

The background image shows three healthcare workers in a clinical setting. They are wearing light blue scrubs and hairnets. One worker in the foreground is smiling and looking towards the camera. Another worker is partially visible behind them, and a third is in the background. They appear to be reviewing documents on a table. The setting is a brightly lit room with a blue sign with the number '18' on the wall.

Intermountain Healthcare  
Surgical Services

**Role-Specific Procedural Operations  
in Endoscopy  
for PUI or diagnosed COVID-19 patients**

Updated July 1, 2020

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***Links to donning and doffing PPE:***

[https://m.intermountain.net/PatientExperience/InfectionPrevention/Documents/VARIABLE%20RISK%20COVID-19%20Isolation Contact%20Droplet.pdf](https://m.intermountain.net/PatientExperience/InfectionPrevention/Documents/VARIABLE%20RISK%20COVID-19%20Isolation%20Contact%20Droplet.pdf)



[https://m.intermountain.net/PatientExperience/InfectionPrevention/Documents/HIGH%20RISK%20COVID-19%20Isolation Contact%20Airborne%20\(N95\).pdf](https://m.intermountain.net/PatientExperience/InfectionPrevention/Documents/HIGH%20RISK%20COVID-19%20Isolation Contact%20Airborne%20(N95).pdf)

## Role-Specific Responsibilities – Key Steps

PHASE	Physician	Charge Nurse / Manager	Runner	Documenting Nurse	Sedation Nurse	ENDO Tech
<b>Preparation</b>	<ul style="list-style-type: none"> <li>Only perform essential procedures</li> <li>Involve caregivers at low risk (no immunosuppressed or aged providers)</li> <li>Perform case at low volume times when possible to minimize exposure to others</li> </ul>	<ul style="list-style-type: none"> <li>Assign and notify team(s)</li> <li>Notify security</li> <li>Verify fit tested N95 masks</li> <li>Secure PAPRs if available</li> </ul>	<ul style="list-style-type: none"> <li>Place PPE outside room</li> <li>Ensure disinfectant wipes are available (purple, gray or orange)</li> <li>Place isolation signs on door</li> <li>Tape off cabinets and drawers to prevent accidental opening and exposure</li> </ul>	<ul style="list-style-type: none"> <li>Assist in setup</li> <li>Don full PPE and/or PAPR</li> <li>Remove unneeded supplies (pens, pencils, chairs, etc.)</li> <li>Remain positioned outside the procedure room, listening via Vocera if possible</li> </ul>	<ul style="list-style-type: none"> <li>Assist in setup</li> <li>Ensures adequate PAPR available &amp; functioning</li> <li>Don full PPE and/or PAPR</li> <li>Obtain required consumables &amp; drugs</li> <li>Remove supply cart if applicable</li> </ul>	<ul style="list-style-type: none"> <li>Prepare Room</li> <li>Communicate with physician intended procedure and supplies needed</li> <li>Don full PPE and/or PAPR</li> </ul>
<b>Intra-Operative</b>	<ul style="list-style-type: none"> <li>Expeditious procedure involving only essential personnel and essential equipment</li> </ul>		<ul style="list-style-type: none"> <li>Retrieve requested items for procedure room team</li> <li>Don PPE when handing off supplies</li> </ul>	<ul style="list-style-type: none"> <li>Document procedure</li> <li>Assist sedation nurse/tech as needed</li> </ul>	<ul style="list-style-type: none"> <li>NAPS per physician instruction</li> <li>Monitor patient</li> </ul>	<ul style="list-style-type: none"> <li>Assist physician with procedure</li> </ul>
<b>Post-Operative</b>	<ul style="list-style-type: none"> <li>Doff soiled gloves</li> <li>Don clean gloves PRIOR to dictation</li> <li>Doff PPE</li> <li>Call family with procedure/findings</li> </ul>	<ul style="list-style-type: none"> <li>Contact EVS for terminal cleaning, or assign endo staff to complete as appropriate</li> <li>Terminal cleaning should be completed <b>69 minutes</b> post procedure</li> <li>Ensure sign is placed on the door</li> <li>Contact courier for specimen collection</li> <li>Ensure terminal cleaning complete before allowing entry of personnel</li> </ul>	<ul style="list-style-type: none"> <li>Obtain separate bin for handoff of dirty scope at the doorway</li> <li>Don clean gloves</li> <li>Meet tech at the doorway for handoff of dirty scope</li> <li>Ensure lid tightly secured for transport</li> <li>Transport dirty scope to the scope reprocessing room</li> </ul>	<ul style="list-style-type: none"> <li>Use disinfection guidelines</li> <li>Transport specimens to designated area</li> </ul>	<ul style="list-style-type: none"> <li>Recover patient in procedure room</li> <li>Label all specimens and <u>double bag</u> them</li> <li>Use disinfection guidelines</li> <li>Don PPE during patient transport</li> <li>Discharge patient from procedure room</li> </ul>	<ul style="list-style-type: none"> <li>Perform bedside cleaning</li> <li>Handoff dirty scope to runner at the doorway</li> <li>Use disinfection guidelines</li> <li>Throw away all disposable items</li> <li>Remove all trash to soiled utility room</li> <li>Remove dirty linen to soiled utility room</li> </ul>
<b>Follow Up</b>			<ul style="list-style-type: none"> <li>Assist with cleaning</li> <li>Replenish supplies/ PPE &amp; prepare procedure room</li> </ul>	<ul style="list-style-type: none"> <li>Assist with cleaning</li> <li>Replenish supplies &amp; prepare procedure room</li> </ul>	<ul style="list-style-type: none"> <li>Assist with cleaning</li> <li>Replenish supplies &amp; prepare procedure room</li> </ul>	<ul style="list-style-type: none"> <li>Assist with cleaning</li> <li>Replenish supplies &amp; prepare procedure room</li> </ul>



