# Aspirus Emergency System wide Policy COVID-19

## PPE & Patient Placement During COVID-19, Influenza and Emerging Respiratory Pathogens

## (i.e. SARS/ MERS CoV, and Avian Flu)

**Approved 02.03.22 at 08:00**

## PURPOSE:

This document will serve as policy and guide reference for patient interactions and placement, personal protective equipment precautions, and other considerations for Aspirus employees to use for guidance during COVID-19 and emerging respiratory pathogens.

## Definitions:

- **Levels of Response:**
  - **No to minimal community transmission:** Evidence of isolated cases or limited community transmission, case investigations underway; no evidence of exposure in large communal setting
    - Limited COVID-19 patients across the system. Resources available and enhanced community and regional surveillance indicates LOW community spread
  - **Moderate community transmission:** Sustained transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases
    - Few COVID-19 patients, hospital resources not exhausted, institution still has ICU vent capacity and COVID trajectory not in rapid escalation phase
  - **Substantial Community Transmission: Large-scale community transmission, including within communal settings (e.g., schools, workplaces)**
    - Many COVID-19 patients, ICU, and ventilator capacity limited, OR/PPE supplies very limited or COVID trajectory within hospital in a rapidly escalating phase progressing to hospital resources being routed to COVID-19 patients, no ventilator or ICU capacity, OR supplies are exhausted
    - Demand for hospital services may exceed the capacity to provide those services
- **Care bundling:** bundling of activities to minimize room entry and limit face-to-face contact encounters between HCP and patients with confirmed or suspected COVID-19. Activated during the conventional capacity strategies, administrative controls.
- **Physical barrier:** an engineering control to minimize risk and exposure by shielding HCP to infectious organisms
- **Universal source control:** Source control refers to use of cloth face coverings or facemasks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are recommended for everyone in a healthcare facility, even if they do not have symptoms of COVID-19

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- Patients and visitors should, ideally, wear their own cloth face covering (if tolerated) upon arrival to and throughout their stay in the facility. If they do not have a face covering, they should be offered a facemask or cloth face covering, as supplies allow.
  - Patients may remove their cloth face covering when in their rooms but should put it back on when around others (e.g., when visitors enter their room) or leaving their room.
  - Facemasks and cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- HCP should wear a facemask as outlined in the table below. See Staff COVID-19 & Masking Guidelines as of June 22, 2021 for further detail.
  - When available, facemasks are preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others.
  - Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is needed.
  - To reduce the number of times HCP must touch their face and potential risk for self-contamination, HCP should consider continuing to wear the same respirator or facemask (extended use) throughout their entire work shift, instead of intermittently switching back to their cloth face covering. See Appendix B
  - HCP should remove their respirator or facemask, perform hand hygiene, and put on their cloth face covering when leaving the facility at the end of their shift.
  - Educate patients, visitors, and HCP about the importance of performing hand hygiene immediately before and after any contact with their facemask or cloth face covering.

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**Collection of Diagnostic Respiratory Specimens**

- When collecting diagnostic respiratory specimens (e.g., nasopharyngeal or nasal swab) from a patient with possible SARS-CoV-2 infection, the following should occur:
    - Specimen collection should be performed in a normal examination room with the door closed.
    - HCP in the room or working with the patient at an alternative testing site should wear an N95 or equivalent or higher-level respirator (or facemask if a respirator is not available), face shield, gloves, and a gown.
    - If respirators are not readily available, they should be prioritized for other procedures at higher risk for producing infectious aerosols (e.g., intubation), instead of for collecting diagnostic respiratory specimens. The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for specimen collection.
    - Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control below.

- **PPE (Personal Protective Equipment)**
    - A facemask is a procedural or surgical facemask.
        - Requests for face mask alternatives will be evaluated by Employee Health and determined medically necessary.
        - A safety zone report needs to be entered.
        - If approved by Employee Health due to medical necessity, an approved alternative will be obtained by the supervisor through supply chain.
    - Face shields and goggles may also be **reused** over multiple days unless damaged but must be disinfected between uses.
        - HCP with direct patient or visitor contact or within 6 feet without other barriers present, or when crossing the patient room thresh hold should wear eye protection. A face shield is preferred. Follow the directions for supply optimization.
        - A face shield must be worn when caring for patients with respiratory symptoms, suspected, or confirmed COVID, and during aerosol generating procedures.
    - ~~o~~ An N95 respirator is intended to be worn when a patient is symptomatic, suspected COVID-19, COVID-19 positive, in the testing pathway, or at the discretion of the user.
        - Respirators with an exhalation valve are not recommended for source control, as they allow unfiltered exhaled breath to escape
- **Eye protection:** Put on eye protection (i.e., a face shield that covers the front and sides of the face, or goggles) with direct patient or visitor contact or within 6 feet, if not already wearing

