Is the patient known COVID-19 positive or a person under investigation (PUI) for COVID?

Yes to either question

Do not see patient.

No to both questions

Does the patient have symptoms of COVID?¹

No

See patient in ED. Wear fitted N95, face shield/goggles and other PPE as determined by attending physician.

Yes

Can you wait until patient is on the floor?

Yes

No, my team asked me to see pt in ED

No

No, I am working in the ED

See patient in ED. Wear fitted N95, face shield/goggles, and other PPE as determined by attending physician.

Where is the patient?

ED

Outpatient

Can you wait until patient is on the floor?

No

If yes, proceed w algorithm after pt is on floor

Inpatient, OR, or Labor and Delivery

Where is the patient?

Outpatient

Can you wait until patient is on the floor?

No

If yes, proceed w algorithm after pt is on floor

Yes

Is patient having an aerosol-generating procedure* now or imminently?

No

Yes

Is patient having an aerosol-generating procedure² now or imminently?

No

Yes

Has patient been COVID tested and shown negative?

No

Has patient been COVID tested and shown negative?

Yes

Consider stepping away. If needed for objective of clerkship, wear N95 covered by procedural mask, and face shield.

No, my team asked me to see pt in ED

Procedural mask alone is sufficient. If desired, KN95 covered by procedural mask and face shield or goggles, especially if patient removes or does not wear mask.

No

Yes, and low clinical suspicion for COVID

Procedural mask alone is sufficient. If desired, KN95 covered by procedural mask.

Has patient been COVID tested and shown negative?

No

Yes

Procedural mask alone is sufficient. If desired, KN95 covered by procedural mask.

Wear procedural mask or KN95 covered by procedural mask, and consider face shield/goggles, especially if patient removes mask.

No, but low clinical suspicion for COVID or other airborne infection³

¹ See below for COVID-19 symptoms ²See attached for list of Aerosol generating procedures. ³Other airborne infection such as TB, needing N95
**Symptoms of COVID-19:** The possibility of COVID-19 should be considered primarily in patients with new onset fever and/or respiratory tract symptoms (e.g., cough, dyspnea). It should also be considered in patients with severe lower respiratory tract illness without any clear cause. Other consistent symptoms include myalgias, diarrhea, and smell or taste aberrancies.

**Aerosol-generating procedures:**

<table>
<thead>
<tr>
<th>Aerosol-Generating Procedures [AGP]:</th>
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<tbody>
<tr>
<td>- Airway Surgeries (e.g., ENT, thoracic, transphenoidal surgeries)</td>
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<tr>
<td>- Intubation</td>
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<tr>
<td>- Extubation</td>
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<tr>
<td>- Chest Compressions</td>
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<tr>
<td>- Nebulization</td>
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<tr>
<td>- High flow oxygen, including nasal canula, at &gt; 15L</td>
</tr>
<tr>
<td>- Non-invasive positive pressure ventilation (e.g. CPAP, BIPAP)</td>
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<tr>
<td>- Oscillatory ventilation</td>
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<tr>
<td>- Bronchoscopy</td>
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<tr>
<td>- Sputum induction</td>
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<tr>
<td>- Open suctioning of tracheostomy</td>
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<td>- Tracheostomy change</td>
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<tr>
<td>- Manual ventilation (e.g. manual bag-mask ventilation before intubation)</td>
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<tr>
<td>- Disconnecting patient from ventilator</td>
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<tr>
<td>- Upper endoscopy (including transesophageal echocardiogram)</td>
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<tr>
<td>- Lower endoscopy</td>
</tr>
<tr>
<td>- Chest physical therapy</td>
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<tr>
<td>- Venturi mask with cool aerosol humidification</td>
</tr>
<tr>
<td>- Mechanical In-Exsufflator (MIE)</td>
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<tr>
<td>- Ventilator circuit manipulation</td>
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</tbody>
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