Inodaya
Hospitals

OPERATION THEATRE MANUAL

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Amendment Record Sheet

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A. Purpose:

To lay down uniform guidelines & SOPs to be followed by all the staff working in the OT. These will help in successful preparation for surgery, and to handle delay, any sudden postponement & cancellation of surgeries.

B. Scope: The staff of the Operation Theatre.

C. Responsibility: The staff of the Operation Theatre.
Head of Operation Theatreis responsible to ensure that the SOP is followed.

D. POLICY:

For Administrative policies, Refer to IH / COP 20, 21, 22, 23, 24 as attached in appendix.

E. SOP:

OT complex consists of 4 State of the Art Operation theatres (3major)

Location:

OT complex is located on the 3RD floor of the building

I. SOP for Patient Flow:

1. Planning for Surgery

The Consultant surgeon plans a surgery for OPD & IPD patients based upon the diagnosis &clinical status. Similarly,pre-anestheticcheckup can be done accordingly.

2. **Pre-Anesthesia Check Up:**
   a. Pre- anesthetic checkup (PAC) is done for all patients planned for surgery and referred to the Anesthesia dept. It is preferable done well in advance to avoid delays and confusion after admission. An anesthesia consultant is available 24 hours for this purpose. The OT reception has to be contacted to know about the consultant on duty. Patients for planned surgery as well as emergency surgeries

also need a PAC for planned surgeries PAC will be done 24 hrs. (At least before the surgery).

b. PAC forms to be filled for daily care surgeries PAC will be done the time of planning
c. An informed consent is essential in ablation procedures. Standard protocols shall be adhered to.
d. Pre operative reevaluation of patient will be done just beforetakingpatient in to OT

- **<u>Fasting protocols:</u>**

Type of patient	Period of fasting
A. Dire emergency (Life threatening)	Treat as emergency
B. Urgent	4 hours prior to surgery
C. Elective (Adults)	6 hours prior to surgery
D. Elective (Children)	
3 months or more	4 hours
Less than 3 months	6 hours (4 hours after breast milk)

The above fasting protocol is a guideline; however, it may be modified on a case to case basis only with the orders from the Anesthetist in charge of the case.

After the PAC, all the instructions regarding fasting status, Medications and Pre medication are checked.

a. Post-operative analgesia and pain services: The consultant anesthetist in the recovery Room shall be contacted if patients receiving epidural infusions for pain relief or patient controlled analgesia have inadequate pain relief.
b. Preoperative fluid therapy (including blood and blood products) can be done in coordination with the consultant anesthetist. Blood should be arranged adequately and well in time preoperatively.
c. Recovery room care: Pre and postoperative care of patients in recovery room is carried out by the consultant anesthetist in consultation with other surgeons.

3. Booking and Scheduling of Surgeries in OT Complex

The booking for OT is done only if patient is declared fit for surgery after pre-anestheticcheckup.

In order to book a time slot for surgery in an OT, the following procedure has to be followed:

a. The concerned Surgeon (consultant) books the patient for planned surgery on his allotted day & time schedule and informs the OT staff in writing.
b. The ward nurse ensures that the patient /relatives pay the deposit for the planned surgeryas per the schedule of charges & obtain a clearance for the operation.
c. The above booking shall be provisional until the payment of booking deposit and outstanding amount of bill. This deposit shall be done at Inpatient billing desk by the patient or the relative on his behalf.
d. In case of any delay, postponements & cancellation done by the surgeon should be informed well within time to the OT incharge so that the other OT can be rescheduled.
e. In all clinical emergencies, the patient's life and health will be given priority above all the procedures.

4. Preparation of the OT List

a. OT list has to be put up before 9 pm of the earlier day and again to be confirmed in the morning at 7 am.
b. Allotment of OT & particular time slot will be done by OT In charge. If it does not match with the slot requested, any alteration must be communicated & mutually agreed upon.
c. Prepare planned list of surgeries for the next day
d. Confirm with all the consultants for the next day-scheduled surgeries and make provisions for any rescheduling.
e. Verify the planned surgeries with the HOD Anesthesia. Prepare the instruments &equipment's required for the surgery
f. Entering of done cases in the OT list (hard copy) for final report of the day.