PURPLE Content: PPE and cleaning

# Job Instruction Standard Work – Physician

	Standard Work					
	Facility	Intermountain Healthcare	Department	Surgical Services		
	Trigger	Key Process		Version		Date for Review
	Procedural Operation for COVID-19	Physician Job Breakdown		1.0		
Timing	Major Steps	Key Points		Reasons Why		
Preparation Phase	1. Pre-Procedure Huddle	<ol style="list-style-type: none"> <li>1. Must occur prior to the patient transport to procedure room</li> <li>2. Include all members of the team including the physician and anesthesiologist (if applicable)</li> <li>3. Discuss supplies, medications, and equipment</li> <li>4. Discuss pre and post-op plans for the patient, including transport and type of anesthesia (if applicable)</li> </ol>		Proper preparation to ensure the team is all aware of needs for the procedure prior to the patient being brought back to the procedure room and all equipment, supplies, medications are discussed, in the room, ready to begin to minimize risk of exposure, and ensure the safety of our caregivers and patient.		
Preparation Phase	2. Procedural Plan	<ol style="list-style-type: none"> <li>1. Perform only essential procedures</li> <li>2. Involve caregivers who are low risk (no immunosuppressed or aged providers)</li> <li>3. When possible, perform case at low volume times to minimize exposure to others</li> <li>4. Use negative pressure rooms where available</li> </ol>		Minimize risk of exposure to other patients and healthcare providers.		
Preparation Phase	3. Equipment	<ol style="list-style-type: none"> <li>1. Before procedural case discuss equipment needs with the team. Include presence and location of emergency supplies, also ensuring the AMBU bag is equipped with a bacteria/viral filter. Discuss which items are essential to have in the room and what can be reserved outside the room to be used “as needed”</li> </ol>		Protect team from exposure to COVID-19		
Preparation Phase	4. Don Proper PPE	<ol style="list-style-type: none"> <li>1. Proper PPE to include N95 face mask, or higher-level respirator (PAPR), goggles or face shield, splash resistant isolation gown, gloves, and boot covers. Neck,</li> </ol>		Protect team from exposure to COVID-19  Careful use of airborne isolation can contain exposure of COVID-19 to caregivers or patients		



		arms, and wrists should be covered. Wash hands before and after application or removal of PPE	
Intra-Op Phase	5. Expeditious procedures involving only essential personnel	1. Procedural team should remain in the room for the entire duration of the procedure	Safe, coordinated care to promptly complete the needed procedure with as little exposure to team as possible.
Post-Op Phase	6. Patient Recovery in Procedure Room	<ol style="list-style-type: none"> <li>1. Physician removes PPE <b><u>INSIDE the procedure room</u></b>, except for PAPRs which are removed just <b><u>OUTSIDE the procedure room</u></b></li> <li>2. Don't wear contaminated clothing to consult family</li> </ol>	Proper PPE processes protect caregivers from exposure to COVID-19

# Job Instruction Standard Work – Charge Nurse/OR Manager

	Standard Work					
	Facility	Intermountain Healthcare	Department	Surgical Services		
	Trigger	Key Process		Version		Date for Review
	Surgical Operation for COVID-19	Nurse Manager/ Charge Nurse Job Breakdown		1.0		
Timing	Major Steps	Key Points		Reasons Why		
Preparation Phase	1. Activate Team	<ol style="list-style-type: none"> <li>1. Notify all essential caregivers to manage COVID-19 s procedural patients</li> <li>2. Assign patient to negative pressure isolation room for pre and post op care, if available</li> </ol>		<p>Prepare the endoscopy team for COVID-19 procedure</p> <p>Negative pressure isolation rooms are best practice. If not available, transport patient directly to the procedure room to avoid exposure to COVID-19</p>		
Preparation Phase	2. Verify Team is fit tested for N95 masks, or PAPRs are available	<ol style="list-style-type: none"> <li>1. Ensure the safety of all caregivers</li> </ol>		Keep our caregivers safe from exposure to COVID-19		
Preparation Phase	3. Designate PPE Compliance Coach	<ol style="list-style-type: none"> <li>1. Assist team with proper donning and doffing of PPE</li> </ol>		Ensure caregivers comply with proper PPE requirements to avoid exposure to COVID-19		
Preparation Phase ≥ 30 min prior to patient transfer	4. Notify security of transport time	<ol style="list-style-type: none"> <li>1. Notify security at least 30 minutes prior to transfer</li> <li>2. Security to clear the route from the nursing unit to the procedure room</li> <li>3. Shut all doors and secure elevators</li> <li>4. Remove all non-essential caregivers and patients in hallways</li> </ol>		Keep our caregivers and patients safe from exposure to COVID-19		
Post-Op Phase	5. Coordinate terminal cleaning	<ol style="list-style-type: none"> <li>1. Documenting Nurse will contact the charge nurse upon completion of the procedure</li> <li>2. Charge nurse will contact EVS with a terminal clean request</li> <li>3. If EVS is unavailable, the charge nurse will assign endoscopy staff to complete the terminal clean</li> <li>4. Terminal cleaning may occur either <u>after 69 minutes with limited PPE, or within 69 minutes if PPE is available</u></li> </ol>		Proper cleaning processes protect caregivers and patients from exposure to COVID-19		

		<ul style="list-style-type: none"> <li>a. Decontaminate all surfaces with purple, gray, or orange disinfectant wipes during the 69-minute airborne decontaminant removal time if staff is wearing full PPE</li> <li>b. Terminal cleaning should be delayed for 69 minutes if PPE is limited. Leave the procedure room to settle without disturbance for 69 minutes. The door remains shut with signage alerting caregivers not to enter until a designated time</li> </ul> <p>5. PPE for terminal cleaning includes: N95 face mask, or higher-level respirator (PAPR), goggles or face shield, splash resistant isolation gown, gloves, and boot covers. Wash hands before and after application or removal of PPE</p> <p>6. Charge nurse will ensure proper signage is posted on the door for required wait time, and that the door is shut</p>	<p>Following the CDC Air Change per Hour (ACH) guidelines decreases risk of exposure to COVID-19. At 6 ACH, the time required to achieve 99.9% efficiency of airborne-contaminant removal is 69 minutes</p> <p><a href="https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html">https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html</a></p>
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## Job Instruction Standard Work – Runner



