Consensus Recommendations for Personal Protective Equipment Use
Collection of Nasopharyngeal (NP) or Oropharyngeal (OP) Swabs and Workplace Exposure

In the face of the COVID-19 outbreak, health care organizations in Washington state are working together to create a common set of high-level recommendations that individual organizations will use to develop their own individual policies and procedures related to the protection of their employees and patients.

These recommendations are predicated on three key principles:

1. Our highest priority is the health and safety of our employees and our patients. We must maintain a stable and healthy workforce as our health care organizations come together to face this public health crisis and continue to serve our patients and communities.
2. These shared recommendations will be based on the best available, most recent scientific evidence. As the science around the COVID-19 virus is rapidly evolving, health care organizations are committed to remaining current and updating these guidelines as needed, based on new findings.
3. These recommendations are designed as a high-level resource for individual organizations. Health care services related to the COVID-19 virus will be delivered in many different settings to many different types of patients. Each enterprise will ultimately have to utilize their best clinical judgment in how they apply and adapt these recommendations in the day-to-day delivery of patient care services.

Collection of Nasopharyngeal (NP) or Oropharyngeal (OP) Swabs

This consensus recommendation relates to collection of nasopharyngeal (NP) or oropharyngeal (OP) swabs. COVID-19 is an emerging disease and our knowledge about the natural history, transmission, clinical course and treatment is constantly updated. When the CDC announced isolation precautions with associated recommendations for personal protective equipment, they differed from the World Health Organization (WHO) by recommending airborne and contact precautions due to this being a new virus. The WHO has continued to recommend droplet and contact precautions, based on SARS-CoV-2 being primarily transmitted through respiratory droplets, reserving airborne precautions for those patients undergoing aerosol-generating procedures. Washington led the change to adopt the WHO guidelines and now Oregon has followed. Similar CDC changes are expected soon.

Aerosol Generating Procedures

A list of aerosol-generating procedures that would still require airborne precautions follows:

- Intubation, extubation and related procedures such as manual ventilation and open suctioning
- Tracheotomy and tracheostomy procedures (insertion, open suctioning, removal)
- Bronchoscopy
- Surgery and post-mortem procedures involving high-speed devices
- Some dental procedures (such as high-speed drilling)
- Non-invasive ventilation (NIV) such as bi-level positive airway pressure (BiPAP) and continuous positive airway pressure ventilation (CPAP)
- High-frequency oscillating ventilation (HFOV)
- High-flow nasal oxygen (HFNO), also called high-flow nasal cannula
- Induction of sputum
- Medication administration via continuous nebulizer

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Mechanical ventilation – judged on a case by case basis by the ICU attending with Infectious Disease and/or Infection Prevention

- As long as the ICU ventilator circuit has a filter in place and the circuit remains closed, airborne precautions are not needed
- If patient care requires, or is at risk for, frequent breaks in the circuit, airborne precautions should be used

Collection of nasopharyngeal (NP) or oropharyngeal (OP) swabs

Outpatient collection of NP or OP swabs is not considered an aerosol generating procedure. This was determined in conjunction with Infectious Disease and Infection Prevention providers from around the region.

Providers collecting such samples should use droplet and contact precautions with mask, eye protection, gown and gloves. Collecting nasopharyngeal swabs should be done correctly to maximize the sensitivity and specificity of the test result; and staff education will be provided.

Severely ill patients requiring hospitalization should have testing deferred prior to transfer. Inpatient collection of NP or OP swabs for critically ill or highly symptomatic patients may still require the addition of airborne precautions. The attending physician in conjunction with ID or Infection Prevention can assist with this determination.

Workplace Exposure

Health care workers who experience a low-risk exposure may continue working without a mask if they are asymptomatic. Health care workers may continue to work after a medium- or high-risk exposure if they are (1) asymptomatic and (2) undergo symptom and temperature monitoring at the start of each shift.

The Work Group will continue to update these recommendations as new information becomes available and will be developing future recommendations to further align and coordinate our collective response. Updates include:

3/23/20 – Added language post high-risk exposure