## COVID-19: Aerosol Generating Procedure List and Guidance

### Before Performing Procedure

**Supplies**  
PRIOR to performing aerosol generating procedures on COVID suspected/confirmed patients, obtain the following supplies from the unit supply room:
- N-95 mask
- Goggles
- Gown
- Gloves (may obtain from patient’s room)

### Aerosol Generating Procedures

#### Medical Procedures
- Endoscopy including EGD, Bronchoscopy, and Transesophageal Echocardiogram
  - Endoscopy in COVID patients is highly discouraged
- Intubation
- Cardiopulmonary Resuscitation (CPR)
- Tracheostomy placement
- Extubation
- Fiberscope Endoscopic Evaluation of Swallow (FEES)

#### Bedside Care (non-intubated patients)
- NG / Dobhoff placement
- Sputum-Induction / Sputum-Expectoration
- Nasopharyngeal Swab (testing for COVID)

#### Bedside Care (intubated patients)
- Suctioning (should be treated as aerosol generating due to high risk of circuit disruption). Oral suctioning is NOT aerosol generating in intubated patient.
- Trach Mask Trials
- Manipulation of Ventilator Circuit (including disconnecting circuit or cuff leak testing)
- Tracheal Aspiration
  - “mini” bronchoalveolar lavage (mBAL)
- Nasopharyngeal Swab (testing for COVID)

#### Respiratory Support
- CPAP*
- BIPAP*
- IPPV (intermittent positive pressure ventilation)
- Metered-dose Inhaler (MDI) or nebulized medication
  - Refer to Pharmacy policy for selection of MDI versus nebulized medication

* CPAP / BIPAP should be avoided in known COVID-19 patients. If used, HEPA filter should be attached to exhalation port
** Patient rooms should be considered “high risk” post aerosol generating procedure for 69-minutes if standard room – OR 28-minutes if negative airflow room