



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Infection Prevention and Control Department		
Document:	Multidisciplinary Policy and Procedure (MPP)		
Title:	Aerosol Generating Procedure		
Applies To:	Nurses and Technician		
Preparation Date:	November 07, 2024	Index No:	IPC-MPP-028
Approval Date:	November 21, 2024	Version :	2
Effective Date:	December 21, 2024	Replacement No.:	IPC-MPP-028(1)
Review Date:	December 21, 2027	No. of Pages:	3

1. PURPOSE:

- 1.1 Decrease the risk of transmission infection (including both elective procedures such as bronchoscopy sputum induction, elective intubation and extubation, and emergency procedures such as cardiopulmonary resuscitation, emergency intubation, open suctioning of airways, manual ventilation via ambo bagging through a mask before intubation)

2. DEFINITONS:

- 2.1 Aerosol-Generating Procedures (AGPs): are medical procedures that can result in the release of aerosols from the respiratory tract. The criteria for an AGP are a high risk of aerosol generation and increased risk of transmission (from patients with a known or suspected respiratory infection).

3. POLICY:

- 3.1 HCW should wear a respirator or PAPRs, eye protection, gloves, and a gown when performing AGPs.
- 3.2 Limit the number of persons present in the room to the absolute minimum required for the patient's care and support.
- 3.3 Limit the number of HCWs present during the procedure to only those essential for patient care and support.
- 3.4 HCW's should conduct the procedures in a negative pressure room. Room doors should be kept closed except when entering or leaving the room, and entry and exit should be minimized during and shortly after the procedure.
- 3.5 Perform procedures in a negative pressure room. Perform procedures in an adequately ventilated room; (e.g. minimum of 6 to 12 air changes per hour).

4. PROCEDURE:

- 4.1 Procedures considered to be Aerosol Generating:
 - 4.1.1 Endotracheal intubation and extubation
 - 4.1.2 Manual ventilation
 - 4.1.3 Open suctioning.
 - 4.1.4 Cardiopulmonary resuscitation.
 - 4.1.5 Bronchoscopy.
 - 4.1.6 Surgery and post-mortem procedures involving high-speed devices.
 - 4.1.7 Some dental procedures (e.g. Drilling)
 - 4.1.8 Non-invasive ventilation (NIV) e.g. Bi-level Positive Airway Pressure (BiPAP).
 - 4.1.9 Continuous Positive Airway Pressure ventilation (CPAP).
 - 4.1.10 High-Frequency Oscillating Ventilation (HFOV).
 - 4.1.11 Induction of sputum.
 - 4.1.12 Open suctioning of airways
 - 4.1.13 Tracheotomy/tracheostomy procedures (insertion / open suctioning / removal).

- 4.2 Wear N95 masks - All HCWs should have undergone with a respiratory fit test to confirm that the N95 masks fits well. Additionally, when putting on N95 mask, always check the seal.
- 4.3 Wear eye protection (i.e. goggles or face shield).
- 4.4 Wear a clean, non-sterile, long-sleeved gown and gloves (some of these procedures require sterile gloves.)
- 4.5 Wear an impermeable gown for procedures with expected high fluid volumes that might penetrate the gown.
- 4.6 Limit the number of persons present in the room to the absolute minimum required for the patients care and support.
- 4.7 Perform hand hygiene before and after contact with the patient and his/her surroundings and after PPE removal
- 4.8 Once the patient vacates a room where aerosol generating procedures were conducted, unprotected individuals, including HCWs should not be allowed in the room until sufficient time has elapsed for enough air changes to remove potentially infectious particles.
- 4.9 Avoid the movement and transport of patients out of the isolation room or area unless medically necessary. The use of designated portable X-ray, ultrasound, echocardiogram, and other important diagnostic machines is recommended when possible. If transport is required
- 4.10 Patients should wear a surgical mask to contain secretions. Use routes of transport that minimize exposures of staff, other patients, and visitors. Notify the receiving area of the patient's diagnosis and necessary precautions as soon as possible before the patient's arrival.
- 4.11 Ensure that healthcare workers (HCWs) who are transporting patients wear appropriate PPE and perform hand hygiene afterward.
- 4.12 Nasopharyngeal Swabbing: HCW should wear a respirator or PAPR (or surgical mask if a respirator is not available), eye protection (face shield if a surgical mask was used), gloves, and an isolation gown.
 - 4.12.1 Note: If respirators are limited in numbers, they should be prioritized for other procedures at higher risk for producing infectious aerosols (e.g., intubation), instead of being abused in collecting nasopharyngeal swabs.

5. MATERIALS AND EQUIPMENT:

- 5.1 **Forms and Records:**
 - 5.1.1 N/A
- 5.2 **Materials and Equipment**
 - 5.2.1 PPE

6. RESPONSIBILITIES:

- 6.1 Healthcare workers








7. APPENDICES:

- 7.1 N/A

8. REFERENCES:

- 8.1 NHS Coronavirus staff guidance. <https://www.uhb.nhs.uk/coronavirus-staff/aerosol-generating-procedures.htm>
- 8.2 General Directorate of Infection Prevention and Control in Healthcare Facilities (GDIPC) Guidelines for Rational Use of Personal Protective Equipment (PPE) in the Health Care Facilities 2ND Edition – 2021 <https://mail.google.com/mail/u/0/#inbox/QgrcJHrtsGtzLDXpZdgrvsDJjWxmQZcWScQ>

9. APPROVALS:

	Name	Title	Signature	Date
Prepared by:	Ms. Marilou C. Magallano	IPC Practitioner		November 07, 2024
Prepared by:	Ms. Wadha Mohd Al Shammari	IPC Coordinator		November 07, 2024
Reviewed by:	Ms. Awatif Hamoud Al Harbi	IPC Director		November 10, 2024
Reviewed by:	Mr. Sabah Turayhib Al Harbi	Nursing Director		November 12, 2024
Reviewed by:	Mr. Abdulellah Ayed Al Mutairi	Quality & Patient Safety Director		November 13, 2024
Reviewed by:	Dr. Thamer Naguib	Medical Director		November 14, 2024
Approved by:	Mr. Fahad Hazam Al Shammari	Hospital Director & IPC Committee Chairman		November 21, 2024