

Civil Hospital Gurgaon	Standard Operating Procedure No 8,20	Document No CH/GGN/OS/5
	OT and CSSD	Date of Issue: 01-01-2016

SOP 8, 20: OT and CSSD

1. Purpose:

The purpose of this procedure is to develop a system for managing Operation Theatre for quality patient care.

2. Scope:

The scope of this procedure covers the patients selected for surgical procedures.

3. Responsibility-

Operation Theatre Incharge:

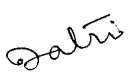
- He is responsible for administrative aspects of OT including the scheduling of surgeries as per priorities and seriousness of posted cases.
- He is responsible for developing and implementing that OT aseptic and environmental sterility practices mentioned in the Infection Control and Hygiene procedure.
- He is responsible for formulating the OT protocols and procedures.
- He is assisted by the Nurse In-charge for OT for routine supervision of above mentioned issues.

OT Assistant (Senior / Junior):

- Is responsible for booking & rescheduling of cases to be performed in OT and preparing the OT list for the next day.
- Ensure all the instrument / linens are autoclaved / sterilized respectively to be used for subsequent operation,
- Performs routine Check & recording of proper functioning of equipments with the help of checklist, later on signed by Officer In-Charge Theatre before commencement of OT on daily basis,
- Ensures that infected cases are taken at the end of the list of surgeries for the OT,
- Ensures that OT is fumigated; instruments / equipments are disinfected and cleaned after infected cases are operated,

Staff Nurses:

- Is responsible for receiving & handing over of patient along with respective patient's case file, diagnostic reports duly filled and signed by concerned doctor / specialist,
- Is responsible for briefing the patients & next of kin and filling of required consent forms with full signature, date and time,
- Is responsible for preparation of patient for operation including ensuring site shaving, antiseptic application and draping of the site.

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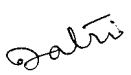
- d) Is responsible for setting up of OT table for specific operation with required instruments/ linen/ equipments,
- e) Ensures the availability of cross-matched whole blood units before the commencement of operation and same is recorded,
- f) Is responsible for assisting the entire surgery team during the process of entire operation,

Sweeper:

- a) Responsible for Cleaning / Scrubbing of the OT, recovery room and associated area as per procedure specifications provided by the infection control program.
- b) Responsible for proper segregation of different categories of wastes generated after every procedure and handing it over to the Biomedical Waste collection personnel.
- c) Responsible for assisting OT I/C & Staff Nurse in Fumigation/ Sterilization/ autoclaving inside OT,

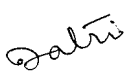
4. Standard Procedures

Sr. No	Activity	Responsibility	Ref document/Document
4.1	Scheduling of Surgery		
4.1.1	The surgeon's posting surgeries informs the OT technician through an OT Call Register for OT booking. This slip include the date and type of surgery to be performed.	OT Technician/ Surgeon	OT call register
4.1.2	The OT Technician records the request in the OT Booking Register In case of any clash in schedule or non-availability he informs the concerned surgeon.	OT technician	OT booking register
4.1.3	He forwards the details of the OT bookings to the OT Incharge and Anesthetist.	OT Technician	
4.1.3	Operating List (for the next day is consolidated at about 3.00 P.M. in the afternoon of the previous day by the OT technician and the same is approved and issued by the OT In-Charge and prominently exhibited on the notice Boards of the theatre.	OT Incharge	Operating list
4.1.4	Emergency cases are accorded priority by the OT In-Charge of Operation Theatre.	OT Incharge	

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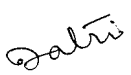
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	This may require rescheduling of planned surgeries which is intimated to the concerned authorities.		
4.2	Pre-operative Procedure		
4.2.1	Surgeon gives written pre operative instructions to ward nurse e.g. Nil orally, enema etc.)	Staff Nurse	
4.2.2	Physical Preparations (Shaving of site, enema, bath, dress, valuables / jewellery) is done	Staff Nurse	
4.2.3	Staff nurses receive the patient sent from the ward and transfers him / her to the pre-operative area with the assistance of the attendee.	Staff Nurse	
4.2.4	Written Consent for Surgery is obtained from the patients / patient's relatives.	Staff Nurse	Consent
4.2.5	Staff nurse conducts the following pre-operative checks. ☐ ☐ Medications ☐ ☐ Patient Identifications ☐ ☐ Case Record and Investigation Reports / Films ☐ ☐ I.V. Fluids ☐ ☐ Blood Requirements ☐ ☐ Prophylactic Antibiotics (If prescribed)	Staff Nurse	Preoperative Checklist
4.3	Pre-operative Anesthetic Checks		
4.3.1	A pre-operative evaluation of the patient is done by the anesthetist for all cases posted and admitted for surgery a day prior to the surgery. In case the patient is not deemed fit for surgery, the Surgeon and Nursing In-Charge for OT is informed through the ward nurses. In emergency case pre anesthesia check up is done in emergency/OT.	Anesthetist	PAC form
4.3.2	Post receiving of the patient at the OT the anesthetist verifies the identity of the patient against details provided in the case sheet with the patient and the OT nurse and does a quick	Anesthetist	Case Sheet