	Standard Work					
	Facility	Intermountain Healthcare	Department	Surgical Services		
	Trigger	Key Process		Version		Date for Review
	Surgical Operation for COVID-19	Runner Job Breakdown		1.0		
Timing	Major Steps	Key Points		Reasons Why		
Preparation Phase	1. Infection control signs on doors	1. Place contact/droplet signs on the procedure room door to alert caregivers of risk		Prevent exposure to COVID-19		
Preparation Phase	2. Gather additional PPE	1. Ensure extra supplies available outside of procedure room (i.e. masks, gowns, gloves, and PAPRs if available)		Caregiver safety if extra personnel required or in the event of an emergency		
Preparation Phase	3. Ensure disinfectant wipes are available	1. Purple, gray and orange top wipes		Decontamination and cleaning of all surfaces		
Preparation Phase	4. Remove unnecessary equipment and supplies	1. Remove all equipment, supplies and carts not necessary for the procedure from the room, including supplies in cabinets and drawers		All unused supplies from the procedure room must be discarded post-procedure to avoid exposure  All equipment and carts will need to be decontaminated post-procedure to avoid exposure		
Preparation Phase	5. Tape	1. All pass-through doors 2. Wall storage cabinets 3. Drawers		To prevent access to cabinets and drawers and prevent contamination of sterile supplies once patient enters procedure room		
Intra-Op Phase	6. Patient bed	1. If patient is removed from their bed, place bed in hallway after patient is taken to procedure room. Linens should be stripped and placed in linen bag and discarded supplies (i.e. tubing, bed liners, etc.) placed in trash bag prior to moving bags out in the hall.		Proper disposal of linens and trash ensure caregiver safety from exposure to COVID-19  Proper cleaning processes protect caregivers and patients from exposure to COVID-19		



		<ol style="list-style-type: none"> <li>2. Endoscopy Runner takes linen bag and trash to soiled utility room/decontamination</li> <li>3. Wipe down bed with purple, gray or orange disinfectant wipes; including mattress, rails, handles, hand and foot boards, base and cords</li> <li>4. Make bed with clean linens</li> </ol>	Bed ready for patient post-procedure if they were originally moved from the bed
Intra-Op Phase	7. Lab Specimens	<ol style="list-style-type: none"> <li>1. Documenting Nurse notifies Endoscopy Runner via Vocera that lab specimen needs to be taken to the laboratory</li> <li>2. Endoscopy Runner, wearing gloves, meets Documenting Nurse just outside procedure room holding a secondary bag</li> <li>3. Documenting Nurse places inner bag, containing labeled specimens, into secondary bag and seals it</li> <li>4. Specimens are then taken directly to the lab. Notify lab caregivers that the specimen is from a patient infected with COVID-19/PUI</li> </ol>	<p>Procedural team should remain in procedure room during the entire procedure</p> <p>Donning clean gloves for delivery of the specimens to the lab is appropriate</p> <p>Ensures multiple barriers for safety</p> <p>Ensures appropriate hand-off to lab staff and ensures caregiver safety while handling specimen</p>
Post-Op Phase	8. Procedure Room Clean-Up	<ol style="list-style-type: none"> <li>1. Endoscopy Runner will don full PPE</li> <li>2. Assist with removing dirty scope, trash and linen bags</li> <li>3. Discard all unused supplies, medications, pencils, pens, markers, tape rolls and any other supplies exposed during the case</li> <li>4. Remove the tape from doors and cabinets and wipe clean</li> <li>5. Remove all PPE <b>INSIDE the procedure room</b> before exiting procedure room, except for PAPRs which are removed just <b>OUTSIDE the procedure room</b> and use proper hand hygiene</li> </ol>	<p>Keep our caregivers and patients safe from exposure to COVID-19</p> <p>Proper PPE and cleaning processes protect caregivers from exposure to COVID-19</p>
Post-Op Phase	9. Terminal Cleaning/Decontamination	<ol style="list-style-type: none"> <li>1. Clean door handles and all other high touch areas</li> <li>2. Terminal cleaning may occur either <u>after 69 minutes with limited PPE, or within 69 minutes if PPE is available</u></li> </ol>	Proper PPE and cleaning processes protect caregivers from exposure to COVID-19

		<ol style="list-style-type: none"> <li>a. Decontaminate all surfaces with purple, gray, or orange disinfectant wipes during the 69-minute airborne decontaminant removal time if staff is wearing full PPE – N95 face mask, or higher-level respirator (PAPR), goggles or face shield, splash resistant isolation gown, gloves, and boot covers. Wash hands before and after application or removal of PPE</li> <li>b. Terminal cleaning should be delayed for 69 minutes if PPE is limited. Leave the procedure room to settle without disturbance for 69 minutes. The door remains shut with signage alerting caregivers not to enter until a designated time</li> <li>3. After terminal cleaning/decontamination is complete, assist with replenishing supplies in procedure room</li> </ol>	<p>Following the CDC Air Change per Hour (ACH) guidelines decreases risk of exposure to COVID-19. At 6 ACH, the time required to achieve 99.9% efficiency of airborne-contaminant removal is 69 minutes</p> <p><a href="https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html">https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html</a></p>
Follow-Up Phase	4. Procedure Room Readiness	<ol style="list-style-type: none"> <li>1. A patient should not be brought into the room for 69 minutes after the previous procedure</li> <li>2. Assist with gathering supplies and equipment needed</li> <li>3. Replenish extra supplies housed outside the doorway if needed</li> </ol>	<p>Keep our patients safe from exposure to COVID-19</p> <p>Caregiver safety if extra personnel or supplies required or in the event of an emergency</p>

