

# PPE FOR OBSTETRICS

Scenario	FFP3 Respirator Mask (1)	Fluid Resistant Surgical mask (Type IIR)	Disposable fluid repellent long sleeve gown (2)	Disposable plastic apron (2)	Disposable gloves (3)	Sterile examination/ surgical gloves (4)	Eye/Face protection-goggles/visor (5, 6)
Confirmed/suspected COVID any patient contact or 1st stage of labour (no AGP)							 or 
Confirmed/suspected COVID 2nd/3rd stage labour in delivery room (no AGP)			 OR  DEPENDENT ON RISK ASSESSMENT (6)		 OR  DEPENDENT ON RISK ASSESSMENT (6)		
Confirmed/suspected COVID undergoing regional anaesthesia in an obstetric theatre (no AGP)			 OR  DEPENDENT ON RISK ASSESSMENT (6)		 OR  DEPENDENT ON RISK ASSESSMENT (6)		
Confirmed/suspected COVID undergoing general anaesthesia in an obstetric theatre							
Patient NOT suspected/confirmed COVID-any patient contact or 1st stage of labour (no AGP)							 or 
Patient NOT suspected/confirmed COVID-1 2nd/3rd stage labour in delivery room (no AGP)			 OR  DEPENDENT ON RISK ASSESSMENT (6)		 OR  DEPENDENT ON RISK ASSESSMENT (6)		 or 
Patient NOT suspected/confirmed COVID undergoing operation under regional anaesthesia in theatre			 OR  DEPENDENT ON RISK ASSESSMENT (6)		 OR  DEPENDENT ON RISK ASSESSMENT (6)		
Obstetric patient NOT suspected/confirmed COVID undergoing general anaesthesia or any other AGP							

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- (1) **RESPIRATORS:** FFP3 respirators filter at least 99% of airborne particles. The World Health Organisation(WHO) recommends FFP2 and N95 respirators for AGPs and these are widely used in other countries (filtering at least 94% and 95% of airborne particles respectively). The UK is providing an enhanced level of protection for its staff. The Health and Safety Executive (HSE) state that all staff who are required to wear an FFP3 respirator must be fit tested for the relevant model to ensure an adequate seal or fit (according to the manufacturers' guidance). Fit checking (according to the manufacturers' guidance) is necessary when a respirator is donned to ensure an adequate seal has been achieved.
- (2) **SURGICAL GOWNS AND APRONS:** A **fluid repellent** long sleeve surgical gown provides sufficient protection-a **reinforced** long sleeve surgical gown is not routinely necessary. All gowns must be removed after each patient encounter in a particular location. Staff must NOT walk around the general delivery suite area wearing potentially contaminated surgical gowns, aprons or other PPE. Long sleeved disposable fluid repellent gowns must be worn when a disposable plastic apron provides inadequate cover of staff uniform or clothes for the procedure or task being performed, and when there is a risk of splashing of body fluids such as during AGPs in higher risk areas or in operative procedures. If **non-fluid-resistant gowns** are used, a disposable plastic apron should be worn. If extensive splashing is anticipated then use of additional fluid repellent items may be appropriate.
- (3) **DISPOSABLE GLOVES:** Sterile surgical gloves can alternatively be used depending on the individual's need to maintain sterility as part of their clinical role.
- (4) **STERILE SURGICAL GLOVES:** The PHE guidance describes extended cuff surgical gloves. As long as there is no exposed skin between the cuff of the long-sleeved gown ending and the cuff of the gloves, normal sterile surgical gloves are adequate. Extended cuff gloves can be also be worn as appropriate for the clinical task being performed e.g. manual removal of placenta.
- (5) Dispose or decontaminate reusable items after each patient contact as per Standard Infection Control Precautions.
- (6) **RISK ASSESSMENT** refers to utilising PPE when there is an anticipated/likely risk of contamination with splashes, droplets of blood or body fluids and the nature of the procedure the individual is performing. This is to be determined by the individual staff member for the care episode.

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ACCOMPANYING RATIONALE (ONLY PAGES 1 & 2 TO BE DISPLAYED IN CLINICAL AREAS)

1. Guidance consulted in development of this document:
  - Public Health England COVID-19: infection prevention and control: 5th April 2020
  - The Faculty of Intensive Care Medicine, Intensive Care Society, Association of Anaesthetists and Royal College of Anaesthetists Personal Protective Equipment: 3rd April 2020
  - RCOG: Coronavirus (COVID-19) infection and pregnancy version 6: 3rd April 2020
  - Royal College of Surgeons England: Good Practice for Surgeons and Surgical Teams: 3rd April 2020
2. “Laparotomy”: The first iteration of the Royal College of Surgeons guidelines suggested full aerosol generating PPE for all laparotomies. This has now been refined in line with the Public Health England Guidance on aerosol generating procedures. Almost all general surgical laparotomies are performed under general anaesthesia, requiring intubation i.e. an aerosol generating procedure (AGP). Conversely most caesarean section are performed under spinal or epidural anaesthesia i.e. non-AGP.
3. “Theatre”: The Faculty of Intensive Care Medicine, Intensive Care Society, Association of Anaesthetists and Royal College of Anaesthetists Personal Protective Equipment describes “higher risk acute inpatient care areas” called “hotspots”. In these areas, AGPs are deemed so frequent that the whole area is suitable for airborne precautions at all times. These areas include ICU/HDU/Emergency Department resuscitation areas and operating theatres where AGPs are performed and other clinical areas in which AGPs are regularly performed. PHE defines a higher risk acute inpatient care area as a clinical environment where AGPs are **regularly** performed e.g. main theatres. However in obstetrics theatres AGPs are a relatively rare event. This distinction is not made clear in the referenced guidance. Therefore in obstetric theatres, cases undertaken under regional anaesthesia a standard fluid resistant surgical mask is appropriate. For cases under general anaesthesia whether COVID or non COVID (given the prevalence in the population) full AGP PPE should be worn.