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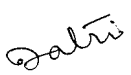
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	evaluation of the patient's vitals and records the same in the case sheet.		
4.4	In Process Checks during Surgery		
4.4.1	The Scrub Nurse controls the number of sponges on the table. At the commencement and the closure of the surgical incision, the scrubbed nurse counts the sponges used and satisfy herself that these are correct & inform the surgeon accordingly.	Scrub Nurse	
4.4.2	The surgeon verifies himself that all swabs have been counted for, before the closure of the surgical incision. In the case of any discrepancy in the number of swabs, the surgeon records this fact on the case sheet of the patient and informs the Civil surgeon/ Deputy medical superintendent.	Surgeon	Case Sheet
4.4.3	The surgeon keeps the scrubbed nurse informed of the location of swabs in the operational field to facilitate her counting. After the first count has been taken, the scrubbed nurse and the surgeon carefully check the number of swabs still in use. Before the closure of the incision a final count is to be done	Surgeon/ Scrub Nurse	
4.4.4	The scrub nurse checks all the instruments on the operating table and the hemostat clamps immediately before the operation. Under the supervision of the surgeon the scrub nurse checks the instruments and hemostat clamps again before the closure of the surgical incision	Scrub nurse	
4.4.5	The scrubbed nurse counts all the needles on the table before the commencement of the operation. As a rule, the scrubbed nurse does not part with the second needle till the first is returned to her by the surgeon. In the event of more than one needle being in use at the same	Scrub nurse	

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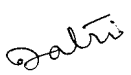
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	time, the scrubbed nurse takes care to see that all the needles are returned to her. The scrubbed nurse makes a count of the needles before the closures of the surgical incision. In the event of any discrepancy, the surgeon is informed promptly.		
4.5	Post Operative Care of the Patient		
4.5.1	Post operation the patient is shifted the Recovery Room or Post Operative Ward and thereafter supervised by concerned specialist.	Ward Nurses	
4.5.2	A provisional Surgery Note containing the details of the surgery is prepared by the surgeon with his signature before the patient is transferred out of OT complex.	Surgeon	Surgery Note
4.5.3	Detailed post operative care instructions are documented in the case sheet by the surgeon.	Surgeon	Case Sheet
4.5.4	The anesthetist orders the transfer of the patient from recovery room towards (in case the patient was shifted to recovery room) after verifying his/her progress.	Anesthetist	
4.5.5	Anesthetist supervises the Post Operative Patient in the Post Operative Ward (in case patient was transferred to Post Operative Ward) for the progress.	Anesthetist	
4.6	Operation Theater Asepsis and Environment Management		
4.6.1	The staff nurse conducts daily checks of the cleanliness of the OT. She ensures that all areas found soiled are again cleaned under her supervision.	Staff nurse	
4.6.2	The staff nurse ensures that OT surfaces, tables and instruments are scrubbed with disinfectant agents on a daily basis.	Staff Nurse	
4.6.3	Staff nurse / OT Incharge ensures that the OT is fumigated on a weekly basis and / or after each biohazard case. The details of the fumigation will be recorded in the	OT Incharge	Fumigation Record Register

