

Precautions for Aerosol-Generating Procedures (AGPs) in Hospitals for All Patients

Procedures that generate aerosols may pose an increased risk of transmission to those performing and assisting.

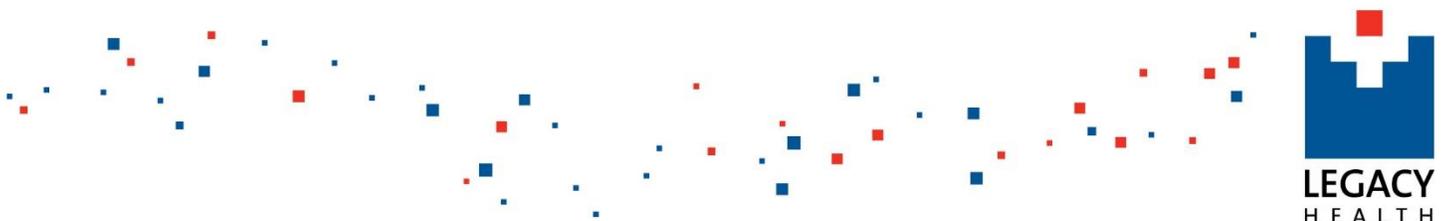
To minimize risk, AGP's should be:

- ✓ performed in an airborne infection isolation room with the door closed, when possible
- ✓ performed with only minimally essential healthcare personnel present and use of appropriate PPE

Based on available evidence and state guidelines (see References section at the end), aerosol-generating procedures include the following:

- Heated high-flow nasal oxygen cannula (HHFNC device)
- Medication administration via continuous nebulizer including breath actuator mode
- Induction of sputum
- Bronchoscopy
- Tracheotomy and tracheostomy procedures (insertion, open tracheal suctioning, removal)
- **Intubation, extubating and related procedures such as manual ventilation and open suctioning through a tracheostomy or endotracheal tube
- Surgery and post-mortem procedures involving high-speed devices or involving the airway, oral/maxillofacial region or GI tract
- Some dental procedures (such as high-speed drilling)
- Non-invasive ventilation such as bi-level positive airway pressure (BiPAP) and continuous positive airway pressure ventilation (CPAP), regardless of humidification
- High-frequency oscillating ventilation (HFOV)
- GI endoscopic procedures
- Transesophageal echocardiography (without a cuffed endotracheal tube)

Aerosol-generating procedures or activities do not include coughing, nasal and oral suctioning, nasopharyngeal and oropharyngeal specimen collection, flutter valve, nitrous oxide, regular and moderate flow nasal cannula regardless of flow rate (with or without bubble humidifier), non-rebreather mask and VDR.



**The act of intubation is the aerosol-generating procedure. Ventilators are on a closed circuit, so airborne precautions aren't technically required. Out of an abundance of caution, Legacy leadership decided to keep intubated patients in airborne precautions based on the risk that the tubing could be dislodged and secretions inadvertently aerosolized.

Based on patient type, follow the guidance below for what PPE to wear when performing routine care and aerosol-generating procedures. Ensure that hand hygiene, environmental cleaning and disinfection procedures are followed consistently and correctly.

Suspected (Test Pending) or Lab-Confirmed COVID-19

	PPE in the patient care room	Room closure and turnover
Routine care	<u>Droplet and contact</u> Mask with eye protection, gown and gloves	<ul style="list-style-type: none"> • No need to close the door after discharge • Okay to clean the room immediately
When performing an AGP listed on page 1	<u>Airborne and contact</u> PAPR or fit-tested N95 with eye protection, gown and gloves Continue transmission-based precautions after aerosol-generation has ceased to provide time for aerosol/contaminant removal.	<u>From the time that the AGP was completed:</u> <ul style="list-style-type: none"> • Close room for 2 hours for standard patient rooms without negative airflow (e.g. inpatient, clinic or ED exam room, procedure room) • Close room for 1 hour for airborne precautions rooms with properly functioning negative airflow • Close room for 20 minutes for an operating or procedure room with at least 15 air changes per hour Start cleaning after room closure time is complete.

Key Points:

- Consider regional anesthesia with a natural airway where appropriate balancing the need to minimize coughing and emergent airway intervention.
- If a ventilated patient visits an area like CT, it is not necessary to close the door after the patient left if the circuit stayed closed. The room can be cleaned immediately.
- Length of time for room closure is 30 minutes for airborne precautions rooms with 12 air changes per hour at Silverton Health

Asymptomatic and Negative COVID-19 Screen (**Not Tested**)

	PPE in the patient care room	Room closure and turnover
Routine care	<u>Standard precautions</u> Follow LH Policy 600.25	<ul style="list-style-type: none"> • No need to keep the door closed after transfer or discharge • Okay to clean the room immediately
+When performing an AGP that directly enters the airway, oral/maxillofacial region, GI endoscopy and TEE	<u>Droplet and contact</u> Mask with eye protection, gown and gloves +PAPR or fit-tested N95 with eye protection are approved for use for the healthcare workers performing or directly assisting with the procedure. This includes respiratory therapists due to the high frequency that they are involved in performing these procedures.	<ul style="list-style-type: none"> • No need to keep the door closed after transfer or discharge • Okay to clean the room immediately
All other AGPs listed on page 1	<u>Droplet and contact</u> Mask with eye protection, gown and gloves	<ul style="list-style-type: none"> • No need to keep the door closed after transfer or discharge • Okay to clean the room immediately

+The risk of an individual encounter is low; permitting this level of PPE is due to the accumulation of risk with the high volume of procedures.

Asymptomatic, Negative COVID-19 Screen and **Negative Test**

	PPE in the patient care room	Room closure and turnover
Routine care	<u>Standard precautions</u> Follow LH Policy 600.25	<ul style="list-style-type: none"> • No need to keep the door closed after transfer or discharge • Okay to clean the room immediately
When performing an AGP listed on page 1	<u>Droplet and contact</u> Mask with eye protection, gown and gloves	<ul style="list-style-type: none"> • No need to keep the door closed after transfer or discharge • Okay to clean the room immediately

References:

[Oregon Health Authority](https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2288J.pdf) (OHA) Provisional Guidance: Clinical Care and Healthcare Infection Prevention and Control for COVID-19:

<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2288J.pdf>

[Washington Department of Health](https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/ppeCOVID-19confirmed.pdf) (DOH) PPE for Suspect or Confirmed COVID-19 Patients:

<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/ppeCOVID-19confirmed.pdf>