

## Rancho Los Amigos National Rehabilitation Center DEPARTMENT OF NURSING OPERATING ROOM POLICY AND PROCEDURE

SUBJECT: INFECTION CONTROL: MAINTAINING

SANITATION CONTROL PRIOR TO FIRST

**SCHEDULED PROCEDURE** 

Policy No.: OR38 Supersedes: ALL Revised Date: 08/2017

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**Purpose of Procedure:** To control and reduce the possibility of cross infection of the surgical patient and personnel.

Performed By: All personnel assigned to the room

**Equipment:** One sheet of paper

Phenolic solution 70% Ethyl Alcohol

2 Towels Gloves

## Policy:

- 1. Daily before the first surgical procedure in each operating room, the ventilation system will be checked to ensure proper functioning.
- 2. All surgical procedures scheduled for the room will be postponed if any problems are detected during the process until Building Crafts Dept. has corrected the problem.
- Case cart may be brought into the room and the surgical procedures may proceed after cleaning is finished.

## **Procedural Steps:**

1. Place a sheet of paper over each outlet vent covering in the operating room to see if the paper will adhere to the vent. If the paper adheres this indicates the vacuum of the ventilation system is functioning properly.

**KEY POINT:** If the paper does not adhere, notify the nurse in charge immediately. This indicates the vacuum system of the air exchange unit is not functioning properly.

- 2. Stand under the inlet vents located in the ceiling. Physically determine that air is flowing into the room. **KEY POINT:** This indicates the inflow vents are functioning. RLANRC has 12-20 air exchanges per hour in each operating room. If the airflow is not present, personally notify charge nurse.
- 3. With gloved hands clean the following with a hospital approved disinfectant.
  - a. Open shelves
  - b. Light handle
  - c. All horizontal surfaces
  - d. Overhead lamps

**KEY POINT:** Only clean outside surface with approved germicide. Clean interior mirrored surfaces with 70% ethyl alcohol.

4. Bring case cart into the room.

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Keep doors closed as much as possible. Opening the door dilutes the clean air.
 KEY POINT: There is a 10% positive pressure in each operating room. This forces the room air out as the doors are opened.

- 6. If Dust Particles or Debris are Found:
  - A. Check horizontal surfaces for dust particles and debris carefully. If necessary, place a white sheet over a flat surface and determine if debris is coming from the inlet flow of air. **KEY POINT:** This indicates that airborne contaminants are in the ventilation system.

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## References:

Guidelines for Perioperative Practice 2015 Edition Essentials of Perioperative Nursing, Fifth Edition

02/16 – Reviewed 08/17 – Revised