



COVID -19 AND OT CHANGES IN PERIPHERAL HOSPITALS

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COVID-19 caused by SARS-CoV-2 has affected millions of people. Patients with COVID-19 may have to undergo elective or emergency surgical procedures under regional or general anaesthesia. It is better to postpone elective surgeries in pandemic. There are reports of higher incidence of morbidity and mortality in COVID infected patients following surgery. However, emergency surgeries cannot be postpone, like caesarean sections, acute abdominal conditions, pediatric and neonatal emergencies, trauma. Such emergency surgical procedures necessitate setting up of dedicated COVID OPERATION THEATRES in peripheral hospital due to lack of infrastructure and budget it is difficult to make Dedicated Operation Theatres for all confirmed or suspected COVID-19 infected patients, but few changes can be done to provide safety to the patients as well as to ot staff.

To convert an existing OT into a COVID OT, it is first necessary to convert the OT into a non-recirculatory system (100% once through system).

The most important factor in COVID -19 pandemic is to ensure that the virus laden airborne particles do not leak out of the rooms occupied by COVID-19 patients and also to maintain the concentration of virus laden particles inside the COVID-19 patient room at a minimum.

This is required to control the spread of infections and also to protect the healthcare workers .The positive pressure system and central air conditioning must be turned off to prevent recirculation

Negative pressure could be created by putting up 2-3 exhaust fans which will drive air out of the room

Additionally, an independent exhaust blower shall be provided to extract the room air and exhaust out into the atmosphere. Installation high efficiency particulate air (HEPA) filtration.

Two split air-conditioners per OT are usually required. Recirculation of cool air, this will make working comfortable while wearing personal protective equipment (PPE).

With transparent plastic sheet Cover all monitors, cables, anaesthesia work station/machine, cautery, operation table

Use disposable equipment as far as possible, like-breathing circuits, face mask, tracheal tubes, etc

For Scavenging corrugated tubing can be applied to the scavenging port and that can be dipped in a bucket with 1% hypochlorite solution

Aerosol generating medical procedures are tracheal intubation and extubation, suctioning wear full component of proper PPE Kit (Cover all gown, N95 mask, eye shield,

cap, double gloves, shoe cover)

There should be minimum required personnel inside the COVID OT

All operation theatre staff should wear PPE including anaesthesiologists, surgeons, nurses, technician, bearer, sweeper, etc

There should be enough time between two cases (approximately one hour) to allow OT staff to send the patient back to the ward, conduct thorough decontamination of all surfaces, screens, keyboard, cables, monitors, anaesthesia machine, etc

The agents used in decontamination are hydrogen peroxide spray disinfection (through vaporized hydrogen peroxide generator (VHPG), 1% sodium hypochlorite solution,

REFERENCES

1. COVID Operation Theatre- Advisory and Position Statement of Indian Society of Anaesthesiologists (ISA National)Naveen Malhotra1, Sukhminder Jit Singh Bajwa2, Muralidhar Joshi3, Lalit Mehdiratta4, Anjan Trikha5Year : 2020 | Volume : 64 | Issue : 5 | Page : 355-362