BILH Interim Guidance on Aerosol-generating Procedures (AGPs*) in Patients with Suspected or Confirmed COVID-19

Under Droplet precautions with eye protection plus Contact precautions, an AGP optimally should be performed in either a negative pressure isolation room (NPIR) or with a portable HEPA filter in place, when available. **Everyone entering the room during an AGP, and for 30 minutes** after, is required to wear an N95 respirator or PAPR (if not/unable to be fit tested) in addition to eye protection, gowns and gloves. AGPs are listed below:

- Endotracheal intubation
- Extubation
- Endotracheal tube repositioning or breaking of loop of closed ventilation system
- Manual ventilation prior to intubation
- Cardiopulmonary resuscitation (CPR)
- Bronchoscopy
- Airway suctioning **without** inline closed suction
- Sputum induction
- Nebulizer medication treatments (including Aerogen, Veletri)
- High flow nasal cannula
- High frequency oscillatory ventilation
- Positive pressure ventilation (i.e. CPAP and BiPAP)
- Upper endoscopy
- Transesophageal echocardiogram (TEE)

**Additional Procedures to Consider**

Some procedures are cough-producing, rather than aerosol-generating, and protection can be provided by surgical mask and eye protection. Institutional practice may differ as to whether these are categorized as AGPs for simplicity of personal protective equipment (PPE) or historical practice. These procedures may include:

- Chest physiotherapy (MIE, percussion, huffing, etc.)
- Nasopharyngeal swab for testing
- Nasogastric tube placement

*Aerosol-generating Procedures (AGPs) should be avoided or limited as possible in the care of patients with suspect or confirmed COVID-19. If frequent or extensive AGPs, use of negative pressure rooms (or use of portable HEPA filtration, if available) may be important to limit exposure.*

**Time after an aerosol-generating procedure depends on the square footage of room and air exchanges/hour in that space. For a standard room with approximately 6-8 air exchanges/hour, this is often 30-45 minutes. See CDC Appendix B1 ([https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html](https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html))

These guidelines should be considered interim recommendations issued in the interests of prompt and clear instructions that can used now in the setting of this rapidly growing and changing epidemic. They are based as much as possible on available medical evidence, considering appropriate use of critical resources in limited supply, and accommodating where possible professional society guidance.