

# PPE Jargon Buster

FRSM	fluid resistant surgical mask
FRDG	fluid resistant disposable gown
PPE	personal protective equipment
AGP	aerosol generating procedure
FFP mask	filtering face piece respirator

## Choice of PPE for obstetric anaesthetists according to mode of transmission risk



### Non-Contact precautions

Clinical interaction >2 m  
away from patient

*FRSM, eye protection*



### Droplet precautions

Clinical interaction <2 m  
away from patient

*Gloves, apron and/or FRDG, FRSM,  
eye/face protection (goggles or visor)*



### Airborne precautions

Aerosol generating procedures

*Gloves, apron, FRDG, eye/face protection  
(goggles or visor), FFP2/3 or N95 mask*

PHE guidance as updated on 5 April 2020 is that for possible and confirmed COVID-19 cases:

- Where AGPs are performed PPE guidance set out for AGPs (airborne precautions) should be followed
- For operative procedures without AGPs standard infection prevention and control practice (droplet precautions) should be followed
- Otherwise, for care of possible or confirmed cases during the second and third stage of labour (vaginal delivery) long-sleeved disposable fluid repellent gowns, plastic aprons, FRSMs, eye protection and gloves should be used
- Such PPE in labour wards and theatres may be indicated regardless of case status of patients, subject to local risk assessment

## Summary guidance from PHE/RCoA/AAGBI/RCOG relevant to obstetric anaesthetists

<b>Antenatal /postnatal ward /clinic</b>	Consultation/assessment >2 m distance from patient	FRSM, eye protection
<b>Labour ward</b>	Consultation/assessment if not in labour/1 <sup>st</sup> stage labour e.g. consent for epidural analgesia	Apron, gloves, FRSM, eye protection
	Consultation/assessment in 2 <sup>nd</sup> /3 <sup>rd</sup> stage labour e.g. attending PPH	Apron, FRDG, gloves, FRSM, eye protection
	Epidural insertion	Apron, sterile FRDG, sterile gloves, FRSM, eye protection
<b>Theatre</b>	Caesarean section with neuraxial anaesthesia <sup>1</sup> (low risk of GA, e.g. elective CS for breech)	Apron, sterile <sup>2</sup> FRDG, sterile gloves, FRSM, eye protection
	Caesarean section with neuraxial anaesthesia (but higher risk of GA <sup>3</sup> e.g. Category 1 CS)	Apron, sterile FRDG, sterile gloves, <b>FRSM or FFP3</b> , eye protection
	Caesarean section with general anaesthesia	Apron, FRDG, gloves, FFP3, eye protection
<b>Non-CS obstetric theatre cases</b>	Trial of instrumental delivery in theatre, removal of retained placenta (with regional anaesthesia)	Apron, sterile FRDG, sterile gloves, FRSM, eye protection
	Any other case requiring general anaesthesia	Apron, FRDG, gloves, FFP3, eye protection

1. Neuraxial anaesthesia refers to epidural, spinal or combined spinal-epidural analgesia/anaesthesia.

2. Sterile only if de novo procedure, otherwise non-sterile acceptable.

3. Predictors of higher risk of GA conversion include:

- Top up of pre-existing poorly functioning epidural, missed segments, unilaterality, breakthrough pain (consider removing and performing spinal).
- Anticipated difficult or prolonged surgery or haemorrhage, previous abdominal surgery, adhesions, classical incision, placenta praevia, multiple procedures, uterine structural abnormalities.

## Donning PPE for obstetric anaesthesia

### Labour epidural

#### Prior to entering room:

- Put on theatre hat, FRSM & eye protection
- Scrub up
- Put on disposable fluid resistant sterile gown, sterile gloves
- Perform epidural procedure and ensure epidural is working

#### Prior to exit of room:

- Remove gloves, clean hands with gel
- Remove gown & turn inside out
- Remove eye protection.
- Dispose of all items in clinical waste bin
- Gel hands

#### Outside room:

- Remove FRSM (avoid touching outside) & hat
- Dispose of in clinical waste bin
- Wash hands with soap and water

### Caesarean delivery spinal anaesthesia

#### Theatre:

- Put on sterile PPE as described, in an area at least 2m away from patient
- Perform spinal procedure
- Wear this PPE throughout case.

#### Prior to transfer from theatre:

- Ask patient to put on FRSM after cleaning hands with gel prior to transfer back to room

#### After transfer:

- Move at least 2m away from patient
- Remove PPE as described
- Wash hands with soap and water

### Caesarean delivery general anaesthesia

#### Theatre:

- Put on AGP PPE in an area at least 2m away from patient prior to induction  
[https://youtu.be/kKz\\_vNGsNhc](https://youtu.be/kKz_vNGsNhc)
- Undertake induction and intubation
- Keep AGP PPE on until after extubation
- Prior to transfer from theatre:
- Put well fitted oxygen mask on patient
- Wait in theatre till patient's airway is safe before transfer of patient to room
- Hand over to clean team who will be wearing standard PPE (midwife looking after patient + someone to push bed)
- Patient transferred to room by clean team
- Remove AGP PPE as per doffing procedure  
<https://youtu.be/oUo5O1JmLH0>
- Wash hands with soap & water

# “PPE in Obs” Toolkit

- <https://static1.squarespace.com/static/5e6613a1dc75b87df82b78e1/t/5e875c80c46c8d77905e7690/1585929345328/PPE-guidance2020.pdf>
- <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>
- <https://www.rcog.org.uk/globalassets/documents/guidelines/2020-04-03-coronavirus-covid-19-infection-in-pregnancy.pdf>