

COVID-19

Personal Protective Equipment for Office-based Procedures on Patients without COVID-19 Symptoms

The following was developed by the Infectious Diseases and Infection Prevention groups to guide selection of appropriate Personal Protective Equipment (PPE) for office-based procedures on **patients who screen negative on arrival for COVID-19 symptoms and high-risk COVID-19 exposure.**

- **High-risk COVID-19 exposure** is defined as living with a person who has been diagnosed with or tested positive for COVID-19 within 14 days of procedure.
 - Delay scheduling procedure for 14 days from the date of the positive test of the household contact's positive test.
- **COVID-19 symptoms** include new or worsening cough, new or worsening shortness of breath, fever, sudden loss of taste or smell, or at least **two** flu-like symptoms (headache, myalgias, shaking chills, sore throat).
 - Delay scheduling procedure and refer patient to their Primary Care Provider or Urgent Care for evaluation and possible testing.
 - To reschedule procedure, patient should be fever-free for at least 3 days, have improved respiratory symptoms, and at least 10 days from onset of symptoms. Not all symptoms need to resolve prior to rescheduling (e.g., loss of taste/smell).
- If a patient has a recent diagnosis of COVID-19, Aerosol Generating Procedures (AGPs) should be rescheduled for 30 days post-diagnosis whenever possible.
- If procedure is urgent, use clinical judgment to determine scheduling. Follow COVID-19 isolation precautions.

Since COVID-19 is not yet fully understood, MedStar Health is taking a conservative approach to the protection of our physicians and associates. Some procedures, which are not technically AGPs, have been identified as having enough potential risk to the proceduralist, such that an N95 respirator is recommended. (See accompanying document with approved procedures below).

PPE requirements for procedures being performed on known COVID-19 positive patients or Persons Under Investigation (PUI) should follow guidelines in the Ambulatory Standard Operating Procedure [\[link\]](#)

Additional Guidance: Ambulatory AGPs on asymptomatic patients do not need to be performed in negative pressure rooms and do not require room closure post-procedure. Standard disinfection procedures are appropriate after any ambulatory procedure.

General COVID-19 Infectious Disease/PPE Concepts:

AGPs involving the airway or upper GI tract

- Procedures involving the airway and respiratory tract are the highest-risk areas for potential aerosolized viral load, which changes the PPE precaution necessity from contact and droplet (without AGP) to airborne (with AGP). Therefore, proceduralists and anyone who must remain within 6 feet of the patient should wear an N95 respirator or equivalent.
 - Examples: laryngoscopy, upper GI endoscopy



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Cough-inducing or deep breathing procedures:

- When patient and proceduralist are both wearing masks, the proceduralist is adequately protected from droplet exposure using a surgical/procedural mask. Proceduralist should also wear eye protection.
- When patient is unable to be masked, the proceduralist should use an N95 respirator for the duration of the procedure. The room does not need to be closed following the procedure however, standard cleaning of surfaces should be performed.
 - Examples: Exercise stress test, upper GI exam, swallow study, hydrogen breath test

Exposure to stool:

- When procedure involves insufflation, procedure would be considered aerosol generating. Proceduralist and assistant (if required to be within 6 feet of the patient) should use N95 respirator or equivalent. The room does not need to be closed after the procedure; however, standard cleaning of surfaces should be performed.
 - Examples: colonoscopy, flexible sigmoidoscopy
- Where the procedure does not involve insufflation, procedure does not generate aerosols and the proceduralist is safe using contact/droplet precautions (eye protection, surgical mask, gown, gloves).
 - Examples: excision/destruction anal lesions, anorectal ultrasound and manometry, and drainage perianal abscess

Electrocautery to skin

- Given low risk of viral load in skin in a COVID-19 negative or asymptomatic patient, risk to the proceduralist is low and the proceduralist is safe with a surgical mask.

Aerosolization of other tissue

- When biopsies are performed and involve samples from non-respiratory tract sites, there is low risk of viral load. If the procedure or sample preparation involve aerosolization, this is low risk to the proceduralist and the proceduralist is safe with a surgical mask.
 - Example: Thyroid fine needle aspiration

Close, prolonged contact during a procedure that does not produce aerosols:

- Patients and proceduralists will be masked per the universal masking policy. There may be times when a patient cannot wear a mask, in which case it is still appropriate for the proceduralist to wear a surgical mask and eye protection to perform the procedure.
- The proceduralist is adequately protected from droplet exposure using a surgical/procedural mask and eye protection, even when the patient is not masked.
 - Examples: hearing test, biopsy on non-airway site, transthoracic echocardiogram, pediatric patients under the age of two not receiving an AGP.



MedStar Health

Guide to Proper Protection of Caregivers from Respiratory Transmission of COVID-19 During Office-Based Procedures on Patients Without COVID-19 Symptoms

Category 1: Known AGP (N95 Required)¹

- Endoscopy
- Laryngoscopy
- Flexible sigmoidoscopy
- Dental procedures requiring high speed devices, secretion clearing devices, or irrigation

Category 2: Increased Risk (N95 Recommended)²

- Exercise Stress Test
- Pulmonary Function Test
- Hydrogen Breath Test
- Nasopharyngeal swab
- Swallowing exam or imaging swallow study
- Cough-inducing Speech Language Pathology procedures where patient is unmasked
- Videonystagmography
- Oropharyngeal swab

Category 3: Procedure Mask required on providers and patient (No N95)³

- Abscess incision & drainage (incl. perianal)
- Anorectal ultrasound
- Anoscopy
- Blepharoplasty
- Biopsies on non-airway structures
- Excision/destruction skin lesions (incl. anal), with or without electrocautery
- Hearing aid fittings and adjustments
- Hearing test/screening
- Hyfrecator
- Injections (incl. Botox)
- Neurodiagnostic testing (ABR, ECOG)
- Transthoracic ECHO
- Ultrasonography
- Urodynamic testing
- Procedures in the following clinics:
 - Neurology
 - Obstetrics/Gynecology
 - Oncology
 - Ophthalmology
 - Orthopedics
- *All procedures not otherwise named**

1: Aerosol-generating procedure

2: Cough induction with unmasked patient or prolonged close contact with unmasked patient

3: No aerosol generation with universal masking or aerosol generation on non-airway tissue

Note: This guidance applies to all asymptomatic patients, including those who have a negative COVID-19 PCR test or a positive antibody test.

*For consideration of additional procedures, contact MSHsafetyteam@MedStar.net