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.

1. May use universal procedure mask
2. **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 is visibly soiled or damaged, discard.
3. Face Shield=Reusable, clean with approved disinfectant or soap & water at end of shift for personal reuse and replace only if damaged, broken or unusable
4. 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.
5. **Non-life or limb threatening condition in which delaying surgery could result in harm; delaying surgical treatment is likely to have a negative impact on patient outcome, where the COVID status of the patient has not been confirmed, pending or positive. Ex. Trauma.**

### Operating Room Personal Protective Equipment

**Resource Guide**

<table>
<thead>
<tr>
<th>Patient Test Results</th>
<th>Pre -Op</th>
<th>Intra Operative</th>
<th>PACU</th>
<th>Pre -Op</th>
<th>Intra Operative</th>
<th>PACU</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Negative Case</strong></td>
<td></td>
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<tr>
<td><strong>Essential</strong> or Positive Case</td>
<td></td>
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</tr>
<tr>
<td><strong>Mask &amp; Eye Protection (when indicated)</strong></td>
<td>Ear Loop Procedure Mask¹</td>
<td>Ear Loop Procedure Mask¹</td>
<td>N95²</td>
<td>N95²</td>
<td>N95²</td>
<td></td>
</tr>
<tr>
<td><strong>Gown</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>Single use isolation gown</td>
<td>Normal Surgical Attire</td>
<td>Single use isolation gown</td>
<td></td>
</tr>
<tr>
<td><strong>Gloves</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>Single use gloves</td>
<td>Single use gloves</td>
<td>Single use gloves</td>
<td></td>
</tr>
</tbody>
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Frequently Asked Questions

What is considered an essential case, in which this PPE grid would be applied?
Non-life or limb threatening condition in which delaying surgery could result in harm; delaying surgical treatment is likely to have a negative impact on patient outcome, where the COVID status of the patient has not been confirmed, is pending or positive.

Is double gloving required when caring for patients with untested or confirmed COVID-19?
No. Double gloving is not required. 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.

DO NOT DOUBLE GLOVE

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.

DO NOT DOUBLE MASK

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. It is requested that vendor representatives not participate in cases that require the use of an N95, as this piece of PPE is a constrained supply and this type of PPE should be reserved for AAH team members.

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 Medical Group leadership, Service Line leadership, or site/hospital Operations leadership depending on the state/site you are practicing at.