5. Procedure/ Surgery:

The surgery will be performed by a team of clinicians as per protocol

6. Recovery Room Protocol:

a. Patient shall be kept for at least 1 hour under observation post operatively, in the ICU room
b. Post sedation, patient's vitals shall be monitored at regular intervals (as decided by person administering sedation) till the patient recovers completely
c. Documented criteria shall be followed to decide appropriateness of discharge from ICU area.

7. Shifting/ Transfer of patients from OT Complex to Ward:

a. It is the hospital policy that the transfer of the patients from the ICU area shall not be done unless and until patients meet the criteria for discharge from recovery area along with the instruction of anesthetist.
b. The trolleyswill be disinfected with 1% Sodium Hypochlorite before patient transfer

Activity	Responsibility
Planning surgery	Surgeon in charge of the case
Pre-anesthetic referral	Resident in concernedSurgery department
PAC	Anesthesiadept- consultant on duty
Booking patient for OT	Sister in charge of ward/ Resident in surgery dept
Filling up the Pre-operative checklist	On duty nurse of ward & OT nurse
Filling up the Surgical and Anesthesia Checklist	Surgeon and Anesthetist in charge of the case
Shifting the patientfrom the pre oproom to OT	Attendant, supervised by nurses
Shifting the patient from the OT to Recovery room	Attendant, supervised by OT nurse/ Anesthesia Technician

Monitoring patient in the Recovery room	Anesthetist in charge of case
Shifting the patient from the OT to respective ward on sterile trolley	OT porter with supervision of concerned nurse

II. Protocols:

1. Recommended Practice for Surgical Hand Wash

   a. Purpose:The purpose of the surgical hand scrub is to remove debris and transient microorganisms from the nails, hands, and forearms;
   Reduce the resident microbial count to a minimum; and inhibit rapid rebound growth of microorganisms.

   b. Responsibility: Doctors and Nurses

   c. Procedure:
      i. All personnel should be in surgical attire before beginning the surgical hand scrub.
      ii. Before entering the restricted areas of the surgical environment, all personnel should wear scrub clothes, hair coverings, and masks. Protective eyewear and other protective barriers should be worn as needed.
      iii. Rings, watches, and bracelets should be removed before beginning the surgical hand scrub. During hand washing, rings, watches, and bracelets may harbor or protect microorganisms from removal. Allergic skin reactions may occur as a result of scrub agent or glove powder accumulating under jeweler.
      iv. Fingernails must be kept short, clean, and healthy.
      v. Removing debris from fingernails requires the use of a nail cleaner under running water. Long fingernails may cause patient injury during moving or positioning processes.
      vi. Nail polish should not be used as it has a tendency to harbor greater numbers of bacteria.
      vii. Cuticles, hands, and forearms should be free of open lesions and breaks in skin integrity as they increase the risk of patient and surgical team member infection. Broken skin permits microorganisms to enter the various layers of skin, providing deeper microbial breeding grounds.
      viii. Thoroughly moistened hands and forearms should be washed using an approved surgical scrub agent and rinsed before beginning the surgical scrub

procedure. A short, pre-scrub wash loosens surface debris and transient microorganisms.

ix. An antimicrobial agent should be applied with friction to the wet hands and forearms.

x. Fingers, hands, and arms should be visualized as having four sides; each side must be scrubbed effectively.

xi. Hands should be held higher than the elbows and away from surgical attire, so as to prevent contamination and to allow water to run from the cleanest area down the arm.

xii. Avoid splashing water onto surgical attire, as a sterile gown cannot be put on over damp surgical attire without resultant contamination of the gown by strike-through moisture.

xiii. An effective antimicrobial surgical hand scrub agent approved by the Infection Control Committee (Povidone Iodine) should be used for all surgical hand scrubs.

xiv. The surgical hand scrub agent:

- Significantly reduces microorganisms on intact skin,
- Should contain a nonirritating antimicrobial preparation,
- Should be broad spectrum, and
- Should be fast acting, and/or
- Should have a residual effect.

xv. Hand scrub agents should be stored in clean, closed containers. Reusable containers should be washed and dried thoroughly before refilling. Topping off reusable containers should be avoided. Disposable containers should be discarded when empty.

xvi. Refilling before cleaning or topping off dispensers with surgical hand scrub agents may cause contamination and contribute to the spread of potentially harmful microorganisms

xvii. Shelf Life of Sterilized items:

