Interim guidance for isolation precautions and patient placement in patients with suspected or confirmed COVID-19

Is patient suspected or confirmed to have COVID-19?
- Meets testing criteria and COVID-19 test is positive or pending.
- Newborn of mother while mother’s COVID-19 test is pending.
- Emergent situation and COVID-19 status is unknown.\(^1\)

Test status and anticipated care needs at time of admission:
- COVID-19 negative
  - standard room, transmission-based precautions per patient condition\(^2\)
- COVID-19 positive or pending with anticipated or planned AGP
  - AIIR, airborne and contact precautions with eye protection\(^3\)
- COVID-19 positive or pending with NO anticipated or planned AGP
  - standard room, contact and droplet precautions with eye protection\(^3\)

Are aerosol-generating procedures (AGPs) anticipated?
- Yes
  - Standard room
  - Contact and Droplet precautions with eye protection\(^4\)
- No
  - Manage per routine.
  - Select Standard precautions or transmission-based precautions as appropriate per condition.
  - Adhere to universal masking and eye protection guidance.\(^3\)

Test status and anticipated care needs at time of admission:
- COVID-19 negative
  - standard room, transmission-based precautions per patient condition\(^2\)
- COVID-19 positive or pending with anticipated or planned AGP
  - AIIR, airborne and contact precautions with eye protection\(^3\)
- COVID-19 positive or pending with NO anticipated or planned AGP
  - standard room, contact and droplet precautions with eye protection\(^3\)

NOTES:
1. Unless a patient’s COVID-19 status is already known, emergent procedures where there is not time or ability to assess symptoms or complete testing for COVID-19 should be considered as suspect COVID-19 until proven otherwise.
2. For additional information about special air handling rooms, including which patient care rooms are designated as AIIR, refer to Airborne Infection Isolation Rooms (AIIRs) and Protective Environment (PE) Rooms. For AIIR considerations in the surgery department, refer to COVID-19 Surgery Infection Control Plan.
3. Staff will adhere to best practices for PPE conservation as detailed on page 4 of this document.

Disclaimer: This guideline is designed for general use with most patients; each clinician should use his or her own independent judgment to meet the needs of each individual patient. This guideline is not a substitute for professional medical advice, diagnosis or treatment. Information on COVID-19 incidence and management is rapidly evolving. Refer to www.CDC.gov, www.who.int, www.health.state.mn.us, or Children’s MN COVID-19 information page for updates.

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<table>
<thead>
<tr>
<th>Room Type</th>
<th>Airborne + Contact + Eye Protection</th>
<th>Contact and Droplet + Eye Protection</th>
<th>Airborne + Contact</th>
<th>Airborne</th>
<th>Contact and Droplet</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COVID-19 suspected or confirmed with aerosol-generating procedures</strong></td>
<td>COVID-19 suspected or confirmed without aerosol-generating procedures</td>
<td>Chickenpox</td>
<td>Measles</td>
<td>COVID-19 negative Other respiratory viral illness</td>
<td></td>
</tr>
<tr>
<td><strong>Respirator N95 or PAPR or elastomeric</strong></td>
<td>Airborne Infection Isolation Room (AIIR) If AIIR not available, use private room with door closed.</td>
<td></td>
<td>Airborne Infection Isolation Room (AIIR) required If AIIR not available in clinic, use private room with door closed.</td>
<td>Airborne Infection Isolation Room (AIIR) required If AIIR not available in clinic, use private room with door closed.</td>
<td>Private Room</td>
</tr>
<tr>
<td><strong>Ear-Loop Mask</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Required PPE element.</td>
</tr>
<tr>
<td><strong>Eye Protection Reusable or Disposable</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Required PPE element.</td>
</tr>
<tr>
<td><strong>Gloves</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Universal eye protection for pt-facing staff. Use per Standard Precautions.</td>
</tr>
<tr>
<td><strong>Gown</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Use per Standard Precautions.</td>
</tr>
</tbody>
</table>

*refer to [aerosol-generating procedures](#) †hair covering is optional, not required
### Interim guidance for selecting appropriate isolation precautions, personal protective equipment, and patient location for patients with non-respiratory symptoms