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- Face shields are the preferred eye protection
- Face shields must be worn when caring for a patient with respiratory symptoms, suspected, or confirmed COVID, and during aerosol generating procedures.
- Alternative face shields may be available for specialty providers to accommodate specialty loupes and to prevent interference with safe procedure/ surgical performance.
- All patient facing staff should wear a face mask and Aspirus approved face shield/ goggles. At the discretion of the user, a N95/ PAPR may be used.
- Protective eyewear (e.g., safety glasses, trauma glasses) with gaps between glasses and the face likely do not protect eyes from all splashes and sprays and should not be worn during COVID-19 outbreak.
    - Aspirus approved goggles will be disinfected using an approved COVID-19 disinfectant wipe and stored to prevent contamination.
        - While wearing gloves, carefully wipe the inside, followed by the outside of the goggles. Wipe the outside of the goggles with clean water or alcohol to remove residue. Fully air dry. Remove gloves and perform hand hygiene.
        - Employees should not supply their own goggles
    - In controlled environments, for example, Operating Rooms, Interventional Radiology Suites, or Cath Labs, OSHA approved eye wear with side shields may be considered during the procedure. The patient must have appropriate draping and airway management tactics in place to minimize aerosolization of respiratory secretions. Appropriate cleaning tactics to minimize risk of exposure should be initiated.
    - Exceptions will be granted to accommodate specialty loupes, laser eye wear, radiation eye wear, or for microscope work. Appropriate cleaning tactics to minimize risk of exposure should be initiated.

- **PPE Optimization strategies**:
    - **Conventional capacity:** measures consisting of engineering, administrative, and PPE controls that should already be implemented in general infection prevention and control plans in healthcare settings. PPE may be discarded upon removal and replaced with new PPE items.
    - **Enhanced Droplet Precautions: AIRBORNE, DROPLET, CONTACT ISOLATION:** the practice of utilizing facemask, N95 or PAPR, Face shield or approved eye protection, gloves, and gowns
    - **Extended use:** Practice of wearing the same PPE for repeated close contact encounters with several different patients, WITHOUT removing eye protection/ facemask between patient encounters. Can be applied to disposable and reusable devices.

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- **Limited re-use**: practice of using the same PPE by one HCP for repeated close contact encounters with different patients, but REMOVING it after each encounter
- **Surge:** ability to manage a sudden, unexpected increase in patient volume that would otherwise severely challenge or exceed the present capacity of the facility. A useful framework to approach a decreased supply of N95 respirators during COVID-19 response.
- **Contingency capacity:** measures that may be used temporarily during periods of expected PPE shortages
  - Selectively cancel elective and non-urgent procedures and appointments for which eye protection/ gown/ facemask is typically used by HCP
  - Based on specific item shortage, and relevant clinical setting, selectively implement **extended use** of PPE, i.e., facemasks, N-95 masks, face shields/ goggles, and gowns- wearing same PPE for repeated close contact encounters with several different patients.
  - Note: During periods of known N-95 mask shortages, **extended use** will be combined with **limited reuse**, i.e., reusing the same N-95 mask up to 5 times and storing for reprocessing.
  - **Remove facemasks for visitors in public areas**
  - **Have patients with symptoms of respiratory infection use tissues or other barriers to cover their mouth and nose, consider cloth face coverings**
- **Crisis capacity:** strategies that are not commensurate with U.S. standards of care, but may need to be considered during periods of known PPE shortages
  - Cancel all elective and non-urgent procedures and appointments for which eye protection/gown/ facemask is typically used by HCP
  - Exclude HCP at increased risk for severe illness from COVID-19 from contact with known or suspected COVID-19 patients
  - Designate convalescent HCP for provision of care to known or suspected COVID-19 patients
- **COVID-19 dedicated containment unit**- A closed wing with a series of negative pressure patient rooms utilizing the hallway as the ante room. Patients are COHORTED based on respiratory symptoms. An encounter is defined as HCP wearing PPE for all patient interactions and doffing when leaving the unit.
- **Dedicated personnel:** HCP assigned to care ONLY for these patients during their shift e.g., Containment unit or sick clinic.

