

Personal Protective Equipment (PPE) in the Ambulatory Setting

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Maintaining an environment of safety will include multiple layers of protection including screening for persons with symptoms at entry points, maintaining appropriate physical distance, limiting the number of people in the facility, hand hygiene, environmental disinfection, pre-screening patients prior to procedures, and source control via face coverings for patients.

The following table provides guidance on recommended PPE based on type of patient interaction and likelihood of the patient being infected with COVID-19.

Definitions:

Staff/Providers: Face Mask = UConn issued Procedure Mask

Staff/Providers: Eye Protection = UConn Health issued Goggles or Face Shield (preferred)

Table 1: Minimum Recommended PPE and Room Downtime

COVID Status	Type of Patient Encounter	Patient Minimum Covering:	Staff/Providers Minimum Recommended PPE (in addition to Standard Precautions):	Minimum Room Downtime Between Patients	Additional Notes
<p><u>UNIVERSAL PANDEMIC PRECAUTIONS</u></p> <p>Moderate – Significant Community Transmission of SARS-CoV-2</p>	<ul style="list-style-type: none"> Physical Contact/close proximity¹ Patient masked No Aerosol-Generating Procedure 	<ul style="list-style-type: none"> Mask or cloth face covering* 	<ul style="list-style-type: none"> Face Mask Eye Protection (required) 	<ul style="list-style-type: none"> No minimum downtime 	<p>* If patient is unmasked and a cough-inducing procedure (ex. NP or oral swab) will be performed a respirator (ex. N-95 or higher respirator) and gown should be worn and the door should be closed</p>
<p><u>Low Risk:</u></p> <p>No COVID-19 signs or symptoms (Screen Negative)</p> <p>and</p> <p>No recent positive COVID-19 testing (recent is not less than 21 days)²</p> <p>and</p> <p>Not a Person Under Investigation (PUI) and not suspected of having COVID-19 infection</p> <p>and</p> <p>Not under quarantine due to COVID-19 exposure within the last 14 days³</p>	<ul style="list-style-type: none"> Physical Contact Patient masked 	<ul style="list-style-type: none"> Mask or cloth face covering* 	<ul style="list-style-type: none"> Face Mask Eye Protection (recommended)** 	<ul style="list-style-type: none"> No minimum downtime 	<p>*If provider feels that patient's face-covering is inadequate a procedure mask will be provided to the patient</p> <p>**Eye protection required if patient is unable to wear a facemask throughout the entire encounter</p>
	<ul style="list-style-type: none"> Physical Contact Patient unmasked No Aerosol-Generating Procedure 	<ul style="list-style-type: none"> Mask or cloth face covering except as needed for exam 	<ul style="list-style-type: none"> Face Mask Eye Protection Gloves 	<ul style="list-style-type: none"> No minimum downtime 	<p>* If patient is unmasked and a cough-inducing procedure (ex. NP or oral swab) will be performed a respirator (ex. N-95 or higher respirator) and gown should be worn and the door should be closed</p>
	<ul style="list-style-type: none"> Physical Contact <u>Patient unmasked</u> <u>Aerosol-Generating Procedure Performed</u> 	<ul style="list-style-type: none"> Mask or cloth face covering except as needed for exam 	<ul style="list-style-type: none"> Respirator (N95 or higher) or PAPR Eye Protection Gloves Gown 	<ul style="list-style-type: none"> Preferred use of Airborne Infection Isolation Room (AIIR), and/or increased room downtime, to be appropriate based upon procedural factors. 	

<p>High Risk:</p> <p>COVID-19 signs or symptoms (Screen Positive)</p> <p>or</p> <p>Patient has a positive COVID test, is a person under investigation (PUI) or is suspected of having COVID-19 infection despite a negative test</p>	<ul style="list-style-type: none"> • Physical Contact • Patient masked 	<ul style="list-style-type: none"> • Mask or cloth face covering except as needed for exam 	<ul style="list-style-type: none"> • Respirator (N95 or higher) or PAPR • Eye Protection • Gloves • Gown 	<ul style="list-style-type: none"> • Room down-time to be determined based on the clinical activity performed. Please call Infection Control Hotline through the page operator to provide guidance. 	<p>Postpone visit if face-to-face needs not urgent. Telehealth recommended.</p> <p>If clinical suspicion for COVID-19 based on positive screen refer for SARS-CoV-2 RNA PCR testing</p>
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¹Defined as within 6 feet of a patient or sharing an enclosed room. If a full length plexiglass barrier is in place between the patient and employee, eye protection is not required.

²Patients who have tested SARS-CoV-2 RNA PCR within 21 days of the encounter should be included in the High Risk group and managed accordingly.

