

## VCMC / SPH Aerosol Generating Procedures (AGPs)

There is very little primary data and a great deal of controversy surrounding what constitutes an aerosol generating procedure, and whether exposure to each procedure translates into a clinically meaningful increase in risk of infection to the healthcare provider in the setting of COVID-19. Using a combination of primary data, national guidelines, and recommendations put forth by academic medical centers (most heavily drawing from the guidelines put forth by the CDC and Massachusetts General Hospital), the following lists delineate what are and are not considered AGPs at Ventura County Medical Center and Santa Paula Hospital. AGPs should preferentially occur in a negative pressure room, only essential staff should be present while these procedures are occurring, and all staff involved in an AGP should be using airborne isolation precautions until the correct number of air exchanges have occurred to allow 99.9% of aerosols to settle (30 minutes in the operating room, 45 minutes in a negative pressure room, 3.5 hours in a standard patient room at VCMC, and 1.5 hours in a standard patient room at SPH).

### Aerosol Generating Procedures (AGPs)

The eight procedures listed above the line are considered AGPs by the CDC and have the most supporting (albeit low-quality) data associated with increased risk of viral aerosolization

- Intubation
- Extubation
- Manual Ventilation (bag valve mask ventilation)
- Non-invasive positive pressure ventilation (e.g. CPAP, BIPAP)
- Cardiopulmonary resuscitation (CPR)
- Bronchoscopy
- Sputum induction
- Open suctioning of airways

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- Nebulizer, metaneb, EZ pap treatments, chest physiotherapy
  - High flow oxygen, including nasal canula, at > 6L/min
  - Oscillatory ventilation
  - Airway surgeries
  - Open suctioning of tracheostomy
  - Tracheostomy change
  - Disconnecting patient from ventilator
  - Upper endoscopy (including transesophageal echocardiogram)
  - Lower endoscopy
  - Chest physical therapy
  - Venturi mask with cool aerosol humidification
  - Mechanical In-Exsufflator (cough assist device)
  - Ventilator circuit manipulation

### The following are NOT considered aerosol-generating:

- Nonrebreather, face mask, or face tent up to 15L
- Humidified trach mask up to 20L with in-line suction
- Routine trach care (e.g., replacing trach mask, changing trach dressing)
- Routine Venturi mask without humidification
- Coughing
- Suctioning of oropharynx
- Proning (but aerosolization possible if ET tube becomes disconnected during proning)
- Nasopharyngeal swabbing, NGT placement (though recommend that patient wear mask over mouth during these procedures, and that performing healthcare provider use airborne isolation precautions including N95 *only for the duration of the procedure* given proximity to nasopharynx)