Confirmed COVID 19 Patients

1. Procedure ends
   - Patient is transferred to ICU bed per protocol

2. Prepare for Room turnover: Table Breakdown, compile Instruments, consolidate, contain all trash

3. Suspected or confirmed COVID 19 pt?
   - Yes
     - Patient leaves OR. Clean as normal.
   - No
     - Patient leaves OR. Clean as normal.

4. Planned Extubation in OR?
   - Yes
     - All staff leave OR EXCEPT Airway Team Member, RT, and Anesthesiologist
     - Once extubated, PACU staff dons PPE and enters to recover patient
     - Patient ready for transfer
     - Patient leaves OR
   - No
     - Patient leaves OR intubated for ICU or designated extubation location

5. OR REMAINS EMPTY, DOORS CLOSED FOR 30 MINUTES

6. OR Attendants & Anes Staff don PPE (regular mask, safety eyewear, gown, gloves)

7. Attendants enter room with cleaning supplies, canisters, isolizers

8. OR Attendants remove plastic from covered equipment, remove instruments & trash to corridor

9. Ane Cleaning:
   - (Attachment 1)

10. Attendant Cleaning:
    - Two-person Process with 3rd Outside Rm to provide additional supplies (Attachment 2)

11. Terminal Cleaning by EVS (Attachment 3):

12. Nursing enters clean OR, repositions equipment

13. Anes Techs re-cover equipment

14. OR Attendant makes bed

15. OR Ready for Next Case

Turnover (1.75 hrs)

Prep for next case
Attachment 1
Anesthesia Cleaning

Covid-19 Suspected and Positive Patient Room Steps
For The Anesthesia Technician and Overnight Resident / Attending’s

After Patient leaves the room and the 30MIN Time has expired

1. Technician / MD Dons PPE (Reg. surgical mask, eye protection, gown, shoe covers, gloves.)
2. (Trash the room) throw away all disposables into trash. Throw away all drapes/covers on machine and from carts in the room from Anesthesia. (Gently remove covers from carts and Anesthesia Machine)
3. Wipe all surfaces including (IV poles, pumps, TOF, SS anesthesia cart and inside drawers of cart, Ranger, Bair Hugger, McGrath, AW Cart all surfaces on the anesthesia machine front, back, tops, and sides. Wipe telephone if mounted to machine.
4. Dispose of trash on instrument cart to be covered by OR Attendants.
5. Dof all PPE and dispose of properly.
6. EVS Terminally cleans room.
7. Return to room Re-stock and set up room with drapes/covers.
Attachment 2
Attendant Cleaning

Two Person Turnover

PERSON ONE

PREPARE
• Wash hands; don PPE

CONTAIN
• Trash
• Biohazard Trash
• Linen
• Sharps

WIPE DOWN
• Wipe down trash and linen receptacles

MANAGE FLUIDS
• Remove suction; add solidifier; replace caps securely

FLOOR CLEANING
• Remove suture and string
• Remove furniture; mop thoroughly
• Dispose of mop head properly

FINISH
• Push case cart to decontam
• Remove PPE and wash hands
• Return equipment to storage area

PERSON TWO

PREPARE
• Wash hands; don PPE
• Remove blood cooler; wipe down and alert desk

CLEAN
• Overhead lights
• OR bed tables and attachments
• Ring stands
• Mobile equipment as needed
• Boot machines
• IV poles
• Kick buckets
• Sitting stools
• Step stools
• Computers monitors, keyboards, telephones
• Viewing monitors

FINISH
• Remove PPE & wash hands
• Make bed with trash linen

NOTE
Third Person outside of room to provide additional supply needs
# Terminal Cleaning

1. Perform hand hygiene and don Personal Protective Equipment (PPE)

2. Dust and disinfect X-ray view box

3. Wipe, disinfect suction regular system

4. Wipe, disinfect HVAC vents (exterior)

5. Empty trash containers disinfect (in & out) and replace liners

6. Empty and disinfect kick buckets and rolling stands (in & out)

7. Empty and disinfect linen hampers (replace liners)

8. Wipe and disinfect rolling chairs and rolling stools

9. Wipe and disinfect overhead light and arms

10. Wipe and disinfect step on stool

11. Wipe and disinfect Mayo stands

12. Break down and thoroughly wipe and disinfect OR table (base)

13. Wipe and disinfect IV poles

14. Wipe and disinfect countertop and computer monitor and keyboard at workstation

15. Wipe and disinfect supply cabinet (exterior)

16. Spot cleaning of walls and ceilings

17. Viewing monitors

18. Light switches, door handles, push plates, and telephones

19. Thoroughly wet mop entire floor surface using microfiber mop

20. Remove iodine stains (floor surface)

21. Clean and disinfect sinks and faucets