- ETO sterilization -3 months (unopened)
- Autoclaved – steam sterilization items – 3 days (un opened)

2. <u>OT Infected Case Protocol:</u>

a. In case of suspected or proven highly infectious diseases the patient is put preferably for surgery in OT to enable the staff to carry out necessary disinfection's procedures after the operation.

b. The OT is disinfected taking all precautions. A logbook to that effect should be maintained.
c. Information shall be provided to OT reception by the concerned surgeon as regular infected case at the time of booking or by the ward nurse when the patient is admitted.
d. The OT in charge& In charge nurse shall make all necessary arrangements for such cases.
e. Standard precautions shall be used by all the nurses, surgeons, anesthetists and technicians.
f. Waste generated from the OT after the infected case shall be disposed according to the standard protocols.
g. OT shall be washed, cleaned, and closed for the day.

NOTE: Sharps objects like needles, blades, trocars and scissors shall be handled carefully. Any pricks shall be notified immediately to the OT in chargeand HIC nurse treatment shall start according to the protocol.

3. Protocol for Reducing the Risk of Blood Borne Pathogens in the Operation Theatre

Transmission of blood borne pathogens between health care workers and patients are through the following modes:

- Needle stick or sharps
- Mucous or skin contamination

In view of minimizing the risks of transmission the following recommendations are made:

a) Procedure:

i. Check if the investigation parameters of the cases are done. For instance, the risk of transmission is the highest if the HbsAg is positive.
ii. Once all then pre-anestheticworks up is over than the case is documented.
iii. Schedule the high-risk case to the end of the day or as the last case.
iv. Before shifting the patient into the OT please ensure that all unnecessary equipment is cleared out of the OT; ensure all access points are secured.
v. Mark the OT as high risk at the entry point.

vi. See all containment and disinfection needs like paper towel, hypochlorite solution is available in the OT itself
vii. Disposal bags and containers are in the OT like yellow, red, black, Blue and sharp container.
viii. The personnel handling the case must all be vaccinated.
ix. All personnel in the operation field area are covered with an impervious plastic apron over which the operating and assisting personnel wear a sterile gown.
x. All assisting personnel are double gloved and all others are single gloved throughout the procedure.
xi. The personnel are kept to a bare minimum that is needed for the procedure.
xii. The senior nurse scrubs for the case and ensures that the sharps are handed over one at a time in a safe way i.e. in a sharp tray and this is done one at a time. If there are two surgeons operating then both the surgeons are given a separate tray.
xiii. It is the surgeon's responsibility to ensure that these guidelines are met**.**
xiv. During the process of the surgery it is to be clearly understood that all procedures are done with the thought of needle stick exposure and mucous membrane splashes are avoided.
xv. Hands should never be used for the guidance of suturing, cutting etc.
xvi. It would be desirable if the whole team meets beforehand and discusses procedures to be followed.
xvii. No personnel are allowed to move out of the theatre and enter to another OT before his job is completed.
xviii. The entire material is immediately disposed into the requisite bags after the case and then sent out in sealed bags marked bio-hazardous.
xix. All blood-stained instruments are to be decontaminated with1% Sodium Hypochlorite solution, then to be washed with tap water and keeping into multi enzymatic cleaner as per company instructions, then clean with normal water and dried before autoclaving.

4. <u>Infectious Disease Control: Operation Theatres</u>

a) Introduction:
Transmission of HIV and the Hepatitis B virus in the workplace has occurred in two major ways:
i. When sharps contaminated with infected blood or body fluids penetrate the skin; and when infected blood or body fluids splash into the eye or onto broken skin or into a cut.

ii. Preventing the transmission of HIV and the Hepatitis B virus in the workplace therefore means preventing injuries from sharps and other instruments contaminated with blood or body fluids; and contact between blood or body fluids and the eye, or other mucous membranes, and broken skin or cuts.
iii. The use of universal precautions involves placing a barrier between staff and all blood and body fluids. (Refer to Infection Control Manual.)

b) Training:
   i. It is essential that all staff working in operating theatres receive initial and ongoing training to enable them to do their duties in a healthy and safe manner. This training should enable them to anticipate and manage situations in which they may be exposed to infectious organisms such as HIV or the Hepatitis B virus.
   ii. It is also important that operating theatre staff have access to appropriate professional counseling and follow-up services available after any possible and definite exposures to blood and body fluids.

