

Anesthesia/OR PPE guidance

General Guiding Principles

- No amount of PPE is protective to you unless you take basic measures to prevent transmission:
- Wash your hands, with soap and water, or hand sanitizer, for at least 20 seconds. Do this before and after each patient encounter, before you eat or drink, after you go to the bathroom, and any time your hands are soiled.
- Don't touch your face, eyes, nose, or mouth.
- Social distancing – stay at least 6 feet away from your colleagues.
- Decrease number of personnel in any room or area (patient's room, provider office, cafeteria table, etc)
- When not at work, shelter at home, per Governor's order.
- Wash your hands.

Guiding Principles for Clinical Care

- Consult teams should strongly consider whether a face-to-face patient encounter is necessary to give recommendations. If so, consultants follow algorithms for each individual unit. If an N-95 mask is obtained during the day, the single mask should be utilized for all N95-requiring procedures throughout the day, providing it is not soiled, saturated, or damaged.
- Avoid AGPs as feasible especially nebulizers, venturi-mask, face-tent, trach-collar
- The fewest people necessary for a given procedure should enter the room to preserve PPE

Guiding Principles for Surgical Care

- Any operative, minimally invasive, or percutaneous procedures which can be safely deferred during the COVID-19 pandemic should be postponed. Prior to being performed, all procedures should be assessed as to absolute clinical necessity in order to prevent potential unnecessary exposures and preserve PPE.
- While there has not been documented aerosolization of virus during laparoscopies, orthopedic, abdominal, gynecological, and urological cases, suctioning of bovie smoke, minimizing pressure of pneumoperitoneum, and deflating pneumoperitoneum are reasonable measures to employ during applicable surgeries/procedures.
- Note: since the negative predictive value of COVID testing is not known at this time, COVID test results will not currently be taken into account when deciding choice of PPE.

Types of PPE

- Standard Surgical PPE: Surgical mask, eye protection, fluid resistant/sterile gown, sterile gloves, bouffant head cover, hospital-issued scrubs
- COVID Surgical PPE: N95, procedure mask over N-95, eye protection, fluid resistant/sterile gown, double sterile gloves, bouffant head cover, hospital-issued scrubs
- Augmented COVID surgical PPE: PAPR/CAPR (no additional mask needed), eye protection, fluid resistant/sterile gown, double sterile gloves, bouffant head cover, hospital-issued scrubs
- COVID PPE: N95, procedure mask over N95, eye protection, yellow isolation gown, gloves, bouffant head cover, hospital-issued scrubs
- For those who cannot use an N95, please see separate document on PAPR/CAPR guidance
- Augmented PPE (including use of PAPR/CAPR) outside of the guidance in this document is at the discretion of the hospital epidemiologist (Dr. Meghan Brett)

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- Standard Precautions make use of common sense practices and personal protective equipment use that protect healthcare providers from infection, and prevent the spread of infection from patient to patient. These measures include practicing excellent hand hygiene, appropriate PPE use if possible exposure to infectious material anticipated, respiratory hygiene/cough etiquette, safe injection practices and handling of sharps, appropriate handling, cleaning, and disinfecting of the environment, laundry, etc.

Procedural risk levels:

Ultra-High Risk Procedures	High Risk Procedures	Low Risk Procedures
<ul style="list-style-type: none"> Any procedures on the glottis, oropharynx, nasopharynx, mastoid, or sinuses Any ENT/OMFS procedures using cautery, laser, drill or saw use within airway/oral cavity Any procedures utilizing operative rigid laryngoscopy or rigid bronchoscopy Any procedures on the subglottic airway involving incision of the airway (tracheostomy), dilation of the airway, laser or electrocautery debridement of the airway 	<ul style="list-style-type: none"> All thoracic surgery requiring lung isolation or tracheal / pulmonary resection Flexible Bronchoscopy of lower airways through ETT Diagnostic bronchoscopy \pm lavage, brushing, biopsy, transbronchial biopsy or similar. Double lumen tube placement \pm blocker Upper GI Endoscopy NG/OG tube placement in non-intubated patients TEE, cardioversion Electroconvulsive therapy (ECT) 	<ul style="list-style-type: none"> Any transcutaneous ENT procedure Laparoscopy (endoscopic or robotic-assisted) Majority of orthopedic, abdominal, gynecological, and urological cases Majority of orthopedic, abdominal, gynecological, and urological cases GI Lower Endoscopy PICC Cesarean section Tunneled central lines Everything else

