

Aerosol Generating Procedures (AGPs) in Care Homes¹

- The highest risk of transmission of respiratory viruses is during AGPs.
- Where ever possible AGPs 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.
- PPE should be worn in any setting when staff are performing an aerosol generating procedure (AGP) on any Individual including those that are **not currently possible or confirmed cases**
- PPE should also be worn by staff entering the room where an AGP has been undertaken for up to one hour after the procedure.
- For residents with possible or confirmed COVID-19, any of these potentially infectious AGPs should only be carried out when essential.

PPE Required during AGPs

- Gloves
- A long-sleeved disposable fluid repellent gown/or disposable fluid repellent coveralls
- A filtering face piece class 3 (FFP3) respirator and
- A full-face shield or visor and gloves are recommended during AGPs.
- If a fluid resistant gowns are unavailable please ensure that a single use disposable plastic apron is worn and staff are bare below the elbow (BBE) and hand hygiene is be extended to include the exposed forearms, after removing any element of PPE.

The following procedures are currently considered to be potentially infectious

- intubation, extubation and related procedures, for example, manual ventilation and open suctioning of the respiratory tract (including the upper respiratory tract)
- tracheotomy or tracheostomy procedures (**insertion or open suctioning or removal**)
- bronchoscopy and upper ENT airway procedures that involve suctioning
- upper gastro-intestinal endoscopy where there is open suctioning of the upper respiratory tract
- non-invasive ventilation (NIV); Bi-level Positive Airway Pressure Ventilation (BiPAP) and Continuous Positive Airway Pressure Ventilation (CPAP)
- High Frequency Oscillatory Ventilation (HFOV)
- induction of sputum
- high flow nasal oxygen (HFNO)
- Cough assist procedure has also been added to this list based on local assessment by microbiology.

Other procedures may generate an aerosol but are not considered to represent a significant infectious risk. Procedures in this category include administration of pressurised humidified oxygen, entonox or **medication via nebulisation**.

NERVTAG advised that 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 oxygen masks.

¹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881489/COVID-19_Infection_prevention_and_control_guidance_complete.pdf



Putting on (donning) personal protective equipment (PPE) for aerosol generating procedures (AGPs) – Gown version

Use safe work practices to protect yourself and limit the spread of infection

- keep hands away from face and PPE being worn
- change gloves when torn or heavily contaminated
- limit surfaces touched in the patient environment
- regularly perform hand hygiene
- always clean hands after removing gloves

Pre-donning instructions

- ensure healthcare worker hydrated
- tie hair back
- remove jewellery
- check PPE in the correct size is available

Putting on personal protective equipment (PPE). The order for putting on is gown, respirator, eye protection and gloves. This is undertaken outside the patient's room.

Perform hand hygiene before putting on PPE

- 1** Put on the long-sleeved fluid repellent disposable gown - fasten neck ties and waist ties.



- 2** Respirator.

Note: this must be the respirator that you have been fit tested to use. Where goggles or safety spectacles are to be worn with the respirator, these must be worn during the fit test to ensure compatibility



Position the upper straps on the crown of your head, above the ears and the lower strap at the nape of the neck. Ensure that the respirator is flat against your cheeks. With both hands mould the nose piece from the bridge of the nose firmly pressing down both sides of the nose with your fingers until you have a good facial fit. If a good fit cannot be achieved **DO NOT PROCEED**

Perform a fit check. The technique for this will differ between different makes of respirator. Instructions for the correct technique are provided by manufacturers and should be followed for fit checking

- 3** Eye protection -

Place over face and eyes and adjust the headband to fit



- 4** Gloves - select according to hand size. Ensure cuff of gown covered is covered by the cuff of the glove.



Removal of (doffing) personal protective equipment (PPE) for aerosol generating procedures (AGPs) – Gown version

PPE should be removed in an order that minimises the potential for cross contamination. Unless there is a dedicated isolation room with ante room, PPE is to be removed in as systematic way before leaving the patient's room i.e. gloves, then gown and then eye protection.

The FFP3 respirator must always be removed outside the patient's room.

Where possible (dedicated isolation room with ante room) the process should be supervised by a buddy at a distance of 2 metres to reduce the risk of the healthcare worker removing PPE and inadvertently contaminating themselves while doffing.

The FFP3 respirator should be removed in the anteroom/lobby. In the absence of an anteroom/lobby, remove FFP3 respirator in a safe area (e.g., outside the isolation room).

All PPE must be disposed of as healthcare (including clinical) waste.

The order of removal of PPE is as follows:

1 Gloves – the outsides of the gloves are contaminated

Firstly:

- grasp the outside of the glove with the opposite gloved hand; peel off
- hold the removed glove in gloved hand



Then:

- slide the fingers of the un-gloved hand under the remaining glove at the wrist
- peel the remaining glove off over the first glove and discard



Clean hands with alcohol gel



2 Gown – the front of the gown and sleeves will be contaminated

Unfasten neck then waist ties



Pull gown away from the neck and shoulders, touching the inside of the gown only using a peeling motion as the outside of the gown will be contaminated



Turn the gown inside out, fold or roll into a bundle and discard into a lined waste bin



3 Eye protection (preferably a full-face visor) - the outside will be contaminated

To remove, use both hands to handle the retaining straps by pulling away from behind and discard.



4 Respirator – In the absence of an anteroom/lobby remove FFP3 respirators in a safe area (e.g., outside the isolation room). Clean hands with alcohol hand rub.

Do not touch the front of the respirator as it will be contaminated

- lean forward slightly
- reach to the back of the head with both hands to find the bottom retaining strap and bring it up to the top strap
- lift straps over the top of the head
- let the respirator fall away from your face and place in bin



5

Wash hands with soap and water



Do not remove items of PPE that are being used sessionally