c) The following procedures should be observed by operating theatre staff:

   i. Sharp instruments should not be passed between surgeons and assistants. Surgeons should be responsible for the safe placement of sharp instruments. A sharps dish should be used to transfer all sharp instruments. Only one sharp should be placed in the dish at a time. When two surgeons are operating simultaneously, each must have his/her own sharps dish.
   ii. Used needles and other disposable sharp instruments must be discarded into an approved sharps container as soon as practicable.
   iii. Disposable one-piece scalpels should be used where practicable to avoid injuries that occur when removing scalpel blades from reusable handles.
   iv. Needles must never be picked up, nor the fingers used to expose and increase access for suturing. Heavy tissue forceps with grooved pads at the ends should be used to pick up the needle or the needle grasped by the assistant with another needle holder and drawn through the tissue. Needles should be cut off before knots are tied to prevent needle stick injury.
   v. Where practicable, the hands of assisting staff should not be used to retract viscera during surgery.
   vi. Blood-soaked sponges and swabs should be disposed as per Biomedical Waste Handling Policy.
   vii. If a glove is torn or a needle stick or other injury occurs, the glove should be removed and a new glove worn promptly after washing hands with scrub

solution. The needle or instrument involved must also be removed from the sterile field. Needle stick and mucous membrane exposures should be attended to as soon as safety permits.

viii. Following a surgical procedure, the skin should be closed with staples whenever practicable.
ix. Closed, rather than open wound drainage is preferable where clinically appropriate.
x. Wound dressings should contain and confine wound exudates.
xi. All blood should be cleaned from the patient after the operation.
xii. Blood and body fluids should be confined and contained in a fluid-resistant drape and/or a closed, preferably disposable, suction system.
xiii. All specimens and body tissues should be placed in yellow biohazard bags for transport.
xiv. Gross soiling should be rinsed off instruments in the operating theatre before they are placed in a closed container for transport to a central processing area.

d) Post exposure procedures

In case of injury with surgical instruments / sharps or in case of suspected exposure to infection, refer to Needle Stick Injury Protocol (SH/ HIC/ 07) or Nurses' Handbook.

e) Personal protective equipment

All staff that is required to wear personal protective equipment while on duty should be trained in its correct fit and use. While on duty, operating theatre staff should have access to the following items:

i. Gloves (double gloving is advisable in high risk procedures).
ii. Face mask.
iii. An approved sharps container.
iv. Plastic aprons and Protective eyewear should be worn by staff when there is likelihood of being splashed with infected blood and/or body fluid.

The appropriate equipment must be accessible to operating theatre staff at all times. Equipment must be checked regularly, maintained, and restocked as necessary.

III. OTMaintenance:

1. Indenting the List of Consumables

   i. The circulating nurse and technician prepare the list of OT consumable, which are used for the patients during the surgery, which is checked by anesthesiologist and resident surgeon.
   ii. Prepare intimation slip mentioning the following name of the patient, IPD Number, number of surgeons, anesthetist, and time in, time out surgery, name of surgery ward/ bed number, type of anesthesia and name of the scrub nurse & circulating nurse.
   iii. Verify & update all the above-mentioned lists before sending to the Medical & Consumable store for billing & replacement of stock if used from OT.
   iv. For specimen samples microbiology / lab receptionist generate computer slip

2. Weekly Maintenance of OT Complex

   This includes:

   i. Proper cleaning, washing and disinfectant spray of the OT
   ii. Checking of all (medical gases and vacuum) pipelines
   iii. Lubrication of all hinged instruments
   iv. Checking of all medical equipment
   v. Maintenance of all OT doors including door closers
   vi. Repair of small breakage (If any)
   vii. General maintenance: touch up painting, functioning of telephones,
   viii. Plug points, U.P.S with previous information to maintenance
   ix. The list for items of maintenance shall be prepared 24 hours in advance and sent to engineering and biomedical department.

