Isolation in the Operating Room
F-A-Qs

1. Who has to wear personal protective equipment (PPE) into an isolation OR room?
   Everyone who enters the isolation OR room **MUST** wear the appropriate PPE upon room entry.
   - For Airborne Precautions this means wearing the N-95 respirator until the patient is intubated, and again after the patient is extubated.
   - For Droplet Precautions wear a surgical mask.
   - For Contact precautions wear gown and gloves upon room entry.
   
   Every person….Every time.

2. Are there any exceptions?
   NO

3. Which isolation cases must be boarded for the end of the day?
   Airborne Precautions cases: Tuberculosis (known or suspected), Varicella (chickenpox) Measles, Smallpox, SARS

4. What about breaks or relief staffing?
   As staff from the isolation OR room need to leave for breaks, etc. they must remove PPE and perform hand hygiene upon leaving the room. Relief staff must perform hand hygiene and don appropriate PPE before entering the room. **No exceptions.**

5. Why do we have to reduce traffic?
   It is recommended to reduce traffic in all operating rooms to reduce the incidence of surgical site infections.
   Isolation OR rooms have the added burden of contamination that must not be transported by personnel from room to room.

6. Do we have to wear PPE once the patient is draped?
   Yes. Every person entering the room must wear the appropriate PPE. They must remove the PPE if they exit the room. Should they need to re-enter the room, PPE must be donned again.

Additional Questions/Concerns?
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