



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.

Interim guidance for selecting appropriate isolation precautions, personal protective equipment, and patient location for patients with **respiratory symptoms**

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

*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
	All patients	MDRO	<i>Clostridioides difficile</i> infection Diarrhea of unknown etiology
Room Type	Private Room	Private Room	Private Room
Respirator <i>*N95 or PAPR or elastomeric</i>	✘	✘	✘
Ear-Loop Mask	 <i>Universal masking for pt-facing staff.</i>	 <i>Universal masking for pt-facing staff.</i>	 <i>Universal masking for pt-facing staff.</i>
Eye Protection <i>*Reusable or Disposable</i>	 <i>Universal eye protection for pt-facing staff.</i>	 <i>Universal eye protection for pt-facing staff.</i>	 <i>Universal eye protection for pt-facing staff.</i>
Gloves	✘ <i>Use per Standard Precautions.</i>		
Gown	✘ <i>Use per Standard Precautions.</i>		

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 personal face shields in brown paper bag labeled with your name 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.
- 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.
- Dispose when contaminated, wet, torn 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](#).

Eye Protection

- Use a cleanable face shield over an N95 respirator 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.
- Goggles may be used if wearing a face shield impedes the ability to provide safe patient care. Earloop masks and N95 respirators should be discarded between patients when using goggles.

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 end 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).
- 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 or if seal check is not passed.