1. Anesthesia personnel

Scenario	Isolation	Roles	PPE for Patient	PPE for Anesthesia personnel
Low – high risk procedure requiring intubation/extubation, GA	Airborne + contact + eye protection	Physicians CRNAs Anesthesia assistants	Procedure mask prior to intubation and post extubation	COVID PPE
Ultra-high risk procedure - Intubation/extubation, GA - Patient intubated prior to OR	Airborne + contact + eye protection	Physicians CRNAs Anesthesia assistants	Procedure mask prior to intubation and post extubation	Augmented COVID PPE
Low risk procedure with regional/MAC or non-AGP anesthesia	Standard surgical precautions	Physicians CRNAs Anesthesia assistants	Procedure mask	-Standard surgical PPE

High risk procedure with - Regional/MAC - Patient intubated prior to OR	Airborne + contact + eye protection	Physicians CRNAs Anesthesia assistants	Procedure mask	COVID PPE
Low risk procedure Patient intubated prior to OR	Airborne + contact + eye protection	Physicians CRNAs Anesthesia assistants	NA	Standard PPE

2. Surgical personnel: Surgeons, scrub nurses, techs, etc.

Scenario*	Isolation	Roles	PPE for Patient	PPE for Surgical personnel	Wait Time Between Intubation/Extubation OR Door Opening for entry or exit of any team members.
Low risk procedure requiring intubation/extubation, GA	Droplet + contact + eye protection	Physicians, APPs Nurses Techs	Procedure mask prior to intubation + post-extubation	Standard surgical PPE	15 minutes
Low risk procedure requiring intubation/extubation, GA Emergent case – ie when waiting 15 minutes to enter room is not feasible -OR- High risk procedure requiring intubation/extubation, GA	Airborne + contact + eye protection	Physicians, APPs Nurses Techs	Procedure mask prior to intubation + post-extubation	COVID surgical PPE	Intubation: No delay, providing all team members present in OR with PPE on at time of intubation Extubation: 15 minutes
Ultra-High-Risk procedure requiring intubation/extubation, GA	Airborne + Contact + Eye protection	Physicians, APPs Nurses Speech therapists Techs	Procedure mask prior to intubation + post-extubation	Augmented COVID surgical PPE	Intubation: No delay, providing all team members present in OR with PPE on at time of intubation Extubation: 15 minutes
Low risk procedure with regional/MAC or non-AGP anesthesia	Standard surgical precautions	Physicians, APPs Nurses Techs	Procedure mask	-Standard surgical PPE -May consider COVID PPE for COVID+/rule out or high risk of conversion to GA	No delay

High risk procedure with regional/MAC	Airborne + contact + eye protection	Physicians, APPs Nurses Techs	Procedure mask	COVID surgical PPE	15 minutes after procedure ends
Low risk procedure Patient intubated prior to OR	Airborne + contact + eye protection	Physicians, APPs Nurses Techs	NA	Standard surgical PPE	If extubated in OR, 15 minutes after extubation
High risk procedure Patient intubated prior to OR	Airborne + contact + eye protection	Physicians, APPs Nurses Techs	NA	COVID surgical PPE	15 minutes after procedure ends
Ultra-high risk procedure Patient intubated prior to OR	Airborne + contact + eye protection	Physicians, APPs Nurses Techs	NA	Augmented COVID surgical PPE	15 minutes after procedure ends

*****For all known COVID +/-PUI, all OR personnel must don COVID PPE or Surgical COVID PPE.*****

• **Abbreviations/Definitions:**

AGP – aerosol generating procedure

APP – advanced practice providers including nurse practitioners, physician assistants, pharmacist clinicians, etc

CAPR - controlled air purifying respirator

COVID – Coronavirus disease, clinical syndrome caused by the novel SARS-CoV-2 coronavirus

C/S – Caesarian section

CTICU – Cardiothoracic Intensive Care Unit

ENT – Ear, Nose, Throat

EVS – environmental services

GA – general anesthesia

HCP – healthcare personnel

MAC – Monitored Anesthesia Care

MEC in ED – Metabolic, Encephalopathic, Combative unit in the Emergency Department: has 4 negative pressure rooms

MICU – Medical Intensive Care Unit

NICU – Neonatal Intensive Care Unit

NSI – Neurosciences Intensive Care Unit

OMFS – Oral Maxillofacial Surgery

OT – occupational therapists

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PAPR - powered air-purifying respirator

PED – Pediatric Emergency Department

PICU – Pediatric Intensive Care Unit

PPE – personal protective equipment

PT – physical therapist

PUI – person under investigation (ie laboratory testing for COVID-19 is pending)

RACC – Respiratory Acute Care Center for COVID+ or rule-out patients who require admission, higher levels of care

RCC – Respiratory Care Center, the triage area currently in BBRP (Bill and Barbara Richardson Pavilion)