# Job Instruction Standard Work – Documenting Nurse



	Standard Work					
	Facility	Intermountain Healthcare	Department	Surgical Services		
	Trigger	Key Process		Version		Date for Review
	Surgical Operation for COVID-19	Documenting Nurse Job Breakdown		1.0		
Timing	Major Steps	Key Points		Reasons Why		
Preparation Phase	1. Pre-Procedure Huddle	<ol style="list-style-type: none"> <li>1. Must occur prior to the patient transport to procedure room</li> <li>2. Include all members of the endoscopy team including the physician and anesthesiologist</li> <li>3. Discuss supplies (including emergency supplies), medications, and equipment</li> <li>4. Discuss pre and post-op plans for the patient, including transport and sedation/anesthesia</li> </ol>		Proper preparation to ensure the team is all aware of needs for the procedure prior to the patient being brought into the procedure room. All equipment, supplies, and medications are discussed and available in the room. This will minimize risk of exposure and ensure the safety of our caregivers and patients.		
Preparation Phase	2. Prepare Procedure Room	<ol style="list-style-type: none"> <li>1. Assist the Endoscopy Tech with room set-up, proper supplies, medications, and equipment</li> <li>2. Pass any unnecessary consumable items, instruments/equipment to Endoscopy Runner prior to patient entering the procedure room</li> </ol>		<p>Ensures the room is fully ready to begin the procedure</p> <p>Prevents unnecessary waste of supplies or cleaning of instruments/equipment</p>		
Preparation Phase	3. Don Proper PPE	<ol style="list-style-type: none"> <li>1. Proper PPE to include N95 face mask, or higher-level respirator (PAPR), goggles or face shield, splash resistant isolation gown, gloves, and boot covers. Neck, arms, and wrists should be covered. Wash hands before and after application or removal of PPE.</li> </ol>		Protects Documenting Nurse from exposure to COVID-19		
Preparation Phase	4. Transport Patient to Procedure Area	<ol style="list-style-type: none"> <li>1. Ensure security is notified 30 min prior and route is cleared, including elevators</li> <li>2. Place a plain surgical mask on the patient</li> </ol>		Careful use of airborne isolation can contain exposure of COVID-19 to caregivers or patients		

		3. Transport patient from floor/ICU either directly to procedure room or negative pressure pre-op isolation room	
Preparation Phase	5. Patient bed	<ol style="list-style-type: none"> <li>1. Once patient is transferred from patient bed, strip bed of linen and place in linen bag</li> <li>2. Place discarded tubing, bedliners, tubing, etc. in trash bag</li> <li>3. Place patient bed in hallway, adjacent to procedure room</li> <li>4. Ensure Endoscopy Runner takes linens and trash to soiled utility room/decontamination and thoroughly cleans bed</li> </ol>	<p>Proper disposal of linens and trash ensures caregiver safety from exposure to COVID-19</p> <p>Removing excess equipment from the room prevents exposure to COVID-19</p> <p>Proper cleaning processes protect caregivers and patients from exposure to COVID-19</p>
Intra-Op Phase	6. Lab Specimens	<ol style="list-style-type: none"> <li>1. Print extra patient labels to keep outside</li> <li>2. Documenting Nurse notifies lab of incoming specimen(s)</li> <li>3. Documenting Nurse notifies Endoscopy Runner via Vocera or phone of lab specimens that needs to be taken to the laboratory</li> <li>4. Endoscopy Runner, wearing gloves, meets Documenting Nurse outside procedure room holding a secondary bag</li> <li>5. Documenting Nurse places inner bag, containing labeled lab specimens, into secondary bag and seals it</li> <li>6. Specimens are then taken directly to the lab. Notify lab caregivers that the specimen is from a patient infected with COVID-19</li> </ol>	<p>Procedural team should remain in procedure room during the entire procedure to prevent potential exposure to COVID-19</p> <p>Proper PPE for lab delivery is gloves only</p> <p>Utilizing proper hand hygiene prevents spread</p> <p>Ensures multiple barriers for safety</p> <p>Ensures appropriate hand-off to lab staff and ensures caregiver safety while handling specimen</p>
Intra-Op Phase	7. Ancillary Clinical Services	<ol style="list-style-type: none"> <li>1. Documenting Nurse notifies ancillary clinical services (i.e. imaging) of intra-op request</li> <li>2. Ancillary clinical services personnel must don full PPE before entering procedure room including transporting the scope to the scope room as applicable</li> </ol>	<p>Proper PPE protects caregivers from exposure to COVID-19.</p> <p>Purple, gray or orange top wipes are approved</p>

		3. Any equipment brought by ancillary clinical services must remain in procedure room until terminal cleaning is completed 69 minutes post procedure.	
Post-Op Phase	8. Patient Recovery in Procedure Room	<ol style="list-style-type: none"> <li>1. When patient is recovered in the procedure room, any team member not participating in the recovery process needs to remove all PPE <b><u>INSIDE the procedure room</u></b> before exiting the room, except for PAPRs which are removed just <b><u>OUTSIDE the procedure room</u></b></li> <li>2. Documenting Nurse notifies security that the patient will be transported to a non-surgical services area (i.e. floor, ICU, etc.)</li> <li>3. Documenting Nurse notifies receiving unit of patient transport</li> <li>4. Documenting Nurse removes PPE <b><u>INSIDE the procedure room.</u></b> except for PAPRs which are removed just <b><u>OUTSIDE the procedure room.</u></b> and dons new PPE outside the procedure room. Utilize proper hand hygiene.</li> <li>5. Patient transported to receiving department</li> </ol>	<p>Proper PPE processes protect caregivers from exposure to COVID-19</p> <p>Clearing pathways for transport of COVID-19/PUI patients helps to limit exposure</p>
Post-Op Phase	9. Patient Recovery in Negative Pressure or Surgical Services Isolation Room	<ol style="list-style-type: none"> <li>1. Documenting Nurse notifies receiving unit</li> <li>2. Documenting Nurse notifies endoscopy staff to clear the route to the isolation room</li> <li>3. Documenting Nurse removes PPE <b><u>INSIDE the procedure room.</u></b> except for PAPRs which are removed just <b><u>OUTSIDE the procedure room.</u></b> and dons new PPE outside the procedure room. Utilize proper hand hygiene.</li> <li>4. Patient transported to post-procedure care environment – negative pressure, or isolation room if available</li> </ol>	<p>Proper PPE processes protect caregivers from exposure to COVID-19</p> <p>Negative pressure or isolation rooms contain pathogens within the room, decreasing risk of exposure to COVID-19</p>
Post-Op Phase	10. Procedure Room Clean-Up	<ol style="list-style-type: none"> <li>1. Assist with removing dirty scope, trash and linen bags</li> </ol>	Ensure endoscopy unit is cleaned and ready for patients

