



Peri-Operative Program Standard Operating Procedure

Guidelines for Personal Protective Equipment Use During the COVID-19 Pandemic for the Main Operating Rooms

Purpose Statement:

The purpose of this document is to optimize the use of surgical masks by all staff and physicians working with patients in the Main Operating Rooms (MOR), while maintaining adequate supply throughout the COVID-19 pandemic.

** Please also refer to the PPE donning/doffing instructions for the MOR and the embedded link within the appendix below for the TOH IPAC myHospital page.

Scope:

The scope of this policy is limited to the staff and physicians who work in the Main Operating Room at the Civic, General, and Riverside Campuses.

Alerts:

For use during the COVID-19 pandemic.

Definitions:

MOR:	Main Operating Room
PACU:	Post-Anesthetic Care Unit
PCRA:	Point of Care Risk Assessment
PPE:	Personal Protective Equipment

Procedure:

1. For all patients in the MOR, COVID-19 Contact and Droplet Precautions will be used:
 - In addition to a properly donned surgical mask, follow the usual COVID-19 Contact and Droplet Precautions which include:
 - Hand hygiene; properly donning a gown, face shield (over surgical mask) and gloves, prior to entering the patient room.
NB: for procedures where there may be contact with blood and/or bodily fluids, after the PCRA the provider shall assess the need for a surgical mask and face shield or the mask with visor attached

- Properly doffing gloves and gown (minimum level 2 gown); hand hygiene; properly doffing face shield (leaving surgical mask in place); hand hygiene when exiting patient room
 - For category 1 and 2 patients after intubation, and once the patient is draped staff or physicians may remove their gown if they are not expected to have contact or be within 2 meters of the patient based on their assessment
 - A patient point-of-care-risk-assessment (PCRA) must be done before every patient interaction. A health care worker may find unique circumstances that require additional personal protective equipment (PPE), based on their professional and clinical judgement. If this occurs, proceed with the PPE required and let your leader know why it was required.
2. For patients under COVID-19 Contact and Droplet Precautions who will be undergoing aerosol generating respiratory procedures (category 3,4,5 for perioperative precautions) (see appendix below):
- Airborne Precautions also required
 - In these circumstances, along with gown (minimum level 3 gowns) and gloves, an N95 respirator, disposable bouffant cap and eye protection (face shield), or mask with visor as per above, are required.
 - See procedure below.

Guidelines for Use of Surgical Masks

- Surgical masks must always be worn in the MOR. Where the clerical staff have patient interaction without a barrier (i.e. plexiglass) they will wear a mask.
Note: Nursing stations are considered care units.
- Masks can be removed for breaks when in a designated break room or off unit and will need to be replaced with a new mask.
- Donning and doffing should be limited as to preserve supplies and protect staff from contamination
- A spotter should always be used for donning and doffing PPE
- If a physician or other staff members enter the unit with a mask in place, they will continue to wear it until the following bullets apply.
- Surgical masks should be changed if:
 - Wet;
 - Soiled;
 - Damaged; or
 - q4h (whichever comes first)

Starting the Shift

1. Staff & Physicians arrive on the unit
2. Perform hand hygiene
3. Apply surgical mask*
*Masks will be provided for any staff within the unit

Entering COVID Droplet and Contact Patient Care Area

1. Staff & physicians will already be wearing surgical masks
2. Perform hand hygiene
3. Put on disposable bouffant cap (if wearing a cloth hat, it must be replaced)
4. Put on gown (minimum level 2 gown)
5. Put on a face shield
6. Put on gloves
7. Enter MOR

After Care and Near Exit:

8. Remove:
 - o Gloves
 - o Gown
9. Perform hand hygiene
10. Remove face shield
11. Remove the disposable bouffant cap
12. Perform hand hygiene
13. Leave surgical mask on
14. Leave doffing area

For Providers who are Scrubbed:

1. Staff & Physicians will already be wearing surgical masks
2. Perform hand hygiene
3. Put on a face shield
4. Scrub
5. Enter MOR
6. Put on sterile gown
7. Put on gloves

After Care and Near Exit:

8. Remove:
 - o Gloves
 - o Gown
9. Perform hand hygiene
10. Remove face shield
11. Perform hand hygiene
12. Leave surgical mask on
13. Leave doffing area

