These are AAH guidelines endorsed by the Surgery Task Force, Infection Prevention, Infectious Disease and Nursing. While there may be some local unique circumstances that may merit alternate PPE usage, adherence to these guidelines is necessary to ensure long term safety of all team members.

<table>
<thead>
<tr>
<th>Patient Test Results</th>
<th>Perioperative</th>
<th>Pre -Op</th>
<th>Intra Operative</th>
<th>PACU</th>
<th>Perioperative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown</td>
<td></td>
<td></td>
<td>Negative Case</td>
<td></td>
<td>Positive Case</td>
</tr>
<tr>
<td>Non-AGP</td>
<td>AGP</td>
<td></td>
<td></td>
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<tr>
<td><strong>Mask &amp; Eye Protection (when indicated)</strong></td>
<td><strong>Surgical Attire (Pre-COVID)</strong></td>
<td></td>
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<td></td>
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<tr>
<td>Face Shield2</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Gown</strong></td>
<td><strong>Standard Precaution</strong></td>
<td><strong>Single use isolation gown</strong></td>
<td><strong>Standard Precaution</strong></td>
<td><strong>Standard Precaution</strong></td>
<td><strong>Single use isolation gown</strong></td>
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<tr>
<td><strong>Gloves</strong></td>
<td><strong>Standard Precaution</strong></td>
<td><strong>Single use gloves</strong></td>
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</tr>
</tbody>
</table>

1. **Extended use or Reuse N95**: Team members/Clinician are to place any used N95s in designated collection bins on Tuesday and Fridays for decontamination. If mask if visibly soiled or damaged, discard.
2. Face Shield=Reusable, clean with approved disinfectant or soap & water at **end of each case** for personal reuse and replace only if damaged, broken or unusable.
Infection Prevention Guidance

Applies to procedural areas where access is restricted to trained staff such as ORs, Cath/EP, GI, etc.

- Patients transported to the surgical or procedural suite will be masked.
- Any staff participating in AGP in room (within 6 ft) will wear N95, eye protection/face shield, gown and gloves.
- Once AGP is completed the AGP clearance time begins.
- Any staff entering room before the AGP clearance time is completed, must wear N95, face shield, gown & gloves. *(To avoid any potential for aerosolized droplet inhalation.)*
- Room turnover and cleaning may occur with OR/Procedural door closed and team member wearing appropriate PPE (See page 1 grid)
- Equipment can be moved into the space at the conclusion AGP clearance time & room cleaning.
- Sterile table should not be opened until the AGP clearance time & room cleaning is completed *(To avoid aerosol droplet contamination on sterile field)*
- Outside the room (surrounding halls/cores/etc) follow universal masking and eye protection
- Next case and patient cannot enter room until the AGP clearance time has elapsed.
- In cases where NO AGP is being performed TM will follow standard operating room procedures *(Universal mask/eye protection)*
- Portable HEPA filters should not be used in Operating Rooms due to potential disruption of air balance.
Frequently Asked Questions

Can PAPR's be used in the OR?

PAPR’s may be used in accordance with the following AORN recommendations:

- There are different types of PAPRs—the hood style PAPR hangs down lower over the wearer’s body versus the loose-fitting style PAPR that is fitted over the face. The exhalation of respiration from the wearer exits each device differently. **The manufacturer’s instructions for use should be consulted to determine if a hood style PAPR may be worn under a sterile surgical gown, which may reduce contamination of the sterile field.**

- The PAPR blower is attached to a belt worn at the waist and exhausts air. **The blower exhaust should be directed away from the sterile field.** The perioperative team member that is wearing the PAPR may need to stand in a different location, to reduce the risk of PAPR exhaust blowing onto the sterile field. Alternatively, it may be necessary to move the sterile field out of the direction of the blower exhaust depending on the room configuration.

- **Protecting the sterile field from the PAPR blower exhaust and the exhalated air from the wearer is important.** One way to protect the sterile field from PAPR exhaust is to partially cover the portion of the sterile field that is not in immediate use with a sterile drape or sterile surgical towels, this will protect airborne contaminants from setting on the sterile field.

Can surgical helmet systems, (hoods), used during orthopedic total joint procedures be used as replacement for PAPR?

No, surgical helmets should **NOT** be used as a respiratory protection device.

Is double gloving required when caring for patients with untested or confirmed COVID-19?

No. Double gloving is not recommended, unless it follows surgical protocols (i.e. Scrubbing for case) The virus is susceptible to soap and water and hand sanitizer. Proper hand hygiene must be performed using the appropriate technique before donning and doffing gloves.

Is wearing a surgical mask over a N95 mask required to better protect the N95 mask?

No. Double masking is not required. N95 masks should be donned and doffed using the current guideline to decrease contamination.
Frequently Asked Questions

**Shaving of beards for PPE effectiveness:**
When caring for patients during aerosolizing generating procedures, a fit tested N95 or PAPR is required. Due to a lower inventory of PAPRs we need more team members to utilize N95s and face shields for these aerosolizing procedures. Beards and facial hair can prevent proper fitting and sealing of N95 masks. We are requesting that team members shave their beard and facial hair in order to be properly fitted for a N95 mask. Team members who have questions or who are requesting an accommodation should contact their AARC:

In WI by calling 262-957-8300 or by opening a case online through My HR Navigator
In IL by calling 847-685-1447 or by opening a case online through Self Service

**What type of PPE should vendors wear?**
Vendor representatives should wear the same PPE as any other surgical personnel. Vendors may wear their company FIT tested N-95’s, if they require an AAH provided N-95, Fit testing should be prearranged with occupational health prior to date of case.

**Where do I go if I have a concern regarding PPE for a surgical case?**
There are multiple outlets to discuss concerns. It is recommended to discuss with your Site Surgical Leadership, Medical Group leadership, Service Line leadership, or site/hospital Operations leadership depending on the state/site you are practicing at.