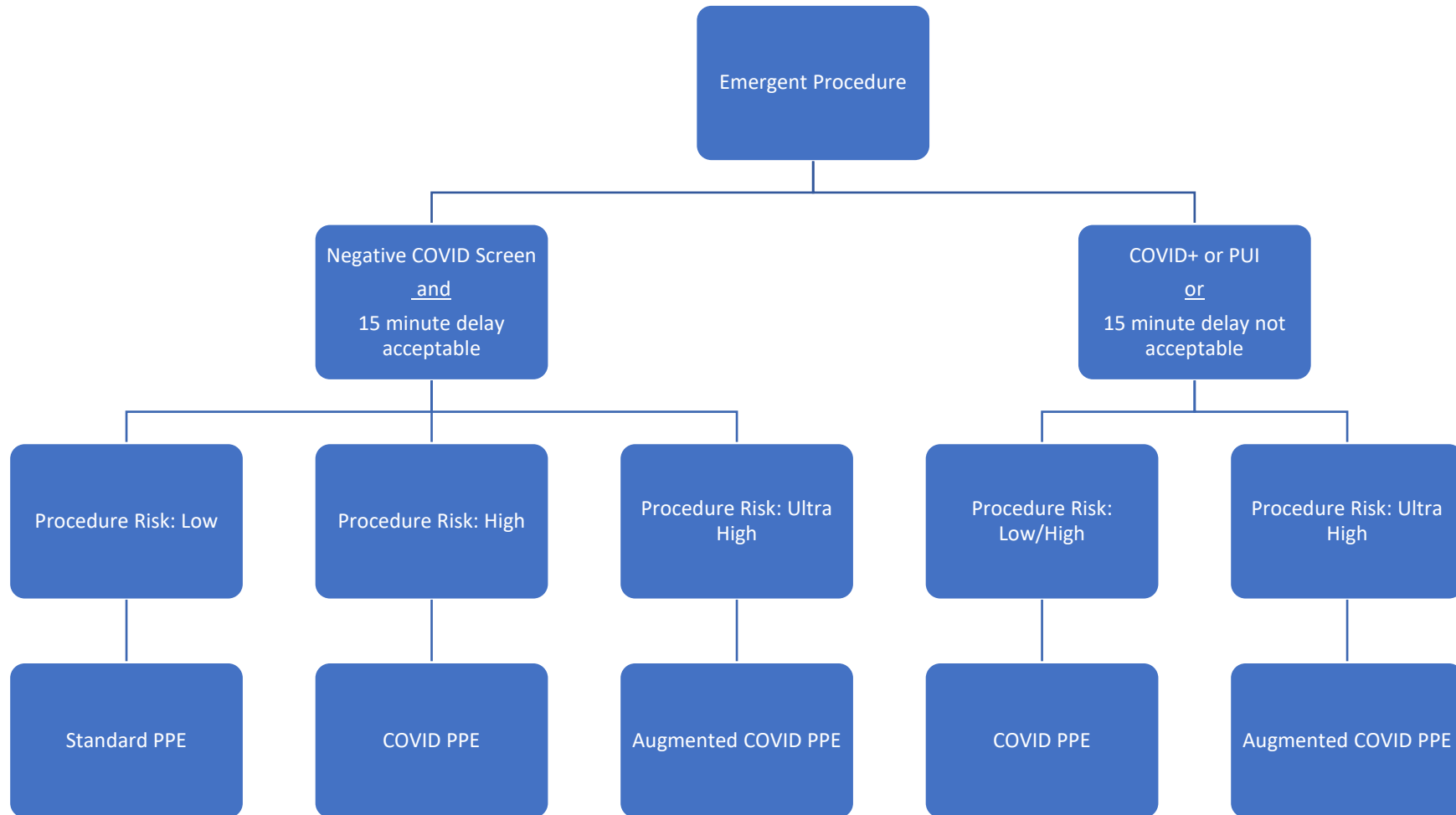
RICC – Respiratory Intermediate Care Center for COVID+ or rule-out patients who can discharge home after interventions

RTs – respiratory therapists

TSI – Trauma Surgery Intensive Care Unit

UC – Urgent Care

WSC – Women’s Specialty Care



- For all known COVID +/PUI, all OR personnel must don COVID PPE or Surgical COVID PPE.
- For all cases in which it is not acceptable to wait 15 minutes after intubation, all team members must be in the room having already scrubbed and donned their COVID Surgical/COVID PPE (for high risk procedures) and Augmented COVID Surgical/Augmented COVID PPE (for ultra-high risk procedures) at the time of intubation.
- The PPE Committee continues to review the emerging SARS-CoV-2/COVID-19 literature, professional guidelines, and expert opinions. and updates will be made to these documents on a rolling and as needed basis.