Surgical Protocol for Possible or Confirmed Ebola Cases

• Elective surgical procedures should **not** be performed in cases of suspected or confirmed Ebola.

• In cases where an emergency operation must be performed this protocol should be implemented to minimize risk to hospital personnel.

• The choice of operative approach (open or MIS) should take into consideration minimizing potential hazards to all members of the OR team.

• Although protocols for Personal Protective Equipment (PPE) are in place, there is no guideline for operating room personnel and surgical providers.

• The American College of Surgeons has adapted Centers for Disease Control and Prevention recommendations to the OR environment.

Surgical Protocol - Possible or Confirmed Ebola Cases

Patient Transport and Transfer to OR
Health care providers should wear the following to transport and transfer a patient to OR.
- Gloves
- Level 3 AAMI fluid resistant gown
- eye protection (goggles or face shield)
- Facemask

Surgical Checklist
- Ebola status discussed in pre- and post-op briefing as integral part of Safe Surgery Checklist
- All personnel should be aware of potential risks of exposure

OR Staff Personal Protection Equipment
Due to significant risk of exposure all OR room personnel should wear:
- Personal Protective Gear
- AAMI Level 4* Impervious Surgical Gowns
- Leg coverings with full plastic film coating over fabric not just over foot area
- Full face shield
- Mask
- Double gloves
- Surgical hood

*Level 4 AAMI rated gowns, drapes, and protective apparel demonstrate the ability to resist liquid and viral penetration in a laboratory test, ASTM F1671.

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Surgical Drapes
- AAMI Level 4* drapes should be used

Instrumentation and Sharps
- Keep sharps to a minimum
- Use instruments, rather than fingers, to grasp needles, retract tissue, and load/unload needles and scalpels
- Give a verbal announcement when passing sharps
- Avoid hand-to-hand passage of sharp instruments by using a basin or neutral zone that has been agreed upon at the case start
- Use alternative cutting methods such as blunt electrosurgery
- Substitute endoscopic surgery for open surgery when possible
- Use round-tipped scalpel blades instead of pointed sharp-tipped blades
- Use electrocautery preferentially to scalpel for incisions
- No needles or sharps on the Mayo stand
- No recapping of needles
- Use blunt tip suture needles when possible
- Continue “sharps safety” techniques during OR table clean up post-procedure

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6. OR Staff Exposure
Persons with percutaneous or mucocutaneous exposures to blood, body fluids, secretions, or excretions should:

- Stop working and immediately wash affected skin surfaces with soap and water
- Mucous membranes (e.g., conjunctiva) should be irrigated with copious amounts of water or eyewash solution
- Immediately contact hospital Infectious Disease consultant for post-exposure evaluation.

References
http://www.cdc.gov/sharpssafety/resources.html

Source: American College of Surgeons. https://www.facs.org/ebola/surgical-protocol,