		<ol style="list-style-type: none"> <li>2. Discard all unused supplies, medications, pencils, pens, markers, tape rolls and any other supplies exposed during the case</li> <li>3. Remove the tape from doors and cabinets and wipe clean</li> <li>4. Remove all PPE <b>INSIDE the procedure room</b> before exiting procedure room, except for PAPRs which are removed just <b>OUTSIDE the procedure room</b> and use proper hand hygiene</li> </ol>	Proper PPE processes protect caregivers from exposure to COVID-19
Post-Op Phase	5. Terminal Cleaning/ Decontamination	<ol style="list-style-type: none"> <li>1. Clean door handles and all other high touch areas</li> <li>2. Terminal cleaning may occur either <u>after 69 minutes with limited PPE, or within 69 minutes if PPE is available</u> <ol style="list-style-type: none"> <li>a. Decontaminate all surfaces with purple, gray, or orange disinfectant wipes during the 69-minute airborne decontaminant removal time if staff is wearing full PPE – N95 face mask, or higher-level respirator (PAPR), goggles or face shield, splash resistant isolation gown, gloves, and boot covers. Wash hands before and after application or removal of PPE</li> <li>b. Terminal cleaning should be delayed for 69 minutes if PPE is limited. Leave the procedure room to settle without disturbance for 69 minutes. The door remains shut with signage alerting caregivers not to enter until a designated time</li> </ol> </li> <li>3. After terminal cleaning/decontamination is complete, assist with replenishing supplies in procedure room</li> </ol>	<p>Proper PPE and cleaning processes protect caregivers from exposure to COVID-19</p> <p>Following the CDC Air Change per Hour (ACH) guidelines decreases risk of exposure to COVID-19. At 6 ACH, the time required to achieve 99.9% efficiency of airborne-contaminant removal is 69 minutes  <a href="https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html">https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html</a></p>
Follow-Up Phase	6. Procedure Room Readiness	<ol style="list-style-type: none"> <li>1. A patient should not be brought into the procedure room for 69 minutes after the previous patient</li> <li>2. Assist with gathering supplies and equipment needed</li> <li>3. Prepare computer for next procedure</li> </ol>	<p>Keep our patients safe from exposure to COVID-19</p> <p>Ensure endoscopy unit is ready for patients</p>

## Job Instruction Standard Work – Sedation Nurse



	Standard Work					
	Facility	Intermountain Healthcare	Department	Surgical Services		
	Trigger	Key Process		Version		Date for Review
	Surgical Operation for COVID-19	Sedation Nurse Job Breakdown		2.0		
Timing	Major Steps	Key Points		Reasons Why		
Preparation Phase	1. Pre-Procedure Huddle	<ol style="list-style-type: none"> <li>1. Must occur prior to the patient transport to the procedure room</li> <li>2. Include all members of the endoscopy team including the GI physician and anesthesiologist if applicable</li> <li>3. Discuss supplies (including emergency supplies), medications, and equipment</li> <li>4. Discuss pre and post-op plans for the patient, including transport and type sedation/anesthesia</li> </ol>		Proper preparation to ensure the team is all aware of needs for the procedure prior to the patient being brought into the procedure room. All equipment, supplies, and medications are discussed and available in the room. This will minimize risk of exposure and ensure the safety of our caregivers and patients.		
Preparation Phase	2. Prepare Procedural Supplies	<ol style="list-style-type: none"> <li>1. Obtain required medications from AcuDose or any needed anesthesia supplies, if necessary, prior to patient entering the procedure room</li> <li>2. Place medications in a location accessible for the Sedation Nurse</li> </ol>		<p>Ensure nurse has all necessary supplies for the procedure and eliminate unnecessary wasted supplies/medications</p> <p>Ensure proximity of additional medications and supplies if required intra-operatively</p>		
Preparation Phase	3. Don Proper PPE	<ol style="list-style-type: none"> <li>1. Proper PPE to include N95 face mask, or higher-level respirator (PAPR), goggles or face shield, splash resistant isolation gown, gloves, and boot covers. Neck, arms, and wrists should be covered. Wash hands before and after application or removal of PPE.</li> </ol>		Protect Sedation Nurse from exposure to COVID-19		
Preparation Phase	4. Transport Patient to Procedure Room	<ol style="list-style-type: none"> <li>1. Place a plain surgical mask on the patient</li> </ol>		Careful use of airborne isolation can contain exposure of COVID-19 to caregivers or patients		

		<ol style="list-style-type: none"> <li>2. Transport patient from floor/ICU either directly to procedure room or negative pressure pre-op isolation room</li> <li>3. Clear hallways, elevators prior to transport</li> </ol>	
Post-Op Phase	5. Patient Recovery in Procedure Room	<ol style="list-style-type: none"> <li>1. Any team member not participating in the recovery process needs to remove all PPE <b><u>INSIDE the procedure room.</u></b> before exiting the room, except for PAPRs which are removed just <b><u>OUTSIDE the procedure room</u></b></li> </ol>	Proper PPE processes protect caregivers from exposure to COVID-19
Post-Op Phase	6. Patient Recovery in Negative Pressure Surgical Services Isolation Room	<ol style="list-style-type: none"> <li>1. Provides handoff to receiving nurse</li> <li>2. Sedation Nurse removes PPE <b><u>INSIDE the procedure room.</u></b> except for PAPRs which are removed just <b><u>OUTSIDE the procedure room,</u></b> and dons new PPE outside the procedure room. Utilize proper hand hygiene.</li> <li>3. Place a plain surgical mask on the patient during transport to the post-procedure care environment (negative pressure or isolation room preferred if available)</li> </ol>	Proper PPE processes protect caregivers from exposure to COVID-19
Post-Op Phase	7. Discard Excess Supplies and Medications	<ol style="list-style-type: none"> <li>1. Throw out all disposable items</li> <li>2. Waste excess medications</li> </ol>	Ensures no contamination of supplies or unused medications in the procedure room are passed on to other patients or caregivers
Post-Op Phase	8. Procedure Room Clean-Up	<ol style="list-style-type: none"> <li>1. Discard all unused supplies, medications, pencils, pens, markers, tape rolls and any other supplies exposed during the case</li> <li>2. Remove the tape from doors and cabinets and wipe clean</li> <li>3. Remove all PPE <b><u>INSIDE the procedure room</u></b> before exiting procedure room, except for PAPRs which are removed just <b><u>OUTSIDE the procedure room</u></b> and use proper hand hygiene</li> </ol>	Proper PPE and cleaning processes protect caregivers from exposure to COVID-19



