**As always, please refer to UW Medicine’s COVID webpage for the most up to date guidance documents. Do not download, as guidelines are continually updated on the website.** <https://one.uwmedicine.org/coronavirus>

**\*\*New resource\*\*** [https://covid.idea.medicine.uw.edu/](https://covid.idea.medicine.uw.edu/%22%20%5Ct%20%22_blank)

**TASP QUESTIONS 4/14/20**

* **We received a donation of expired N95 masks. Can we use these?**
	+ Yes, 3M has recently lifted their expiration dates which can be found here: <https://multimedia.3m.com/mws/media/1807271O/respirators-beyond-their-shelf-life-considerations-technical-bulletin.pdf>
	+ If using N95 masks from other manufactures (ie. Kimberly Clark, etc), please check their website for updated guidance
	+ Preliminary information from the NIOSH study suggests that certain N95 masks can be used beyond their designated shelf life. Results can be found here under Footnotes: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/release-stockpiled-N95.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Frelease-stockpiled-N95.html#f1>
	+ In summary, when using expired N95 masks, filter integrity is NOT a concern. What IS a concern is proper fit due to degradation of straps, nose pads, etc. Examining a mask for appropriate fit is just as important for expired N95 masks.
* **How long can someone wear a procedure mask with or without suspected or confirmed cases?**
	+ Surgical masks (level 1-3) can be used 5 times throughout a single shift, OR for a consecutive 8 hour period.
	+ If wearing an N95 mask, a surgical mask/face shield should be covering your N95. This needs to be changed between patients.
	+ Always assume N95 masks in the absence of being covered with a surgical mask are contaminated.
* **What are the reprocessing measures for N95s?**
	+ Paper bag – 5 days, bag does not need to be open to properly ventilate mask
		- Hand hygiene and maintaining paper bag is equally important. Can consider writing “front” and “back” on your paper bag to remind yourself which side of the mask should face which side of the bag to prevent cross contamination.
	+ UV – See Nebraska’s protocol: [https://www.nebraskamed.com/sites/default/files/documents/COVID-19/n-95-decon-process.pdf](https://www.nebraskamed.com/sites/default/files/documents/covid-19/n-95-decon-process.pdf)
	+ Vaporized H2O2
		- Battelle – now receiving federal funding and can reprocess masks for free
			* [https://www.battelle.org/inb/battelle-critical-care-decontamination-system-for-COVID19](https://www.battelle.org/inb/battelle-critical-care-decontamination-system-for-covid19)
		- Each company offering reprocessing programs will have its own guidance on how to best reprocess masks
		- Mask transportation time to processing site is something to take into consideration
* **Is an OP (oral pharyngeal) test as accurate as an NP (nasopharyngeal) test?**
	+ NP swabs are more sensitive than OP swabs.
	+ Sputum and BALs seem to be best, however understand sputum may be difficult to obtain.
	+ Literature is spare to make any definitive conclusions.
	+ Lab will accept bot NP and OP swabs.
	+ References with summaries are as follows:
		- NP swabs are more sensitive than OP swabs
			* (doi:10.1001/jama.2020.3786)
		- NP swabs are more sensitive than OP swabs
			* (<https://doi.org/10.1101/2020.02.11.20021493>)
		- No difference in viral load comparing NP and OP swabs
			* (<https://doi.org/10.1038/s41586-020-2196-x>)
		- Viral loads were significantly correlated between OP swabs and sputum samples
			* ([https://doi.org/10.1016/S1473-3099(20)30113-4)](https://doi.org/10.1016/S1473-3099%2820%2930113-4%29)
* **We are having some concerns about our HVAC system and our filtration system. What size is SARS-CoV2 and how do HVAC systems handle this?**
	+ To protect the patient from you: Positive room pressure (air moves out to hall... rarely used except in severely immunosuppressed patients)
	+ To protect you from the patient: Negative room pressure (air moves inward from hall, then outside)
	+ Most rooms: Neutral pressure (same pressure in hall and room).
	+ We can take care of a COVID positive patient in neutral or negative pressure rooms.
	+ If an aerosol generating procedure is planned, a negative pressure room is preferred, however can be done in a neutral room with the door closed.
	+ We are less concerned about filtration system because air should not move from room to room in a modern hospital, and there is no evidence that it spreads effectively via air handling systems. We suggest maintaining any HVAC filters per usual maintenance schedule in the setting of COVID.
* **Is there official guidance on screening for COVID in all patients coming to the hospital?**
	+ No, UW Medicine has recently expanded to universal testing of all admitted patients; however access to testing will ultimately decide who will get tested.
* **Are you scaffolding testing for symptomatic health care workers (HCWs) with high risk exposures (ie. Testing for flu/RSV first, and if negative, proceeding to COVID testing)?**
	+ UW Medicine was doing this initially, however this is no longer recommended.
	+ The rate of coinfections will be determined by the burden of viral disease in your community (ie. The more flu and COVID in your area increases the likelihood of coinfection). At UW Medicine, flu rates have decreased, making it less likely to catch coinfections. While China reported little coinfection, they did not release their flu prevalence at the time.
	+ In resource limited settings: If you are still seeing flu, test for both rather than a stepwise process. Flu does not preclude COVID anymore.
* **If a HCW is positive for COVID, when do other HCWs who worked around them get tested?**
	+ Guidance remains the same: get tested if you develop symptoms
	+ At this time, testing without symptoms has little utility as HCWs who are exposed, may become positive within days of testing negative. In order to rely on negative test results, each HCW would need to test every 3 to 4 days continuously.
* **What dose of hydroxychloroquine is being used?**
	+ UW Medicine is using: 400 mg BID once, followed by 200 mg BID for 4 days, which is based on the following CID article (h[ttps://doi.org/10.1093/cid/ciaa237](https://doi.org/10.1093/cid/ciaa237)).
	+ Other dosing regimens have been studied that have varied in dosing frequency, loading dose, and duration of therapy. We still don’t know what the optimal PKPD parameter (peak, exposure, etc) which makes determining a dosing regimen difficult.
	+ Due to concerns for cardiac toxicity and cardiac tissue accumulation that may lead to a delayed presentation of toxicity, we still do not recommend outpatient prescriptions at this time (<https://doi.org/10.1111/cts.12797>)
* **How should we manage COVID positive patients who require a CT scan?**
	+ We can treat these patients the same as we would a flu positive patient.
	+ Mechanically ventilated COVID positive patients are also fine with just droplet precaution.
		- If the ventilator circuit ruptures, will need airborne precautions.