## Containment strategies during pandemic apply to all patients:

- Limit visitors to the facility
- Care bundling to minimize room entry- See definition

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- Implement Telehealth and nurse directed triage protocols- all patients
- Screen and triage everyone entering healthcare facility for signs and symptoms of COVID-19
    - Hand hygiene in all situations
    - Limit points of entry
- **Daily re-evaluate admitted patients for signs and symptoms of COVID-19**
- **Implement universal source control – See definitions**
- **Consider performing targeted SARS-CoV2 testing of patients without signs or symptoms of COVID-19**
- **Consider if elective procedures, surgeries, and non-urgent outpatient visits should be postponed in certain circumstances**
- **Optimize the use of engineering controls and indoor air quality**
- **Create a process to respond to SARS-CoV2 exposures among Health Care Personnel (HCP) and others**
- Physical distancing of 6 feet

## DIRECTIONS FOR SUPPLY OPTIMIZATION: Refer to Appendix B

- Facemasks: Discard when soiled, damaged, or hard to breathe through. HCP should leave the care area if they need to remove the facemask.
- Face shields/goggles: Should be disinfected after each extended use, but discarded if damaged, can no longer fasten securely, or visibility is diminished. HCP should leave the care area if they need to remove the face shield/goggles.
- N95 respirators:
    - Should have a maximum extended use period no greater than 12 hours
    - Should not be re-used after extended use
    - Should be removed before activities such as meals and drinks and follow the re-use policy
- When using N95 for limited re-use, the same N95 respirator is used by one HCP and the number of uses is restricted to no more than 5 uses per device.
- Refer to N95 Respirator Limited Re-use job aid and Decontamination and Reuse of NISOH Approved N95 Respirators guideline.
- Gowns:
    - Suspend the use of gowns for endemic multidrug resistant MRSA

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- Implement the extended use of gowns in which the same gown is worn by the same healthcare worker when interacting with more than one patient housed in the same location and known to be infected with the same infectious disease (i.e., COVID-19). May only be used if no other co-infectious organism i.e., C. diff. Gown must be removed, discarded, or changed if it becomes visibly soiled.

- **Home Health and Hospice home care:** Store reusable PPE at patient home when appropriate (allowing for safe donning and doffing zone). Follow home care storage process. No cloth gowns are to be used.

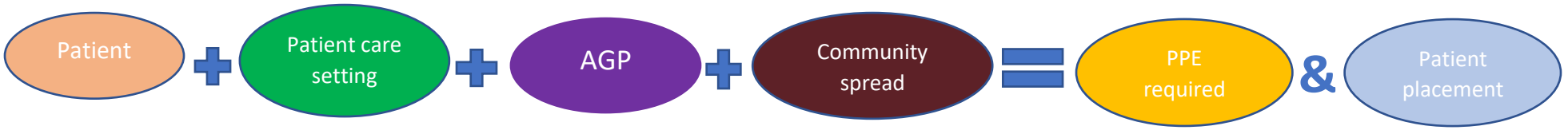
**Clinical Presentation of Suspect/ Confirmed COVID-19** may vary (https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html)

The signs and symptoms of COVID-19 present at illness onset vary, but over the course of the disease, most people with COVID-19 experience one or more of the following:

- Fever or chills
- Cough
- Headache
- New loss of taste or smell
- Congestion or runny nose
- Sore throat
- Fatigue
- Nausea or vomiting
- Diarrhea
- Muscle or body aches
- Shortness of breath or difficulty breathing

## Appendix A: Healthcare Facility Response to Community Respiratory Illness/COVID-19 to Determine PPE and Patient Placement

**Conventional Capacity Measures (Adequate Resources Are Available)**




| COVID-19 symptoms? AND/OR Respiratory Symptoms ARE Present | Patient care setting | Aerosol Generating Procedure (AGP) | Community spread of COVID-19 | Type of PPE | Room placement/ Patient considerations |
|---|---|---|---|---|---|
| • COVID-19 positive/ unknown/ pending<br>• Influenza positive/ unknown/ pending<br>• RSV positive/ unknown/ pending | **ALL** | Yes<br>No | Any level | • N95/ PAPR preferred, Aspirus approved face shield, gloves, gown<br>• When unable to be N95 respirator fit test; face mask, Aspirus approved face shield, gloves, gown | • Single patient room, door closed, negative pressure if available- with bathroom if inpatient<br>• Cohort in unit with similar conditions<br>• Patient wears cloth face covering, as tolerated/ surgical |