³Patients who have had a high-risk exposure (ie. prolonged close contact with an individual who tests positive for COVID-19) within the past 14 days should be included in the High Risk group and managed accordingly. If there are any concerns about a patient’s potential exposure to SARS-CoV-2 please call the COVID-19 Call Center (x3199) for guidance.

Individuals performing screening of employees, patients and visitors must wear PPE consisting of eye protection (face shield is recommended) and a facemask when interacting with employees, patients and visitors during screening processes. If physical contact is warranted, gloves should be worn and should prolonged, close physical contact be needed, a gown should be worn.

**Table 2: Aerosol-Generating Procedures as Defined by Expert Groups
Various Organizations’ List of Aerosol-Generating Procedures from IDSA**

There is neither expert consensus, nor sufficient supporting data, to create a definitive and comprehensive list of AGPs for healthcare settings. Authorities may issue additional guidance, and additional guidance will be provided in the Guidance for Resumption of Elective Procedures.

Original Source: <https://www.idsociety.org/globalassets/idsa/practice-guidelines/covid-19/infection-prevention/table-3.pdf#Table3>

Organization	CDC (COVID-19 guidance) ¹	CDC (Seasonal influenza guidance) ²	WHO (COVID-19 guidance) ³	WHO (Epidemic and pandemic - prone acute respiratory diseases) ⁴
Procedures listed	Open suctioning of airways, sputum induction, cardiopulmonary resuscitation, endotracheal intubation and extubation, non-invasive ventilation (e.g., BiPAP, CPAP), bronchoscopy, manual ventilation	Bronchoscopy, sputum induction, elective intubation and extubation, autopsies, cardiopulmonary resuscitation, emergent intubation and open suctioning of airways	Tracheal intubation, non-invasive ventilation, tracheotomy, cardiopulmonary resuscitation, manual ventilation before intubation, and bronchoscopy	Aspiration of respiratory tract, intubation, resuscitation, bronchoscopy, autopsy

Examples of additional procedures that may generate aerosols*

- Selected laryngoscopy procedures
- Electroconvulsive therapy
- Electrical cardioversion
- Electrophysiology procedures requiring general anesthesia
- Fluoroscopically guided enteric tube placement
- Interventional radiology procedures requiring anesthesia or in patients with a tracheostomy
- Dental procedures with aerosol generation
- Interventional pulmonary procedures (thoracoscopy, thoracentesis, ablation, etc.)
- Esophageal manometry
- Nebulizer treatments
- High flow oxygen administration
- CT guided lung biopsy (interventional radiology)
- Nasal endoscopy and laryngoscopy (therapeutic)
- Oral cavity/throat biopsy
- Tracheotomy tube change
- Laser ablation procedures (mouth, nose, face, eyes)

*There may be additional Aerosol Generating Procedures that are performed that are not included on this list. If there are any concerns about an ambulatory procedure that may involve aerosol generation please call Infection Control to discuss whether additional measures that are warranted

1. Centers for Disease Control and Prevention. Health care Infection Prevention and Control FAQs for COVID-19. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-faq.html>.

2. Centers for Disease Control and Prevention. Prevention Strategies for Seasonal Influenza in Health care Settings. Available at: https://www.cdc.gov/flu/professionals/infectioncontrol/health_caresettings.htm.

3. World Health Organization. Advice on the use of masks in the context of COVID-19. Available at: [https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-health-care-settings-in-the-context-of-the-novel-coronavirus-\(2019-ncov\)-outbreak](https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-health-care-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak).

4. World Health Organization. Epidemic- and pandemic-prone acute respiratory diseases - Infection prevention and control in health care. Available at: <https://www.who.int/csr/resources/publications/aidememoireepidemicpandemic/en/>.

Table 3: Acceptable Masks for Patients and Employees in Clinical Settings

All employees, patients, learners, visitors and others in UConn Health facilities must wear masks at all times while in any public space or an area of the facility where they may be within 6 feet of another individual.

Employees working in clinical areas ¹	Employees in non-clinical areas	Patients and visitors
Hospital-issued surgical or procedure mask	Hospital-issued surgical or procedure mask	Hospital-Issued surgical or procedure mask
Cloth/Cotton mask must be covered by a hospital-issued surgical or procedure mask	Cloth/Cotton mask that completely covers nose and mouth	Cloth/Cotton mask that completely covers nose and mouth

Bandanas, Gaiters and Masks with exhalation valves² are not considered acceptable in clinical settings



¹When a respirator is not needed based on Table 1 and 2; ²UConn Health-issued N95 respirators with exhalation valves have been approved for use by specific employees and learners in specific clinical areas for non-sterile procedures only and in these situations all employees and learners must wear a procedure mask over the N95 respirator with exhalation valve issued when wearing such respirators