Post-Op Phase	7. Terminal Cleaning/ Decontamination	<ol style="list-style-type: none"> <li>1. Clean door handles and all other high touch areas</li> <li>2. Terminal cleaning may occur either <u>after 69 minutes with limited PPE, or within 69 minutes if PPE is available</u> <ol style="list-style-type: none"> <li>a. Decontaminate all surfaces with purple, gray, or orange disinfectant wipes during the 69-minute airborne decontaminant removal time if staff is wearing full PPE – N95 face mask, or higher-level respirator (PAPR), goggles or face shield, splash resistant isolation gown, gloves, and boot covers. Wash hands before and after application or removal of PPE</li> <li>b. Terminal cleaning should be delayed for 69 minutes if PPE is limited. Leave the procedure room to settle without disturbance for 69 minutes. The door remains shut with signage alerting caregivers not to enter until a designated time</li> </ol> </li> <li>3. After terminal cleaning/decontamination is complete, assist with replenishing supplies in procedure room</li> </ol>	<p>Proper PPE and cleaning processes protect caregivers from exposure to COVID-19</p> <p>Following the CDC Air Change per Hour (ACH) guidelines decreases risk of exposure to COVID-19. At 6 ACH, the time required to achieve 99.9% efficiency of airborne-contaminant removal is 69 minutes  <a href="https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html">https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html</a></p>
Follow-Up Phase	9. Procedure Room Readiness	<ol style="list-style-type: none"> <li>1. A patient should not be brought into the procedure room for 69 minutes after the previous patient</li> <li>2. Gather medications for patient</li> <li>3. Assist with gathering supplies and equipment needed</li> </ol>	<p>Keep our patients safe from exposure to COVID-19</p> <p>Ensure procedure room is fully stocked and ready for the next patient</p>

# Job Instruction Standard Work – Endoscopy Tech(s)

	Standard Work					
	Facility	Intermountain Healthcare	Department	Surgical Services		
	Trigger	Key Process		Version		Date for Review
	COVID-19 Patient Requiring <b>Endoscopic Procedure</b>	<b>Endoscopy Tech Job Breakdown</b>		1.0		
Timing	Major Steps	Key Points		Reasons Why		
Preparation Phase	1. Pre-Procedure Huddle	<ol style="list-style-type: none"> <li>1. Must occur prior to the patient transport to the procedure room</li> <li>2. Include all members of the endoscopy team including the GI physician and anesthesiologist if applicable</li> <li>3. Discuss supplies, medications, and equipment</li> <li>4. Discuss pre and post-op plans, including transport and type of sedation/anesthesia</li> </ol>		Proper preparation to ensure the team is all aware of needs for the procedure prior to the patient being brought into the procedure room. All equipment, supplies, and medications are discussed and available in the room. This will minimize risk of exposure and ensure the safety of our caregivers and patients.		
Preparation Phase	2. Prepare Procedure Room	<ol style="list-style-type: none"> <li>1. Endoscopy Tech prepares room for procedure</li> <li>2. Pass any unnecessary consumable supplies, instruments/equipment to Endoscopy Runner prior to patient entering the procedure room</li> </ol>		<p>Ensure the room is fully ready to begin the procedure</p> <p>Prevent unnecessary waste of supplies or cleaning of instruments/equipment</p>		
Preparation Phase	3. Don Proper PPE	<ol style="list-style-type: none"> <li>1. Proper PPE to include N95 face mask, or higher-level respirator (PAPR), goggles or face shield, splash resistant isolation gown, gloves, and boot covers. Neck, arms, and wrists should be covered. Wash hands before and after application or removal of PPE.</li> </ol>		Protect Endoscopy Tech from exposure to COVID-19		
Intra-Op Phase	4. Manage instruments and supplies	<ol style="list-style-type: none"> <li>1. Provide endoscopy team with requested supplies and equipment within the procedure room</li> <li>2. Documenting Nurse requests any additional supplies, instruments, equipment by Vocera or phone</li> </ol>		<p>Procedure team should remain in the procedure room during the entire procedure</p> <p>Opening cabinets and drawers could contaminate outside areas requiring a terminal clean and all supplies to be discarded</p>		

		3. Trained Endoscopy Runner gathers requested supplies and delivers them outside the procedure room	
Post-Op Phase	5. Procedure Room Clean-Up	<ol style="list-style-type: none"> <li>1. Discard all unused supplies, medications, pencils, pens, markers, tape rolls and any other supplies exposed during the case</li> <li>2. Remove the tape from doors and cabinets and wipe clean</li> <li>3. Remove all PPE <b>INSIDE the procedure room</b> before exiting procedure room, except for PAPRs which are removed just <b>OUTSIDE the procedure room</b> and use proper hand hygiene</li> </ol>	<p>Prevent unnecessary waste of supplies or cleaning of instruments/equipment</p> <p>Ensure the room is fully ready to begin the procedure</p> <p>Proper PPE and cleaning processes protect caregivers from exposure to COVID-19</p>
Post-Op Phase	6. Terminal Cleaning/ Decontamination	<ol style="list-style-type: none"> <li>1. Clean door handles and all other high touch areas</li> <li>2. Terminal cleaning may occur either <u>after 69 minutes with limited PPE, or within 69 minutes if PPE is available</u> <ol style="list-style-type: none"> <li>a. Decontaminate all surfaces with purple, gray, or orange disinfectant wipes during the 69-minute airborne decontaminant removal time if staff is wearing full PPE – N95 face mask, or higher-level respirator (PAPR), goggles or face shield, splash resistant isolation gown, gloves, and boot covers. Wash hands before and after application or removal of PPE</li> <li>b. Terminal cleaning should be delayed for 69 minutes if PPE is limited. Leave the procedure room to settle without disturbance for 69 minutes. The door remains shut with signage alerting caregivers not to enter until a designated time</li> </ol> </li> <li>3. After terminal cleaning/decontamination is complete, assist with replenishing supplies in procedure room</li> </ol>	<p>Proper PPE and cleaning processes protect caregivers from exposure to COVID-19</p> <p>Following the CDC Air Change per Hour (ACH) guidelines decreases risk of exposure to COVID-19. At 6 ACH, the time required to achieve 99.9% efficiency of airborne-contaminant removal is 69 minutes  <a href="https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html">https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html</a></p>

<p>Follow-Up Phase</p>	<p>4. Procedure Room Readiness</p>	<ol style="list-style-type: none"> <li>1. A patient should not be brought into the room for 69 minutes after the previous procedure</li> <li>2. Assist with gathering supplies and equipment needed</li> <li>3. Prepare equipment needed for next procedure</li> </ol>	<p>Keep our patients safe from exposure to COVID-19</p> <p>Ensure procedure room is fully stocked and ready for the next patient</p>
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# Appendix 1 – Operations Detail [Narrative] – Considerations for Endoscopic procedure on a patient with COVID-19

## Mode of Transmission

Early reports suggest person-to-person transmission most commonly happens during close exposure to a person infected with COVID-19. The infected person coughs or sneezes causing the spread of their respiratory droplets to other individuals. It can also be spread in surgery or procedure when the infected individual expresses secretions. Droplets can land in the mouth, nose, or eyes of people who are nearby or can possibly be inhaled into the lungs of those within close proximity. The contribution of small respirable particles, aerosols, or droplet nuclei is possible through proximity.