**Standard**, **Contact**, **Enteric**

<table>
<thead>
<tr>
<th>Room Type</th>
<th>Standard</th>
<th>Contact</th>
<th>Enteric</th>
</tr>
</thead>
<tbody>
<tr>
<td>All patients</td>
<td>MDRO</td>
<td><em>Clostridioides difficile infection</em>&lt;br&gt;<em>Diarrhea of unknown etiology</em></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Respirator</th>
<th><em>N95</em> or <em>PAPR</em> or elastomeric</th>
<th>X</th>
<th>X</th>
<th>X</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Ear-Loop Mask</th>
<th>Standard</th>
<th>Contact</th>
<th>Enteric</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Eye Protection</th>
<th><em>Reusable</em> or <em>Disposable</em></th>
<th>Standard</th>
<th>Contact</th>
<th>Enteric</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Gloves</th>
<th>Standard</th>
<th>Contact</th>
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To ensure we have sufficient PPE for staff during the COVID-19 outbreak, Children’s Minnesota is implementing supply conservation measures. Children’s Minnesota follows guidance of CDC, WHO and MDH to make the best and most informed decisions for patient and staff safety.

Quick tips: face shields
- After use, clean with a disinfectant wipe.
- Once disinfectant is dry, use water or glass cleaner to remove residue.
- Return reusable face shields to unit designated face shield storage for anyone to use.
- Place disposable face shields in personal brown paper bag between use.
- Reuse face shields until cracked, cloudy, or unable to be cleaned.

Quick tips: PAPR hoods
- One per healthcare worker per shift.
- After doffing, clean with a disinfectant wipe.
- Once disinfectant is dry, place in personal brown paper bag.
- At the end of the shift, lather hood with soap and water, rinse well, and hang to dry.
- Once hood has air-dried, it may be placed back into unit circulation for anyone to use.

Quick tips: ear-loop masks
- One per patient-facing staff per day for universal masking.
- Reuse for duration of shift; use face shield to protect mask.
- Place in personal brown paper bag between use.
- Dispose when contaminated or soiled and at the end of shift.

Quick tips: elastomeric respirators
- Refer to elastomeric respirator reuse and disinfection protocol and CDC elastomeric respirators.

Quick tips: N95s
- Refer to N95 reuse and disinfection protocol.

Face shields
- Use a cleanable face shield over an N95 mask or ear-loop mask to reduce surface contamination of the mask.
- Face shields may be used between patients and between healthcare workers. Clean after each use with a hospital-approved disinfectant wipe.
- Face shields may be used until cloudy, cracked, or soiled beyond cleaning. If cloudy, wash the visor with warm water and Dawn or hand soap and a wet paper towel, taking care to keep any foam or cloth parts dry.

PAPR hoods
- Clean PAPR hood after each use with a hospital-approved disinfectant wipe.
- PAPR hoods may be used between healthcare workers.
- PAPR hoods can be used between patients, as long as all equipment is disinfected between patients (hood, hose, motor, belt).
- PAPR hoods should be washed with soap and water at the end of the shift and hung to dry. The hose, motor, and belt can be wiped with a hospital-approved disinfectant wipe.
- PAPR hoods can be used repeatedly unless they are cracked, ripped, soaked by blood or body fluids, or if the visor is too cloudy to see through.
- Place battery on charger at the ends of the shift or when battery loses power.

Masks
- Ear-loop masks can be used for an entire shift.
- N95 respirator may be used as long as the seal check is passed and the respirator is not visibly soiled or torn.
- N95 respirator should be worn for suspect or confirmed COVID-19 patients if there is a possibility of an aerosol-generating procedure. NP/OP specimen collection is not an aerosol-generating procedure.
- N95 respirators should also be worn for patients in airborne precautions (e.g. measles, chickenpox).
- Place used ear-loop mask in a paper bag with your name on it in between uses.
- Avoid touching the inside of the N95 respirator or ear-loop mask (the area that touches your face).
- If inadvertent contact is made with the inside of the N95 respirator or ear-loop mask, perform hand hygiene.
- N95 respirators and ear-loop masks, when properly used with a face shield, may be used between patients.
- In certain clinical situations where goggles are preferred to face shields, consider use of an ear-loop mask to cover the N95 respirator as a PPE conservation measure.
- Discard N95 respirators and ear-loop masks if contaminated with blood, respiratory or nasal secretions, or other body fluids.
- At the end of the shift, N95 respirators should be prepared for disinfection according to the N95 reprocessing guidelines.
- N95 respirators may be reprocessed and disinfected up to 10 times. Discard after 10 reprocessing cycles.

• Refer to elastomeric respirator reuse and disinfection protocol and CDC elastomeric respirators.