



## **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.

Source: American College of Surgeons. <https://www.facs.org/ebola/surgical-protocol>  
Updated October 6, 2014. Accessed October 16, 2014



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## 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 electrocautery
- 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.

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### References

<http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf>

<http://www.cdc.gov/sharpsafety/resources.html>

<http://www.cdc.gov/vhf/ebola/hcp/infection-prevention-and-control-recommendations.html>

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