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	Fumigation Register.		
4.6.4	All personnel entering the OT will wear OT gowns / dress including footwear and undergo proper scrubbing procedure to ensure sterility of the clean areas.		
4.7	OT Documentation		
4.7.1	The details of regarding Anesthesia are noted in the Anesthesia Register.	Anesthetist	Anesthesia register
4.7.2	Anesthetist notes down all the drugs and consumables, which are used during the surgery in the Operation Theater Indent Register.	Anesthetist	Operation Theatre Indent register
4.7.3	OT Nurse In-charge records the details of each surgery performed in the various Surgery Registers as the case may be; ☐ ☐ Surgery Register – General Surgery ☐ ☐ Surgery Register – Obstetrics & Gynecology ☐ ☐ Surgery Register – Orthopedics		Surgery register for General surgery, OB&G Orthopedics
4.7.4	OT Nurse In-Charge prepares a monthly statement of surgeries performed and submits the same to the OT in charge, civil surgeon.	OT Nurse In charge	
4.7.5	Staff Nurses maintains the Psychotropic and Narcotics Drugs Register for the control of controlled drugs and substances as per statutory requirements.	Staff Nurse	Psychotropic And Narcotics register
4.7.6	Staff Nurses maintains the inventory of OT consumables and medicines.	Staff Nurse	Inventory Register
4.7.7	Pharmacists will maintain the records of the nonfunctional / damaged equipments and informs OT in charge and the Stores I /C. They update the same in the Dead Inventory Register.	Pharmacist	Dead Inventory Register
4.8	CSSD		
4.8.1	Receipt and Issue of Packs: Receipt of items from various point of generation from 9.00 am to 1.00 pm.	CSSD Assistant	Receipt & Issue Register

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	Issue of sterile packs from the CSSD from 3.00 pm to 6.00 pm. However in departments like OT, ICU, Emergency Department etc is exempted from the above mentioned time dimensions since it is difficult to restrict their activity within specific time limit due to the emergency nature of care provided by them.		
4.9	General Cleaning of the Department		
4.9.1	The general working area of the CSSD is mopped everyday including the following area within the CSSD environment. ☐ Packing area ☐ Sterile packs Storing ☐ Decontamination area and sluice room	Housekeeping staff	
4.10	Generation of Items to Sterilize		
4.10.1	The items to be sterilized at the Central Sterile Supply Department are washed with detergent, sorted and packed at the respective point of generation (Wards, ICUs, Emergency Department, OTs, and OPDs etc).	CSSD Assistant	
4.10.2	The Housekeeping staff is responsible for transporting the prepared packs from the point of generation to the Central Sterile Supply Department.	Housekeeping Staff	
4.10.3	OT linen is send directly to the laundry for cleaning. The laundry washed linen are received, packed and forwarded to the CSSD for sterilization.	Laundry Staff	
4.11	Return of Unutilized Packs: In case the packs which are sterilized in the CSSD remains unutilized in the respective user departments for a period of 72 hours, the same are returned to the CSSD department for re-sterilization.	Respective Departments	
4.12	Maintenance and Calibration of Equipment		

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4.12.1	Maintenance of the equipments are done as per the annual maintenance contract (AMC) entered into with the vendor of the respective CSSD equipments. All details in these regard are maintained by the Biomedical Equipments Engineering and Maintenance Department of the hospital.	AMC Agency	
4.12.2	All equipments used in the department are appropriately calibrated at periodic intervals to ascertain whether they are performing at the expected level and a record of the same is documented in the department as well as with the concerned clerk in the administrative Department of the hospital.	Hospital Manager/ Calibration Agency	
4.13	Recall Procedure : Whenever a breakdown in the sterilization system is noted all packs sterilized by the faulty machine is immediately called back from the respective area where the sterile packs has been supplied. The packs called back are sent for re sterilization using a proper machine.	CSSD Technician	Recall Register

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5. Records -

S.No	Record Name	Record No.	Retention Period
1	OT call register		
2	OT booking register		
3	Operating list		
4	Fumigation Record Register		
5	Anesthesia register		
6	Operation theatre Indent register		
7	Surgery register for General surgery, OB&G Orthopedics		
8	Psychotropic and Narcotics register		
9	Dead Inventory register		

6. Process Efficiency Criteria -

Sr No.	Activity	Process Efficiency Criteria	Benchmark/Standard/Target
1	Infection Control	Surgical Site Infection Rate	
2	Scheduling	Surgery Cancellation Rate	
3	Utilization	OT Utilization Rate	
4	Utilization	Major Surgeries per Doctor	

7.0 References Documents

1. WHO Surgical Safety Checklist
2. Procedure for Hospital Infection Control (SOP 8)
3. Surgical Care at District Hospital

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