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| | | | | | face mask with symptoms, if tolerated<br>• Patient vehicle, single patient room with door closed<br>• Double occupancy patient rooms may be used for patients who are positive with the identical pathogen (ex. Two positive COVID-19 patients |
| **COVID-19 NOT Suspected AND/OR Respiratory symptoms ARE NOT present** | **Patient care setting** | **AGP** | **Community spread of COVID-19** | **Type of PPE** | **Room placement/ Patient considerations** |
| • COVID-19- Negative<br>• Influenza Negative<br>• RSV Negative | **ALL** | No | **Minimal or None** | Face mask required, Aspirus approved face shield /goggles optional | • Any room<br>• Patient wears cloth face covering, as tolerated |
| • COVID-19 Negative/ unknown<br>• Influenza Negative/ unknown<br>• RSV Negative<br>• Pre-op asymptomatic pending COVID result<br>• Pending COVID result- admission screening, not | **ALL** | No | **Moderate or Substantial** | Face mask and Aspirus approved face shield /goggles<br>○ At the discretion of the user, a N95/ PAPR may be worn. | • Any room<br>• Patient wears cloth face covering, as tolerated |

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| suspect COVID patient<br>• Pre-Long- Term Care/ Skilled Nursing Facility placement- pending COVID result | | | | | |
| **COVID-19 positive patient? Respiratory symptoms?** | **Patient care setting** | **AGP** | **Community spread of COVID-19** | **Type of PPE** | **Room placement/ Patient considerations** |
| No/ unknown | **Home health/ Hospice home care** | No | **Minimal or None** | Face mask required, Aspirus approved face shield /goggles optional | • Any room<br>• Patient wears cloth face covering, as tolerated |
| No/ Unknown | **Home health/ Hospice home care** | No | **Moderate or Substantial** | **Asymptomatic**<br>Standard and transmission- based precautions plus Facemask and Aspirus approved face shield /goggles<br>○ At the discretion of the user, a N95/ PAPR may be worn. | • Limited visitors in home during visit<br>• No visitors in room during visit<br>• Patient wears face covering, as tolerated |
| Yes | **Home health/ Hospice home care** | YES | **Moderate or Substantial** | **Symptomatic/ suspect/ confirmed:**<br>• N95/ PAPR preferred, Aspirus approved face shield, gloves, gown<br>• When unable to be N95 respirator fit test; face mask, Aspirus approved face shield, gloves, gown | |

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| **COVID-19 positive patient? Respiratory symptoms?** | **Patient care setting** | **AGP** | **Community spread of COVID-19** | **Type of PPE** | **Room placement/ Patient considerations** |
| No/ unknown | **Skilled Nursing/ Assisted Living Facilities** | No | **Minimal or None** | Face mask required, Aspirus approved face shield /goggles optional | Any room<br>• Patient wears cloth face covering when they leave the room |
| No/ Unknown | **Skilled Nursing/ Assisted Living Facilities** | NO | **Moderate or substantial** | **Asymptomatic:**<br>Standard and transmission- based precautions plus Facemask and Aspirus approved face shield /goggles<br>o At the discretion of the user, a N95/ PAPR may be worn. | • Residents wears cloth face covering/ face mask when they leave the room |
| Yes | **Skilled Nursing/ Assisted Living Facilities** | YES | **Moderate or substantial** | **Symptomatic/ suspect/ confirmed:**<br>• N95/ PAPR preferred, Aspirus approved face shield gloves, gown<br>• When unable to be N95 respirator fit test; face mask, Aspirus approved face shield, gloves, gown. | **Symptomatic/ suspect/ confirmed:**<br>• Single patient room, door closed, negative pressure -if available with bathroom.<br>• Cohort patients in unit, with doors closed, if possible |

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| | | | | | • Follow regulatory guidance for additional placement<br>• Patient wears cloth face covering/ face mask when they leave the room |
| **COVID-19 patient? Respiratory symptoms?** | **Patient care setting** | **AGP** | **Community spread of COVID-19** | **Type of PPE** | **Room placement/ Patient considerations** |
| No/ unknown | **Surgical Services** | YES | **Minimal or None** | Face mask required, Aspirus approved face shield /goggles optional | Any room<br>• Patient wears cloth face covering, as tolerated |
| No signs or symptoms of COVID-19, **AND** a negative COVID-19 test result | **Surgical Services** | YES | **Moderate or substantial** | **HCW present during Aerosol Generating Procedure (AGP):**<br>• Anesthesia Staff is defined as an Anesthesiologist and/or CRNA or designated assistant<br>• Non-Anesthesia staff must leave the room during and can immediately return after intubation and extubation<br>• N95 Respirator: may exchange after each patient when supply allows<br>• Follow procedure / job aides for donning and doffing<br>• Face Shield: May be changed with each use<br>○ In controlled environments, for example, Operating Rooms, Interventional Radiology Suites, or Cath Labs, OSHA approved eye wear with side shields may be | • Standard<br>• Patient wears cloth face covering, as tolerated<br>• Use of protective barriers between patient and anesthesia during procedure when possible |

