

Delta County Memorial Hospital  
Policies & Procedures – COVID-19

**DCMH Anesthesia/MOR/PACU N-95 preservation policy during the COVID-19 pandemic (ver. 30Mar2020)**

The Center for Disease Control (CDC) has stated policy on [Prioritize the use of N95 respirators and facemasks by activity and type](#) but state that “Based on availability, organizations may require and/or individuals may voluntarily choose to utilize higher levels of protection.” The CDC policy for healthcare providers (HCP) is based upon distance from a patient with suspected or known COVID-19 and use of source control. In the operating room and Post-anesthesia Care Unit (PACU) the source control will fall under the heading of “Unmasked patient or mask needs to be removed for any period of time during the patient encounter.” The Anesthesia Patient Safety Foundation (APSF) states as of 30Mar2020 in a joint position with the American Society of Anesthesiologists (ASA) and American Association of Nurse Anesthetists (AANA):

“Growing experience has shown that there can be a 5-day or longer incubation time between exposure to the COVID virus and development of symptoms and that there are individuals who are COVID-positive who are either asymptomatic or who have minimal symptoms. Laboratory testing for coronavirus is not universally and promptly available. As a result, identification of who is COVID positive or negative with certainty is not possible in the setting of clinical care. Therefore, we recommend as optimal practice that all anesthesia professionals should utilize PPE appropriate for aerosol-generating procedures for all patients when working near the airway.”

Considering that all Certified Registered Nurse Anesthetists (CRNA), Main Operating Room (MOR) RNs and PACU RNs and surgical technologists will have the constant potential to be within 3 feet of a potentially COVID-19 carrier/infected patient, as described by CDC guideline and considering APSF recommendations. After discussion with the DCMH COVID-19 response team the following recommendations have been made as a matter of policy:

1. N-95 respirators/masks are commodity in short supply currently.
2. Preservation of N-95 respirators is essential.
3. During intubation and extubation in the MOR:
  - a. The CRNA will don appropriate PPE per APSF recommendations (N-95 mask and face shield or Powered Air-purifying Respirator (PAPR) and double glove technique.
  - b. The RN and surgical technologists will be masked (normal surgical mask) and maintain 6 feet distance or greater from the patient.
  - c. In the event that the CRNA encounters difficulty (difficult intubation, laryngospasm, bronchospasm, etc.) and requires assistance during intubation/extubation either another CRNA, if available, or MOR RN will don appropriate PPE (N-95 and faceshield) and assist.
4. The patient will remain in the OR post-extubation until lucid enough to maintain/handle own secretions as a mechanism to minimize PACU RNs and other PACU patients to aerosolized sputum droplets secondary to patient coughing. A surgical mask may be applied to the patient prior to departing the MOR.
5. In the event that a patient in the PACU has episodes of coughing or requiring suctioning the PACU RN should have an N-95 mask immediately available.