



Champlain Health Region Incident Command

CHRIC IPAC Aerosol Generating Medical Procedures

Pertains to care for all patients with suspected or confirmed COVID-19	
<u>AGMP requiring N95</u>	<u>Procedures/therapies that <i>do not</i> require N95</u>
According to Ontario Health Ministry May 10, 2020 directive, the following are AGMP with increased risk:	For all other situations not recognized by ministry directives as AGMP (column on left), <u>N95 respirators should not be used by providers</u> , unless deemed necessary as result of a Point of Care Risk Assessment (PCRA).
Intubation	Nasal cannula at less than or equal to 6L/min
Extubation	All non-rebreather (NRB) up to 15L/min inclusive
Bronchoscopy	Venturi oxygen masks with flow rates up to 15L/min inclusive
Non-invasive positive pressure including BIPAP and CPAP	Collection of an NP swab
Tracheostomy insertion	Chest compressions (Note: Cardiopulmonary resuscitation is considered a high-risk procedure and should only be embarked upon where there is a reasonable prospect of success)
Induced sputum (e.g., inhalation of nebulized saline solution to liquefy and produce airway secretions; includes In-Ex; does NOT include natural coughing to bring up sputum)	Coughing/expectorated sputum
Open suctioning (e.g., “deep” insertion for nasopharyngeal or tracheal suctioning, not inclusive of oral suction)	Oral suctioning
Cardiopulmonary resuscitation (note: chest compressions and cardioversion/ defibrillation are not considered AGMP; however, procedures associated with CPR, such as emergent intubation and manual ventilation are)	Oral hygiene



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High-flow nasal cannula therapy – HFNC (inconclusive) – includes the following: <ul style="list-style-type: none"> • Maxtec • Airvo Nasal prongs (any type) > 6L/min	Ventilator circuit disconnect
Bag-mask ventilation	Any procedure performed using regional anesthesia
Autopsy	NG/nasojunal/ gastrostomy/ gastrojejunostomy/ Jejunostomy tube insertions
Insufflation-exufflation (In-Ex)	Chest tube insertion or removal (unless in setting for emergent lung rupture/pneumothorax)
Large-volume nebulizers <ul style="list-style-type: none"> • When used for sputum induction • With tracheal open suctioning 	Large volume nebulizers Therapies that do NOT induce sputum (aerosol mask, trach hood therapy without open suctioning) only require contact/droplet measures.
Nasopharyngoscopy	Gastroscopy/colonoscopy
Oral, pharyngeal, transphenoidal, and airway surgeries (including thoracic surgery and tracheostomy insertion)	Laparoscopy (GI/Pelvic)
High-frequency oscillation ventilation	Electroconvulsive therapy (ECT)
Needle thoracostomy	Transesophageal echocardiogram (TEE)
	C-section or vaginal delivery with the use of regional anesthesia
	Cardiac Stress Test
	Endoscopic retrograde cholangiopancreatography (ERCP)
	Bronchial artery embolization
	Chest Physio
	Intranasal medication (i.e. naloxone)
Lung-volume recruitment (LVR- also known as breath stacking) - one-way operation within a closed circuit	

** The designation of AGMP's reflect emerging evidence and Ministry/Champlain Health Region directive and are subject to revision based on emerging evidence or directives.



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For all other situations, including screening, entering a patient's room, or providing direct care to patients with suspected or confirmed COVID-19, a surgical/procedure mask, isolation gown, gloves, and eye protection are sufficient.

N95 respirators should not be used by providers caring for patients with suspected or confirmed COVID-19 unless the patient is undergoing an AGMP or if it is deemed necessary as a result of a Point of Care Risk Assessment (PCRA).

References:

Ontario Health. Personal protective equipment (PPE) use during the COVID-19 pandemic. Recommendations from Ontario Health on the Use and Conservation of PPE. May 10, 2020.

Public Health Ontario. Focus on COVID-19: aerosol generation from coughs and sneezes. April 10, 2020.