

## Toronto – GTA – Hamilton – London – Regional Hospital Infection Control

### Consensus List of Aerosol-Generating Medical Procedures (AGMP) that Require Airborne(N95) + Droplet + Contact Precautions for Symptomatic Suspected/Confirmed COVID-19 cases

#### Aerosol-Generating Medical Procedures\*\*

- Intubation -protected protocol in place
- Extubation
- Code Blue - protected protocol in place
  - (NB – CPR itself is no longer considered AGMP; however, procedures associated with CPR, such as emergent intubation and manual ventilation are AGMP)
- Non-invasive ventilation (e.g., CPAP, BiPAP)
- Manual ventilation
- High frequency oscillation ventilation/jet ventilation
- Specialized High-flow oxygen delivery:
  - AIRVO, Optiflow
- Open suctioning (e.g. “deep” insertion for naso-pharyngeal or tracheal suctioning, not inclusive of oral suction)
- Bronchoscopy - protected protocol in place
- Induced sputum (e.g. inhalation of nebulized saline solution to liquify and produce airway secretions, not natural coughing to bring up sputum)
- Large volume nebulizers for humidity
- Chest tube insertion for trauma (where air leak likely)
- Autopsy
- Nasopharyngoscopy
- Oral, pharyngeal, transphenoidal and airway surgeries (including thoracic surgery and tracheostomy insertion).
- Breath stacking

**\*\* only perform if medically indicated**

#### Not Considered Aerosol-Generating Medical Procedures

- Collection of nasopharyngeal or throat swab
- Ventilator circuit disconnect (*planned, anticipated*)
- Chest tube removal or insertion (unless in setting or emergent insertion for ruptured lung/pneumothorax)
- Coughing
- Oral suctioning
- Oral hygiene
- Gastroscopy or Colonoscopy
- Laparoscopy (GI/pelvic)
- ERCP
- Cardiac stress tests
- Caesarian section or vaginal delivery of baby done with epidural
- Any procedure done with regional anesthesia
- Electroconvulsive Therapy (ECT)
- Transesophageal Echocardiogram (TEE)
- Nasogastric/nasojejunal tube/ gastrostomy/ gastrojejunostomy /jejunostomy tube insertion
- Bronchial artery embolization
- Chest physiotherapy (outside of breath stacking)
- Routine High-flow oxygen delivery:
  - more than 6L by nasal prongs,
  - venturi/venti masks, HiOx masks, non-rebreather masks

\*Unknown risk: High frequency oscillation ventilation and needle thoracostomy