

## Personal Protective Equipment for Suspected or Known COVID-19 Patients

The safety of all members of our healthcare team is a top priority for UW Medicine as we navigate the rapidly evolving clinical situation around COVID-19. As we gain experience and learn more about this infection, we recognize that using airborne precautions in all clinical situations is not necessary. As a result, UW Medicine is now recommending **standard/droplet/contact precautions** for all ambulatory, acute care, and ED patients with known or suspected COVID-19 disease across all of our entities. Patients who may have or are known to have COVID-19 who are critically ill as well as those requiring aerosol generating procedures like intubation or nebulizer therapy will be performed in airborne/droplet/contact precautions with eye protection (similar to prior guidance). This change is in line with the WHO rational use of personal protective equipment for coronavirus disease 2019 (COVID-19) recommendations. Based on available evidence and expert opinion, the COVID-19 virus, similar to other coronaviruses and influenza, is primarily transmitted through close contact and large droplets. We anticipate that many local and national partners will follow our lead.

The CDC currently recommends standard/contact/airborne isolations precautions for patients at highest risk and we will continue to support this approach for our critically ill patients and those undergoing aerosol generating procedures. With expanded laboratory testing capabilities, we will also make testing available to a broader group of patients with fever or respiratory symptoms who **do not** meet current CDC criteria.

### **Why are we changing to standard, contact and droplet isolations precautions?:**

- Standard/droplet/contact precautions is clinically appropriate for non-critically ill patient care and is consistent with guidelines from WHO and other countries.
- Ensure that we are able to maintain appropriate PPE for the highest risk patients
- Simplify PPE use in most settings. The current process is more complicated and may lead to increased risk while removing PPE.
- Streamline care for these patients
- Allows all sites to get patients into precautions more consistently
- Note: PPE use for suspected or positive COVID cases will continue to require a trained PPE observer to assist with donning and doffing. Since some patient room doors do not have a window, observation of doffing may not always be possible.

### **What about patients who test positive?**

- Non-critically ill patients will remain in standard/droplet/contact precautions with eye protection with a trained observer to ensure proper PPE donning and doffing (see above). This approach will facilitate testing among patients entering our system while keeping our workforce safe and ensuring the most rational use of PPE for the highest risk scenarios.

### **Which patients should remain in airborne precautions?**

- Patients who are PUI or COVID-19 positive requiring **ICU level care**

- Patients requiring (or anticipated to require) **aerosol generating procedures** including endotracheal intubation, non-invasive positive pressure ventilation, bronchoscopy, cardiopulmonary resuscitation, suctioning, non-invasive positive pressure ventilation, and nebulizer therapy. Preferentially using metered dose inhalers instead of nebulizers for any person being tested for or diagnosed with COVID-19 is strongly recommended.
- Negative pressure airborne isolation rooms will be used if available. If negative pressure rooms are unavailable, patients will be placed in a standard room with staff using N95 with eye protection/PAPRs, gowns and gloves.

**What precautions are required for specimen collection?**

- Nasopharyngeal swabs often generate a strong cough reflex. Standard/Contact/Droplet precautions are recommended.

**Should healthcare workers wear facemasks outside of direct patient care?**

- Facemasks should not be used outside of direct patient care or housekeeping.
- Facemasks are useful when worn by sick patients to prevent contamination of the surrounding area when they cough or sneeze.
- Facemasks (along with hand hygiene, eye protection, gown and gloves) are useful for healthcare workers during discrete episodes of direct patient care that may result in close contact and should be doffed appropriately after each interaction.
- All PPE must be conserved during this time of great need and therefore must not be worn outside of these episodes.

**Where can I find the most recent version of our screening and testing protocols?**

- Up to date information can be found at <https://one.uwmedicine.org/coronavirus>

Thank you for everything you do for the safety of our patients, yourselves, your families and your communities.