3. Operation Room Environment Sanitation

a) Responsibility: Nurses and OT Attendant

b) Purpose:

i. To provide a safe clean environment for surgical patients.
ii. A basic premise is that all patients are potentially contaminated.

c) Equipment:

i. Lint free dusters – used for one case and sent for washing or disposal.
ii. Buckets
iii. Plastic bags of various colors
iv. Infection Committee Approved Disinfectant. (Sodium Hypochlorite / Lysol / Isopropyl alcohol)
v. Unsterile gloves / heavy-duty gloves.
vi. Fogger Machine

d) Procedure:

I. Beginning of the Day Cleaning

i. Before the first schedule of the day, furniture, lights and all horizontal surfaces and equipment is damp dusted moistened with Bacillicid with good mechanical friction.

ii. Preparation of the room should include a visual inspection of the room for total cleanliness, and a checklist for good working of equipment, before the instrument trays are brought in.
iii. All blood, and body fluids and tissue specimens should be placed in a clean impervious container, the outside of which should be cleaned with 1% hypochlorite before they leave the operation theatres.

II. In-Between Case Cleaning

The areas considered contaminated during and after an operation are:

i. All furniture, equipment, and floors within and around the parameter of the sterile field. If accidental spillage occurs in other parts of the room, these areas are considered contaminated.
ii. All anesthetic equipment.
iii. Stretchers or transportation devices to be cleaned after every use.

Note: The maximum time taken for in- between cases cleanup is 20 minutes with a well-organized team.

Clean Unsterile gloves must be worn to decontaminate the following:

Area	Procedure
Furniture and floors	Disinfection
Overhead lights	Disinfection with bacillocid
Anesthetic equipment	Cleaning and sterilization of circuits
Linen	Disinfection with 1% Sodium Hypochlorite and send to Laundry
Walls	Disinfect the spot only if wall as splashed with blood or organic matter during surgery.
Infected waste	Dispose in a yellow plastic biohazard bag

III. Daily Cleaning after the completion of OT List

At completion of the daily list, cleaning is more rigorously than previously discussed. It includes the above, plus:

Daily cleaning Inside OT	
Area	**Procedure**
Furniture	Disinfection & scrubbing
Walls	Cleaning with bacillocid & dry with a lint free cloth.
Equipment	Cleaning
Ceiling wall-mounted fixtures and tracks	Cleaning
Kick buckets, linen hamper frames and outer waste receptacles	Cleaning & Disinfection
Shelves and doors	Cleaning

Daily cleaning Outside OT	
Area	**Procedure**
Counter tops and scrub sinks.	Cleaning
Walls around the scrub sink.	Cleaning
Patient trolley	Disinfection with 1% Sodium Hypochlorite
Weekly cleaning	
Area	**Procedure**
Walls	Cleaning
Ceilings	Cleaning
Floor	Cleaning & scrubbing
Air condition grills	Vacuuming
Storage shelves	Cleaning
Dispensers	Cleaning
Exchange and support areas	Disinfection with 1% Sodium Hypochlorite
Fumigation/Fogging	Fumigation with Formaldehyde/Bacillocid

4. Protocol for Cleaning of Operating Microscopes / C-Arm

a) Purpose: To clean and sterilize the operating microscope.

b) Responsibility: OT in charge and staff nurse working in the unit using the microscope& C-Arm.

c) Equipment: Sterile pad (for moping), 70% isopropyl alcohol, sterile distilled water, lens cleaning tissue or paper and microscope cover.

d) Procedure:
   i. Wipe all body surfaces of the microscope & C-Arm starting from the top to the bottom with mops soaked in 1% Sodium Hypochlorite solution.
   ii. Wipe off the detergent with the fresh mop moistened with water.

iii. Allow the body of the microscope to dry and then wipe the surface with 70 % isopropyl alcohol. Care to be taken to see that water and the alcohol does not come into contact with optical parts.
iv. Take fresh pad; moisten with isopropyl alcohol to clean focusing knob areas of the microscopes& C-Arm.
v. The lenses facing the patients (objective) are cleaned periodically with sterile distilled water and a lens cleaning tissue or paper.
vi. Do the above procedure twice. Taking utmost care not to put pressure on the lenses.
vii. The manufacturer's instruction to be followed in the sterilization of the optical parts of the microscopes.
viii. The whole microscope is kept covered with microscope cover when not in use.
ix. The microscope can be sterilized by putting 8-12 Formalin tablet inside the cover and tie the bottom. Keep for 24 hours before opening.
x. The whole microscope and C-Arm should be left inside the OT when fumigation is being done.

e) Tips to increase the life of the microscope:

i. Keep the optical systems on at least once a week for 30 minutes to prevent fungus growing on the lenssystem
ii. If fungus is growing on the lenses system ethylene oxide sterilization will be tried out with due intimation to the manufacturers.

f) Preparation of the microscope for the surgical use:

i. Cover the microscope with sterile disposable drape.
ii. Ensure that objectives or eyepieces are free and air circulation vents are not covered.

