

## UCSF Health

### Revised PPE Guidelines 03/13/2020

There has been a change to Personal Protective Equipment (PPE) for known or suspected patients with COVID-19. As we gain experience with this infection, we are learning that airborne precautions in all clinical situations is not necessary to protect against this disease.

Based upon [growing global experience](#), [World Health Organization \(WHO\) guidance](#), and [revised Centers for Disease Control and Prevention \(CDC\) recommendations](#), all UC Health medical centers [and many other academic medical centers across the U.S.](#) have [already or](#) are moving to droplet/contact precautions with eye protection for ambulatory, hospital, and Emergency Department patients with known or suspected COVID-19 disease.

Patients who are rule-out or are confirmed to have COVID-19 requiring aerosol-generating procedures like intubation, high-flow nasal cannula, non-invasive ventilation, and/or tracheostomy will remain in Novel Respiratory Precautions (airborne /contact precautions with eye protection) and in a negative pressure [airborne infection isolation room](#).

Based on available evidence and expert opinion, the COVID-19 virus, similar to other coronaviruses and influenza, is primarily transmitted through close contact and infected droplets.

With increasing testing capacity coming online over the next week, we will be able to test more patients, and therefore testing will be available to a broader group of patients with fever or respiratory symptoms.

#### ***Why are we changing to contact plus droplet isolations?***

- Droplet/contact (respiratory illness isolation) isolation is clinically appropriate for care of patients who are not requiring continuous aerosol generating interventions and is consistent with guidelines from CDC, WHO, and other countries.
- Similar practices are being adopted across all of the UC health centers.
- Ensures that we are able to maintain appropriate PPE for the highest risk patients.
- Allows all members of our health care team to get patients into precautions more consistently and enables us to appropriately isolate and test patients with suspected COVID-19 infection.

#### ***Which patients should remain in airborne/contact with eye protection (Novel***

### ***Respiratory Isolation) precautions?***

- Patients requiring endotracheal intubation, high-flow nasal cannula, non-invasive positive pressure ventilation, and patients with a tracheostomy.

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

- Nasopharyngeal swabs often generate a strong cough reflex, so N95 with eye protection or PAPR should be used in addition to contact precautions for collections.
  - The room where a nasopharyngeal swab is obtained does NOT need to remain empty for one hour after specimen collection.

For more information, please visit its COVID-19 resource page ([www.ucsf.edu/coronavirus](http://www.ucsf.edu/coronavirus)), Infection Control website (<https://infectioncontrol.ucsfmedicalcenter.org/ucsf-health-covid-19-resources>) and UCSF Health Environment of Care website (<https://safety.ucsf.edu/respiratory-protection>). These pages are being updated on an ongoing basis.

For further information on the CDC's revised guidance, please visit: [https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html)