

COVID-19 Specific Team Briefing & Debriefing form.

<u>PART-I</u>	
<u>OT Number:</u>	<u>Date:</u>
<u>Case Number & Diagnosis:</u>	
<u>Date of admission:</u>	
<u>Pre-operative COVID-19 Test: Done/Not done (If done Status: Positive/Negative)</u>	
<u>Date of Test COVID-19 Testing:</u>	

PART-II. Team Briefing

(To be done by Surgeon/Anesthetist belonging to the team)

Step.1: As soon as the patient is wheeled inside the OT.

(All members should wear a glove before doing any examination or procedure on the patient)

(Tick the appropriate boxes)

<u>Team Members</u>	<u>Surgical Cap</u>	<u>N-95 + 3-Ply Mask</u>	<u>Shield</u>	<u>Plastic apron</u>	<u>Gown</u>	<u>Gloves</u>
<u>Anesthetist's</u>						
<u>1.</u>						
<u>2.</u>						
<u>3.</u>						
<u>Surgeon's (Ablative)</u>						
<u>4.</u>						
<u>5.</u>						
<u>6.</u>						
<u>Surgeon's (Reconstruction)</u>						
<u>7.</u>						
<u>8.</u>						
<u>9.</u>						
<u>Nursing Staff</u>						
<u>10.</u>						
<u>11.</u>						
<u>OT-Technician</u>						
<u>12.</u>						
<u>OT-Boy</u>						
<u>13.</u>						

Step.2: At the time of doing the surgical check list

1. Does your case require use of powered instruments? **Yes/No**
2. Please specify details (Saw/Micro motor/Microdebrider):

PART-III: Team Debriefing
(To be done at the end of the surgery)

3. Was everyone **donning** the appropriate PPE during the entire surgery?
Yes/No (If **No**, Please give details).
4. While using Powered instrument, were all other than the operating team away from the patient for atleast 6 feet? **Yes/No/Not applicable**, If **No**, give details.
5. Did **any new members join the team**, if **Yes give details** (name/s of the team member & event)
6. Any concerns?