

Aerosol Generating Procedures

The following procedures are considered likely to generate aerosols capable of transmitting respiratory pathogens when undertaken on patients with an RTI:

- intubation, extubation and related procedures; for example, manual ventilation and open suctioning
- cardiopulmonary resuscitation
- bronchoscopy (unless carried out through a closed circuit ventilation system)
- surgery and post-mortem procedures in which high-speed devices are used
- dental procedures
- non-invasive ventilation (NIV) e.g. bi level positive airway pressure ventilation (BiPAP)
- continuous positive airway pressure ventilation (CPAP)
- high frequency oscillatory ventilation (HFOV)
- induction of sputum

Certain other procedures/equipment may generate an aerosol from material other than patients' secretions but are NOT considered to represent a significant infectious risk. Procedures in this category include:

- obtaining diagnostic nose and throat swabs
- administration of pressurised humidified oxygen
- administration of medication via nebulisation

During nebulisation, the aerosol derives from a non-patient source (the fluid in the nebuliser chamber) and does not carry patient-derived viral particles. If a particle in the aerosol coalesces with a contaminated mucous membrane, it will cease to be airborne and therefore will not be part of an aerosol. Staff should use appropriate hand hygiene when helping patients to remove nebulisers and/or oxygen masks.