

AEROSOL-GENERATING PROCEDURES - COVID19

Policy

The Covid-19 virus is transmitted by respiratory droplets, so aerosol-generating procedures can be associated with a high risk of transmission. ***These procedures should be avoided with residents who have confirmed or suspected Covid-19.*** If the resident has a chronic condition, that cannot not be treated otherwise, the procedures should be performed cautiously for the safety of staff and other residents. Commonly performed medical procedures that are often considered AGPs (aerosol-generating procedures), or that create uncontrolled respiratory secretions, include:

- Nebulizers
- High flow oxygen
- BiPAP/CPAP
- Inducing sputum/open suctioning

General Guidelines

- Residents with aerosol-generating procedures should always be in a single room with hallway door shut.
- Consider keeping inhalers, space chambers and nebulizer equipment in room or clean properly prior to putting back in med cart. The facility policies regarding storage of medications in the resident's room should be followed.
- **High flow oxygen**
 - Concern when above 6L/ minute
 - Recommend non-rebreather masks
 - Avoid venturi masks or nasal cannulas
- **Nebulizers**
 - Should not be routinely consider for COVID-19 residents
 - Consult the physician to determine if metered-dose inhalers/HFA inhalers with spacer chamber is a viable option for therapy instead of nebulized medications.
 - If a resident can self-administer nebulizer treatment, HCW may exit the room prior to treatment. The facility policies regarding self-administration of medications should be followed.
- **BiPAP/CPAP**
 - Consult with physician for trial without PAP
 - If able to trial without PAP:
 - Elevate Hob 30 degrees during sleep
 - Maintain SaO₂ with supplemental oxygen as needed/ordered
 - If contraindicated to hold:
 - Discuss with medical director
 - Follow precautions below
- **Sputum induction/suctioning**
 - Avoid whenever possible

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This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.

Precautions When Performing Aerosol-Generating Procedures (AGPs)

- Airborne infection isolation rooms (AIIR) should be reserved for patients undergoing aerosol generating procedures, if not available, residents should be placed in a single room with door closed.
- Hand hygiene is performed before entering room and when leaving
 - HCP in the room should wear an N95 or higher-level respirator, eye protection, gloves, and a gown.
 - The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for the procedure.

Nebulizer Treatments:

1. Consult the physician to determine if metered-dose inhalers with spacer chamber is a viable option for therapy instead of nebulized medications.
2. If inhalers are not a viable option and nebulizers are the only option available, the following procedure will be followed for nebulizer treatments.
3. If the resident is unable to hold or self-administer the nebulizer, the healthcare staff must wear full PPE or for Droplet and Contact Precautions, a gown, goggles, or face shield, gloves and a N-95 respirator. If a resident can hold and self-administer nebulizer treatments, a gown is not necessary.
4. Gather supplies necessary for treatment
5. Perform hand hygiene (soap/water or alcohol-based hand rub)
6. Prepare nebulizer treatment
7. Perform hand hygiene (soap/water or alcohol-based hand rub)
8. Put on facemask, goggles or N-95, and gloves (no gown required if self-administers)
9. Draw curtain around the resident
10. Open the window if able (even a small amount will help circulate air). May place a fan in the window (facing backward) and turn on the fan during the treatment.
11. If resident is self administering
 - Ensure call light is in reach.
 - Remove PPE at the door (gloves, goggles or face shield, and facemask)
 - Exit room and close door.
 - Perform hand hygiene (soap/water or alcohol-based hand rub)

After treatment complete:

12. Perform hand hygiene (soap/water or alcohol-based hand rub).
13. Put on N-95 respirator, goggles or face shield, and gloves (no gown required if HCW leaves room during treatment)
14. Dispose of or put away treatment supplies.

15. Disinfect all surfaces around residents with EPA registered products effective against the COVID-19 virus.
16. Let the window stay open and/or leave the fan running for an additional 10 minutes.
17. Leave curtain drawn around the resident for 10 minutes if a window or fan was used during treatment.
18. If no window was opened or no fan was used, the curtain should remain around the resident for 1-hour before opening.
19. Remove PPE according to CDC guidelines.
20. Perform hand hygiene (soap/water or alcohol-based hand rub)
21. Exit room

Administrator Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Review Dates: _____

<http://www.dph.illinois.gov/sites/default/files/COVID19/LTC%20Nebulizers%2003.25.20%20J KKYDB.pdf>

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

<https://www.nebraskamed.com/sites/default/files/documents/covid-19/respiratory-inpatient-guide-for-covid19.pdf>

<https://www.health.state.mn.us/diseases/coronavirus/hcp/aerosol.pdf>

www.minnesotageriatrics.org/uploads/1/1/8/4/118442543/...

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