



Updated: 05/09/2020

Topic: Personal Protective Equipment (PPE) Recommendations with Elective Surgeries During COVID-19 and other Anesthesia Service Recommendations

Notice

As elective surgeries resume, below are recommendations for anesthesia providers. Please contact visurragaenterprises@gmail.com, or call direct [\(240\)-679-6839](tel:(240)679-6839) or office [\(443\)-535-1372](tel:(443)535-1372) to coordinate receipt of requested PPE. Thank you for your hard work.

Items to be issued

The following items will be issued with signature confirmation at coordinated location to anesthesia provider:

1. KN-95
2. Eye protection (plastic glasses)
3. Plastic reusable upper body covering (poncho-style)
4. Face shield
5. Reusable face mask with slot for HEPA filter inserts
6. HEPA filter inserts (3)

General PPE Recommendations for Activity while at Facility

Our current recommendation is to don eye protection (plastic glasses) and facility surgical mask for every activity when at facility. This particularly pertains to interaction with patients and employees. In addition, anesthesia provider may elect to don surgical mask over issued reusable face mask with HEPA filter-insert.

PPE Recommendations for Anesthesia Providers requiring anesthesia services (No Intubation/LMA)

Our current recommendation for all cases involving anesthesia services (not involving an ETT/LMA) includes:

1. Don KN95 (with surgical mask over KN95) and eye protection at a **minimum** during all times with anesthetized patient.
2. Provider may elect to don face shield during deeper levels of anesthetic
3. Provider may elect to don any issued or facility PPE as needed



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PPE Recommendations for anesthesia cases (Intubation)

Our current recommendation upon arrival with patient to procedure/operating room:

1. Prior to entry to procedure room, remove surgical mask and issued face mask (HEPA-insert) and Don KN-95
2. Don plastic reusable upper body covering, face shield (eye protection remains on)
3. Double glove disposable gloves
4. During intubation, only personnel with an N-95, or equivalent, permitted in room
5. After intubation, no one enters or exits room for **21 minutes***
6. After **21 minutes*** from time of intubation, provider may remove face shield and upper body covering, but we recommend keeping KN-95 (with surgical mask over) and eye protection on for remainder of case.
7. For extubation, don all PPE as for intubation
8. During extubation, only personnel with an N-95, or equivalent, permitted in room
9. After patient is extubated, no one enters or exits room for **21 minutes***
10. After **21 minutes*** from time of extubation, provider may remove face shield and upper body covering, but we recommend keeping KN-95 (with surgical mask over) and eye protection on until after transfer of care to recovery location.
11. Disinfect reusable upper body covering and face shield at end of case using alcohol-based solution or disposable disinfectant product from facility, and store in issued bag for later use

***Refer to CDC website for more details on minute air exchange here.**

References:

Center of Disease Control (CDC) Website: <https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb1>

Anesthesia Patient Safety Foundation Website: <https://www.apsf.org/covid-19-and-anesthesia-faq/>

Final item

In addition to above recommendations, appropriate hand hygiene practices and PPE provided by facility (surgical mask and disposable gloves) remain in place. If you have any questions, comments, or concerns, please contact:

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