



ASA Statement on Facility Requirement for Personal Protective Equipment

Due to close patient contact and the need for airway instrumentation, anesthesia professionals are at increased risk of exposure and infection for all diagnostic, therapeutic, and surgical procedures. Identification of who is COVID positive or negative with certainty is not possible in the setting of clinical care, especially if there is community transmission. Therefore, the American Society of Anesthesiologists recommends as optimal practice that all anesthesia professionals have access to and utilize full Personal Protective Equipment (PPE) appropriate for all patients when working in the setting of high risk of procedures but especially during aerosol-generating procedures near the airway. Ideally, health care professionals should use properly fitted N95 masks or powered air purifying respirators (PAPRs). Issuance of N95 masks or availability of PAPRs for all clinical health care personnel must be a priority for health care entities.

All components of appropriate PPE should be carefully addressed. For aerosol-generating procedures this includes eye protection (goggles or a disposable face shield that covers the front and sides of the face), a gown, and gloves, in addition to airway protection with N95 masks or PAPRs. Effective hand hygiene before putting on and after removing PPE, including gloves, is very important. Procedures for proper donning and doffing, disposal of contaminated PPE, and cleaning of contaminated reusable PPE and anesthesia equipment should be established following CDC and institutional recommendations.

If a facility has existing or projected shortages of N95 masks or PAPRs, however, temporary mitigation plans based on current CDC recommendations should be enacted. CDC offers guidance on conserving N95 respirators within the broader context of engineering and administrative control strategies to decrease personnel risk, in [“Strategies for Optimizing the Supply of N95 Respirators”](https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html) (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>).

In addition, CDC offers guidance to extend use/reuse of N95 respirators as a strategy to conserve supply in [“Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings”](https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html) (<https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>).

ASA recommends the use of PPE supplies now, to preserve a healthy workforce in anticipation of higher patient volume.

ASA encourages health care facilities to provide appropriate and adequate personal protective equipment to all anesthesia professionals. We strongly encourage physicians to discuss the availability of PPE and other resources with facility leadership and to develop a plan to balance resource constraints with the need to protect all providers.

This statement has been endorsed by [Anesthesia Patient Safety Foundation](#) and [American Academy of Anesthesiologist Assistants](#).