



Peri-Operative Program Standard Operating Procedure

Guidelines for Personal Protective Equipment Use During the COVID-19 Pandemic for the Post-Anesthetic Care Unit and the Surgical Day Care Unit

Purpose Statement:

The purpose of this document is to optimize use of procedure masks (item # 220345-level1) by all staff and physicians working with patients in the Post-Anesthetic Care Unit (PACU) and the Surgical Day Care Unit (SDCU) while maintaining adequate supply throughout the COVID-19 pandemic.

Scope:

The scope of this policy is limited to the staff and physicians who work in the Post-Anesthetic Care Units and the Surgical Day Care Units 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
SDCU:	Surgical Day Care Unit

Procedure:

1. For all patients (excluding those on Airborne Precautions):
 - Procedure masks, properly donned, can be worn continuously and over multiple patient encounters, for up to 4 hours.

Exception: If mask becomes wet, damaged or soiled, it must be discarded
See procedure for donning/doffing schedule throughout shift.

NB: Ensure extra caution is taken to not touch the procedure mask while wearing. If this occurs, perform immediate hand hygiene.

2. For patients under COVID-19 Contact and Droplet Precautions (Category 3,4,5 for perioperative precautions):
 - In addition to properly donned procedure mask as above, follow the usual COVID-19 Contact and Droplet Precautions guidelines which include:
 - Hand hygiene; properly donning a gown, face shield (over procedure mask) and gloves, prior to entering the patient care area
 - Properly doffing gloves and gown; hand hygiene; properly doffing face shield (leaving procedure mask in place); hand hygiene when exiting patient care area
 - 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.

3. For patients under COVID-19 Contact and Droplet Precautions (category 3,4,5 for perioperative precautions) who will be undergoing aerosol generating respiratory procedures (see appendix):
 - Airborne Precautions also required
 - In these circumstances, along with gown and gloves, an N95 respirator and eye protection (face shield) are required. See procedure below.

Guidelines for use of procedure masks

- Procedure masks must always be worn in PACU and SDCU. 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 and disposed for breaks when in a designated break room or off unit. A new mask will need to be applied on return to the unit.
- Donning and doffing should be limited as to protect staff from contamination and to preserve supplies.
- A spotter should be used whenever possible for donning and doffing for PPE.
- If a physician or other staff member enters the unit with a mask in place, they will continue to wear it until the following bullets apply.
Procedure masks should be changed if:
 - Wet;
 - Soiled;
 - Damaged; or
 - Or q4h (whichever comes first)

Starting the shift

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

****Transferring Patient (for all categories 1-5) from MOR to Recovery area follow MOR SOP****

Entering COVID Droplet and Contact Patient Care Area

1. Staff & Physicians will already be wearing procedure mask
2. Perform hand hygiene
3. Put on gown
4. Put on a face shield
5. Put on gloves
6. Enter patient care area

After Care and Near Exit:

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

Entering COVID Airborne/Droplet/Contact Patient Care Area (Includes All COVID+, Suspected COVID+ Cases who are Undergoing an Aerosol Generating Procedure (See Appendix)

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

After Care and Near Exit:

10. Remove:
 - Gloves
 - Gown
11. Perform hand hygiene
12. Remove face shield
13. Perform hand hygiene
14. Exit room
15. Remove N95 respirator outside patient care area and discard
16. Perform hand hygiene
17. Apply new procedure mask

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

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

Guidelines for Code Blue in the PACU/SDCU:

1. Intubated patients: Category 1-5

- 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

- a. Ensure COVID 19 contact and droplet precautions are being followed, as outlined above in point 2 of Procedure Statement

3. Category 3, 4 and 5 patients

- 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>