**Standard operating procedure for Aerosol-generating procedures (AGPs)**

1. **Introduction**

Aerosols generated by medical procedures are one route for the transmission of the COVID-19 virus.

**Scope**

The following procedure are considered to be potentially infectious AGPs that we could be expected :

● Intubation, extubation and related procedures;

● Tracheotomy/tracheostomy procedures;

● Manual ventilation;

● Open suctioning;

● Continuous Positive Airway Pressure ventilation (CPAP);

● Surgery and post-mortem procedures in which high-speed devices are used;

● High-flow Nasal Oxygen (HFNO)

● Induction of sputum;

For patients with suspected/confirmed COVID-19, any of these potentially infectious AGPs should only be carried out when essential.

Where possible, these procedures should be carried out:

In a single room with the doors shut.

Only those healthcare staff who are needed to undertake the procedure should be present.

**Standard infection control precautions (SICPs)**

**Patient placement/assessment for infection risk**

Patients must be assessed for infection risk on arrival at the care area.

Are you carrying out an AGP

**Fluid resistant (Type FFP3) surgical face masks (FRSM)**

Fluid-resistant (Type FFP3) surgical masks (FRSMs) are worn to protect the wearer from the transmission of COVID-19 by respiratory droplets.

A FRSM must be worn when working in close contact (within 2 metres) of a patient with COVID-19 symptoms

A disposable, fluid repellent surgical gown, gloves, eye protection and a FFP3 respirator should be worn by those undertaking the procedure and those in the room.

**Procedure to be carried out**

Check that you have all the equipment you need to take into the room to minimise the need to re-enter the room

**Hand hygiene**

Hand hygiene must be performed immediately before every episode of direct patient care and after any activity or contact that potentially results in hands becoming contaminated, including the removal of personal protective equipment (PPE), equipment decontamination and waste

**Donning PPE**

Donning of PPE should outside of the service isolation room within a 2 meter area of the entry point,

Alcohol gel and infectious waste stream should be located within this area. Check before donning PPE

Perform hand hygiene

Plastic Gown/ Apron

Gloves

Protective eyewear

Surgical mask

**Carry out the procedure required**



**Doffing of PPE**

Step out of the room into a marked 2 meter area outside of the room

changed immediately after each patient and/or following completion of a procedure or task; and

Dispose surgical mask/apron into general waste unless contaminated with blood and/or saliva (healthcare risk waste)

Remove protective eye wear/ apron/ surgical mask

Remove gloves. Dispose into general waste unless contaminated with blood and/or saliva (healthcare risk waste)

Perform Hand Hygiene

Perform Hand Hygiene

dispose all PPE after use into the correct waste stream i.e. Infectious waste (orange bag)



**Waste Management**

All waste associated with possible or confirmed 2019-nCoV, including PPE, is Category B infectious clinical waste and requires safe disposal . Waste should be double orange bagged in accordance with Health Tech memorandum 07-01: Safe Management of Healthcare Waste.