

## **Adult PUI & Confirmed COVID-19 Patients with Aerosol-Generating Procedures**

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Airborne transmission of COVID-19 from person-to-person over long distances is unlikely, but some procedures may generate infectious aerosols when performed on a patient with known or suspected COVID-19. These procedures, termed **aerosol-generating procedures**, are listed below. To mitigate the risk of viral transmission via aerosols, patients receiving the below procedures should be cared for under contact and airborne precautions. These precautions include the use of an N95 respirator and full face shield (or PAPR, if available) in addition to gown and gloves<sup>1</sup>.

### **Aerosol-Generating Procedures include:**

#### **• Highest risk procedures:**

- Endotracheal intubation & extubation
- High frequency oscillatory ventilation
- Bag mask ventilation
- Bronchoscopy and bronchoalveolar lavage
- Laryngoscopy
- Positive pressure ventilation (BiPAP & CPAP)
- Autopsy of lung tissue
- Nasopharyngeal washing, aspirate, and scoping
- Sputum induction

#### **• Lower risk aerosol generating procedures:**

- Open airway suctioning (not oral suctioning)
- Breaking closed ventilation system, intentionally (e.g., open suctioning, cuff leak test), unintentionally (e.g., patient movement/turning)
- Cardio-pulmonary resuscitation (CPR)
- Tracheostomy (e.g., open suction, trach change, etc.).
- Chest physiotherapy (manual and mechanical cough assist device (MI-E))
- Administration of aerosolizing or nebulizing medications
- High-flow oxygen mask/system, Venturi mask, non rebreather, high flow nasal cannula. ( See entity specific document for accepted flow rates)

<sup>1</sup>CDC (2020). Accessed April 13, 2020 at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

<sup>2</sup>Vancouver Coastal Health (2020). Infection prevention and control best practices guideline: Aerosol generating medical procedures.