considered during the procedure. The patient must have appropriate draping and airway management tactics in place to minimize aerosolization of respiratory secretions. Appropriate cleaning tactics to minimize risk of exposure should be initiated.

- Exceptions will be granted to accommodate specialty loupes, laser eye wear, radiation eye wear, or for microscope work. Appropriate cleaning tactics to minimize risk of exposure should be initiated.

| Asymptomatic patients AND COVID test negative | N95 or PAPR | Surgical mask | Face Shield | Isolation Gown | Gloves |
|---|---|---|---|---|---|
| All Staff (Non-Anesthesia staff) | | x | x | | Exam |
| Anesthesia Staff | x | | x | x | Exam |

| Asymptomatic patients AND COVID test negative: EGD, Bronchoscopy, Colonoscopy, ENT Airway, Dental Procedures | N95 or PAPR | Surgical mask | Face Shield | Isolation Gown | Gloves |
|---|---|---|---|---|---|
| All Staff & Anesthesia Staff (Intraoperative staff only) | x | | x | x | Exam |

- In controlled environments, for example, Operating Rooms, Interventional Radiology Suites, or Cath Labs, OSHA approved eye wear with side shields may be considered during the procedure. The patient must have appropriate draping and airway management tactics in

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| | | | place to minimize aerosolization of respiratory secretions. Appropriate cleaning tactics to minimize risk of exposure should be initiated.<br>○ Exceptions will be granted to accommodate specialty loupes, laser eye wear, radiation eye wear, or for microscope work. Appropriate cleaning tactics to minimize risk of exposure should be initiated.<br>○ At the discretion of the user, a N95/ PAPR may be worn at any time. | | |
| **COVID-19 patient? Respiratory symptoms** | **Patient care setting** | **AGP** | **Community spread of COVID-19** | **Type of PPE** | **Room placement/ Patient considerations** |
| • Symptomatic patient, COVID-19 test pending/ positive, no COVID-19 test done, Asymptomatic and NO COVID-19 test done | **Surgical Services** | YES | **Moderate to Substantial** | **Operating Room PPE**<br>• Moderate risk: Mild to moderate symptoms and does not require respiratory intervention more than baseline. High risk: Severe symptoms requiring respiratory intervention, and/or an AGP.<br>• **ONLY ESSENTIAL** PERSONNEL PRESENT DURING ENTIRE PROCEDURE<br>• Face Shield: Clean and Reuse<br>○ In controlled environments, for example, Operating Rooms, Interventional Radiology Suites, or Cath Labs, OSHA approved eye wear with side shields may be considered during the procedure. The patient must have appropriate draping and airway management tactics in place to minimize aerosolization of respiratory secretions. Appropriate cleaning tactics to minimize risk of exposure should be initiated.<br>○ Exceptions will be granted to accommodate specialty loupes, laser eye wear, radiation eye | **Patient Placement:**<br>• SURGICAL PROCEDURES SHOULD BE AVOIDED WHENEVER POSSIBLE<br>• Designated COVID-19 Room<br>• Patient wears cloth face covering, as tolerated<br>• Use of protective barriers between patient and anesthesia during procedure when possible |

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| | | | | wear, or for microscope work. Appropriate cleaning tactics to minimize risk of exposure should be initiated | | | | | | |
| | | | | **Symptomatic Patients, COVID test pending/positive/not done** | **N95 or PAPR** | **Surgical mask** | **Face Shield** | **Isolation Gown** | **Gloves** | |
| | | | | All Staff & Anesthesia Staff | x | | x | x | Exam | |
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| **COVID-19 patient? Respiratory symptoms?** | **Patient care setting** | **AGP** | **Community spread of COVID-19** | | **Type of PPE** | | | **Room placement/ Patient considerations** | | |
| EMS/ Dialysis/ Oncology/ Birthing Center | | | See separate policies | | | | | | | |

***Additional PPE as required by Standard and Transmission based precautions due to other infectious condition as needed**