Transmission is avoided through use of airborne isolation precautions. This includes proper use of personal protective equipment (PPE) and use of a fitted N95 mask or higher-level respirator (PAPRs). These devices are recommended for caregivers and providers who have been medically cleared, trained, and fit-tested. N95 face masks should not be used with the presence of facial hair.

[https://m.intermountain.net/PatientExperience/InfectionPrevention/Documents/VARIABLE%20RISK%20COVID-19%20Isolation Contact%20Droplet.pdf](https://m.intermountain.net/PatientExperience/InfectionPrevention/Documents/VARIABLE%20RISK%20COVID-19%20Isolation%20Contact%20Droplet.pdf)

[https://m.intermountain.net/PatientExperience/InfectionPrevention/Documents/HIGH%20RISK%20COVID-19%20Isolation Contact%20Airborne%20\(N95\).pdf](https://m.intermountain.net/PatientExperience/InfectionPrevention/Documents/HIGH%20RISK%20COVID-19%20Isolation Contact%20Airborne%20(N95).pdf)

## Use of Negative Pressure Rooms

Performing a procedure on a patient with COVID-19 is best managed, and preferred, by using negative pressure isolation rooms when possible. The patient should be transported directly to the negative pressure isolation room upon arrival to allow for conversations with the perioperative team and formulate a plan for care. Consider closing any fire or corridor doors to decrease gradient air flow.

Within the surgical services area, if a negative pressure room is available for pre, intra, and post-procedure care, this room should be used. If not available in the surgical services area, consider utilization of designated negative pressure rooms on the medical floors, or ICU's. For emergent circumstances, perform the procedure at the patient bedside in their room.

## Preparation of the Procedure Room and Equipment

The mode of transmission includes aerosolization of infected droplets and particles, so any equipment and supplies that are not needed for the procedure should be removed from the procedure room. This includes extraneous cautery, chairs, steps, furniture, carts, and supplies. Any ancillary mobile supply carts (even with doors that can be closed) need to be removed from the procedure room. Wall storage cabinet doors and drawers should be taped closed, or supplies removed. If the cabinet is opened, all supplies should be discarded. Supplies cannot be utilized from this space intraoperatively without contaminating the entire space.

It is important to ensure the AMBU bag is equipped with a bacterial/viral filter to prevent producing aerosol generating particles.

A pre-procedure huddle with the team including the physician and anesthesiologist (if applicable) must take place prior to the patient being transported into the procedure room. For example, supplies, medication, and equipment should be reviewed with the physician. A trained caregiver should be available to deliver additional supplies as communicated by the nurse over Vocera or phone. Discussions should take place to determine the pre and post-op plans for the patient, including the transport plan (who will transport, where to, and who is prepared to receive them).

If the procedure will be completed on a medical floor or ICU, travel carts, necessary supplies, and equipment will be brought outside the room until all staff, including the physician, is present. After donning appropriate PPE, including PAPRs or fitted N95 masks, OUTSIDE the procedure room, two staff members will set up all equipment and supplies in the room. When set up is complete, the remaining team will don PPE, including PAPRs, PRIOR to ENTRY.

*Note:* Extra PPE should be available outside the procedure room for additional personnel if needed in the event of an emergency.

For transport outside of the SS area (floor, ICU or post-op on another level), security should be called to clear hallways and elevators. Again, caregivers should remove PPE INSIDE the procedure room, but PAPRs or N95 masks are removed just OUTSIDE the room. Immediately perform hand hygiene, and don new PPE.

***If procedure performed with anesthesia assist, please follow instructions below:***

The pre-procedure discussion should also include type of anesthesia to be utilized during the procedure. Regional anesthesia is preferred over general anesthesia. All needed anesthesia supplies should be carefully determined and brought into the procedure room prior to the patient transport to the procedure room. Anesthesia carts should not be used within the procedure room during the case. Again, pre-op prep is paramount because accessing supplies outside the procedure room will be prohibited by the anesthesia team. An additional heat and moisture exchanger (HME) filter will be placed on the expiratory limb of the anesthesia circuit. A fully stocked anesthesia cart should be placed outside the procedure room with an anesthesia trained caregiver/ anesthesia runner (AMT, Anesthesia tech or nurse) who can help with additional needed supplies.

### **Transport of Patient to the Procedure Room**

Careful use of airborne isolation precautions must be practiced by caregivers from the time of transport to the entry of the procedure room, and as applicable, until the patient is returned to the post-procedure care environment and transferred to the next level of care. In addition, a plain surgical mask (non-N95 mask) should be placed on the patient during transport to assist the patient practice of respiratory hygiene.

For the perioperative team, appropriate PPE should be donned to transport the patient. This includes a fitted N95 mask or higher-level respirator (PAPR), goggles or face shield, splash resistant isolation gown, gloves, and boot covers. It is recommended that the nurse and, if applicable, anesthesiologist, transport patients directly into the procedure room to allow for discussions at the bedside regarding patient preparation. Keep in mind, for patients coming from the ICU, a dedicated transport ventilator is used.

Prior to transport, security should be contacted to clear the route from the floor or ICU to the procedure room, including elevators. Superfluous surgical personnel and patients going to other procedure rooms should also be cleared from the hallways.

