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Guidance for ABS Members about Personal Protection Equipment (PPE)

In the last week there has been much anxiety and confusion about the conflicting advice regarding Personal Protective Equipment, PPE, for surgeons in general.

We are not claiming to be PPE experts but the advice here is based on reviewing the literature dating back to the 2003 SARS outbreak, and guidelines from Europe, Italy, Canada, Ireland and Scotland, in addition to advice from PHE and RCS. We have also looked at guidance regarding Aerosol Generating Procedures (AGP). These guidelines are changing on a daily basis and we will try and keep updating this site (Please see the guidance on PPE from the Academy of Medical Royal Colleges and PHE, which is available on the ABS website)

International guidelines suggest surgeons should have full PPE for positive or unknown cases. Without the resources, at present, to test everyone we are operating on or seeing in the clinic we would have to wear full PPE for all cases. At present with limited PPE stocks this is not possible but may change. Full PPE includes FFP3 respirator, long-sleeved disposable gown, gloves and disposable eye protection. This is only recommended by PHE for aerosol generating procedures (See their guidance available on the ABS website).

The list of AGP does not include anything we do in routine breast operations, but from our anaesthetist point of view, endotracheal suction and intubation are on the list [1,2]. Use of a diathermy blade is not in this category.

The following procedures are considered to be potentially infectious AGPs:

- Intubation, extubation and related procedures e.g. manual ventilation and open suctioning of the respiratory tract (including the upper respiratory tract)*
- Tracheotomy/tracheostomy procedures (insertion/open suctioning/removal)
- Bronchoscopy and upper ENT airway procedures that involve suctioning
- Upper Gastro-intestinal Endoscopy where there is open suctioning of the upper respiratory tract
- Surgery and post mortem procedures involving high-speed devices
- Some dental procedures (e.g. high-speed drilling)
- Non-invasive ventilation (NIV) e.g. Bi-level Positive Airway Pressure Ventilation (BiPAP) and Continuous Positive Airway Pressure Ventilation (CPAP)
- High Frequency Oscillatory Ventilation (HFOV)
- Induction of sputum
- High flow nasal oxygen (HFNO)

So what precautions should we take?

We already wear a long-sleeved gown, we should double glove as some people routinely do, wear a surgical mask and eye protection preferably a visor that covers the mask too. Please do not forget to have your footwear thoroughly washed with soap and water or use overshoes if available. Reusable eye protection should be washed too.

Donning on and doffing our PPE is extremely important and a link to the PHE guidance is available on the ABS website.

In addition we should only operate on those patients that cannot be postponed (See ABS Statement Re-COVID19). Any patient who has had a cough or any flu like symptoms in the past week or has a temperature on arrival should be postponed for a minimum of 14 days.

Finally, remember your risk of catching COVID19 is from anyone carrying the virus, within 2 metres of you, which includes the rest of your theatre team and also in the OPD during clinical examinations. In clinic when examining patients we would recommend that you wear a disposable plastic apron, gloves, a mask and eye protection.

These are difficult times and we can only minimise, not mitigate the risk.

Stay safe

Julie Doughty
ABS President

Leena Chagla
ABS Honorary Secretary

REFERENCES

1. *ECDC Technical Report: Infection prevention and control for COVID-19 in healthcare settings*. European Centre for Disease Prevention and Control, March 2020

2. Tran et al, *Aerosol Generating Procedures & Risk of Transmission of Acute Respiratory Infections to Healthcare Workers: A Systematic Review.* PLoS One 2012; 7(4): e35797