

## Aerosol- Generating Procedures (AGPs)

Aerosols generated by medical procedures are one route for the transmission of the COVID-19 virus. The following procedures are considered to be potentially infectious AGPs.

- Intubation, extubation and related procedures;
- Tracheotomy/ tracheostomy procedures;
- Manual ventilation;
- Open suctioning;
- Bronchoscopy
- Non-invasive ventilation (NIV) e.g. Bi-level Positive Airway Pressure (BiPAP) and Continuous Positive Airway Pressure ventilation (CPAP);
- Surgery and post-mortem procedures in which high speed devices are used;
- High frequency oscillating ventilation (HFOV)
- High flow nasal Oxygen (HFNO)
- Induction of sputum
- Some dental procedures (e.g. high speed drilling)

For patients with suspected/ confirmed COVID-19, any of these potentially infectious AGPs should only be carried out when essential. Where possible, these procedures should be carried out in a single room with the doors shut. Only those healthcare staff who are needed to undertake the procedures should be present. A disposable, fluid repellent surgical gown, gloves, eye protection and a FFP3 respirator should be worn by those undertaking the procedure and those in the room.

Certain other procedures/ equipment may generate an aerosol from material other than patient secretions but are not considered to represent a significant infectious risk, Procedures in this category include:

- Administration of pressurised humidified oxygen;
- Administration of medication via nebulisation

**Note:** During nebulisation, the aerosol derives from a non-patient source (the fluid in the nebuliser chamber) and does not carry patient-derived particles. If a particle in the aerosol coalesces with a contaminated mucous membrane, it will cease to be airborne and therefore will not be part of an aerosol. Staff should use appropriate hand hygiene when helping patients to remove nebulisers and oxygen masks.