## Intra-Procedure

Complete the procedure as planned. Upon completion, remove linen, place in a linen bag, and transport immediately to soiled utility room, wearing appropriate PPE, and place in the large green bin. Discard any supplies and tubing in the trash and immediately take all trash and red bin items to the soiled utility room in the mobile garbage containers. Wipe down the bed with purple (2 min dry time), grey (3 min dry time) or orange (4 min dry time) top wipes. Clean all high-touch surfaces, including the bed – mattress surface, rails, handles, hand and foot boards, base, and cords. Make the bed with clean linen.

During the procedure, the door remains closed. One runner is stationed outside the procedure room, providing needed support and supplies for the team. Minimal caregivers should be utilized otherwise. Students, interns, and orienting caregivers should not participate in the procedure. Caregivers should not exit the procedure room wearing PPE to procure supplies. When possible, the perioperative team should remain for the entire case and not break for lunch or shift change. Any additional supplies needed, but not present in the procedure room should be provided by the runner.

The documenting nurse should notify the lab of incoming specimens. Any specimens being delivered to the lab should be handed to the runner by the documenting nurse in an inner bag and placed by the documenting nurse in a secondary specimen bag being held by the runner. The internal specimen container or tube should have been labeled appropriately by the documenting nurse and verified by a second caregiver per protocol. Any extra labels needed for lab logs should be printed at the front desk for the runner to utilize. A second runner or designated caregiver should take the specimen(s) directly to the lab and notify lab personnel of the situation. PPE for lab delivery is gloves only. With various layouts and workflows, some facilities have created a process that meets individual needs. Please follow the lab recommendations from your facilities as appropriate.

Any other personnel utilized in the procedure (i.e. radiology technician or respiratory therapist) must fully don all PPE including N95 mask or high-level respiratory mask (PAPR). Equipment brought into the procedure room must remain until a terminal cleaning is performed 60 minutes post procedure.

## Post-Procedure

Fully recover the patient in the procedure room. Any team members not participating in recovery need to remove all PPE INSIDE the procedure room before they exit to the outside hallway. Immediately upon leaving the procedure room, hand hygiene should be practiced. At this point, it is safe to remove N95 masks. If wearing a higher-level respirator (PAPR), don new gloves and clean devices with purple, gray or orange wipes OUTSIDE the procedure room. Scrubs should not be worn home and should be changed between cases. However, this is not required if proper PPE is donned and doffed appropriately and scrubs are not grossly contaminated.

The travel cart should be disinfected using purple, gray, or orange wipes INSIDE the procedure room, while remaining donned with PPE. Once all surfaces are wiped down, transfer the travel cart to the outside hallway. Remove PPE and perform hand hygiene.

[https://m.intermountain.net/PatientExperience/InfectionPrevention/Documents/VARIABLE%20RISK%20COVID-19%20Isolation\\_Contact%20Droplet.pdf](https://m.intermountain.net/PatientExperience/InfectionPrevention/Documents/VARIABLE%20RISK%20COVID-19%20Isolation_Contact%20Droplet.pdf)

[https://m.intermountain.net/PatientExperience/InfectionPrevention/Documents/HIGH%20RISK%20COVID-19%20Isolation\\_Contact%20Airborne%20\(N95\).pdf](https://m.intermountain.net/PatientExperience/InfectionPrevention/Documents/HIGH%20RISK%20COVID-19%20Isolation_Contact%20Airborne%20(N95).pdf)

If the patient is being transported to a negative pressure isolation room within SS, the team transporting must remove PPE INSIDE the procedure room and replace with new PPE to transport. This includes a new isolation gown, goggles or face shield, and gloves. Patient transport includes hallway clearance to the isolation area (PACU, post-op in the near-by area). The Documenting Nurse needs to make sure the receiving unit is notified.

## Procedure Room Clean-Up

Follow current procedure for dirty instrument transport and reprocessing (i.e. scopes). Trash and linen bags should be immediately discarded of. If used, PAPRs should be cleaned per protocol, OUTSIDE the room, and returned to their designated location. Personnel transporting should be wearing full PPE

If available, EVS will be contacted for a terminal clean/decontamination. If EVS is unavailable, the terminal cleaning/decontamination will be tasked to the endoscopy staff. This will be dependent upon capacity, and per facility needs. Terminal cleaning should be completed 69 minutes post procedure with limited PPE, or within 69 minutes if PPE is available. Proper signage should be posted on the door indicating the required wait time, and the door remain shut.

A minimum of two hours should be planned for procedure room cleaning. Remove PPE INSIDE the procedure room, don clean gloves, and transport the dirty scope in a covered container as usual. All dirty instruments, trash, and linen should be removed immediately, and the procedure room should be left without human contact for 69 minutes if PPE is limited but may be decontaminated within the 69 minutes if full PPE is available. Decontaminate all surfaces, screens, keyboards, cables, monitors and machines with purple, gray or orange top wipes. All unused supplies and drugs should be discarded. Pencils, pens, markers, tape rolls exposed in the case should be discarded. Door handles must be cleaned along with any other high touch areas. Surfaces that were taped must be un-taped and wiped clean.

### ***Links to donning and doffing PPE:***

[https://m.intermountain.net/PatientExperience/InfectionPrevention/Documents/VARIABLE%20RISK%20COVID-19%20Isolation Contact%20Droplet.pdf](https://m.intermountain.net/PatientExperience/InfectionPrevention/Documents/VARIABLE%20RISK%20COVID-19%20Isolation%20Contact%20Droplet.pdf)

[https://m.intermountain.net/PatientExperience/InfectionPrevention/Documents/HIGH%20RISK%20COVID-19%20Isolation Contact%20Airborne%20\(N95\).pdf](https://m.intermountain.net/PatientExperience/InfectionPrevention/Documents/HIGH%20RISK%20COVID-19%20Isolation Contact%20Airborne%20(N95).pdf)

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1. Interim Infection Prevention and Control Recommendations for patients with suspected or confirmed Coronavirus disease 2019 (COVID-19) in Healthcare Setting: CDC.gov/coronavirus/2019-ncov/infection-control/healthcare infection control guidelines
2. Ti, LK, Ang, LS, Foong, TW; Ng, BSW, "What we do when a COVID-19 patient needs an operation: operating room prep and guidance", Can J Anesth, 2020 March 3 DOI:<https://doi.org/10.1007/s12630-020-01617-4>