F. JOB DESCRIPTIONS OF STAFF OF OPERATION THEATRE:

Job Description of OT in charge

1. Check the availability of free slot and make the requisite booking for patients.
2. Provisional booking shall be canceled if the booking amount is not deposited within a specified time frame.

3. Confirm with the nurse in-charge if the same equipment is required for more than one case and make the final bookings accordingly e.g. pediatric cases.
4. Once the OT list for the next day is ready, submit the same to OT Administrator.
5. Inform percussionists about the cases booked for cardiac surgeries.
6. Ensure that the specified theatre is used for a particular specialty.
7. Ensure that the infected cases are taken up according to protocol given by Infection Control Committee.
8. Check duties of all OT staff and maintain a record for the same
9. Receive a 'handover' from night duty staff
10. Monitor the final segregation of biomedical waste every morning
11. Take round of all the 4 operation theatres twice a day and check for any discrepancy in the laid down protocols.
12. Check all instrument charges and categories.
13. Participate in a meeting conducted every week with Biomedical and Maintenance dept regarding OT Maintenance.
14. Maintain a list of all operations conducted in a day as well as time taken for each, and to send it to the office of the Administrator.
15. To maintain a list of all major and minor operations conducted in a month and submit the same to the Administrator.
16. In case of shortage of staff, to perform duties of senior nurse in OT.

The above responsibilities have to be performed by the sister in charge in the absence of the in charge.

Job Description of OT Recovery Staff Nurse

1. Taking over from night staff & checking entries of Pulse Oxymeter, monitor, suction drains, O2.
2. Checking and entry of
   - Pulse Oximeter
   - Monitor
   - Central Suctionunit, spare power suction unit
   - Central O2
   - Spare oxygen cylinders, crash cart
3. Attend telephone queries from surgeons, nurses, doctors and patient attendants.
4. Inform about the start and end of the surgery to attendant of patient. Any delay shall also be informed.

5. Inform the attendant's waiting in the waiting area about patient being shifted to the recovery room.
6. On all occasions, be polite and courteous with patients and their attendants, respective surgeons, technicians, and nurses about the scheduled surgery.

7. **For In-patient,**
   a) Receiving patient from wards into Recovery. Checking all documents according to check list.
   b) Checking whether pre-operative deposits have been paid.
   c) Pre-operative medication to be given as per Doctor's order
   d) Checking patient's NBM order & vital signs.
   e) Asking the porter to shift the patient to the ward after Doctors' order and after signing the check list and helping the poster.
   f) Helping the OT staff
8. **For OPD patients,**
   a) Data entry slip of the Emergency Minor OT
   b) Allowing the patient to go home after verifying payment of the bill / deposit at the payment counter

Job Description of OT Assisting Staff Nurses

1. Taking 'hand-over' and checking of instrument trolley
2. Taking of suture material and special material, if required, from sub store and keeping a record and replacing then every day
3. Checking before surgery,
   - Table
   - Operation light
   - Central Suction
   - Central O2
   - Light source

- A/c in OT
- Backup power surgery

4. Reporting to OT In charge or OT In-charge about any equipment which is not operational or under repair.
5. Sending complaints to Maintenance Dept
6. Checking of operation trolley and assist to Doctor
7. Counting and entry of all instruments.
8. Post operatively shifting of all instruments from trolley to water container & shift the patient, along with all the reports, to the Recovery Room carefully.
9. Checking of all drugs used in the OT
10. Checking of all equipment
11. If any special instrument is used, clean it and store in proper place.
12. Cleaning of OT and keeping ready for next surgery.

