ASPO Statement on PPE for AGPs

ASPO Ad Hoc COVID-19 Committee

May 11, 2020

The SARS-CoV-2 virus (COVID-19) has greatly impacted pediatric otolaryngology patient and provider safety. Many of our clinical examinations and procedures are considered high-risk given the potential for aerosolized transmission of COVID-19. The purpose of this statement is to provide protective personal equipment (PPE) guidance for any potential aerosol generating procedure* (AGP) within a pediatric otolaryngology practice setting. This is not meant as a prescriptive statement for all potential clinical care scenarios.

CMS states that "procedures on the mucous membranes including the respiratory tract, with a higher risk of aerosol transmission, should be done with great caution, and staff should utilize appropriate respiratory protection such as N95 masks and face shields." Given the variability of SARS-CoV-2 PCR testing results, with reported false negative rates anywhere between 3-30%, a negative testing result does not absolutely rule out COVID-19.

For PPE, the ASPO COVID-19 Ad Hoc Committee recommends:

For COVID-19 <u>unknown or positive patients</u>, providers should wear a gown, gloves, N95 mask or powered air purifying respirators (PAPR) and face shield (or equivalents) during an AGP either in the ambulatory or surgical setting.

For COVID-19 <u>negative patients</u> requiring an AGP, maximal PPE (N95 or PAPR; face shield, gown, gloves) should be strongly considered at the surgeon's discretion for cases at high risk of viral transmission and within the context of their current hospital safety protocols.

In communities with high prevalence of COVID-19 infections, unknown COVID-19 patients undergoing AGPs with higher risk of aerosol transmission should be approached with a high degree of suspicion and managed with proper isolation precautions, including maximal PPE in a designated isolation area or negative pressure room, while limiting the procedure to essential personnel.

*AGPs include but are not limited to: flexible and direct laryngoscopy; nasal endoscopy; any procedure in nose, oral cavity, upper and lower airway, and/or upper digestive tract involving instrumentation; and any procedure involving drilling of the temporal bone or skull base and/or suctioning of the middle ear/mastoid cavities.