AEROSOLIZING PROCEDURES
(CPR, bronchoscopy, intubation/extubation, nebulizer for aerosol medication therapy, open airway suctioning, sputum induction)

When doing aerosolizing procedures, use a fit tested N-95 mask with eye protection or higher level airway protection (i.e., PAPR/CAPR).
- Reusable or disposable gown
- Face shield goggles, exam gloves

ROUTINE PATIENT CARE FOR DROPLET/CONTACT PRECAUTIONS
(Sufficient for escorting patient within KP facility, rooming, taking vitals, taking history, interviewing patient)

- Procedure mask for patient and staff

FULL DROPLET/CONTACT PROCEDURES
For up close contact and patient not masked (e.g. head/neck exam when patient must remove mask, when obtaining nasopharyngeal or oropharyngeal swab).

Before entering room, providers and staff MUST:

- Clean hands (wash or gel)
- Put on gown
- Put on procedure mask (N-95 for NP or OP swab if available)
- Put on goggles or face shield
- Put on gloves

Patient Placement:
Isolate patient in exam room.
Keep door closed at all times
COVID-19 Special Droplet/Contact Precautions

For All Clinics:
- Set up PPE supply at nursing station or nearby clean area or isolation cart.
- Only essential equipment and supplies in room.
- Use dedicated or disposable equipment when available.
- Clean and disinfect reusable equipment with grey-top wipes (quaternary ammonium): intravenous pumps, cell phone or pagers (if used in room), and other electronics, supplies, and other equipment prior to removing from patient's room.
- Ensure blood pressure cuff and stethoscope are cleaned and disinfected between patients.

Patient Arrival
- Mask the patient before entering the facility.
- Escort patient through back corridor and immediately place in room.
- Have patient keep mask on in the exam room.

Providers and Staff enter room in full PPE only if doing aerosolizing procedures.
- Display this precaution sign on outside of door.
- Put on PPE in this order:
  1. Wash or gel hands
  2. Gown (Standard & Tear-away)
  3. Mask: procedure (N-95 for aerosolizing procedures)
  4. Eye cover/goggle or shield
  5. Gloves
- Take OFF & dispose in this order (outside the room):
  1. Gloves
  2. Eye cover/goggle or shield
  3. Gown
  4. Mask
  5. Wash or gel hands (even if gloves used)

COVID-19 Cleaning Procedure for Staff

After aerosolizing procedures: Order isolation cleaning from EVS after any aerosolizing procedure on a patient suspected of COVID-19 infection.

After swab collection and other non-aerosolizing procedures: Clinical staff are responsible for cleaning the exam room after a patient suspected of COVID-19 infection has been seen. Follow the procedures outlined in the grid below.

<table>
<thead>
<tr>
<th>Put on PPE</th>
<th>Gloves, procedure mask</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remove trash</td>
<td>Tie off garbage and dispose of in main trash. Use the normal waste disposal process for PPE; do not use the biohazard disposal process.</td>
</tr>
<tr>
<td>Damp wipe</td>
<td>Using grey-top wipes, wipe down all countertops, cabinet handles, light switch, door handle, edge of door, mayo stand, exam lamp, exam table, desk, keyboard, mouse, monitor edges (not screen), telephone, chair seat and arms, stool including adjustment handle, sink basin, faucet and handles, top of garbage cans, and any additional equipment. Change wipe frequently until no longer moist or when dirty.</td>
</tr>
<tr>
<td>Floor, if soiled</td>
<td>Check floor for wet spots or soiled marks resulting from spillage or tracking. Using a grey-top wipe, wipe the spot from 2 inches outside to the center in a circular motion. Repeat with a new wipe until it comes away clean.</td>
</tr>
<tr>
<td>Check your work</td>
<td>After you finish cleaning, ensure that the room is clean and neat. Remove sign after room is cleaned.</td>
</tr>
<tr>
<td>No delay</td>
<td>There is no need to close the room for more than the time it takes to clean.</td>
</tr>
</tbody>
</table>