Job Description of Technician in OT

1. Taking over and checking of instruments required for the operation as per instruction from Sister I/c
2. Cleaning trolley for light source and camera
3. Post procedure, clean and keep back the instruments in the box
4. Counting instruments with the help of nursing staff and making entry in the register.
5. Keep Pulse Ox, Defibrillator, ECG Monitor for charging and check whether it is working.
6. To bring it to the notice of the Sister I/c if any instrument / equipment is not working.
7. Check "C' Arm machine and shift to OT and connect it.
8. Connecting Microscope as per requirement and after operation store the same after proper cleaning and covering it.
9. Dusting of instruments and equipment (Pulse Ox, trolley, Cautery machine etc.).

10. Checking repaired instruments to ensure that these are functioning properly.
11. Any other duties assigned by the authorities.

Job Description of OT Technician (Autoclave)

1. Checking the working of the autoclave machine. If there is any problem in the machine, giving complaint to Maintenance Dept.
2. Checking of instruments, dressing tray and all other material routinely required.
3. Round with Night Technician in OT to check the availability of various trays.
4. Cleaning of OT instruments.
5. Arranging tray.
6. Labeling of drums.
7. Putting dates on drums and tray.
8. Keeping Laundry account for linen.
9. Sending drums and trolleys to the OT.
10. Helping the staff in trolley room and arranging instruments.
11. Keeping a detailed record of the sterile material in the register.
12. Sending weekly samples as per the hospital infection control programme.
13. Preparing the ETO packs.
14. Taking and preparing linen & sponges drum for autoclaving.
15. In the morning take 'handover' from Sister I/c in Recovery.
16. Checking of equipment like Pulse Oximeter, Syringe Pump, Telescopes, Uro instruments, Double lumen cleaning brush, light source etc.
17. Inform the Sister I/c if any machine or instrument / equipment is faulty and if it can be repaired in the OT itself or send complaint to the Maint Dept/ Biomedical.
18. Checking of all the cables and probes and ensuring the equipment is fully charged.
19. Checking of machines – Defibrillator, ECG Monitor, etc.
20. Cleaning, dusting and keeping ready for surgery – Monitors, Pulse Oximeter, C-Arm, Cautary machine, Baby trolley, Ambu bag, Defibrillator.

21. Cleaning, connecting & setting of the microscope as per requirement.
22. C-Arm machine cleaning and covering. Transferring from one OT to other and connecting and setting for the respective operations.
23. Do a preventive check and keep following ready before operation,
    1. Light source.
    2. TV Trolley.
    3. Camera bag.
    4. Connections of wire.
    5. After operation cleaning and disinfecting of all instruments as per set protocol.
    6. Count all instrumentsthen enter in the register with proper signature and inform staff on duty.
    7. Co-ordinate with the Biomedical Dept for any assistance in preventive repair of equipment.
    8. Any other work as assigned by the OT In charge or any other authority

Job Description of Servants in OT

1. Sweeping and mopping the assigned work area with disinfectant.
2. Clean and keep dustbin for waste material.
3. Dusting materials and equipment in the theatre.
4. Taking patient to the theatre and on the table as per instructions.
5. Holding and giving the position for the patient for spinal anesthesia as per doctors. instructions
6. Helping nursing staff for giving required material for operation.
7. After operation, taking patient to recovery room on trolley and covering the patient with a blanket.
8. Hanging IV bottles and urine bags to patients' trolley in the recovery.
9. Taking 'hand over' from morning duty worker for afternoon duty.
10. Bringing sterile material in the theatre as per requirement.

11. Cleaning operation table for the next operation.
12. Folding table sheets and doctors' gowns. Helping in keeping the clean sheets & linen properly in the racks.
13. Any other work as per the need of the OT or as instructed by the Sister I/c or other authorities.

Job Description of Female sweeper in OT

1. Sweeping and mopping the assigned area of the work (OT passage, trolley room, etc.).
2. Dusting equipment in the theatre.
3. Cleaning of sink inside the OT.
4. Cleaning and scrubbing sanitary block.
5. Cleaning OT tables after operation.
6. Washing & cleaning of doors, windows.
7. Keeping BMW containers in all OTs.
8. Cutting and making dressings.
9. Removing dirty linen.
10. Sorting linen for mending.
11. Folding linen.
12. Giving 'over' to the sweeper / servant in the next shift.

Job Description of Autoclave wash Room Servant

1. Washing dirty linen.
2. Washing buckets.
3. Cutting and making dressings.
4. Cleaning and scrubbing sanitary block.
5. Giving over to night shift servants.