



**CLINICAL INFECTIOUS DISEASE SOCIETY**  
84, Meher Arcade Complex 1<sup>st</sup> Floor, Ida Scudder Road, Vellore 632004  
Tamil Nadu, India. Reg. No. TN 381/2010  
[www.cidsindia.org](http://www.cidsindia.org)

## INFECTION CONTROL PRACTICES IN NON COVID OPERATION THEATRE

During the pandemic of COVID 19, since there is a significant concern for operation on patients in incubation period and being asymptomatic shedders which could amplify the risk of exposure of HCW to the pathogen. To minimize the risk, the following strategies are recommended:

Postpone all elective surgeries (exceptions like would be oncology patients in whom undue delay may have an adverse effect on outcome of the disease and decision in such cases may be made on case to case basis).

Elective surgeries which involves aerosolizing body fluids/secretions like Drilling of bone in orthopaedic surgeries, Laproscopic surgeries, ENT surgeries and Transsphenoidal procedures among neurosurgical surgeries should definitely be postponed whenever possible. But in emergency situation, following the below mentioned practices may minimize the risk to HCW:

1. Any patient with respiratory symptoms (unless there is another etiology to explain the patient's condition ) should be considered as COVID 19 unless otherwise proved & appropriate precautions taken as mentioned for COVID suspected/confirmed OT.
2. Standard precautions to be strictly followed.
3. Triple layered mask may be used by the anaesthetist /surgical team for procedures under LA/RA (in addition to Theatre gown, cap, gown, gloves which is a part of universal precaution).



**CLINICAL INFECTIOUS DISEASE SOCIETY**  
84, Meher Arcade Complex 1<sup>st</sup> Floor, Ida Scudder Road, Vellore 632004  
Tamil Nadu, India. Reg. No. TN 381/2010  
[www.cidsindia.org](http://www.cidsindia.org)

4. For the high risk procedures mentioned above which may result in aerosol generation, N95 mask in the place of surgical mask and goggles/ visor is recommended

to the Anaesthetist /Nursing staff/and surgical team.Number of HCW should be minimized as much as possible.

5. CO2 filters have been recommended for MIS procedures, to minimize virus aerosolization. This is possibly in symptomatic patients who would be viremic. Studies done so far show that asymptomatic patients are most unlikely to be viremic, and even if so, the levels of virus are negligible. Therefore the risk of aerosolization should not be a significant risk in asymptomatic patients.

6. Surface cleaning after the surgery should be as per standard protocol.The theatre may be closed for 1 hour to allow for adequate air exchange.

7. Decontamination of surgical instruments in theatre with Enzymatic cleaning agent for 15-30 min and then sent to CSSD.

8. Handling of Linen should be one sanitary worker with appropriate PPE (mask, cap, gown, gloves),tossing of linen should be avoided; they should be soaked in sodium hypochlorite and processed in Laundry.

*Prepared by Dr Subramanian Swaminathan, Consultant Infectious Diseases, Gleneagles Global Hospitals, Chennai on behalf of CIDS*