

Interim Guidance on PPE Use with Suspected and Confirmed COVID Patients at GLA VA

	Clinical Staff Interacting With PUI or COVID+ Patient				Suspected or COVID+ Patient¹	All Visitors And Outpatients	
Brief Contact² Or Indirect Contact²	No COVID19 PPE necessary, but 1 Surgical Mask may be used by staff each day				 Surgical Mask	 Surgical Mask	 Cloth Mask OR Cone Mask
Verbal (Primary and Secondary) Screening³ OR Ambulatory or Wheelchair Patient Transport⁴					 Surgical Mask	 Surgical Mask	 Cloth Mask OR Cone Mask
Patient Transport on Gurney⁴	 Gloves	 Surgical Mask		 Isolation Gown	 Surgical Mask	N/A	
Medical (Tertiary) Screening³	 Gloves	 OR	 Surgical Mask	 Isolation Gown	Patients with confirmed or possible SARS-CoV-2 infection should wear a facemask when being evaluated medically (including in patient room)	N/A	
All Direct Patient Care² (Non-ICU, ICU, CRU, ED, Dialysis) Including Aerosol-Generating Procedures⁵ And NP Swab of COVID PUIs⁴	 Gloves	 OR	 N95 Mask	 Isolation Gown			

Eye Protection can be EITHER goggles or face shield.

This guidance is only for use with clinically suspected and test-confirmed COVID patients (patients with ordered COVID Isolation Precautions)

PPE use in COVID surgical cases and inpatient intubation is specified in 'Interim Guidance at GLA for PPE Use in Surgical/Procedural Cases and Inpatient Intubation Cases'

Supplementary Appendix 1:

Interim Guidance on PPE Use with Suspected and Confirmed COVID Patients at GLA VA

1. **Confirmed COVID19 Cases** refers to patients with laboratory confirmed COVID19 infection. **Person Under Investigation** is defined as individuals undergoing evaluation with healthcare providers, with clinical or epidemiological factors for increased risk of COVID19 that are awaiting diagnostic testing results.
 2. **Close contact** is defined as either:
 - A. Being within approximately 6 feet of a person with COVID-19 for 5 minutes or more (such as caring for or visiting the patient; or sitting within 6 feet of the patient in a healthcare waiting area or room)
 - B. Having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand)
 - C. This includes Tertiary (Clinical) screening of patients in the VA Screening Tent
 - A. Nasopharyngeal swabbing is considered close contact, but not an aerosol generating procedure. However, given the case of employees who's primary function is continuously NP swabbing many COVID PUI patients for screening, N95 masks should be used.
- Brief interactions:** Guidance for employees who have only brief interactions with a patient regardless of whether patient was wearing a facemask are considered low-risk. Examples include:
- A. Brief conversation at a triage desk
 - B. Briefly entering a patient room but not having direct contact with the patient or the patient's secretions/excretions
 - C. Briefly entering the patient room immediately after the patient was discharged
- Indirect contact:** workers who walk by a patient or who have no direct contact with the patient or their secretions/excretions and no entry into the patient room are considered to have no identifiable risk.
4. **Screening** in this document refers to Primary Screening (hospital entrance and clinic check-in) and Secondary Screening (entrance to VA Screening Tent), where verbal screening without medical evaluation is employed. Screeners are designated individuals performing this function.
 5. **Transport** in this context involves:
 - A. Ambulatory or wheelchair assisted patient movement outside of the patient room. This includes accompanying the patient from the triage point to the room to which they will be admitted, and for diagnostic procedures.
 - B. Patient movement in a hospital bed is considered 'close contact patient care' which should follow contact and droplet precaution. Enhanced droplet precautions (eye protection) is not indicated as the patient should be wearing a mask.

NOTE: For off-unit activities (ie. imaging) that do not include Aerosol Generating Procedures, involved staff should follow the non-ICU care guidelines in this document
 6. **Aerosol-Generating Procedures** include:
 - A. Endotracheal intubation or extubation
 - B. Cardiopulmonary resuscitation
 - C. Non-invasive positive pressure ventilation (BiPAP)
 - D. Bronchoscopy
 - E. Cardiopulmonary resuscitation
 - F. Open oropharyngeal or nasopharyngeal suctioning (closed circuit suctioning is considered non-aerosol generating)
 - G. Nebulizer therapy. Use of metered dose inhalers with spacers is strongly preferred.

NOTE: The number of healthcare workers present during the procedure should be minimized.