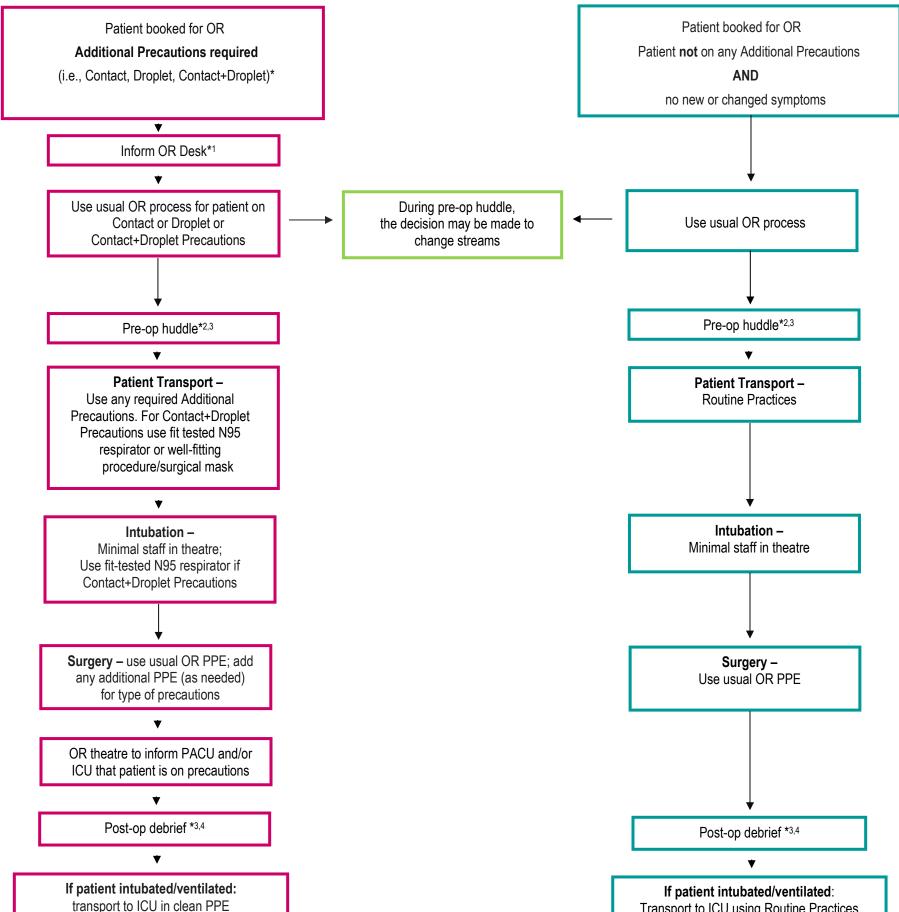
Infection Prevention and Control Risk Assessment (IPCRA) Algorithm for Patients Requiring Surgery

- Use the appropriate type of additional precautions (i.e. isolation) for any patient presenting with new or changed respiratory and/or gastrointestinal symptoms.
- This algorithm does not apply to patients on Airborne Precautions. See Airborne Precautions in Operating Rooms for • patients on Airborne Precautions.
- Patients can be managed in any OR theatre. Designated OR theatres are not required for patients on Additional Precautions other than Airborne Precautions.
- Use "OR Theatre Between Case Clean" between cases. Use "OR Theatre End of Day Clean" after last case of the day. [Procedures available on Insite.]



transport to ICU in clean PPE (as indicated)

If patient extubated: minimal staff in theatre during extubation; use appropriate PPE for type of precautions; recover in OR theatre or in PACU; transfer to unit in clean PPE

Transport to ICU using Routine Practices

If patient extubated: Use Routine Practices; recover in PACU and transport to unit

*Notes

- 1. Schedule at any time of day (i.e. no need to schedule at end of day).
- 2. Pre-operative huddle: Confirm patient's IPC risk assessment. Discuss disposition of the patient including intra-operative and post-operative PPE requirements.
- Communication to PACU occurs in pre-operative huddle. Changes must also be communicated clearly during the post-operative debrief. 3.
- Post-operative debrief: Communicate to PACU if any changes to care plan or post-operative recovery location. If no changes, follow Routine Practices and 4. proceed with standard patient care.

For more information contact ipcsurvstdadmin@ahs.ca © 2024 Alberta Health Services, IPC

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