Infection Prevention Guidelines: Transport, Diagnostic Imaging, Operating Room, and PACU Guidance for Admitted Persons Under Investigation (PUI) and COVID-19 Positive Patients within Santa Clara Valley Medical Center (SCVMC)

- Efforts should be made to minimize transporting symptomatic patient from inpatient room for diagnostic studies.
- If diagnostic study or procedure is necessary, scheduling as the last case of the day is preferable.

Patient Preparation:
- The patient’s primary care team should ensure clear communication to receiving department has occurred. Communication to receiving department should include time, date, reason for transport, and what transmission-based isolation precautions patient is currently on.
  - The nurse will prepare the patient for transport. Patients will be changed into a clean gown. Fresh cover sheets will be provided.
  - For non-intubated patients, the patient’s nose and mouth will be covered with a facemask fitted snugly over the nasal bridge and the face. If the patient is on nasal oxygen, the mask will be fitted over the O2 cannula. If the patient cannot tolerate a surgical mask, a clean sheet can be placed over their nose and mouth.
  - For intubated patients, a HEPA filter such as Servo Duo Guard (Maquet Getinge) or equivalent will be placed on the exhalation limb of the ventilator circuit or between the endotracheal tube and manual resuscitator or bag valve mask. This filter has an efficiency of 99.9999% in filtering out bacterial and viral particles.

Transport Requirements
- The person transporting the patient will wear PPE (N95, eye protection, gown, gloves).
- Transporter should wipe down the transport equipment with hospital approved disinfectant after patient is done using equipment.
- Protective Service Officers are not required to accompany transport unless needed for security issue.
- At all times, use the route that is least crowded and confirm route prior to transport.

Diagnostic Imaging Department
- Diagnostic Imaging (DI) techs will wear PPE (N95, eye protection and gown and gloves) if there is a need for patient contact. N95 and eye protection can be re-used as per protocol.
- Airing of the DI room is not required for routine studies if the patient stays masked during the whole.

Cleaning of Diagnostic Imaging Room
- The diagnostic imaging machines should be wiped down as per manufacturer’s instructions using a hospital approved disinfectant per routine protocol (either by DI tech or EVS).
- EVS personnel to wear PPE (gown, gloves, mask, eye protection—if splashing anticipated) for routine disinfecting of surfaces at the end of the day.
- There is no need to use UV-light disinfection (Tru-D) for this room.
Interventional Radiology (IR)

- N95, eye protection, gown and gloves should be worn for any procedure in IR.
- Please follow the updated PPE guidance for single use vs reuse as posted on HealthLink COVID-19 link
- Follow PPE donning and doffing procedures as per COVID Contact and Airborne precautions as also posted on HealthLink COVID-19 link

Cleaning of IR Suite after the procedure

- If the patient is not able to wear a mask for the entire procedure (for example, lung biopsy), the room will need to be aired out for one hour.
- If patient is masked during the entire procedure, airing of IR suite is not required.
- Cleaning of room after procedure as per routine using hospital approved disinfectant (either by tech or EVS)
- EVS personnel to wear PPE (gown, gloves, mask, eye protection—if splashing anticipated) for routine disinfecting of surfaces.
- There is no need to use UV-light disinfection (Tru-D) for this room.

Operating Room and PACU

- Implement contact and airborne precautions for COVID PUI/COVID positive cases
- PPE for intraoperative and PACU personnel should include N95, eye protection, gown, gloves
- Please follow the updated PPE guidance for single use vs reuse as posted on HealthLink COVID-19 link
- Follow PPE donning and doffing procedures as per COVID Contact and Airborne precautions as also posted on HealthLink COVID-19 link

Cleaning of the OR and PACU

- The OR suite should be closed for 1 hour after the patient leaves the suite.
- The patient should be placed in Airborne and Contact isolation in the PACU for floor level patients. ICU level patients will be recovered in the ICU.
- Cleaning of room after procedure as per routine using hospital approved disinfectant (either by tech or EVS)
- EVS personnel to wear PPE (gown, gloves, mask, eye protection—if splashing anticipated) for routine disinfecting of surfaces after the one hour has elapsed. If EVS staff enter within the hour, then N95 is recommended instead of surgical mask.