**L&D OR Protocols**

1. Cleanliness
2. Nothing will be left on the table top (work space) of the anesthesia machine between cases.
3. The anesthesia provider will clear the area at the end of the case.
4. The OR techs, who currently wipe the monitor cables after each case, will wipe down the table top and place a clean chux or blue towel on the surface.
5. The anesthesia provider will return to the OR after it has been cleaned to verify everything is in its place in the room.
6. The prepared ETT and checked laryngoscopes and stethoscope will be placed in a covered clear plastic container (which I have provided) and will be kept on the workspace on top of our anesthesia equipment drawers. This built in cabinetry, which was part of the design of our ORs, is in place of an anesthesia cart.
7. At the conclusion of a case in which general anesthesia has been employed, the used circuit will be thrown out and a new circuit will be replaced by the anesthesia provider before leaving the OR. **The Gas Sampling Line does not need to be replaced after each use.** It should be replaced when condensation is noted in the line.
8. Emergency Equipment
9. All three of our ORs must be ready for an emergency at all times as this is the nature of Obstetric practice. This readiness includes having an anesthesia circuit and breathing bag prepared and attached in all rooms at all times. A complete machine check is performed each day.
10. Access to our Supplies
11. Specially trained Hospital Attendants have already been hired and specially trained to stock our supplies and maintain our equipment. They will continue to have access to our work room and our OR cabinets, including the drawers that are locked. They are not responsible for handling any of our medications. The medication boxes are changed by the anesthesia providers only.
12. Medications
13. All medication drawers, both in the OR and in our anesthesia carts are securely locked as are the drawers containing needles and syringes.
14. No medications are to be left out on the anesthesia machine or workspace when there is not an anesthesia provider in the room.
15. No infusions are to be prepared and hung when there is not an anesthesia provider in the room.
16. Anesthesia providers will put on clean gloves before reaching for any medication in the medication drawer so as not to contaminate the drug box which is designed to be used for multiple patients.