Entering COVID Airborne/Droplet/Contact Patient Care Area (All COVID+, Suspected COVID+ Cases who are Undergoing an Aerosol Generating Procedure (See Appendix) i.e. Intubation/Extubation (Category 3, 4 and 5)

1. Staff & Physicians will already be wearing a surgical mask
2. Perform hand hygiene
3. Remove surgical mask and discard
4. Perform hand hygiene
5. Put on gown (minimum level 3 gown)
6. Apply fit tested N95 respirator and perform seal check
7. Apply disposable bouffant cap
8. Put on face shield
9. Put on gloves
10. Enter patient care area

After Care and Near Exit (or in PACU/ICU if Patient is Being Transported)

11. Remove:
 - a. Gloves
 - b. Gown
12. Perform hand hygiene
13. Remove face shield
14. Remove the disposable bouffant cap
15. Perform hand hygiene
16. Exit patient care area
17. Remove N95 respirator outside patient room and discard
18. Perform hand hygiene
19. Apply new surgical mask
20. Apply new disposable bouffant cap

NB: These staff members should not be touching any surface other than the stretcher, patient, and/or equipment that is coming from the MOR. Someone must attend the transfer with the team to open doors and assist. PPE will be doffed post transfer in the assigned area within PACU prior to handover.
21. The patient must wear a procedure / surgical mask when outside the MOR during transport to the PACU.

Going to Break (In a Designated Break Room or Off Unit)

1. Staff & Physicians will already be wearing a surgical mask
2. Perform hand hygiene
3. Remove surgical mask and discard
4. Perform hand hygiene
5. Go to break

Guidelines for Code Blue in the MOR:

1. Patient under GA, Category 1-5 (intubated)

- a. There is no need to don an N95 mask as the airway is secured and there is no aerosol generating procedure (AGMP) occurring

2. Category 1 and 2 patients under regional anesthetic

- a. Ensure COVID 19 contact and droplet precautions are being followed, as outlined above in point 1 of Procedure Statement

3. Category 3, 4 and 5 patients under regional anesthetic

- a. The following principles should be followed
 - i. Take the time to properly don Airborne (N95), Contact, and Droplet Personal Protective Equipment (PPE)
 - ii. Have a designated person available to confirm correct donning and doffing
 - iii. Minimize the number of people in the room during intubation.

APPENDIX

Aerosol Generating Respiratory Procedures:

Use Airborne / Droplet / Contact Precautions for the procedures listed in the corporate policy – **Aerosol Generating Respiratory Procedures (C-SOP IPAC 002)**

Procedures not listed in the policy (**Aerosol Generating Respiratory Procedures (C-SOP IPAC 002)**) are NOT considered Aerosol Generating Procedures. They can be performed using Droplet/Contact Precautions.

[Aerosol Generating Respiratory Procedures](#) (click link to open)

Please Refer to myHospital for Guidelines for Donning and Doffing PPE:

<https://theottawahospital.sharepoint.com/sites/myHospital/en/Dept/InfectionPreventionandControl/Documents/EDUCATION/PPE%20RICN%202009%20removing.pdf>

<https://theottawahospital.sharepoint.com/sites/myHospital/en/Dept/InfectionPreventionandControl/Documents/EDUCATION/PPE%20RICN%202009.pdf>

https://theottawahospital.sharepoint.com/sites/myHospital/en/Dept/PerioperativeServices/Publishing/Images/Pages/Policies-%26-Procedures/Doffing%20PPE_Periop_March%2031.pdf

<https://theottawahospital.sharepoint.com/sites/myHospital/en/Dept/PerioperativeServices/Publishing/Images/Pages/Policies-%26-Procedures/176770%20MOR%20Donning%20PPE%20-%20v.March23.pdf>

Sources:

Public Health Ontario. Updated IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19 (March 25, 2020).

<https://www.publichealthontario.ca/-/media/documents/ncov/updated-ipac-measures-covid-19.pdf?la=en>

For a definition of “High flow oxygen therapy” – please refer to the TOH Covid-19 Clinical Guidelines – Standardizing Oxygen Therapy Practice

<https://theottawahospital.sharepoint.com/sites/myHospital/en/Dept/MedicalAffairs/Quick-References/Pages/Medical-Directives.aspx>