**Appendix B: PPE Strategy when adequate resources are not available**

| PPE Conservation strategies | Contingency capacity | Crisis capacity |
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| Facemasks | • Implement extended use of facemasks<br>• Restrict facemasks to use by HCP, rather than patients for source control | • Use facemasks beyond the manufacturer-designated shelf life during patient care activities<br>• Implement limited re-use of facemasks<br>• Prioritize facemask for selected activities as outlined by CDC<br>• When no facemasks are available refer to CDC |
| N95 respirators | • Use of N95 respirators beyond the manufacturer-designated shelf life for training and fit testing<br>• Extended use of N95 respirators<br>• Use of facemask and face shield if limited supply of N95<br>• Reserve N95 for Aerosol generating procedures<br>• Follow decontamination of N95 respirators for care delivery policy | • Use of respirators beyond the manufacturer-designated shelf life for healthcare delivery<br>• Use of respirators approved under standards used in other countries that are similar to NIOSH-approved respirators<br>• Limited Re-use of N95 respirators<br>• Use of additional respirators beyond the manufacturer-designated shelf life for healthcare delivery that have not been evaluated by NIOSH<br>• Prioritize use ofN95 respirators and facemasks by activity type<br>• Follow decontamination of N95 respirators for care delivery policy |
| Eye Protection | • A face shield is the preferred eye protection and is the only approved eye protection for patients with aerosol generating procedures (exceptions as granted by EH), respiratory symptoms, suspect or confirmed COVID. Aspirus approved goggles may be used in other interactions.<br>• Shift eye protection supplies from disposable to re-usable devices (i.e. reusable face shields)<br>• Implement extended use of eye protection-reprocess if visibly soiled or difficult to see through | • Use eye protection beyond the manufacturer designated shelf life<br>• Consider using safety glasses (e.g., trauma glasses) that have extensions to cover the side of the eyes |

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| Isolation gowns | • Shift gown use towards cloth isolation gowns<br>• Consider use of coveralls after personnel training<br>• Use of expired gowns beyond the manufacturer designated shelf life for training<br>• Use of gowns or coveralls conforming to international standards<br>• Home health/ Hospice home care: disposable gowns, when available | • Suspend the use of gowns for endemic multidrug resistant MRSA<br>• Extended use of isolation gowns worn by the same HCP when interacting with more than one patient known to be infected with the same infectious disease when these patients are housed in the same location. ONLY if no additional co-infectious diagnosis excluding home health/ hospice home care<br>• Re-use of cloth isolation gowns<br>• Prioritize gowns by activity<br>• WHEN NO GOWNS AVAILBLE:<br>○ Consider using gown alternatives that have not been evaluated as effective |
| Gloves<br>• CDC does not recommend double gloves when providing care to suspected or confirmed COVID-19 patients | • Use of gloves past their manufacturer-designated shelf life for training activities<br>• Use of gloves conforming to other U.S. and international standards | • Use of gloves past their manufacturer-designated shelf life for healthcare delivery<br>• Prioritize the use of non-sterile disposable gloves per CDC<br>• Consider non-healthcare glove alternatives<br>• Extended use of disposable medical gloves as outlined by CDC |

| PPE Guidance for Aerosol Generating Procedures<br>(Maintain 6 Feet Distance Whenever Possible)<br>**Follow Transmission based precautions**<br>in addition to guidance for AGP | | |
|---|---|---|
| **ALL PATIENTS NON COVID-19 SUSPECT and COVID-19 SUSPECTED OR POSITIVE** | **Aerosol Generating Procedure**<br>• Sputum induction<br>• Endotracheal intubation and extubation<br>• Bronchoscopy<br>• Bag Mask Ventilation<br>• CPR<br>• Open tracheal suctioning<br>• Airway procedures<br>• Esophageal procedures in a non-intubation patient<br>• Intrapulmonary Percussive Ventilation (IPV)<br>• Unfiltered Ventilator, CPAP, or BiPAP circuit**<br><br>**Filters must be in place for recommend air exchange time before non-hospital personnel may enter room. | **Recommended PPE**<br>• N95 or PAPR or CAPR/face shield/gown/ gloves<br>• Do not enter after a procedure in non-negative room for 90 minutes or facility specific air exchange recommendations<br>• In negative pressure room, 35 minutes, or facility specific air exchange recommendation<br>• Follow N95 respirator decontamination process<br>• Follow appropriate guidance for contingency/crisis conservation measures as identified by PPE and patient placement policy |

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