Personal Protective Equipment Stewardship in Perioperative Services

Updated 3.23.20

The highest priority for the distribution of Personal Protective Equipment (PPE) will be for those directly involved in the care of patients known or suspected to have COVID-19 infection. The following PPE prioritization practices for use in Perioperative Services will be implemented immediately in order to ensure that staff who are caring for patients with confirmed or suspected COVID-19 infection have a sufficient PPE supply. This guidance has been developed and approved by clinical leadership from across the Health System. It will be reviewed regularly and adapted as supplies and information about the pandemic becomes available.

Risk stratification of aerosol-generating procedure by Department and Division in Perioperative Services

These Departments and Divisions routinely performing aerosol-generating procedures in Perioperative Services (operating rooms, procedure rooms). The risk of aerosol generation when instrumenting the oropharynx and aerodigestive tract varies according to the specific procedure, instrumentation used, and patient and provider factors that are incompletely defined.

Risk of aerosol generation	Department or Division
Higher	Thoracic (surgeon and anesthesiologist) Lung Transplant (surgeon and anesthesiologist) Interventional Pulmonary (bronchoscopy only)
Intermediate	Anesthesiology Interventional Cardiac (TEE only) Interventional GI (EGD/ERCP only) OTO OMFS Trauma /General Surgery (PEG/tracheostomies only)
Lower	Cardiac Neurosurgery Obstetrics/Gynecology Ophthalmology Orthopedics Other Trauma/General Surgery Other Transplant Plastics Podiatry Vascular Urology

Routine respiratory protection for providers performing aerosol-generating procedures in the Perioperative Services locations

A. Inventory Control

1. Allocate one (1) N95 respirator per day to each provider who is directly performing a high-risk aerosol-generating procedure.
2. Allocate one (1) N95 respirator per day to each provider who is directly performing an intermediate-risk aerosol-generating procedure, based on ongoing assessment of N95 respirator availability.
3. OR staff enforces, centrally secures, centrally distributes, track and manages daily inventory of N95 respirators with inventory oversight by Materials Management.

B. N95 respirator use when performing aerosol-generating procedures on a patient neither suspected nor confirmed to have COVID-19 infection*

1. Limit those in room to only essential staff during the aerosol-generating procedure (e.g., intubation or extubation).
2. Only the direct-care provider(s) performing the aerosol-generating procedure should wear an N95 respirator and face shield/goggles during the procedure.
3. Other essential staff that must be present during the aerosol-generating procedure must maintain a distance of at least 6 feet from the potential aerosol source during the aerosol-generating procedure.
4. Other staff present in the room but not engaged in directly performing the aerosol-generating procedure should wear a surgical mask and OR attire per routine practices.
5. Each direct-care provider who is wearing the N95 respirator and face shield/goggles should remove the N95 respiratory and face shield/goggles at the completion of the aerosol-generating procedure:
    a. Provider should avoid touching the outer surface of the N95 respirator and face shield/goggles during use and removal.
    b. Provider should remove and discard the single-use face shield or remove and disinfect the surface of the reusable eye protection/goggles with a disinfectant wipe before reuse.
    c. Provider should place the N95 respirator in paper bag labeled with provider's name and stores the bag in a secure area for reuse during the remainder of the day.
    d. Provider must perform hand hygiene each and every time after touching the respirator or face shield/goggles.
6. The direct-care provider can continue to use the N95 respirator throughout the day by the provider as long as the respirator remains clean, intact, and not soiled with patient-generated secretions.

7. At the conclusion of the procedure, follow entity-specific standard OR cleaning practices; the room does not need to be left unoccupied before cleaning commences.
8. EVS staff uses standard personal protective equipment per routine.

C. Respiratory protection for surgical procedures involving a patient with suspected or confirmed COVID-19 infection*

1. Limit persons participating in procedure to only essential staff.
2. Each person participating in the procedure is supplied with an N95 respirator or equivalent respiratory protection (i.e., PAPR).
3. Limit room entry/exit during procedure.
4. Remove and discard the N95 respirator at the end of the procedure upon exiting the OR; perform hand hygiene; do not reuse the N95 respirator.
5. Close the OR for 1 hour after procedure to allow a minimum of 20 air exchanges.
6. Follow standard entity-specific OR cleaning practices.
7. EVS staff wears mask/face shield + gown, gloves for terminal room cleaning.

* Definitions:

- Confirmed COVID-19 infection = positive molecular assay for SARS-CoV-2 documented in the medical record.
- Suspected COVID-19 infection = patient meeting screening criteria for COVID-19 infection and for whom a SARS-CoV-2 test has been approved but is pending.