

Recommended Personal Protective Equipment for Outpatient Management of Asymptomatic Patients (i.e., Patients Not Suspected of Having Active COVID-19 Infection and COVID-19-Recovered Patients)

These recommendations represent the required PPE for a variety of visits with differential risk. Providers should follow Standard and Transmission-Based Precautions in addition to the precautions recommended in the Ambulatory Infection Prevention Policy.

Risk-stratification	Description/Examples	PPE Recommendation		Physical Environment	Room Closure Requirement
		Patient	Provider		
Low	<p>Exams during which the patient can remain masked for the majority of the visit and there is not a prolonged oropharyngeal or nasopharyngeal exam performed such as:</p> <ul style="list-style-type: none"> • New patient or follow-up patient visits in primary care • New patient or follow up patient visits in specialty care not included in medium-/high- risk categories • Exercise Stress Test • Neurodiagnostic Testing • Gynecologic procedures • Urologic procedures • Injections: Joint, Spine, Pain • Endovascular procedures (angioplasty, aortogram, HD access, atherectomy, sclerotherapy, endovascular laser ablation) • Cardiac Catheterization lab procedures • Pulmonary rehab • PT/OT 	Face mask	<p>Face mask and eye protection</p> <p>Note: A full-face shield is preferred given greater barrier protection; however, approved glasses/goggles are acceptable during low-risk encounters</p>	Promote physical distancing in exam rooms during history	None
Medium	<p>Exams during which the patient will be unmasked for a prolonged period of time, the patient is unable to wear a mask or the provider is required to be in close proximity to a masked patient's face for a prolonged period of time, including:</p> <ul style="list-style-type: none"> • Prolonged oropharyngeal or nasopharyngeal exam performed (e.g., ENT, Oral/Maxillofacial) • Ophthalmology examinations • Radiation Oncology treatments for head and neck cancers that require oral positioners • Nasal endoscopy, laryngoscopy, stroboscopy (diagnostic) 	Face mask (pre/post nasal/oral exam)	<p>Face mask and eye protection</p> <p>Note: A full-face shield is recommended given prolonged unmasked time for patient</p>	Promote physical distancing in exam rooms during history	None

High	<p>Exams/procedures during which an aerosol-generating procedure is performed:</p> <ul style="list-style-type: none"> • Bronchoscopy** • Transesophageal echocardiography • Upper endoscopy • Electroconvulsive therapy • Lower endoscopy (colonoscopy, sigmoidoscopy, etc.) • Electrical cardioversion • Electrophysiology procedures requiring general anesthesia • Fluoroscopically guided enteric tube placements • Interventional radiology procedures requiring anesthesia or in patients with a tracheostomy • Dental procedures • Interventional pulmonary procedures (thoracoscopy, thoracentesis, ablation, etc.) • PFTs • Esophageal manometry • CPAP-titration studies in the sleep lab • Nebulizer treatments • CT guided lung biopsy (interventional radiology) • Nasal endoscopy and laryngoscopy (therapeutic) • Oral cavity/throat biopsy • Tracheostomy tube change* • Laser ablation procedures (mouth, nose, face, eyes) 	Face mask (pre/post-procedure)	N-95 and face shield or PAPR, gown, and gloves	Promote physical distancing in exam rooms during history	<p>Room closure required after Bronchoscopy**</p> <p>No other procedures listed require room closure</p>
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*Patients who have open tracheostomies should be given a mask to cover their tracheostomy in addition to a mask to cover their nose and mouth during visits.

**Close the room for the duration of time per your area-specific plan.

These risk-stratification categories were developed under the assumption that all asymptomatic patients could be asymptotically infected with COVID-19 or could be pre-symptomatic during their visit. As such, following these recommendations will appropriately reduce the risk of exposure to COVID-19 to the lowest-possible risk and keep providers/team members safe, regardless of where a patient resides.

Recommended Personal Protective Equipment for Outpatient Management of Symptomatic Patients (e.g., Patients with Suspected or Confirmed COVID-19)

These recommendations represent PPE requirements for care of patients with suspected or confirmed COVID-19 during the requisite 10- to 20-day isolation period.

Risk-stratification	Description/Examples	PPE Recommendation		Physical Environment	Room Closure Requirement
		Patient	Provider		
High	<p>Suspected COVID-19:</p> <p>Patients who have not yet undergone COVID-19 testing who present to their visit with new or worsening symptoms concerning for COVID-19 are included in this group.</p>	Face mask	N-95 and face shield or PAPR, gown, and gloves	<p>Pre-visit phone call and symptom screening at check-in will help with appropriate identification and safe scheduling plan</p> <p>Use telehealth visits where appropriate</p> <p>For in-person visits, work with the clinic to plan an appropriate time to schedule visit and plan for immediate isolation on arrival to clinic in single room with the door closed</p>	None
High	<p>Confirmed COVID-19:</p> <p>Patients who have tested positive for COVID-19 and are in their 10- to 20-day infectious period.</p>	Face mask	N-95 and face shield or PAPR, gown, and gloves	<p>Use telehealth visits where appropriate to help defer in-person visits until after infectious period</p> <p>For in-person visits, work with the clinic to plan an appropriate time to schedule visit and plan for immediate isolation on arrival to clinic in single room with the door closed</p>	None