

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-faq.html>

Which procedures are considered aerosol generating procedures in healthcare settings?

Some procedures performed on patients are more likely to generate higher concentrations of infectious respiratory aerosols than coughing, sneezing, talking, or breathing. These aerosol generating procedures (AGPs) potentially put healthcare personnel and others at an increased risk for pathogen exposure and infection.

Development of a comprehensive list of AGPs for healthcare settings has not been possible, due to limitations in available data on which procedures may generate potentially infectious aerosols and the challenges in determining if reported transmissions during AGPs are due to aerosols or other exposures.

There is neither expert consensus, nor sufficient supporting data, to create a definitive and comprehensive list of AGPs for healthcare settings.

Commonly performed medical procedures that are often considered AGPs, or that create uncontrolled respiratory secretions, include:

- open suctioning of airways
- sputum induction
- cardiopulmonary resuscitation
- endotracheal intubation and extubation
- non-invasive ventilation (e.g., BiPAP, CPAP)
- bronchoscopy
- manual ventilation

Based on limited available data, it is uncertain whether aerosols generated from some procedures may be infectious, such as:

- nebulizer administration*
- high flow O2 delivery

*Aerosols generated by nebulizers are derived from medication in the nebulizer. It is uncertain whether potential associations between performing this common procedure and increased risk of infection might be due to aerosols generated by the procedure or due to increased contact between those administering the nebulized medication and infected patients.

References related to aerosol generating procedures:

Tran K, Cimon K, Severn M, Pessoa-Silva CL, Conly J (2012) Aerosol Generating Procedures and Risk of Transmission of Acute Respiratory Infections to Healthcare Workers: A Systematic Review. PLoS ONE 7(4); [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3338532/#!po=72.2222external iconexternal icon](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3338532/#!po=72.2222external%20iconexternal%20icon)).

Safety Tips for Handling an Aerosolizing Procedure

- Staff/ Provider should put on personal protective equipment (PPE) that protects against airborne and contact transmission while performing or being in the same room as an aerosolizing procedure on a possible COVID + patient.
 - This includes: a gown, goggles (or preferably a face shield), N95 mask, and gloves.
 - Follow donning and doffing procedures recommended by the CDC
 - Follow good hand hygiene practices
- After patient has left the room:
 - The room must remain closed and undisturbed for 1 hour.
 - Put on PPE
 - After 1 hour, the room must be thoroughly disinfected
 - Staff should practice good hand hygiene after cleaning room and removing PPE.